



Annual Report

HB 10-1014



February 8, 2011

Senator Evie Hudak, Madame Chairman
Representative Glenn Vaad, Chairman
Honorable Members of the Joint Senate and House Transportation Committees
State Capitol
Denver, Colorado 80203


Subject: Annual Report of Fatal Accidents in State Highway Work Areas

Dear Senator Hudak, Representative Vaad, and Honorable Members:

The Colorado Department of Transportation has completed an analysis of data from the Fatality Analysis Reporting System (FARS) to determine the number and attributes of work zone fatalities that occurred in state highway work areas during calendar year 2010. The report will show that the year was a safe period of time for DOT employees and contractors in the work areas. However, 11 lives of motorists and passengers were lost as a result of traffic crashes in Colorado work zones. All fatalities occurred between March and December of 2010.

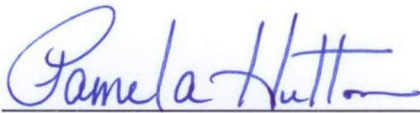
CDOT and the Colorado State Patrol are committed to saving lives and will continue our joint efforts to make these work zone areas as safe as possible during all phases of construction/maintenance and during any type of weather. A key component in this endeavor is the establishment of a multidisciplinary *Work Zone Safety and Mobility Process Review Team*, which was assembled to assess the effectiveness of the policies and practices in place, and whether they are understood and being implemented consistently throughout CDOT.

To increase awareness and improve construction work zone safety, The Colorado State Patrol and local law enforcement agencies participate in CDOT's *Slow for the Cone Zone Campaign*, which begins in June and continues through September every summer. CDOT provides funding for overtime enforcement on highly-visible construction projects across the state. CSP Troop Commanders supplied manpower and nearly 1,800 hours of enforcement between May and December of 2010.

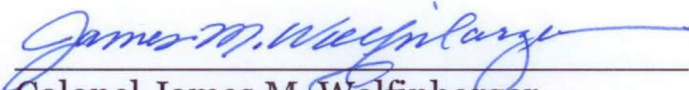


The objective was to have troopers stay within the work zone while activating their emergency lighting equipment and to remain in close proximity of the maintenance workers. Traffic stops were not made unless the driving behavior of a motorist was so egregious that it required some form of enforcement action. This methodology has proven to be most effective in securing the safety of workers, troopers, and motorists while traveling through the work zone environment. In light of our successful partnership the contract between CDOT and CSP has been extended through February of 2013.

Both of our agencies are dedicated to making Colorado a safer place to live, work, and to visit while maintaining the integrity of the highway infrastructure used to enjoy the beauty of this great state. We look forward to 2011 and the reduction of fatal crashes in highway work zone areas.



Chief Engineer Pam Hutton
Colorado Department of Transportation



Colonel James M. Wolfenbarger
Chief, Colorado State Patrol

HB 10-1014

Calendar Year 2010 Annual Report of Fatal Accidents in State Highway Work Areas

Section 1. Purpose:

The HB 10-1014 requires the department of transportation and the Colorado state patrol to annually present a joint report to the transportation and energy committee of the house of representatives and the transportation committee of the senate regarding fatal accidents occurring in state highway work areas.

Section 2. Calendar Year 2010 Work Zone Fatality Data:

CDOT conducted an analysis of data derived from the Fatality Analysis Reporting System (FARS) to determine the number and attributes of work zone fatalities occurring in state highway work areas during Calendar Year 2010. The FARS contains data on all vehicle crashes in the United States that occur on a public roadway and involve a fatality. A couple of comments about the query are necessary:

- CDOT has chosen to use the D-16 federal definition of “work zones” to determine the total number of crashes/fatalities. This standard does not differentiate between construction and maintenance work zones.
- In keeping with the state statutory definition of “construction zones”, troopers and other officers investigating crashes have not indicated whether or not workers are present in the construction zone at the time of these fatal crashes. The legal definition does not differentiate between a construction zone with workers present and one without active work taking place.

