

Paper DR3447 Reports – Handling the Pages

NOTE: This document is intended for those agencies that will fill out a DR3447 crash report on paper.

A paper DR3447 crash report will contain a combination of the various pages which depends on how many vehicles and how many non-motorists were involved, and whether there were many occupants or damaged items.

The PDF file of DR3447 includes one of each of the defined pages that might be needed in a crash report, as well as the overlay. You will **not** want to simply print out the PDF some number of times. You'll wind up with way too many of some of the pages, and not enough of some pages.

We suggest the approach discussed below in order to avoid the waste and frustration of missing pages and extra pages.

2. The Motor Vehicle Module

The next two pages of the DR3447 PDF (MOTORIZED TRAFFIC UNIT/OCCUPANTS and TRAFFIC UNIT/GENERAL VEHICLE AND CMV) constitute the module used for each Motorize Traffic Unit involved in the crash. We recommend that a stack of these two pages be printed together as recto-verso as the Motor Vehicle page (front and back). It is recommended that these two pages be printed together as recto-verso. If this stack of copies is collated into a pad, then one page of that pad can be torn off for each motorized vehicle involved in the crash.

Front

Back

DR 3447 (11/09/18) MOTORIZED TRAFFIC UNIT/OCCUPANT PAGE ____ OF ____ PAGES

Traffic Unit # <input type="checkbox"/>	Case # <input type="checkbox"/>	Agency ORI	Agency Name
Hit & Run <input type="checkbox"/>	(Driver) Last Name	First Name	MI Phone
Non-Contact (Driver) Street Address	City	State	ZIP
Vehicle <input type="checkbox"/>	City	State	ZIP
Driver License Number	Unlicensed Driver <input type="checkbox"/>	CDL State	Sex
Primary Violation	DUI <input type="checkbox"/>	Violation Code	Citation Number
Name <input type="checkbox"/>	Vehicle Owner Last Name	First Name	MI
Name <input type="checkbox"/>	Vehicle Owner Street Address	City	State ZIP
Insurance Company	<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date	Policy Number
License Plate No.	State or Country	Number of Trainers:	
Vehicle Identification Number	Year	Trailer 1: VIN#	Disabling Damage <input type="checkbox"/>
Make	Model	Trailer 2: VIN#	Disabling Damage <input type="checkbox"/>
Body Type	Color	Trailer 3: VIN#	Disabling Damage <input type="checkbox"/>
Towed <input type="checkbox"/>	<input type="checkbox"/> Towed Out to Disabling Damage <input type="checkbox"/> Towed, But Not Out to Disabling Damage	Trailer 4: VIN#	Disabling Damage <input type="checkbox"/>
By:	Undercarriage	Trailer 5: VIN#	Disabling Damage <input type="checkbox"/>
To:	1. Slight 2. Moderate 3. Severe	License Plate:	Disabling Damage <input type="checkbox"/>

<input type="checkbox"/> VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)	<input type="checkbox"/> TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY
00. No Vehicle Defects 01. Defective Head Lights 02. Defective Brake/Tail Lights 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 Mirrors 10. Improper Load 11. Cargo/Equipment Load or Shift 12. Cargo/Equipment Shift 13. Parking Violator 14. Other Defect(s) Describe in Narrative	00. No Avoidance Maneuver 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/Haz-Mat Cargo Not Involved 04. Vehicle Fire/Haz-Mat Cargo Involved 05. Other Avoidance Maneuver (Describe in Narrative) 06. Vehicle Fire/Haz-Mat Incident

DRIVER/OCCUPANT DETAILS	
DRIVER NAME AND ADDRESS ARE ABOVE	
EMS Trip #	Taken To
(Passenger) Name/Address	AA Expired Date
EMS Trip #	Taken To
(Passenger) Name/Address	BB Expired Date
EMS Trip #	Taken To
(Passenger) Name/Address	CC Expired Date
EMS Trip #	Taken To
(Passenger) Name/Address	DD Expired Date

