

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.

1. The Crash Module of the DR3447

The first two pages (the STATE OF COLORADO TRAFFIC CRASH REPORT and the NARRATIVE/DIAGRAM) of the DR3447 PDF constitute the base of the crash report. We recommend that a stack of these two pages be printed together as recto-verso on the same physical page that we can call the Crash Page (front/back). Each crash report must contain one and only one of these. If this stack of copies is collated into a pad, then one page of that pad can be torn off per crash.

Front

DR 3447 (11/09/18)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Colorado.gov/Revenue

MAIL TO: STATE OF COLORADO
MOTOR VEHICLE
TRAFFIC RECORDS
DENVER, CO 80261-0016

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND PAGE 1 OF ____ PAGES

Case # _____ Agency ORI _____ Agency Name _____

Date of Report (mm/dd/yyyy) _____ Date of Crash (mm/dd/yyyy) _____ Time of Crash (24 Hr) _____ Officer Name _____ Officer Number _____

Date Arrived _____ Date Roadway Cleared _____ Date Last Responder Left _____ Signature _____ Detail _____

Time Arrived _____ Time Roadway Cleared _____ Time Last Responder Left _____ Agency Code _____ Investigated at Scene ☐ District Number _____

Number Killed _____ Number Injured _____ Total Vehicles _____ Total Non-Motorists _____ Juvenile(s) Involved ☐ Secondary Crash ☐ Construction Zone Related ☐ School Zone ☐

Latitude _____ Longitude _____ County _____ City _____

On Road/Street _____ Intersection Offset Distance Unit ☐ 01. Miles 02. Feet 03. At the Intersection

Reference Intersecting Road/Street _____ Intersection Offset Distance _____ Offset Direction ☐ N ☐ S ☐ E ☐ W ☐

HWY NUMBER _____ MILEPOINT _____ Milepoint Offset Distance Unit ☐ 01. Miles 02. Feet 03. At the Milepoint

Milepoint Offset Distance _____ Offset Direction ☐ N ☐ S ☐ E ☐ W ☐

☐ INTERSTATE HWY ☐ STATE HWY ☐ CITY ST/CNTY RD

LOCATION ☐ 01. On Roadway 04. Ran Off T Intersection 06. On Private Property 07. Center Median/Island 08. Other Roadway 02. Ran Off Left Side 03. Ran Off Right Side 05. Vehicle Crossed Center Median Into Opposing Lanes

Number of Lanes Blocked ☐ LANE POSITION ☐

HARMFUL EVENT SEQUENCE 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Most Harmful Event ☐

NON-COLLISION CRASH
01. Overturning/Rollover
02. Immersion, Full or Partial
03. Fall from Motor Vehicle
04. School Age Traffic from School
05. Pedestrian
06. Bicycle/Moped/Bicycle
07. Collision with Motor Vehicle in Transport
08. Front to Front
09. Front to Rear
10. Front to Side
11. Rear to Side
12. Side to Side
13. Side to Side-Same Direction
14. Side to Side-Opposite Direction
15. Side to Side-Oblique
16. Side to Side-Oblique
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100. Side to Side-Oblique

ROAD CONTOUR - CURVES ☐ 01. Straight 02. Curve Right 03. Curve Left 04. Unknown

ROAD CONTOUR - GRADE ☐ 01. Uphill 02. Downhill 03. Level 04. Unknown

APPROACH/OVERTAKING TURN ☐ 01. Approach Turn 02. Overtaking Turn 03. Not Applicable

LIGHTING CONDITION ☐ 01. Daylight 02. Dawn or Dusk 03. Dark-illuminated 04. Dark-unilluminated

ROAD DESCRIPTION ☐ 01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection 05. Crossover-Related 06. Roundabout 07. Ramp 08. Shared-Use Path or Trail 09. Auxiliary Lane 10. Ramp-related 11. Alley Related 12. Shared-Use Path or Trail 13. Auxiliary Lane 14. Mid-Block Crossover 15. Express/Managed/HV Lane

ROAD CONDITION ☐ 01. Dry 02. Wet 03. Muddy 04. Snowy 05. Ice 06. Slushy 07. Foreign Material 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 13. Sand/Gravel 14. Roto-Matted

WEATHER CONDITION 1st ☐ 2nd ☐ 00. Clear 01. Rain 02. Sleet or hail 03. Fog 04. Dust 05. Wind 06. Cloudy 07. Freezing Rain or Freezing Drizzle 08. Snow 09. Blowing Snow

TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY

EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)
Time Notified _____ Time Arrived @ Scene _____ Time Arrived @ Hospital _____

