

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>. 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.

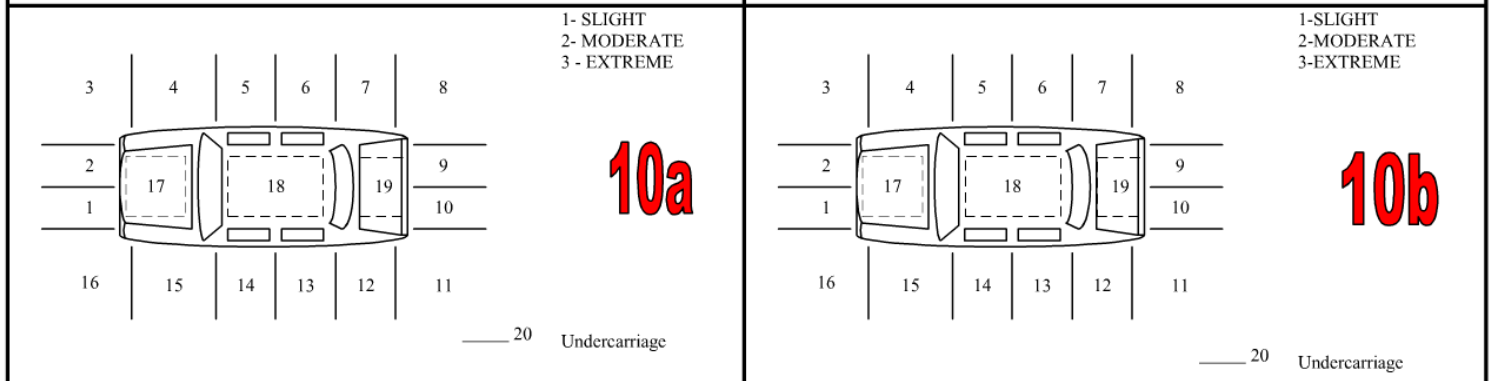
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

MAIL TO: State of Colorado
 Motor Vehicle Division
 Traffic Records
 Denver, CO 80261-0016
 Sheet _____ of _____ sheets

DR-447 (REV 2/01) - E

DATE /TIME OF ACCIDENT 1	CITY 2 COUNTY	DATE OF REPORT 3
TOTAL VEHICLES 4	PUBLIC PROPERTY RAILROAD CROSSING CONSTRUCTION ZONE BRIDGE 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LOCATION ROUTE, STREET ROAD _____ MILES _____ FEET <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W OF 6 <input type="checkbox"/> AT _____

VEH #1 OR BICYCLE# _____ PEDESTRIAN# _____ PARKED _____ LAST NAME 8a FIRST MI STREET ADDRESS 8a RES. PHONE CITY STATE ZIP BUS. PHONE DRIVERS LIC. NUMBER STATE SEX DOB YEAR MAKE MODEL BODY TYPE LIC. PLATE NO. STATE COLOR VEHICLE ID NO. 9a VEHICLE OWNER LAST NAME FIRST MI ADDRESS CITY STATE ZIP	VEH #1 OR BICYCLE# _____ PEDESTRIAN# _____ PARKED _____ LAST NAME 8b FIRST MI STREET ADDRESS 8b RES. PHONE CITY STATE ZIP BUS. PHONE DRIVERS LIC. NUMBER STATE SEX DOB YEAR MAKE MODEL BODY TYPE LIC. PLATE NO. STATE COLOR VEHICLE ID NO. 9b VEHICLE OWNER LAST NAME FIRST MI ADDRESS CITY STATE ZIP
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INSURANCE CO. 11a EXP. DATE	INSURANCE CO. 11b EXP. DATE
POLICY NO. 12a	POLICY NO. 12b
OWNER DAMAGED PROP. LAST NAME FIRST MI	OWNER DAMAGED PROP LAST NAME FIRST MI
ADDRESS 12a CITY STATE ZIP	ADDRESS 12b CITY STATE ZIP

DESCRIBE ACCIDENT

13

Information contained on this report furnished in total by reporting parties. No on-scene investigation.
 Report filed by: _____ **14**

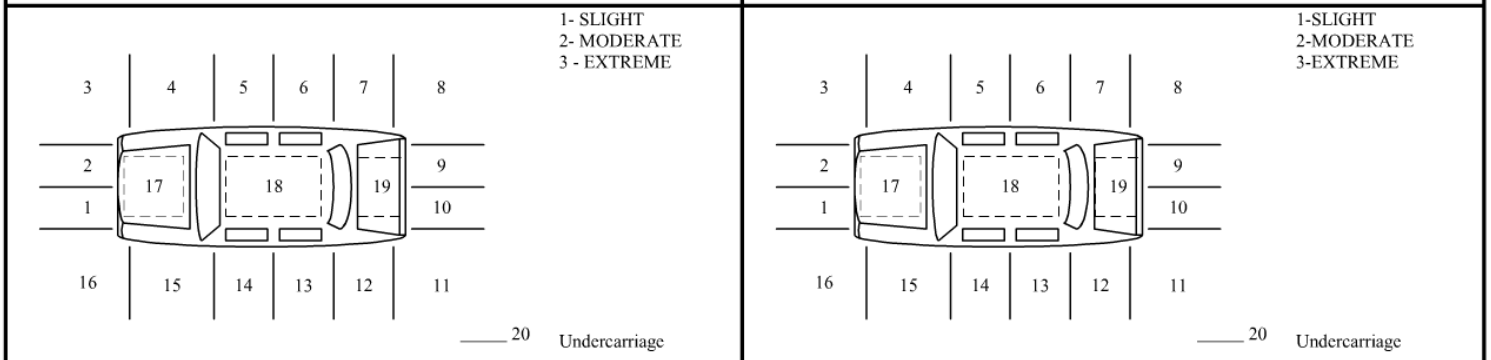
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DR-447 (REV 2/01) - E

DATE /TIME OF ACCIDENT		CITY		COUNTY		DATE OF REPORT	
TOTAL VEHICLES	PUBLIC PROPERTY <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> CONSTRUCTION ZONE <input type="checkbox"/> BRIDGE <input type="checkbox"/>		LOCATION ROUTE, STREET ROAD _____ MILES _____ FEET		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W OF		
<input type="checkbox"/> AT _____							

VEH #1 OR _____ BICYCLE# _____ PEDESTRIAN# _____ PARKED _____				VEH #1 OR _____ BICYCLE# _____ PEDESTRIAN# _____ PARKED _____			
LAST NAME		FIRST		MI		MI	
STREET ADDRESS				RES. PHONE			
CITY		STATE		ZIP		BUS. PHONE	
DRIVERS LIC. NUMBER		STATE	SEX	DOB			
YEAR	MAKE	MODEL		BODY TYPE			
LIC. PLATE NO.		STATE		COLOR			
VEHICLE ID NO				VEHICLE ID NO.			
VEHICLE OWNER LAST NAME		FIRST		MI		MI	
ADDRESS				CITY STATE ZIP			



INSURANCE CO.		EXP. DATE		INSURANCE CO.		EXP. DATE	
POLICY NO.				POLICY NO.			
OWNER DAMAGED PROP. LAST NAME		FIRST		MI		MI	
ADDRESS				CITY STATE ZIP			

DESCRIBE ACCIDENT

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