DR 3447 (11/09/18) TRAFFIC UNIT/GENERAL VEHICLE AND CMV PAGE ____ OF ____ PAGES

Traffic Unit # <input type="checkbox"/>	Case # <input type="checkbox"/>	Agency ORI	Agency Name
GENERAL VEHICLE FIELDS			
VEHICLE TYPE	03. Non-School Bus (if occupants or more including driver) comment	15. Farm Equipment	16. Unknown (Hit and Run Only)
CMV SECTIONS REQUIRED	04. Transit Bus	17. Light Rail	
01. Medium/Heavy Trucks GVWR/ GVWR between 10,001 and 16,000	05. Passenger Car/Minivan/SUV	18. Heavy Train	
02. School Bus (all school buses)	06. Passenger Car/Minivan/SUV	19. Off Highway Vehicle/ATV	
	07. Pickup Truck/Utility Van	20. Snowmobile	
	08. School Bus (all school buses)	21. Low Speed Vehicle	
	09. Motor Home	22. Other Vehicle Type (Describe in Narrative)	
	10. Motorcycle		
	11. Anticlimber		
	12. Unknown (Hit and Run Only)		
SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT			
00. No Special Function	05. Ambulance	16. Public Utility	
01. Vehicle Transporting Students To/From School	06. Police	17. Military	
02. Bus - Transport	07. Fire Truck	18. Rental Truck	
03. Bus - Charter	08. Non-Transport Emergency Service Vehicle	19. Taxi	
04. Bus - Shuttle	09. Safety Service	20. Vehicle Used for Electronic Ride-hailing (Uber, Lyft, etc.)	
05. Bus - Other	10. Police - Incident Response	21. Other (Describe in Narrative)	
06. School Bus	11. Towary - Incident Response		
07. Farm Equipment	12. Other Incident Response		
08. Farm Vehicle	13. Highway/Maintenance		
09. Farm Vehicle	14. Truck Acting as Crash Attenuator		
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)			
01. North	03. East	07. West	
02. Northeast	04. Southeast	08. Northwest	
VEHICLE MOVEMENT - PRIOR TO IMPACT			
01. Going straight	06. Making U-Turn	13. Swerve/Avoidance	
02. Stopped in traffic	07. Backing	14. Out of Control	
03. Making Right Turn	08. Entering/Leaving Parked Position	15. Traveled Wrong Way	
04. Making Left Turn	09. Parked	16. Entering Traffic Way/Merge	
	10. Changing Lanes	17. Other (Describe in Narrative)	
ROADWAY SPEED LIMIT			
mph	mph	mph	mph
1st	2nd	3rd	4th
DRIVER ACTIONS (OFFICER OPINION ONLY)			
01. Wrong Turn	07. Unsafe Turn	17. Careless Overtaking (if safe, meet field can not be used "0")	
02. No Contributing Action	08. Lane Violation	18. Speeding	
03. Impaired Traffic	09. Improper Passing on Left	19. Not Used for Conditions	
04. Failed to Yield ROW	10. Improper Passing on Right	20. Racing	
05. Obstructed Sign	11. Failed to Stop at Signal	21. Over-Correcting/Over-steering	
06. Exceeding Law Enforcement	12. Disobeyed Other Driver/Sign/Action	22. Lacking Required Chains	
		23. Other Contributing Action (Describe in Narrative)	
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS			
01. Physical Disability	09. Distracted/Manipulating Vehicle Control	24. Disobeyed Other Interior Sign	
02. Disobeyed/Other Occupant	10. Aggressive/Other	25. Sun Glare	
03. Aggressive/Other	11. Looked/Did Not See	26. Not Observed	
04. Driver Inexperience	12. Talking on Phone/Hands Free	27. Other Factor	
05. Aggressive Driving	13. Manipulating Electronic Device	28. Disobeyed	
06. Driver Unfamiliar With Area	14. Distracted Eating/Drinking		
07. Driver Emotionally Upset	15. Disobeyed		
08. Exceeding Law Enforcement			
AUTONOMOUS VEHICLE CAPABILITY			
00. No Automation	03. Conditional Automation	04. High Automation	05. Full Automation
01. Driver Assistance	02. Partial Automation	06. Unknown	
CMV FIELDS			
Carrier Name	Address	Dot #	
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	Over Width <input type="checkbox"/>
			Permitted <input type="checkbox"/>

