
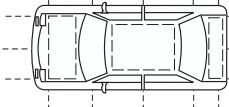
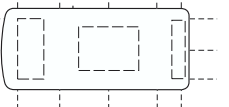
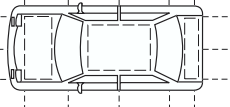
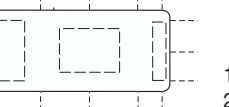


# STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL.  UNDER \$1,000  COUNTER REPORT  PRIVATE PROPERTY PAGE \_\_\_\_ OF \_\_\_\_ PAGES

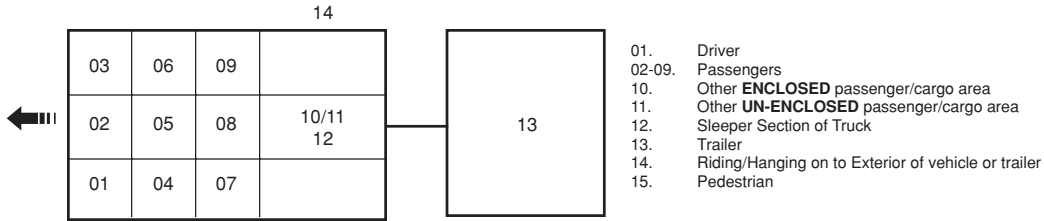
A	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>		DOR Code				K	
	Case #										K	
Date of Accident			City			Agency			County		County #	
Time (24 Hr.)		Officer Number		Officer Name			Signature			Detail		L
Number Killed		Number Injured		Location Route, Street, Road			Miles		Feet		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:	L
Date of Report			Latitude			Longitude			At:			
Agency Code		Investigated @ Scene <input type="checkbox"/>		Total Vehicles		District Number		Public Property/Employee <input type="checkbox"/>		Photos Taken <input type="checkbox"/>		M
Traffic Unit # 1 or		<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.		Traffic Unit # 2 or		<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.		Railroad Crossing Related <input type="checkbox"/>		Const. Zone Related <input type="checkbox"/>		M
Last Name			First			MI			Last Name			M
Street Address			Personal Phone ( )			Street Address			Personal Phone ( )			
City		State		ZIP		Bus. Phone ( )		City		State		N
Driver License Number			CDL		State		Sex		DOB		N	
Primary Violation <input type="checkbox"/> DUI			Citation Number			Common Code			Primary Violation <input type="checkbox"/> DUI			
Violation Code		Citation Number		Common Code		Violation Code		Citation Number		Common Code		P
Year		Make		Model		Body Type		Year		Make		P
License Plate Number			State or Country			Color			License Plate Number			P
Vehicle Identification Number			State or Country			Color			Vehicle Identification Number			
Vehicle Owner Last Name <input type="checkbox"/> Same			First			MI			Vehicle Owner Last Name <input type="checkbox"/> Same			Q
Address <input type="checkbox"/> Same			City			State			Address <input type="checkbox"/> Same			Q
Towed Due to Damage <input type="checkbox"/> By:			To:			Towed Due to Damage <input type="checkbox"/> By:			To:			Q
Trailer VIN#			Trailer VIN#			Trailer VIN#			Trailer VIN#			
												
Undercarriage			Undercarriage			1- Slight 2- Moderate 3- Severe			Undercarriage			G
Undercarriage			Undercarriage			1- Slight 2- Moderate 3- Severe			Undercarriage			
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof			Exp. Date			Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof			Exp. Date			R
Policy Number			Policy Number			Policy Number			Policy Number			R
Owner Damaged Prop. Last Name			First			MI			Address			H
City			State			ZIP			City			
Owner Damaged Prop. Last Name			First			MI			Address			J
City			State			ZIP			City			
T.U. #		POS.		REST.ENDO.		SAFETY EQUIP.		AIR BAG		EJECT		S
SUSPECTED ALCO DRUG		INJ. SEV.		AGE		SEX		NAME / ADDRESS				S
												T
												T
												T
Approved By			I.D. #			Date						



