

## Roadside Memorial Signage Program Criteria

A sign must be requested by the victim's family or sponsor with the consent of the victim's family.

Signs may *only* be installed on State highways. Signs installed on State highways within a city or town require local government approval.

No sign shall be installed on Interstate highways (ie. I-25, I-70 etc). An alternative sign location for interstate fatalities may be considered on a State highway near the crash location.

Applicant shall pay CDOT \$100 to partially cover fabrication, installation, maintenance and removal costs. Up to three names may be included on one sign with multiple victims. Payment is due after CDOT approves the application.

CDOT will fabricate, install and maintain the sign for six years from the date of initial installation.

CDOT will return sign to the family after six years.

### ADDITIONAL SPECIAL REQUIREMENTS FOR "DON'T DRINK AND DRIVE" SIGNS FOR FATAL ALCOHOL/DRUG (DUI) RELATED CRASHES

There must be a conviction of the driver involved in a fatal crash who was in violation of Colorado DUI laws, or a toxicology report must show the victim driver to have been in violation of Colorado's DUI laws **and** only with the permission of the crash victim's family members..

Program information is available from the

**Colorado Department of Transportation  
Safety and Traffic Engineering Branch  
2829 W. Howard Place  
Denver, Colorado 80204**

or by calling CDOT at (303) 757-9654  
or by calling MADD at (303) 425-5905

<b>COLORADO DEPARTMENT OF TRANSPORTATION</b>			
<b>ROADSIDE MEMORIAL SIGN APPLICATION</b>		<b>Please fill in on-line and print</b>	
<i>Name of person or group applying for sign:</i>		<i>Daytime phone number:</i>	<i>E-mail address:</i>
<i>Mailing address:</i>		<i>City:</i>	<i>State:      Zip code:</i>
<i>Date of fatal crash:</i>	<i>Location of crash (State Highway and Milepost if known):</i>		<i>County:</i>
<b>Victim's name(s) (as they should appear on the sign)</b>		<b>Victim's name(s) (as they appear on the accident report)</b>	
<b>1</b> _____		<b>1</b> _____	
<b>2</b> _____		<b>2</b> _____	
<b>3</b> _____		<b>3</b> _____	
<i>Investigating law enforcement agency:</i>		<i>Name of the driver on the accident report:</i>	
<b>Roadside Memorial Sign message to be included on the sign (please choose one):</b>			
<p style="color: red;"><b>DON'T DRINK AND DRIVE</b> (Note specific requirements above)</p> <p><b>PLEASE DRIVE SAFELY</b> (for any fatalities)</p> <p><b>PLEASE RIDE SAFELY</b> (for motorcycle/bicycle fatalities)</p> <p><b>PLEASE BUCKLE UP</b> (for fatalities where victim was not wearing a seat belt)</p>			
<b>Preferred sign location (please choose one):</b>			
<p><b>LOCATION AS SHOWN ON THE ACCIDENT REPORT</b> (provided by CDOT)</p> <p><b>LOCATION AS SHOWN ON THE ATTACHED SKETCH</b> (provided by applicant)</p>			
<i>Victim's immediate family signature(s):</i>		<i>Applicant signature:</i>	
		<i>Date:</i>	

NOTE: Applicant will be required to remit a check, payable to the Colorado Department of Transportation in the amount of \$100, once sign application is approved. Please keep CDOT informed of any change of address.