TRAFFIC CONTROL DEVICE FUNCTIONING
☐ 01. No Control 02. Not Functioning 03. Functioning Improperly 04. Functioning Properly 05. Not Visible 06. Unknown

If times are unknown provide name of responding services: _____

Approved By _____ I.D. Number _____ Date _____

Back

DR 3447 (11/09/18) NARRATIVE/DIAGRAM PAGE 2 OF ____ PAGES

Case # _____ Agency ORI _____ Agency Name _____

Describe Crash

Owner 1 Public Property Damaged ☐ Damaged Prop. Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ ZIP _____

Damaged Prop. Description

Owner 2 Public Property Damaged ☐ Damaged Prop. Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ ZIP _____

Damaged Prop. Description

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

IR 3447 (1/10/19)

MOTORIZED STAFF OCCUPANT PAGE __ OF __

| | | | | | |
|---|--|---|--|-------------------------------|--|
| 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 Vehicle <input type="checkbox"/> (Driver) Street Address | | City | | State ZIP DOB | |
| Driver License Number | | Unlicensed Driver <input type="checkbox"/> | | CDL State Sex Email | |
| Primary Vehicle | | DUI Violation Code | | Citation Number Common Code | |
| Same Name <input type="checkbox"/> Vehicle Owner Last Name | | First Name | | MI | |
| Same 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# | |
| | | Make | | License Plate: | |
| | | Model | | Trailer 2: VIN# | |
| | | No Damage <input type="checkbox"/> | | License Plate: | |
| | | Color | | Trailer 3: VIN# | |
| Body Type | | Trailer 4: VIN# | | License Plate: | |
| Towed <input type="checkbox"/> | | Trailer 5: VIN# | | License Plate: | |
| By: | | Undercarriage | | License Plate: | |
| To: | | 1. Slight 2. Moderate 3. Severe | | License Plate: | |

| | | | |
|---|--|--|--|
| LICENSE DEFECT/CONDITION (OFFICER/OPINION ONLY) | | 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. Stakes, Defective Out of Alignment) (05. Defective Tires) (06. Stakes Tire Failure) (07. Improper Tires for Conditions) | | CRASH AVOIDANCE MANEUVER 00. No Avoidance Manuever 01. Braking 02. Steering 03. Steering and Braking 04. Accelerating 05. Steering and Accelerating 06. Other Avoidance Manuever (Describe in Narrative) | |
| 08. Mechanical Failure 09. Obstructed View/Windows 10. Improper Load 11. Cargo/Equipment Leaks or Spill 12. Cargo/Equipment Shift 13. Parking Violation 14. Other Defect(s) (Describe in Narrative) | | FIRE/HAZARDOUS MATERIALS INVOLVEMENT 00. No Fire/No Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident | |

| DRIVER/OCCUPANT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DRIVER NAME AND ADDRESS ARE ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>G1</td><td>G2</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>F2</td><td>F3</td><td>AGE</td><td>AA</td> </tr> <tr> <td colspan="11"></td> <td>Expired Date</td> </tr> </table> | | | | | | | | | | | | G1 | G2 | A | B | C | D | E | F | F2 | F3 | AGE | AA | | | | | | | | | | | | Expired Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G1 | G2 | A | B | C | D | E | F | F2 | F3 | AGE | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Expired Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>G1</td><td>G2</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>F2</td><td>F3</td><td>AGE</td><td>AA</td> </tr> <tr> <td colspan="11"></td> <td>Expired Date</td> </tr> </table> | | | | | | | | | | | | G1 | G2 | A | B | C | D | E | F | F2 | F3 | AGE | AA | | | | | | | | | | | | Expired Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G1 | G2 | A | B | C | D | E | F | F2 | F3 | AGE | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Expired Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

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"/> | |
| 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"/> | | DUI <input type="checkbox"/> | | Violation Code <input type="text"/> | |
| Citation Number <input type="text"/> | | Common Code <input type="text"/> | | | |
| <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/Trail 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"/> | | <input type="text"/> 1st <input type="text"/> 2nd | |
| 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) | | 01. No Contributing Action 02. Failure to Obey Traffic Signs, Signals, or Officer 03. Cross/Enter at Intersection 04. Cross/Enter NOT at Intersection 05. Solotting Rides 06. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane) 07. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 08. Entering/Exiting Parked/Standing Vehicle (In or Adjacent to Travel Lane) 09. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) | |
| 13. Traveling on Sidewalk With Traffic 14. Traveling on Sidewalk Against Traffic 15. Working in Trafficway (Incident Response) 16. Working in Trafficway (Maintenance Activities) 17. Improper Passing 18. Failure to Yield Right-Of-Way 19. Improper Turn/Merge 20. Dart/Dash 21. In Roadway Improperly (Standing, Lying, Working, Playing) 22. Panhandling 23. 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"/> | | <input type="text"/> 1st <input type="text"/> 2nd <input type="text"/> 3rd | |
| 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) | | 01. No Apparent Contributing Factor 02. Not Visible (Dark Clothing, No Lighting, etc.) 03. Emotionally Upset 04. Asleep or Fatigued 05. Illness/Medical 06. Inexperience 07. Aggressive 08. Unfamiliar With Area 09. Evading Law Enforcement Officer 10. Physical Disability 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"/> | | <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 | |
| 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 | | | | | |
| <input type="checkbox"/> FS | | <input type="checkbox"/> AA Expired Date | | | |
| <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N | | <input type="checkbox"/> BB Expired Time | | | |
| EMS Trip # <input type="text"/> | | Taken To <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