As requested in HB 10-1014, the following information is provided:

A. Summary of total number of fatal accidents and total number of individuals killed

In Calendar Year 2010, there were a total of 8 fatal accidents in state highway work areas in which 11 people died. Appendix A contains a summary of statewide fatal accidents in state highway work areas for Calendar Year 2010.

B. Categorization of total number of individuals killed (DOT employees, contractors or subcontractors, other individuals)

In Calendar Year 2010, the 11 fatalities were all motorists. No DOT employees, contractors, or subcontractors were killed in state highway work areas.

C. Copy of the accident reporting form for each fatal accident

Appendix B contains the accident reporting form for each of the 8 fatal accidents.

Section 3. Work Zone Safety Program Update:

HB 10-1014 requests a description of both ongoing and newly implemented measures taken by CDOT to prevent fatal accidents in work zones. A description of CDOT's Work Zone Safety and Mobility (WZSM) Process Review and a cooperative effort between CDOT and CSP related to the development and implementation of a statewide work zone safety campaign is provided below.

A. Work Zone Safety and Mobility (WZSM) Process Review

In September 2004, the Federal Highway Administration (FHWA) published updates to the work zone regulations at 23 CFR 630 Subpart J referred to as the *Work Zone Safety and Mobility Rule* (WZSM Rule). In December 2007, FHWA added new regulations at 23 CFR 630 Subpart K referred to as the *Temporary Traffic Control Devices Rule*. Both are applicable to all Federal-Aid Highway Projects with the intent to improve work zone management and decrease the likelihood of fatalities and injuries to road users and workers exposed to motorized traffic. The Safety and Mobility Rule was effective on October 12, 2007 and the Subpart K was effective on December 4, 2008.

The WZSM Rule requires a process review at least every two years to assess the effectiveness and consistency of work zone safety and mobility policies and practices at the project level for both design and construction. The construction portion of the review was performed via CDOT's annual Traffic Control Review (TCR) program. The Rule recommends that appropriate personnel, who represent the various project development stages and the different offices within CDOT, as well as FHWA, participate in the review of processes, procedures, data and information resources, and training to address safety and mobility on current and future projects.

The process review's scope was to evaluate CDOT's processes and procedures as they relate to WZSM at both the program and project levels. The CDOT review team determined what is working well, what is not working well and recommended adjustments, and ultimately determined how to improve the safety and efficiency of CDOT work zones.

The Work Zone Safety Process Review was successfully completed as follows:

A multidisciplinary *Work Zone Safety and Mobility Process Review Team*, consisting of personnel from CDOT Traffic, Project Development, Design, Construction, and FHWA, was assembled to assess the effectiveness of the policies and practices in place, and whether they are understood and being implemented consistently throughout CDOT. This included, but was not limited to:

- Speed reduction practices,
- Lane closure procedures,
- Use of positive protection devices, and
- Transportation Management Plan implementation

A review plan was developed by the team, which included conducting the review via survey, analyzing and interpreting the results, and developing and applying the recommendations and

lessons learned. Surveys were sent to the lead designer and the project engineer for the six full office review projects (one per Region), as well as knowledgeable traffic personnel.

B. Traffic Control Reviews

Six inspections were conducted in Regions 1, 2 3, 4, and 6 and five inspections were conducted in Region 5 during the summer of 2010 (R5 only had 3 construction projects reviewed due to two schedule changes by a Contractor at the time of the reviews). In each Region, the team attempted to review at least one nighttime operation, two CDOT Maintenance operations, and one full office review of a construction project, including traffic control documents.