<p><b>A. LOCATION</b></p> <p>01. On Roadway                  02. Ran Off Left Side                  03. Ran Off Right Side                  04. Ran Off 'T' Intersection                  05. Vehicle Crossed Center Median Into Opposing Lanes                  06. On Private Property</p>	<p><b>K. VEHICLE / VEHICLE COMBINATION</b>  <b>FMC (Overlay C) Required</b></p> <p>01. Vehicle / Vehicle Combination (10,001 lbs. and over)                  02. School Bus (all school buses)                  03. Non-school Bus (9 occupants or more including driver) in commerce                  04. Transit Bus  <b>GVWR 10,000 lbs. or Less</b>                  05. Passenger Car / Passenger Van                  06. Passenger Car / Passenger Van W/ Trailer                  07. Pickup Truck / Utility Van</p> <p>08. Pickup Truck / Utility Van W/Trailer                  09. SUV                  10. SUV W/Trailer                  11. Motor Home                  12. Motorcycle                  13. Bicycle                  14. Motorized Bicycle                  15. Farm Equipment                  16. Hit &amp; Run Unknown                  17. Light Rail                  18. Other (Describe in Narrative)</p>
<p><b>B. HARMFUL EVENT SEQUENCE</b></p> <p><b>NON-COLLISION ACCIDENT</b>                  01. Overturning                  02. Other Non-Collision</p> <p><b>COLLISION WITH PEDESTRIAN</b>                  03. School Age To / From School                  04. Pedestrian on Toy Motorized Veh.                  05. All Other Peds</p> <p><b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b>                  06. Front to Front                  07. Front to Rear                  08. Front to Side                  09. Rear to Side                  10. Rear to Rear                  11. Side to Side-Same Direction                  12. Side to Side-Opposite Direction</p> <p><b>COLLISION WITH OTHER VEHICLE</b>                  13. Parked Motor Vehicle                  14. Railway Vehicle/Light Rail                  15. Bicycle                  16. Road Maintenance Equipment</p> <p><b>COLLISION WITH ANIMAL</b>                  17. Domestic Animal                  18. Wild Animal</p>	<p><b>COLLISION WITH OBJECT</b>                  19. Light Pole / Utility Pole                  20. Traffic Signal Pole                  21. Sign                  22. Guard Rail                  23. Cable Rail                  24. Concrete Highway Barrier                  25. Bridge Structure                  26. Vehicle Debris or Cargo                  27. Culvert or Headwall                  28. Embankment                  29. Curb                  30. Delineator Post                  31. Fence                  32. Tree                  33. Large Rocks or Boulder                  34. Railroad Crossing Equipment                  35. Barricade                  36. Wall or Building                  37. Crash Cushion / Traffic Barrel                  38. Mailbox                  39. Other Fixed Object (Specify in Narrative)                  40. Other Object (Specify in Narrative)</p>
<p><b>C. APPROACH/OVERTAKING TURN</b></p> <p>01. Approach Turn                  02. Overtaking Turn                  03. Not Applicable</p>	<p><b>L. DIRECTION OF TRAVEL – PRIOR TO IMPACT</b></p> <p>01. North                  02. Northeast                  03. East                  04. Southeast</p> <p>05. South                  06. Southwest                  07. West                  08. Northwest</p>
<p><b>D. ROAD DESCRIPTION</b></p> <p>01. At Intersection                  02. Driveway Access Related                  03. Intersection Related                  04. Non-Intersection</p> <p>05. Alley Related                  06. Roundabout                  07. Highway Interchange                  08. Parking Lot</p>	<p><b>M. VEHICLE MOVEMENT – PRIOR TO IMPACT</b></p> <p>01. Going Straight                  02. Slowing                  03. Stopped in Traffic                  04. Making Right Turn                  05. Making Left Turn                  06. Making U-Turn                  07. Passing                  08. Backing                  09. Entering / Leaving Parked Position</p> <p>10. Parked                  11. Changing Lanes                  12. Avoiding Object in Roadway                  13. Weaving                  14. Spun Out of Control                  15. Drove Wrong Way                  16. Other (Describe in Narrative)</p>
