STATE OF COLORADO TRAFFIC CRASH REPORT

To proceed, you must choose one of the incident types below:

- MOTORIZED TRAFFIC UNIT/OCUPANT
- TRAFFIC UNIT/NON-MOTORIST
## STATE OF COLORADO TRAFFIC CRASH REPORT

### Case #

### Agency ORI

### Agency Name

## Date of Report

**mm/dd/yyyy**

**Date of Crash**

**mm/dd/yyyy**

**Time of Crash**

**HH:MM**

**Officer Name**

**Signature**

**Officer Number**

## Date Arrived

**mm/dd/yyyy**

**Date Roadway Cleared**

**mm/dd/yyyy**

**Date Last Responder Left**

**mm/dd/yyyy**

## Time Arrived

**HH:MM**

**Time Roadway Cleared**

**HH:MM**

**Time Last Responder Left**

**HH:MM**

## Agency Code

**Investigated at Scene**

**Detail**

**District Number**

## Number Killed

**Number Injured**

**Total Vehicles**

**Total Non-Motorists**

**Juvenile(s) Involved**

**Secondary Involved**

**Construction Zone Related**

**School Zone**

## Latitude

**Longitude

**County**

**City**

## On Road/Street:

**Intersection Offset**

**Distance Unit**

**Miles**

**Feet**

**At the Intersection**

## Reference Intersecting Road/Street:

**Intersection Offset Distance**

**Offset Direction**

**N**

**S**

**E**

**W**

## Highway Number

**Milepoint**

**Milepoint Offset Distance**

**Miles**

**Feet**

**At the Milepoint**

## Interstate Highway

**State Highway**

**City St/Country Rd.**

## Other Roadway

**01. On Roadway**

**02. Ran Off Left Side**

**03. Ran Off Right Side**

**04. Ran Off T Intersection**

**05. Vehicle Crossed Center Median Opposing Lanes**

**06. On Private Property**

## Number of Lanes Blocked

**Lane Position**

## Harmful Event Sequence

### 1st

**NON-COLLISION CRASH**

**1. Overtaking/Revel**

**2. Immersion, Full or Partial**

**3. Fell from Motor Vehicle**

**4. Other Non-Collision**

**5. Pedestrian**

**6. Bicycle/Motorized Bicycle**

**7. COLLISION WITH MOTOR VEHICLE IN TRANSPORT**

**8. Front to Front**

**9. Front to Rear**

**10. Road Contour - Curves**

**11. Approach/Overtaking Turn**

**12. Weather Condition**

### 2nd

**COLLISION WITH NON-MOTORIST**

**13. Parked Motor Vehicle**

**14. COLLISION WITH ANIMAL**

**15. Domestic Animal**

**16. Wild Animal**

**17. COLLISION WITH OBJECT**

**18. Light Pole/Utility Pole**

**19. Traffic Signal Pole**

**20. Road Contour - Grade**

**21. Lighting Condition**

### 3rd

**COLLISION WITH OTHER VEHICLE**

**22. Overhead Structure (Bridge)**

**23. Overhead Structure (Not Bridge)**

**24. Bridge Structure (Not Overhead)**

**25. Vehicle Debiris or Cargo**

**26. Crash Cushion/Traffic Barrel**

**27. Culvert or Headwall**

**28. Embankment**

**29. Other Fixed Object (Describe in Narrative)**

### 4th

**Harmful Event**

**1. Level**

**2. Uphill**

**3. Long Road**

**4. Auxiliary Lane**

**5. Ditch**

**6. Mailbox**

**7. Other Fixed Object (Describe in Narrative)**

## TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY

### Emergency Medical Services

**Time Notified**

**HH:MM**

**Time Arrived at Scene**

**HH:MM**

**Time Arrived at Hospital**

**HH:MM**

### Traffic Control Device Functioning

**01. No Controls**

**02. Functioning Properly**

**03. Functioning Improperly**

**04. Not Functioning**

**05. Not Visible**

**06. Not Visible**

**07. Not Visible**

**08. Not Visible**

**09. Not Visible**

**10. Not Visible**

## Approved By

**I.D. Number**

**Date**

**mm/dd/yyyy**
Describe Crash

Owner 1
- Public Property Damaged: [ ]
- Address:
- Damaged Prop. Description:
- Damaged Prop. Last Name:
- First Name:
- MI:
- City:
- State:
- ZIP:

