Colorado Springs Police Department

Instructions for completing a counter (cold) crash report (DR-447-E) that occurs in the city limits of Colorado Springs. An electronic version can also be completed on-line at [https://crash.state.co.us](https://crash.state.co.us). This reporting procedure cannot be used for any crash involving loss of human life, injuries, or drug or alcohol use. Print the information using blue or black ink. You have been provided with a template and a blank report. Fill in the information on the blank form (you may make as many copies as you need). Complete only those numbered areas indicated below:

1. Date and time of your crash.

2. City (Colorado Springs) and County (El Paso) in which the crash occurred.

3. Date report is being completed.

4. Total vehicles involved in the crash, including your vehicle.

5. Place an “X” in this box if public property (a road sign, utility pole, etc.) was involved or if the accident occurred at a railroad crossing, in a construction zone, or on a bridge.

6. Enter the street on which the crash occurred. If it occurred at an intersection, first enter the road you were traveling on, then the intersecting road. If the crash occurs in mid block use the hundred block of the street. If it occurs in a parking lot use the exact address of the parking lot of a business.

7. You are vehicle #1, the other driver is vehicle #2, 3, etc. If any of the vehicles were parked or a bicycle or pedestrian was involved, place an “X” by the word “Parked”, “Bicycle”, or “Pedestrian”, as appropriate.

8. Fill out as much information as you have for all parties involved.

9. Vehicle information. Year, make, model, etc. If you are the driver as well as the owner, leave this portion blank for the vehicle owner.

10. The front of the vehicle points to the left of the page. Using the damage severity codes (1=slight, 2=moderate, 3=extreme), enter a 1, 2, or 3 in the area of the car diagram that corresponds to the damage each vehicle received as a result of this crash.

11. Provide complete insurance information for your vehicle and provide all the insurance information available to you on the other vehicle(s) involved.

12. Enter the owner of any property, other than a vehicle, that was damaged in the crash (e.g., lawn, fence, mailbox, horse, etc.).

13. Describe the crash in your own words. Refer to yourself as Vehicle #1, and the other party/parties as Vehicle #2, Vehicle #3, etc. You may draw a diagram if you wish, but it is not necessary.

14. Sign the report and send it in to the address at the top right of the form or drop it off at your nearest Colorado Springs Police Department.
Information contained on this report furnished in total by reporting parties. No on-scene investigation.

Report filed by: ________________________________
**STATE OF COLORADO TRAFFIC ACCIDENT REPORT**

**DATE/TIME OF ACCIDENT**

**TOTAL VEHICLES**
- Public Property
- Railroad Crossing
- Construction Zone
- Bridge

**LOCATION ROUTE, STREET ROAD**

**MILES**

**FEET**

**N**

**E**

**S**

**W**

**OF**

**VEH #1 OR**

**BICYCLE#**

**PEDESTRIAN#**

**PARKED**

**LAST NAME**

**FIRST**

**MI**

**STATE ADDRESS**

**RES. PHONE**

**STREET ADDRESS**

**RES. PHONE**

**CITY**

**STATE**

**ZIP**

**BUS. PHONE**

**CITY**

**STATE**

**ZIP**

**DRIVERS LIC.NUMBER**

**STATE**

**SEX**

**DOB**

**DRIVERS LIC.NUMBER**

**STATE**

**SEX**

**DOB**

**YEAR**

**MAKE**

**MODEL**

**BODY TYPE**

**YEAR**

**MAKE**

**MODEL**

**BODY TYPE**

**LIC. PLATE NO.**

**STATE**

**COLOR**

**LIC. PLATE NO.**

**STATE**

**COLOR**

**VEHICLE ID NO.**

**VEHICLE OWNER LAST NAME**

**FIRST**

**MI**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**VEHICLE OWNER LAST NAME**

**FIRST**

**MI**

**INSURANCE CO.**

**EXP. DATE**

**INSURANCE CO.**

**EXP. DATE**

**POLICY NO.**

**OWNER DAMAGED PROP LAST NAME**

**FIRST**

**MI**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

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1. Slight
2. Moderate
3. Extreme

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**DESCRIBE ACCIDENT**

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Information contained on this report furnished in total by reporting parties. No on-scene investigation.

Report filed by: ________________________________