<p><b>E. ROAD CONTOUR</b></p> <p>01. Straight On-Level                  02. Straight On-Grade                  03. Curve On-Level</p> <p>04. Curve On-Grade                  05. Hillcrest</p>	<p><b>N. ROADWAY SPEED LIMIT - Vehicles Only</b></p> <p>Traffic Unit #1 or _____</p> <p>Traffic Unit #2 or _____</p>
<p><b>F. ROAD SURFACE</b></p> <p>01. Concrete                  02. Blacktop                  03. Brick or Block                  04. Gravel, Slag or Stone</p> <p>05. Dirt                  06. Other (Describe in Narrative)                  07. Unknown</p>	<p><b>P. ESTIMATED VEHICLE SPEED - Vehicles Only</b></p> <p>Traffic Unit #1 or _____</p> <p>Traffic Unit #2 or _____</p>
<p><b>G. ROAD CONDITION</b></p> <p>01. Dry                  02. Wet                  03. Muddy                  04. Snowy                  05. Icy                  06. Slushy                  07. Foreign Material</p> <p>08. Dry W/Visible Icy Road Treatment                  09. Wet W/Visible Icy Road Treatment                  10. Snowy W/Visible Icy Road Treatment                  11. Icy W/Visible Icy Road Treatment                  12. Slushy W/Visible Icy Road Treatment</p>	<p><b>Q. DRIVER ACTIONS (Officer Opinion Only)</b></p> <p>00. No Action                  01. Exceeded Safe/ Posted Speed                  02. Impeded Traffic                  03. Failed to Yield ROW                  04. Disregard Stop Sign                  05. Failed to Stop at Signal                  06. Disregarded Other Device                  07. Improper Turn                  08. Turned from Wrong Lane or Position                  09. Other Improper Turns</p> <p>10. Lane Violation                  11. Improper Passing on Left                  12. Improper Passing on Right                  13. Followed Too Closely                  14. Improper Backing                  15. Signaling Violation                  16. Reckless Driving                  17. Careless Driving (if used, block R can not be coded "00")</p>
<p><b>H. LIGHTING CONDITION</b></p> <p>01. Daylight                  02. Dawn or Dusk                  03. Dark - Lighted                  04. Dark - Unlighted</p>	<p><b>R. DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTOR (Officer Opinion Only)</b></p> <p>00. No Apparent Contributing Factor                  01. Asleep at the Wheel                  02. Driver Fatigue                  03. Illness / Medical                  04. Driver Inexperience                  05. Aggressive Driving                  06. Driver Unfamiliar With Area                  07. Driver Emotionally Upset                  08. Evading Law Enforcement Officer</p> <p>09. Physical Disability                  10. DUI, DWAI, DUID                  11. Distracted / Passenger                  12. Distracted / Cell Phone                  13. Distracted / Radio                  14. Distracted / Other i.e. Food, Objects, Pet, etc.                  15. Other Factor (Describe in Narrative)</p>
<p><b>J. ADVERSE WEATHER CONDITION</b></p> <p>00. None                  01. Rain                  02. Snow / Sleet / Hail</p> <p>03. Fog                  04. Dust                  05. Wind</p>	<p><b>S. BY PEDESTRIAN ACTION (Officer Opinion Only)</b></p> <p>01. Cross Against Signal                  02. Cross / Enter at Intersection                  03. Cross / Enter NOT at Intersection                  04. Standing in Roadway                  05. Playing in Roadway                  06. Soliciting Rides                  07. Walking in Roadway in Direction of Traffic                  08. Walking in Roadway Against Direction of Traffic                  09. Entering / Exiting Vehicle                  10. Pushing / Working on Vehicle                  11. Lying in Roadway                  12. Other (Describe in Narrative)</p>
<p><b>T. VEHICLE DEFECT / CONDITION (Officer Opinion Only)</b></p> <p>00. No Vehicle Defects                  01. Defective Head Light(s)                  02. Defective Brake/Tail Light(s)                  03. Defective Signaling Device                  04. Brakes Defective/Out of Adjustment                  05. Defective Tires                  06. Sudden Tire Failure                  07. Improper Tires for Conditions                  08. Mechanical Failure                  09. Obstructed Window(s)</p> <p>10. Improper Load                  11. Spilled Load – Commercial Aggregate                  12. Spilled Load – Commercial Non- Aggregate                  13. Spilled Load – Other                  14. Parking Violation                  15. Other Defect(s) (Describe in Narrative)</p>	<p><b>U. OTHER INFORMATION</b></p>