The inspections consisted of a drive-thru of each project with information and comments recorded on a standard form. The office review included a review of project safety plan, the Method of Handling Traffic (MHT) and other traffic control related documentation. Following completion of the inspection and entry of data and comments, an overall percentage score was assigned to each project. The percent score was communicated to project or region personnel and is being reported to FHWA with this document. Project percentages were averaged to formulate a Region and Statewide average. Maintenance operations were scored similarly but are reported separately. The scores for the construction projects reviewed without prior notification are also reported separately below.

Results of the annual inspections form the basis for identifying needed changes and improvements to ensure continuous improvement in program results. Region staff will be expected to make changes as appropriate in the design process and in maintenance procedures, as well as in individual project management. Staff Branches will use the results to identify and support needed improvements in standards, specifications, procedures and training.

The goal for FY11 was a statewide average quality rating of 90%, with no individual projects rated below 85%. The average statewide quality rating for the 23 engineering projects was a 95.6%. There were zero construction projects of the 23 (17 with prior notification and 6 with no notification) reviewed with a score below 85%. The statewide average of the 18 construction projects that received notification was 95.3%. The statewide average of the 6 construction projects that did not receive prior notification was 95.8%. The statewide average for the 12 maintenance activities was 95.0%.

CDOT's final report on the process review will be available in February 2011 at: <http://www.coloradodot.info/library/traffic/traffic-manuals-guidelines/lane-close-work-zone-safety/work-zone-safety-mobility>.

C. Slow for the Cone Zone Campaign and Enforcement

To increase awareness and improve construction work zone safety, every summer beginning in June and continuing through September, the Colorado Department of Transportation (CDOT) partners with the Colorado State Patrol (CSP) troop offices and other local law enforcement agencies to conduct the "Slow for the Cone Zone" campaign, which entails overtime enforcement on highly-visible construction projects across Colorado.

The Cone Zone project began providing coverage of maintenance projects in 2005, and initially, coverage was only requested by one CDOT district office. Since then, the project has grown to include more areas and has allowed for greater cooperation between numerous CSP and CDOT offices.

Troopers were asked to stay with the maintenance workers, not stopping vehicles unless a dangerous driver needed to be stopped. Enforcement was provided in order to ensure the safety of the maintenance crews by protecting the workers from dangerous driving.

Over the past 4 years, CDOT Maintenance Supervisors and CSP Captains have forged partnerships in numerous offices in order to identify areas needing coverage and provide effective Uniformed Traffic Control (UTC) which protects CDOT maintenance crews while they work. During this grant period, CSP field management teams were notified by CDOT project engineers when overtime enforcement was needed on any maintenance projects. UTC was provided whenever possible in response to those requests.

CSP officers from 12 CSP Field Troops provided 1,794 hours of overtime enforcement in maintenance zones between May 15, 2010 and December 31 of 2010. The contract has been extended through February 28, 2013.

Overtime provided and results:

| Quarter | Total Hours | Contacts | DUI | HVPT | Seatbelts |
|----------------|--------------------|-----------------|------------|-------------|------------------|
| Q2 2010 | 43.5 | 0 | 0 | 0 | 0 |
| Q3 2010 | 1219.25 | 259 | 0 | 104 | 3 |
| Q4 2010 | 531.25 | 70 | 0 | 15 | 11 |
| Year Total | 1794 | 329 | 0 | 119 | 14 |

