COLORADO DEPARTMENT OF TRANSPORTATION

ACCIDENT REPORT & BILLING OR RESPONSE TO SPILL

RE: Damage to Transportation Property

Vehicle license plate year state number			
Owner last first middle		Driver last first middle	
Address		Address	
city state zip		city state zip	

If more than one vehicle involved, should billing be submitted to owner of other vehicle?

❑ no ❑ yes, if yes, give following information:

Vehicle license plate year state number			
Owner last first middle		Driver last first middle	
Address		Address	
city state zip		city state zip	

Date of accident/spill	County	City
Highway #	Property damaged	
Milepost #		

FR-1 for damage of over $500.00, submit directly to Motor Vehicle Division, 140 W. 6th Ave., Denver, CO 80204

Date	Mtce patrol	Contact person	Phone #	DERA

Amount and name of released material

Detailed billing of materials and services (ex; traffic control & containment of released material)

Description	Unit price	Amount

Signed Maintenance Superintendent

Please attach completed Voucher Code CDOT #951 and copy of accident report
Original to Accounting/ Haz Mat Coordinator (spills only)
Canary to DERA (designation of emergency response authorities) or CSP
Pink retained in Section

CDOT Form #40
2/92