

**COLORADO DEPARTMENT OF TRANSPORTATION
FATAL ACCIDENT REPORT**



Date _____

State fatal# _____

City serial# _____

Dear Sir/Madam:

Investigated by _____

Please supply the information checked below. This data is required for Colorado's Fatal Accident Reporting System.

Name: _____

Accident date: _____

- Emergency medical services

Time notified _____

Time arrived at scene _____

Time arrived at hospital _____

- Violations charged _____

- Alcohol results _____

Type(s) of test (blood, urine, etc.) _____

- Drug results _____
(excluding alcohol, nicotine and aspirin)

Type(s) of drug test (blood, urine, etc.) _____

- Ejection path (check one)
- | | | |
|---|---|---|
| <input type="checkbox"/> Through side door opening | <input type="checkbox"/> Through side window | <input type="checkbox"/> Through windshield |
| <input type="checkbox"/> Through back window | <input type="checkbox"/> Through back door /tailgate opening | |
| <input type="checkbox"/> Through roof opening (sunroof, convertible top down) | | |
| <input type="checkbox"/> Through roof (convertible top up) | <input type="checkbox"/> Other path (e.g. back of pickup truck) | |

- Other _____

Please mail this information at your earliest convenience. Thank you for your assistance.

Sincerely,

Please return to:
COLORADO DEPARTMENT OF TRANSPORTATION
Safety and Traffic Engineering Branch
4201 East Arkansas Avenue - Empire Park 770
Denver, Colorado 80222

Fatal analyst
(303) 757-9468

FAX# (303) 757-9439

DISTRIBUTION:
White-Safety and Traffic Engineering Branch
Canary-Respondents record