CARRIER			
01. Interstate	02. Intrastate	03. Government	04. Not in Commerce
RATING/GROSS COMBINATION WEIGHT RATING			
Enter the total number of axles including trailer and trailer.			
VEHICLE CONFIGURATION			
01. Passenger Car (only if HM placard)	02. Light Truck (only if HM placard)	03. Back/Tractor and Double Trailer	04. Single-unit Truck (2 axles)
05. Single-unit Truck (3 or more axles)	06. Truck and Trailer	07. Truck Tractor (Bobtail)	08. Grain, Chpts, Gravel
09. Bus/Limousine (seats 16 or more occupants, including the driver)	10. Van/Enclosed Box	11. Pole	12. Bismodal Container
13. Motor Vehicle and Trailer	14. Fire Apparatus	15. Ambulance	16. No Cargo Body
17. Concrete Mixer	18. Auto Transporter	19. Other (Describe in Narrative)	
SEQUENCE OF COLLISION			
1st	2nd	3rd	4th
HAZARDOUS MATERIALS - PLACARDS			
Did the vehicle have a hazardous material placard?			
00. No	01. Yes	02. Required but Missing	
HAZARDOUS MATERIALS - RELEASE			
Was hazardous cargo from the placarded truck released?			
00. No	01. Yes		
HAZARDOUS MATERIALS - CODE			
Enter the four digit number from the placard. If no number on the placard enter the four digit identification number from the shipping papers.			
HAZARDOUS MATERIALS - CLASS			
Enter the one digit number taken from the bottom of the placard.			
LIQUID HAZARDOUS MATERIALS			
Enter the amount of bulk liquid cargo at time of crash.			
01. 0 to 1,000 gallons	02. 1,001 to 2,000 gallons	03. 2,001 to 3,000 gallons	04. 3,001 to 4,000 gallons
05. 4,001 to 5,000 gallons	06. 5,001 to 6,000 gallons	07. 6,001 to 7,000 gallons	08. 7,001 to 8,000 gallons
09. 8,001 to 9,000 gallons	10. 9,001 to 10,000 gallons	11. 10,001 to 11,000 gallons	12. 11,001 to 12,000 gallons
13. 12,001 to 13,000 gallons	14. 13,001 to 14,000 gallons	15. 14,001 to 15,000 gallons	16. 15,001 to 16,000 gallons
17. 16,001 to 17,000 gallons	18. 17,001 to 18,000 gallons	19. 18,001 to 19,000 gallons	20. 19,001 to 20,000 gallons
21. 20,001 to 21,000 gallons	22. 21,001 to 22,000 gallons	23. 22,001 to 23,000 gallons	24. 23,001 to 24,000 gallons
25. 24,001 to 25,000 gallons	26. 25,001 to 26,000 gallons	27. 26,001 to 27,000 gallons	28. 27,001 to 28,000 gallons
29. 28,001 to 29,000 gallons	30. 29,001 to 30,000 gallons	31. 30,001 to 31,000 gallons	32. 31,001 to 32,000 gallons
33. 32,001 to 33,000 gallons	34. 33,001 to 34,000 gallons	35. 34,001 to 35,000 gallons	36. 35,001 to 36,000 gallons
37. 36,001 to 37,000 gallons	38. 37,001 to 38,000 gallons	39. 38,001 to 39,000 gallons	40. 39,001 to 40,000 gallons

3. The Non-Motorist Module

The fifth page of the DR3447 PDF (TRAFFIC UNIT/NON-MOTORIST) constitutes the non-motorist portion of the crash report. It is recommended that a stack of this page be printed single sided. Each crash report must contain one Non-Motorist page (single-sided) for each non-motorist involved in the crash. If this stack of copies is collated into a pad, then one page of that pad can be torn off for each non-motorist vehicle involved in the crash.