Owner 2
- Public Property Damaged: [ ]
- Address:
- Damaged Prop. Description:
- Damaged Prop. Last Name:
- First Name:
- MI:
- City:
- State:
- ZIP:
### MOTORIZED TRAFFIC UNIT/OCPPUPANT

<table>
<thead>
<tr>
<th>Traffic Unit #</th>
<th>Case #</th>
<th>Agency CRI</th>
<th>Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hit &amp; Run</td>
<td>(Driver) Last Name</td>
<td>First Name</td>
<td>MI</td>
</tr>
<tr>
<td>Parked</td>
<td>(Driver) Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Non-Contact Vehicle</td>
<td>Driver License Number</td>
<td>Unlicensed Driver</td>
<td>CDL</td>
</tr>
<tr>
<td>Primary Violation</td>
<td>D.U.I.</td>
<td>Violation Code</td>
<td>Citation Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Same Name</th>
<th>Vehicle Owner Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Addr</td>
<td>Vehicle Owner Street Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>None</th>
<th>Expiration Date mm/dd/yyyy</th>
<th>Policy Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License Plate No.</th>
<th>State or Country</th>
<th>Number of Trainers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Identification Number</td>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Body Type</th>
<th>Color</th>
<th>Towed</th>
<th>Undercarriage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>00. Not towed</td>
<td>02. Towed, But Not Due to Damage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01. Towed Due to Damaging Damage</td>
<td></td>
</tr>
</tbody>
</table>

#### VEHICLE DEFECT/CONDITION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.</td>
<td>No Vehicle Defects</td>
</tr>
<tr>
<td>01.</td>
<td>Defective Headlight(s)</td>
</tr>
<tr>
<td>02.</td>
<td>Defective Brake/Tail Light(s)</td>
</tr>
<tr>
<td>03.</td>
<td>Defective Signal Device</td>
</tr>
<tr>
<td>04.</td>
<td>Brakes Defective/Out of Adjustment</td>
</tr>
<tr>
<td>05.</td>
<td>Defective Tires</td>
</tr>
<tr>
<td>06.</td>
<td>Sudden Tire Failure</td>
</tr>
<tr>
<td>07.</td>
<td>Improper Tires for Conditions</td>
</tr>
<tr>
<td>08.</td>
<td>Mechanical Failure</td>
</tr>
<tr>
<td>09.</td>
<td>Obstructed Window(s)</td>
</tr>
<tr>
<td>10.</td>
<td>Improper Load</td>
</tr>
<tr>
<td>11.</td>
<td>Cargo Equipment Loss or Spill</td>
</tr>
<tr>
<td>12.</td>
<td>Cargo Equipment Shift</td>
</tr>
<tr>
<td>13.</td>
<td>Parking Violation</td>
</tr>
<tr>
<td>14.</td>
<td>Other Defects (Describe in Narrative)</td>
</tr>
</tbody>
</table>

#### TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.</td>
<td>No Avoidance Maneuver</td>
</tr>
<tr>
<td>03.</td>
<td>Vehicle Fire/No Haz-Mat Cargo</td>
</tr>
<tr>
<td>04.</td>
<td>Vehicle Fire/Haz-Mat Cargo</td>
</tr>
<tr>
<td>06.</td>
<td>Other Avoidance Maneuver (Describe in Narrative)</td>
</tr>
</tbody>
</table>

#### DRIVER/OCPPUPANT DETAILS

| A  | B  | C  | D  | E  | F1 | F2 | F3 | AGE | G1 | G2 | H  | I  | J  | K  | L  | M  | N  | SEX |
|----|----|----|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|-----|

<table>
<thead>
<tr>
<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>
</tr>
</thead>
</table>

