## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT PERSONS SUPPLEMENTAL

Case Number	PERSONS SUPPLE	MENTAL	Pg of
(42)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Injured Passenger			
Witness	Lity	State Zip	Telephone (Use Area Code)
Same as Driver			
(44) Injury Severity / Type OP Use Air Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
(44) Injury Severity / Type Or Use All Bag Ejected Extitated	Transported by	To Medical Facility	Property Type
(42)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Witness Prop. Owner			
(46) Address Same as	City	State Zip	Telephone (Use Area Code)
Driver			
(47) Injury Severity / Type OP Use Air Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
(48)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Injured Passenger			
Witness	Lity	State Zip	Telephone (Use Area Code)
Same as Driver			
(50) Injury Severity / Type OP Use Air Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
	F		100 0000
(51) Init Pas in Vah Last Nama	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
(51)Unit Pos in Veh. Last Name Injured Passenger	LIISE	ivildule	Suffix DOB (mm/dd/yyyy) Sex
Witness Prop. Owner			
(52) Address Same as	City	State Zip	Telephone (Use Area Code)
Driver			
(53) Injury Severity / Type OP Use Air Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
(54)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Injured			
(55) Address	City	State Zip	Telephone (Use Area Code)
Same as Driver			
(56) Injury Severity / Type OP Use Air Bag Ejected Extricated	L Transported by	To Medical Facility	Property Type
(57)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Injured Passenger			
Witness	City	State Zip	Telephone (Use Area Code)
Same as			The second contract of
Driver	Transported by	To Medical Facility	Property Type
(39) Injury Severity / Type OF OSE All Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
(60)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Witness Prop. Owner			
(61) Address Same as	City	State Zip	Telephone (Use Area Code)
Driver			
(62) Injury Severity / Type OP Use Air Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
(63)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Injured			
(64) Address	City	State Zip	Telephone (Use Area Code)
Same as Driver			
(65) Injury Severity / Type OP Use Air Bag Ejected Extricated	Transported by	To Medical Facility	Property Type
(66)Unit Pos in Veh. Last Name	First	Middle	Suffix DOB (mm/dd/yyyy) Sex
Injured Passenger			
Witness	City	State Zip	Telephone (Use Area Code)
Same as			I Sispinorio (Coo Finod Code)
Driver OP Line Air Pag Ficetod Extrinated	Transported by	To Modical Essibility	Proporty Time
(68) Injury Severity / Type OP Use Air Bag Ejected Extricated	папъроцеи ру	To Medical Facility	Property Type
			DPS: 0192-SUPP01 REV 0107