Traffic Unit #

Position In / On Vehicle



Compliance with Driving Restrictions

- 00. Not Restricted
- 01. Complied With Restrictions
- 02. Did Not Comply With Restrictions
- 03. Compliance With Restrictions Not Known

Compliance with Driving Endorsements

- 00. No Driving Endorsements
- 01. Endorsements Required and Complied With
- 02. Endorsements Required and Not Complied With
- 03. Endorsements Required and Compliance Not Known

Safety equipment used

- |                           |   |                           |                   |
|---------------------------|---|---------------------------|-------------------|
| <b>SYSTEM</b>             | <b>USE (Restraints &amp; MC Eye Protection)</b> | <b>HELMET</b>             |                   |
| A. None                   | 00. Not used                                    | A. N/A (Cars/Trucks)      | F. Unknown        |
| B. Shoulder and Lap Belt  | 01. Properly used                               | B. No Helmet              | G. Bicycle Helmet |
| C. Shoulder belt only     | 02. Improperly used                             | C. Available, not used    |                   |
| D. Lap belt only          | 03. Unknown                                     | D. Helmet Improperly used |                   |
| E. Child safety restraint | 04. Bicycle                                     | E. Helmet Properly used   |                   |
| F. Motorcycle             |   |                           |                   |
| G. Bicycle                |   |                           |                   |

Air Bag

- |                               |   |          |             |
|-------------------------------|---|----------|-------------|
| 00. Not Equipped              | 04. Not deployed at pos.,<br>deployed at others | A. None  | D. Curtain  |
| 01. Not Deployed              | 05. Unknown                                     | B. Front | E. Rear     |
| 02. Deployed at pos. only     |   | C. Side  | F. Multiple |
| 03. Deployed at pos. & others |   |          |             |

Ejection

- |                   |                |
|-------------------|----------------|
| 00. No            | 02. Yes - Full |
| 01. Yes - Partial | 03. Extricated |

Suspected alcohol  
(Officer Opinion Only)

- 00. No
- 01. Yes
- 02. Unknown

Suspected drugs  
(Officer Opinion Only)

- 00. No
- 01. Yes
- 02. Unknown

Injury Severity

- |                                  |                              |
|----------------------------------|------------------------------|
| 00. No injury                    | 03. Evident - incapacitating |
| 01. Complaint of injury          | 04. Fatal                    |
| 02. Evident - non-incapacitating |                              |

**Age** Age *MUST BE* in whole Numbers (Under the Age of 1 year Age = 0 )

**Sex**

**Name / Address**

Traffic Unit #

Position In / On Vehicle

Compliance with Driving Restrictions

Compliance with Driving Endorsements

Safety Equipment Used -System

-Use

-Helmet

Air Bag -Deployment

Air Bag -Type

Ejection

Suspected alcohol (Officers Opinion Only)



Suspected drugs (Officers Opinion Only)

Injury Severity

Age *MUST BE* in whole Numbers (Under the Age of 1 year Age = 0 )