**EMS Trip #**

**Taken To**

**Passenger Name/Address**

**EMS Trip #**

**Taken To**

**Passenger Name/Address**

**EMS Trip #**

**Taken To**

**Passenger Name/Address**

**EMS Trip #**

**Taken To**

**Passenger Name/Address**

**EMS Trip #**

**Taken To**

**Passenger Name/Address**

**EMS Trip #**

**Taken To**

**Passenger Name/Address**
### GENERAL VEHICLE FIELDS

**VEHICLE TYPE**
03. Non-School Bus (9 occupants or more including driver) in commerce
04. Transit Bus
05. Passenger Car/Passenger Van
06. Pickup Truck/Utility Van
07. SUV
09. Motor Home
11. Motorcycle
12. Autocycle

**OTHER VEHICLE**
15. Farm Equipment
20. Working Vehicle/Equipment
21. Heavy Train
23. Off Highway Vehicle/ATV
24. Snowmobile
25. Low Speed Vehicle
18. Other Vehicle Type (Describe in Narrative)
16. Unknown (Hit and Run Only)

### SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT
00. No Special Function
02. Vehicle Transportation Students to/from School
03. Bus - Transit
04. Bus - Charter
05. Bus - Shuttle
06. Bus - Other
07. Construction Equipment
08. Farm Equipment
09. Farm Vehicle

**Ambulance**
10. Police
11. Fire Truck
12. Non-Transport Emergency Services Vehicle
13. Safety Service
14. Tow - Incident Response
15. Other Incident Response
16. Highway/Maintenance
17. Other (Describe in Narrative)

### DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)
01. North
02. Northeast
03. East
04. Southeast
05. South
06. Southwest
07. West
08. Northwest

### VEHICLE MOVEMENT - PRIOR TO IMPACT
06. Making U-Turn
07. Pasing
08. Backing
09. Entering/Leaving Parked
12. Rear Ended By Moving Vehicle
13. Following Too Close
14. Improper Parking
15. Other Contributing Action
16. Traveled Wrong Way
17. Other (Describe in Narrative)

### ROADWAY SPEED LIMIT
1st
2nd
3rd

### DRIVER ACTIONS (OFFICER OPINION ONLY)
07. Improper Turn
08. Turned from Wrong Lane or Position
10. Lane Violation
11. Improper Passing on Left
12. Improper Passing on Right
13. Followed Too Closely
14. Improper Parking
15. Other Contributing Action
16. Other (Describe in Narrative)

### DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)
09. Physical Disability
11. Distracted/Other Occupant
16. Age/Driver Ability
17. Drunk/Distressed
18. Talking on Phone/Holding
19. Talking on Phone/Hands Free
20. Manipulating Electronic Device
21. Distracted/Eating/Drinking
22. Distracted/Smoking
23. Distractions/Manipulating
24. Distractions/Other Interior
25. Distractions/Other Exterior
26. Sun Glare
27. Not Observed
28. Other Factor
29. Other (Describe in Narrative)

### AUTONOMOUS VEHICLE CAPABILITY
03. Conditional Automation
04. High Automation
05. Full Automation
06. Unknown

### CMV FIELDS

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>Dot #</th>
<th>Over Height</th>
<th>Over Weight</th>
<th>Over Length</th>
<th>Over Width</th>
<th>Permitted</th>
</tr>
</thead>
</table>

### CARRIER TYPE
01. Interstate
02. Intrastate
03. Government
04. Not In Commerce

### VEHICLE CONFIGURATION
01. Passenger Car (only if HM placarded)
02. Light Truck (only if HM placarded)
03. Bus/Limousine
04. Single-unit Truck (2 axles)
05. Single-unit Truck (3 or more axles)
06. Truck and Trailer
07. Truck Tractor (Bobtail)

### CARGO BODY TYPE
01. Bus/Limousine (seats 9-15 occupants, including the driver)
02. Bus/Limousine (seats 16 or more occupants, including the driver)
08. Auto Transporter
09. Garbage truck