Single-Sided

DR 3447 (11/09/18)		TRAFFIC UNIT/NON-MOTORIST PAGE ___ OF ___ PAGES																	
Traffic Unit # <input type="text"/>		Case # <input type="text"/>		Agency ORI <input type="text"/>															
Agency Name <input type="text"/>		Last Name <input type="text"/>		First Name <input type="text"/>															
MI <input type="text"/>		Street Address <input type="text"/>		Phone <input type="text"/>															
City <input type="text"/>		State <input type="text"/>		ZIP <input type="text"/>															
Email <input type="text"/>		Hit & Run /Left Scene <input type="checkbox"/>		Non-Contact Non-Motorist <input type="checkbox"/>															
Driver License Number <input type="text"/>		State <input type="text"/>		Sex <input type="text"/>															
DOB <input type="text"/>		Primary Violation <input type="text"/>		Violation Code <input type="text"/>															
Citation Number <input type="text"/>		Common Code <input type="text"/>		DUI <input type="checkbox"/>															
<input type="checkbox"/> NON-MOTORIST TYPE		TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH <input type="text"/>																	
01. Pedestrian 02. Wheelchair 03. Scooter 04. Personal Conveyance 05. Other Pedestrian 06. Bicyclist 07. Other Bicyclist/Cyclist 08. Other Non-Motorist		01. Sidewalk 02. Crosswalk 03. Marked Bicycle Lane 04. Shared Travelway 05. Protected Bicycle Lane 06. Unmarked Paved Shoulder 07. Separate Bicycle Path/Traill 08. No Specific Facility 09. Other (Describe in Narrative)																	
<input type="checkbox"/> NON-MOTORIST MOVEMENT - PRIOR TO IMPACT		NON-MOTORIST ACTIONS (OFFICER OPINION ONLY) <input type="text"/>																	
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 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 16. Entering Traffic Way/Merge 17. Negotiating a Curve 18. Other (Describe in Narrative)		00. No Contributing Action 01. Failure to Obey Traffic Signs, Signals, or Officer 02. Cross/Enter at Intersection 03. Cross/Enter NOT at Intersection 04. Soliciting Rides 05. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane) 06. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 07. Entering/Exiting Parked/Standing Vehicle 08. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 09. Traveling on Sidewalk With Traffic 10. Traveling on Sidewalk Against Traffic 11. Working in Trafficway (Incident Response) 12. Working in Trafficway (Maintenance Activities) 13. Improper Passing 14. Failure to Yield Right-Of-Way 15. Improper Turn/Merge 16. Dart/Dash 17. In Roadway Improperly (Standing, Lying, Working, Playing) 18. Panhandling 19. Other (Describe in Narrative)																	
<input type="checkbox"/> NON-MOTORIST LOCATION AT TIME OF CRASH		NON-MOTORIST MOST APPARENT CONTRIBUTING FACTORS (OFFICER OPINION ONLY) <input type="text"/>																	
01. Intersection - Marked Crosswalk 02. Intersection - Unmarked Crosswalk 03. Intersection - Other 04. Midblock - Marked Crosswalk 05. Midblock - Non-Crosswalk 06. Travel Lane - Other Location 07. Marked Bicycle Lane 08. Protected Bicycle Lane 09. Shoulder/Roadside 10. Sidewalk 11. Median/Crossing Island 12. Driveway Access 13. Shared-Use Path or Trail 14. Non-Trafficway Area 15. Other Location (Describe in Narrative)		00. No Apparent Contributing Factor 01. Not Visible (Dark Clothing, No Lighting, etc.) 02. Emotionally Upset 03. Asleep or Fatigued 04. Illness/Medical 05. Inexperience 06. Aggressive 07. Unfamiliar With Area 08. Evading Law Enforcement Officer 09. Physical Disability 10. Distracted/Passenger 11. Distracted/Headphones 12. Distracted/Cell Phone 13. Distracted - Manipulating Electronic Device 14. Distracted/Other i.e. Food, Objects, Pet, etc. 15. Looked/Did Not See 16. Age/Ability 17. Sun Glare 18. Under The Influence of Alcohol or Drugs 19. Other Factor (Describe in Narrative)																	
<input type="checkbox"/> NON-MOTORIST LEG OF INTERSECTION		PROTECTIVE/REFLECTIVE DEVICES/CLOTHING <input type="text"/>																	
01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest		01. Reflector(s) 02. Front Light 03. Rear Light 04. Reflective Clothing																	
NON-MOTORIST DETAILS																			
		FS <input type="checkbox"/>		AA Expired Date <input type="text"/>															
				BB Expired Time <input type="text"/>															
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		H	I	J	K	L	M	N	<input type="text"/>	EMS Trip # <input type="text"/>		Taken To <input type="text"/>							
H	I	J	K	L	M	N													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													

4. Additional Occupants

The sixth page of the DR3447 PDF (ADDITIONAL MOTOR VEHICLE OCCUPANTS) is needed only if there are more than four occupants (including the driver) in any of the vehicles involved in the crash. It is recommended that a stack this page be printed single sided. If this stack of copies is collated into a pad, then one page of that pad can be torn off if more than 4 persons are in any of the vehicles involved in the crash.