Sex

Name / Address

<p><b>AA. CARRIER TYPE</b></p> <p>01. Interstate</p> <p>02. Intrastate</p> <p>03. Government Vehicle (10,001lbs. GVWR and over)</p> <p>04. Not in Commerce (10,001lbs. GVWR and over) (If #4 is chosen, complete <b>only</b> blocks CC, DD, EE, FF, and GG or NN.)</p>	<p><b>HH. HAZARDOUS MATERIALS</b></p> <p>Did the vehicle have a hazardous material placard?</p> <p>00. No</p> <p>01. Yes</p>
<p><b>BB. SOURCE OF NAME</b></p> <p>01. Log Book</p> <p>02. Shipping Papers, Truck, Bus, or Trip Manifest</p> <p>03. Driver</p> <p>04. Side of Vehicle</p>	<p><b>JJ. HAZARDOUS MATERIALS</b></p> <p>Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank)</p> <p>00. No</p> <p>01. Yes</p>
<p><b>CC. GROSS VEHICLE WEIGHT RATING</b></p> <p>01. Under 10,001 Pounds</p> <p>02. 10,001 to 26,000 Pounds</p> <p>03. 26,001 Pounds and Over</p>	<p><b>KK. HAZARDOUS MATERIALS</b></p> <p>Enter the <b>four</b> digit number from the placard. If no number on the placard enter the <b>four</b> digit identification number from the shipping paper(s).</p> <div style="text-align: center;">  </div>
<p><b>DD. TOTAL NUMBER OF AXLES</b></p> <p>Enter the total number of axles including truck and trailer.</p>	<p><b>LL. HAZARDOUS MATERIALS</b></p> <p>Enter the one digit number taken from the bottom of the placard.</p> <div style="text-align: center;">  </div>
<p><b>EE. VEHICLE CONFIGURATION</b></p> <p>01. Passenger Car (only if HM placarded)</p> <p>02. Light Truck (only if HM placarded)</p> <p>03. Bus/ Limousine</p> <p>04. Single-unit Truck (2 axles)</p> <p>05. Single-unit Truck (3 or more axles)</p> <p>06. Truck and Trailer</p> <p>07. Truck Tractor (Bobtail)</p> <p>08. Truck Tractor and Semi-Trailer</p> <p>09. Truck Tractor and Double Trailers</p> <p>10. Truck Tractor and Triple Trailers</p> <p>11. Other (Describe in narrative)</p>	<p><b>MM. LIQUID HAZARDOUS MATERIALS</b></p> <p>Enter the amount of bulk liquid cargo at time of accident.</p> <p>01. 0 to 1,000 gallons</p> <p>02. 1,001 to 2,000 gallons</p> <p>03. 2,001 to 3,000 gallons</p> <p>04. 3,001 to 4,000 gallons</p> <p>05. 4,001 to 5,000 gallons</p> <p>06. 5,001 to 6,000 gallons</p> <p>07. 6,001 to 7,000 gallons</p> <p>08. 7,001 to 8,000 gallons</p> <p>09. 8,001 gallons and over</p>
<p><b>FF. CARGO BODY TYPE</b></p> <p>01. Bus/ Limousine (seats 9-15 occupants including the driver)</p> <p>02. Bus/Limousine (seats 16 or more occupants including the driver)</p> <p>03. Van/ Enclosed Box</p> <p>04. Cargo Tank</p> <p>05. Flatbed/Pickup</p> <p>06. Dump Bed</p> <p>07. Concrete Mixer</p> <p>08. Auto Transporter</p> <p>09. Garbage Refuse</p> <p>10. Grain, Chips, Gravel</p> <p>11. Pole</p> <p>12. Intermodal Container</p> <p>13. Vehicle Towing another Vehicle</p> <p>14. Fire Aparatus</p> <p>15. Ambulance</p> <p>16. No Cargo Body</p> <p>17. Other (Describe in Narrative)</p>	<p><b>GG. SEQUENCE OF ACCIDENT EVENTS</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Block AA Top</p> <p><b>NON-COLLISION</b></p> <p>01. Ran Off the Road</p> <p>02. Jackknifed</p> <p>03. Overturning</p> <p>04. Downhill Runaway</p> <p>05. Cargo Loss or Shift</p> <p>06. Explosion or Fire</p> <p>07. Separation of Units</p> <p>08. Crossed the Median/Center Line</p> <p>09. Equipment Failure (Tires, etc.)</p> <p>10. Other (Describe in Narrative)</p> </div> <div style="width: 45%;"> <p>Block AA Bottom</p> <p><b>COLLISION</b></p> <p>11. Pedestrian</p> <p>12. Motor Vehicle inTransport</p> <p>13. Parked Motor Vehicle</p> <p>14. Train</p> <p>15. Pedal Cycle (Bicycle, Tricycle, etc.)</p> <p>16. Animal</p> <p>17. Fixed Object</p> <p>18. Work Zone Maintenance Equipment</p> <p>19. Other Movable Object</p> <p>20. Other (Describe in Narrative)</p> </div> </div>

<p>1st</p> <p>2nd</p> <p>3rd</p> <p>4th</p>	<p>01. Ran Off the Road</p> <p>02. Jackknifed</p> <p>03. Overturning</p> <p>04. Downhill Runaway</p> <p>05. Cargo Loss or Shift</p> <p>06. Explosion or Fire</p> <p>07. Separation of Units</p> <p>08. Crossed the Median/Center Line</p> <p>09. Equipment Failure (Tires, etc.)</p> <p>10. Other (Describe in Narrative)</p>	<p>1st</p> <p>2nd</p> <p>3rd</p> <p>4th</p>
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