DR 3447 (11/09/16) **ADDITIONAL MOTOR VEHICLE OCCUPANTS** PAGE ____ OF ____ PAGES

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

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;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">14</div> <div style="text-align: center;">13</div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">03</td> <td style="width: 25%;">06</td> <td style="width: 25%;">09</td> <td style="width: 25%;"></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="font-size: 2em; margin: 0 10px;">←</div> </div> | | | | | | | | | | 03 | 06 | 09 | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 05 | 08 | 10/11/12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 04 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01. Driver 02-09. Passengers 10. Other ENCLOSED Passenger/Cargo Area 11. Other UN-ENCLOSED Passenger/Cargo Area 12. Sleeper Section of Truck 13. Trailer 14. Riding/Hanging on to Exterior of Vehicle or Trailer | | | | | | | | | | 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 B | | | | | | | | | | INJURY SEVERITY 00. No Apparent Injury (O) 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 C | | | | | | | | | | ALCOHOL SUSPECTED (OFFICER OPINION ONLY) YES 01. Preliminary Breath Test 02. SFST 03. Observed 04. Other Method NO 05. Preliminary Breath Test 06. SFST 07. Observed 08. Other Method I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EJECTION 00. No 01. Yes - Partial 02. Yes - Full 03. Extricated D | | | | | | | | | | 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 E | | | | | | | | | | 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 E. Child Restraint - Forward Facing I. Child Restraint - Rear Facing J. Child Restraint - Type Unknown K. Booster Seat F. N/A (e.g. Motorcycle) F1 | | | | | | | | | | 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 F2 | | | | | | | | | | 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) F3 | | | | | | | | | | 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> </tr> </thead> <tbody> <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> </tr> </tbody> </table> | | | | | | | | | | TUB | A | B | C | D | E | F1 | F2 | F3 | AGE | G1 | G2 | H | I | J | K | L | M | N | SEX | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name/Address</th> <th>AA</th> <th>Expired Date</th> </tr> </thead> <tbody> <tr> <td>EMS Trip #</td> <td>Taken To</td> <td>BB</td> </tr> <tr> <td></td> <td></td> <td>Expired Time</td> </tr> </tbody> </table> | | | | | | | | | | Name/Address | AA | Expired Date | EMS Trip # | Taken To | BB | | | Expired Time |
| TUB | A | B | C | D | E | F1 | F2 | F3 | AGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G1 | G2 | H | I | J | K | L | M | N | SEX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Address | AA | Expired Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMS Trip # | Taken To | BB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Expired Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY | | | | | | | | | | DEAD AT SCENE 00. No 01. Yes 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 the assembly of a crash report for a 2-vehicle crash. It consists of several forms stacked on top of each other, with page numbers 3, 5, and 6 visible. The forms include the 'STATE OF COLORADO TRAFFIC CRASH REPORT' and various supplementary pages for vehicle information and driver details. The forms are arranged to show how they would be bound together for a final report.

A 1-vehicle / 1 non-motorist crash

This image shows the assembly of a crash report for a 1-vehicle / 1 non-motorist crash. It consists of several forms stacked on top of each other, with page numbers 3, 5, and 5 visible. The forms include the 'STATE OF COLORADO TRAFFIC CRASH REPORT' and various supplementary pages for vehicle information and driver details. The forms are arranged to show how they would be bound together for a final report.

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

This image shows the assembly of a crash report for a 3-vehicle crash with additional occupants and property items. It consists of several forms stacked on top of each other, with page numbers 3, 5, 7, 9, and 10 visible. The forms include the 'STATE OF COLORADO TRAFFIC CRASH REPORT' and various supplementary pages for vehicle information, driver details, and additional occupants. The forms are arranged to show how they would be bound together for a final report.