Single-Sided

Traffic Unit #		Case #										Agency ORI			Agency Name		
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				
TL#	A	D	E	F1	F2	F3	AGE	(Passenger) Name/Address					AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To				

5. Additional Damaged Property Items

The seventh page of the DR3447 PDF (ADDITIONAL DAMAGED PROPERTIES) is needed only if there are more than two damaged items involved in the crash. It is recommended that a stack of this page be printed single sided. If this stack of copies is collated into a pad, then one page of that pad can be torn off if there are more than 2 damaged property items involved in the crash.

Single-Sided

DR 3447 (11/09/18) ADDITIONAL DAMAGED PROPERTIES PAGE ____ OF ____ PAGES

Traffic Unit #	<input type="checkbox"/>	Case #	Agency ORI	Agency Name
Owner 3	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 4	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 5	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 6	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 7	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 8	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 9	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 10	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				

6. Involved Person Overlay

The eighth page of the DR3447 PDF (INVOLVED PERSON OVERLAY) is used to assist in filling out the DR3447 form, but is not part of the crash report that would be submitted to the DOR. It is recommended that a number of this page be printed single sided and laminated. The laminated overlays can be used repeatedly to fill out the person related fields on the Motorized Vehicle page or the Non-Motorist page.

Single-Sided / Laminated

DR 3447 (11/09/18)										INVOLVED PERSON OVERLAY				NOT TO BE SUBMITTED TO DOR																																																									
Position In/On Vehicle <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>03</td><td>06</td><td>09</td><td>14</td></tr> <tr><td>02</td><td>05</td><td>08</td><td>10/11/12</td></tr> <tr><td>01</td><td>04</td><td>07</td><td></td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;">13</div> </div>										03	06	09	14	02	05	08	10/11/12	01	04	07		A		AIRBAG - DEPLOYMENT 00. Not Equipped 01. Not Deployed 02. Deployed at pos. Only 03. Deployed at pos. and Others 04. Not Deployed at pos., Deployed at Others 05. Unknown (Describe in Narrative)				G1																																											
03	06	09	14																																																																				
02	05	08	10/11/12																																																																				
01	04	07																																																																					
01. Driver 02-09. Passengers 10. Other ENCLOSED Passenger/Cargo Area 11. Other UNENCLOSED Passenger/Cargo Area 12. Sleeper Section of Truck 13. Trailer 14. Riding/Hanging on to Exterior of Vehicle or Trailer										B		AIRBAG - TYPE A. None B. Front C. Side D. Curtain E. Rear F. Multiple G. Knee H. Air Belt I. Center Console J. Pedestrian Airbag K. Other Airbag Type (Describe in Narrative)				G2																																																							
DRIVING RESTRICTIONS 00. None 01. Complied With 02. Not Complied With 03. Compliance Not Known 04. Did Not Comply With GDL 6 Months 05. Did Not Comply With GDL 12 Months										C		INJURY SEVERITY 00. No Apparent Injury (C) 01. Possible Injury (C) 02. Suspected Minor Injury (B) 03. Suspected Serious Injury (A) 04. Fatal Injury (K)				H																																																							
DRIVING ENDORSEMENTS 00. None 01. Complied With 02. Not Complied With 03. Compliance Not Known										D		ALCOHOL SUSPECTED (OFFICER OPINION ONLY) YES 01. Preliminary Breath Test 02. SFST 03. Observed 04. Other Method NO 05. Preliminary Breath Test 06. Observed 07. SFST 08. Other Method				I																																																							
EJECTION 00. No 01. Yes - Partial 02. Yes - Full 03. Extricated										E		TESTED FOR ALCOHOL 00. Not Tested 01. Blood 02. Breath 03. Other 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other				J																																																							