### SEQUENCE OF CRASH EVENTS
1st
2nd
3rd
4th

### NON-COLLISION
01. Ran Off the Road
02. Jackknifed
03. Overturning
04. Downhill Runaway
05. Cargo Loss or Shift
06. Explosion or Fire
07. Separation of Units
08. Crossed the Median/Center Line
09. Equipment Failure (Tires, etc.)
10. Other (Describe in Narrative)

### HAZARDOUS MATERIALS - PLCARDS
Did the vehicle have a hazardous material placard?
00. No
01. Yes
02. Required but Missing

### HAZARDOUS MATERIALS - RELEASE
Was hazardous cargo released from the placard?
00. No
01. Yes

### HAZARDOUS MATERIALS - CODE
Enter the four digit number from the placard.

### HAZARDOUS MATERIALS - CLASS
Enter 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
### Position In/On Vehicle

<table>
<thead>
<tr>
<th>03</th>
<th>06</th>
<th>09</th>
<th>10/11/12</th>
<th>13</th>
</tr>
</thead>
</table>

- **01**: Driver
- **02**: Passenger
- **03**: Driver/Passenger
- **04**: Driver/Passenger
- **05**: Driver/Passenger
- **06**: Driver/Passenger
- **07**: Driver/Passenger
- **08**: Driver/Passenger
- **09**: Driver/Passenger
- **10**: Other Enclosed Passenger/Cargo Area
- **11**: Other Enclosed Passenger/Cargo Area
- **12**: Driver/Passenger
- **13**: Driver/Passenger

### Driving Restrictions

- **00**: None
- **01**: Complied With
- **02**: Not Complied With
- **03**: Compliance Unknown
- **04**: Did Not Comply With GDL 6 Months
- **05**: Did Not Comply With GDL 12 Months

### Driving Endorsements

- **00**: None
- **01**: Complied With
- **02**: Not Complied With
- **03**: Compliance Unknown

### Ejection

- **00**: No
- **01**: Yes - Partial
- **02**: Yes - Full
- **03**: Extricated

### Ejection Path

- **00**: Not Ejected/Not applicable
- **01**: Through Roof Opening
- **02**: Through Side Opening (Sun Roof/Convertible Top Down)
- **03**: Through Windshield
- **04**: Through Back Window
- **05**: Through Back Door/Tailgate Opening

### Safety Equipment - Available

- **A**: None
- **B**: Child Seat
- **C**: Shoulder Belt
- **D**: Lap Belt
- **E**: Head Restraint - Rear Facing
- **F**: Child Restraint - Rear Facing
- **G**: Child Restraint - Type Unknown
- **H**: Child Restraint - Forward Facing

### Alcohol Suspected (Officer Opinion Only)

- **01**: Preliminary Breath Test
- **02**: SFST
- **03**: Observed
- **04**: Other Method

### Tested for Alcohol

- **00**: Not Tested
- **01**: Refusal
- **02**: Blood
- **03**: Other

### Marijuana Suspected (Officer Opinion Only)

- **00**: Marijuana Not Suspected
- **01**: Marijuana Suspected
- **02**: Unknown

### Tested for Marijuana

- **00**: Not Tested
- **01**: Refusal
- **02**: Blood
- **03**: Other

### Other Drug/Impairment Suspected (Officer Opinion Only)

- **00**: Not Tested
- **01**: Refusal
- **02**: Blood
- **03**: Other

### Tested for Other Drugs

- **00**: Not Tested
- **01**: Refusal
- **02**: Blood
- **03**: Other

### If you are missing a page, you can find buttons for each available page below

Your newly spawned page will generate prior to this page (sequentially). Please navigate back to access this new spawned page to fill it in.

- **ADD CRASH DESCRIPTION**
- **ADDITIONAL MOTOR VEHICLE OCCUPANTS**
- **ADDITIONAL DAMAGED PROPERTIES**
- **TRAFFIC UNIT GENERAL VEHICLE AND CMV**
- **MOTORIZED TRAFFIC UNIT OCCUPANT**
- **TRAFFIC UNIT NONMOTORIST**