

CITY OF BROKEN ARROW OPERATOR'S TRAFFIC COLLISION REPORT FORM



INSTRUCTIONS:

1. State law requires that vehicle drivers must immediately stop at the scene, render aid and exchange information when involved in a traffic collision. Drivers must assure that all debris is removed from the roadway before leaving the scene.
2. Obtain driver's license and insurance information from the other driver's License and Security Verification Form.
3. Complete all information on both sides of this report form. Type or print with black ink.
4. Your information should be listed in the Unit 1 section. Information for the other vehicle shall be indicated as Unit 2.
5. Use additional report forms when more than two (2) vehicles are involved. Change unit numbers to 3, 4, etc.
6. Contact your insurance company as soon as possible.
7. Completed report forms should be sent to the Broken Arrow Police Department at the address listed on the bottom of the report form within 24 hours. Make additional copies for your records.

Date		Day of the Week		Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Did a Police Officer respond to the Collision? <input type="checkbox"/> Yes <input type="checkbox"/> No		Officer's Name											
Street location of Collision						Was your view blocked by anything at the time of the collision? <input type="checkbox"/> Yes If Yes, Explain: <input type="checkbox"/> No													
Total Number of Vehicles Involved			Weather Conditions at the time of the Collision			Approximate cost to repair your vehicle? \$													
Your Name (Unit 1)		Last Name		First		Middle		Name (Unit 2)		Last Name		First		Middle					
Home Address				City		State		Zip		Home Address				City		State		Zip	
Business Address						Business Address													
Home Phone				Business Phone				Home Phone				Business Phone							
Date of Birth			Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth			Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number			State		Mo/Yr Expiration		Driver's License Number			State		Mo/Yr Expiration							
Vehicle Year		Make		Model		Color		Vehicle Year		Make		Model		Color					
Vehicle License Number			State		Mo/Yr of Expiration		Vehicle License Number			State		Mo/Yr of Expiration							
Vehicle Owner's Name <input type="checkbox"/> Same as Driver						Vehicle Owner's Name <input type="checkbox"/> Same as Driver													
Insurance Company						Insurance Company													
Policy Number			Effective Date		Expiration Date		Policy Number			Effective Date		Date of Expiration							
Insurance Agent				Phone				Insurance Agent				Phone							
How fast were you driving prior to the collision? MPH			What was the posted Speed Limit? MPH			What is your estimated speed of the other vehicle? MPH			What was the other vehicle's Posted Speed Limit? MPH										
Passenger Name		Address				Phone		Age		*X if Injured		Riding in Unit Number							
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
Witness Name				Address				Phone											
1.																			
2.																			
3.																			
4.																			
Signature				Date				Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.											

Note: The reporting of false or fraudulent information may result in criminal and/or civil prosecution

I assume responsibility for any damages resulting from this collision.

Print Name: _____

Signature: _____

Date: _____

Broken Arrow Police Department
Records Division
1101 N. 6th Street
Broken Arrow, OK 74012

- Place an "X" in the appropriate squares for each vehicle.
- Unit 1 refers to your vehicle. Unit 2 refers to the other vehicle. Change Unit numbers to 3, 4, etc. for additional vehicles.
- Explain in the Remarks section any boxes checked "other". Give Specific details in regard to any sections which are indicated with *.

Unit		What Vehicles Were Going to Do	Unit		What Vehicles Did	Unit		Type of Road	Unit		Traffic Control	Unit		Road Character	Unit		Conditions of Drivers and Pedestrians
1	2		1	2		1	2		1	2		1	2		1	2	
		Go Ahead			Went Ahead			One-Way Road			Stop Sign			Straight-Level			Apparently Normal
		Turn Left			Turned Left			Alley			Traffic Signal			Straight-Upgrade			*Drinking-Ability impaired
		Turn Right			Turned Right			Two Lanes			Flashing Signal			Straight-Downgrade			Odor of Alcoholic Beverage
		Make U Turn			Entered U Turn			Three Lanes			Yield Sign			Straight-Hillcrest			*Drug Use Indicated
		Stop			Stopped			Four or More Divided			Warning Sign			Curve-Level			Very Tired
		Slow For Cause			Slowed For Cause			Four or More not Divided			RR Gates, Signal			Curve-Upgrade			Sleepy
		Start from Park			Started from Park			Driveway/Parking Lot			No Passing Zone			Curve-Downgrade			*Sick
		Change Lanes			Changed Lanes			Turn Bay			Police Officer			Curve-Hillcrest			*Condition Not Known
		Back			Backed			On Ramp Off			No Control			Sharp Curve (add to above is applicable)			*Body Defects (arm, leg, eyes)
		Start Forward			Started Forward			Ramp			Other			Other			Other
		Remain Stopped/Parked			Remain Stopped/Parked			Construction Zone			*Abnormal Control						
		Other			Other			Other									

Object Struck by Vehicle on FIRST Contact (If different than OTHER VEHICLE)				Point of FIRST Contact on Vehicle (check only one for each vehicle)				Light		Weather		Pedestrian Actions							
Unit		Unit		Unit		Unit													
1	2	1	2	1	2	1	2												
		Street Light Pole			Tree			Daylight			Clear								
		Other Utility Pole			Dividing Strip			Darkness			Fog								
		Guard Rail			Retaining Wall			Dark/Lighted			Cloudy								
		Culvert			Fence			Dawn			Rain								
		Traffic Signal			Fence			Dusk			Snow								
		Barrier			Bridge Abutment			Other			Other								
		Curb			Bridge Pier														
		Island			Bridge Rail														
		Traffic Control Sign			Bridge Post														
		Sand Barrels			Bridge Curbs														
		Attenuators			Bridge Superstructure														
		Pavement Drop-Off			* Other Highway Structure														
		Ditch			Other														
		Embankment																	

Unit		Road Conditions	Unit		Road Surface	Unit		Locality	Unit		Vehicle Condition (Indicate Defects)		Indicate North by Arrow	
1	2		1	2		1	2		1	2	Tire Check			
											1	2		
		Dry			Concrete			Residential			Apparently Normal		Direction of Travel Unit 1 <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W Unit 2 <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
		Wet			Asphalt			Business			Brakes	RF		RF
		Ice			Gravel			Industrial			Headlights	RF		RF
		Snow			Dirt			School			Steering	LF		LF
		Muddy			Other			Not Built Up			Tail Lights	RR		RR
		Other						Other			Brake Lights	LR		LR

COLLISION DIAGRAM: Illustrate all involved vehicles to indicate their position before, at and after impact. Draw an arrow to indicate direction of vehicle movement. Draw roadway edges and all lane markings. Label all street names. Use the symbols below in the collision diagram.

						Shade appropriate triangle to indicate a red traffic signal.
Your Vehicle	Other Vehicle	Pedestrian, Animal, etc.	STOP SIGN	Skidmarks	Traffic Signal	

EXAMPLE	A STREET
Main Street	STOP

Did location of FIRST damage or injury producing event occur on travel portion of the roadway? Yes No

REMARKS: Describe the events which led to the collision:

In your opinion, what was the cause of the collision?