EJECTION PATH 00. Not Ejected/ Not applicable 01. Through Side Door Opening 02. Through Side Window 03. Through Windshield 04. Through Back Window 05. Through Back Door/Tailgate Opening 06. Through Roof Opening (Sun Roof/Convertible Top Down) 07. Through Roof (Convertible Top Up) 08. Other Path (e.g. Back of Pickup Truck) 09. Unknown 10. Motorcycle										F1		MARIJUANA SUSPECTED (OFFICER OPINION ONLY) 00. Marijuana Not Suspected 01. Marijuana Suspected 02. Unknown				K																																																							
SAFETY EQUIPMENT - AVAILABLE A. None B. Shoulder and Lap Belt C. Shoulder Belt Only D. Lap Belt Only H. Child Restraint - Forward Facing I. Child Restraint - Rear Facing J. Child Restraint - Type Unknown K. Booster Seat F. N/A (e.g. Motorcycle)										F2		TESTED FOR MARIJUANA 00. Not Tested 01. Blood 02. Other 03. Other 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other				L																																																							
SAFETY EQUIPMENT - USE (Restraints and MC Eye Protection) 00. Not Used 01. Properly Used 02. Improperly Used 03. Unknown										F3		OTHER DRUG/IMPAIRMENT SUSPECTED (OFFICER OPINION ONLY) YES 01. Drug Recognition Expert 02. SFST 03. Observed 04. Other Method NO 05. Drug Recognition Expert 06. SFST 07. Observed 08. Other Method				M																																																							
SAFETY EQUIPMENT - HELMET A. N/A (e.g. Cars/Ped/etc.) B. No Helmet C. Available, Not Used D. Helmet Improperly used E. Helmet Properly used F. Unknown (Describe in Narrative)										N		TESTED FOR OTHER DRUGS 00. Not Tested 01. Blood 02. Other 03. Other 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other				N																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TUB</th><th>A</th><th>B</th><th>C</th><th>D</th><th>E</th><th>F1</th><th>F2</th><th>F3</th><th>AGE</th><th>Name/Address</th><th>AA</th><th>Expired Date</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td><td>EMS Trip #</td><td>Taken To</td><td>BB</td><td>Expired Time</td> </tr> <tr> <td> </td><td> </td> </tr> </tbody> </table>										TUB	A	B	C	D	E	F1	F2	F3	AGE	Name/Address	AA	Expired Date														G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time															AA		DEAD AT SCENE 00. No 01. Yes				BB	
TUB	A	B	C	D	E	F1	F2	F3	AGE	Name/Address	AA	Expired Date																																																											
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time																																																										
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY										AA		TRANSPORTED BY 01. Ambulance 02. Air 03. Not Transported 04. Other (Describe in Narrative)				BB																																																							

7. Examples

A few examples of how the different pages are assembled into a crash report are given below

A 2-vehicle crash

This image shows a stack of three forms for a 2-vehicle crash. The top form is 'MOTORIZED TRAFFIC UNOCCUPANT' (pages 5, 6). Below it is another 'MOTORIZED TRAFFIC UNOCCUPANT' (pages 3, 6). The bottom form is the 'STATE OF COLORADO TRAFFIC CRASH REPORT' (page 6).

A 1-vehicle / 1 non-motorist crash

This image shows a stack of three forms for a 1-vehicle / 1 non-motorist crash. The top form is 'TRAFFIC UNOCCUPANT/MOTORIST' (pages 5, 5). Below it is a 'MOTORIZED TRAFFIC UNOCCUPANT' (pages 3, 5). The bottom form is the 'STATE OF COLORADO TRAFFIC CRASH REPORT' (page 5).

A 3-vehicle crash, with additional occupants and additional damaged property items

This image shows a stack of seven forms for a 3-vehicle crash with additional occupants and damaged property. The top form is 'ADDITIONAL DAMAGED PROPERTIES' (pages 10, 10). Below it are three 'ADDITIONAL MOTOR VEHICLE OCCUPANTS' (pages 9, 10). Below that are three 'MOTORIZED TRAFFIC UNOCCUPANT' forms (pages 7, 10; 5, 10; 3, 10). The bottom form is the 'STATE OF COLORADO TRAFFIC CRASH REPORT' (page 10).