Appendix A

2010 Construction Zone Fatalities

| Crash | | | | Fatality (Person Involved) | | | | | | | | | Speed | | Condition | | Fatal Crash Location | Narrative |
|-------|------------|------|---------------|----------------------------|-----|-----|-------------------|-------------------|---------|---------|------------|-----------|--------|-------|-----------|---------|---|--|
| No. | Date | Time | Type | Killed | Sex | Age | Action | Factor | Alcohol | Drug | Restrained | Type | Posted | Cited | Road | Weather | | |
| 1 | 3/18/2010 | 544 | Overturn | 1 | M | 53 | Lane Violation | None | Unknown | No | Yes | Driver | 35 | N/A | Asphalt | Dry | 12200 Block W. 44th. Ave. (I-70 On-Ramp at Mile Point 265.76) | Vehicle #2 was eastbound on W 44th Ave in the 12200 block in the right through lane. Vehicle #1 was eastbound on W 44th Ave in the 12200 block in the center lane, which is a left turn only lane. Vehicle #1 made a lane change from the center lane to the right lane in front of vehicle #2. There was no contact between vehicle #1 and vehicle #2. Vehicle #2 braked hard and locked up the front motorcycle wheel of vehicle #2. Vehicle #2 went down onto the pavement on its right side. Vehicle #2 slid on its right side off the right edge of the roadway. Vehicle #2 slid across the sidewalk on the south side of W 44th Ave. Vehicle #2 struck a wooden fence on the south side of W 44th Ave. The rider of vehicle #2 was ejected from vehicle #2 and landed on the sidewalk. Speed calculation and in toxicology reports are pending for this Accident before determining fault. |
| 2 | 6/22/2010 | 451 | Sign | 1 | M | 46 | None | Asleep | Unknown | No | No | Driver | 75 | 75 | Concrete | Dry | I-76 at Mile Point 67.87 | Vehicle #1 was westbound on Colorado 76. Vehicle #1 ran off the right side of the roadway, collided with a construction sign, then a delineator post. Driver #1 attempted to steer back onto the roadway, and lost control of Vehicle #1 rotating counter clockwise back into the roadway. Driver #1 then attempted to regain control of Vehicle #1 by steering to the right. Driver #1 lost control of the vehicle again. Vehicle #1 started to rotate clockwise off the left side of the roadway into the center median, rolled three times to final rest on its wheels facing north. Driver #1 was ejected from the vehicle and came to final rest in the center median facing south. |
| 3 | 6/28/2010 | 1030 | Rear-end | 1 | M | 79 | None | Distracted /Other | No | No | Yes | Driver | 75 | 75 | Blacktop | Dry | I-70 at Mile Point 430.43 | Veh 1 was eastbound on Colorado 70 in the left lane near milepost 430 in Kit Carson County, Colorado. Veh 2 was also eastbound on Colorado 70. Veh 2 (CDOT Truck) was partially on the left shoulder and partially in the left lane performing highway maintenance at a slow speed with amber warning lights illuminated. Veh 2 had posted signs at mile post 426.75 stating that weed spraying was in progress using two large orange signs. Veh 1 rear-ended Veh 2 causing major damage to Veh 1's front. Veh 2 rolled across the right lane of eastbound Colorado 70 and down a grass embankment. Veh 2 the struck a barbed wire fence and came to rest approximately 200 feet south of Colorado 70 in a field facing south. Veh 1 came to rest approximately 10 feet east of point of impact in the left lane facing east. |
| 3 | 6/28/2010 | 1030 | Rear-end | 1 | F | 77 | None | Distracted /Other | No | No | Yes | Passenger | 75 | 75 | Blacktop | Dry | I-70 at Mile Point 430.43 | |
| 3 | 6/28/2010 | 1030 | Rear-end | 1 | M | 15 | None | Distracted /Other | No | No | Yes | Passenger | 75 | 75 | Blacktop | Dry | I-70 at Mile Point 430.43 | |
| 3 | 6/28/2010 | 1030 | Rear-end | 1 | M | 15 | None | Distracted /Other | No | No | Yes | Passenger | 75 | 75 | Blacktop | Dry | I-70 at Mile Point 430.43 | |
| 4 | 7/6/2010 | 2300 | Overturn | 1 | M | 36 | Fail to yield ROW | None | No | No | No Helmet | Driver | 50 | 50 | Blacktop | Dry | SH-21 at Grinnell Street (Mile Point 136.61) | Vehicle # 1 was traveling eastbound on Grinnell Street, proceeding from a stop sign and making a left turn onto Colorado 21 (Powers Boulevard). Vehicle # 2 was traveling southbound on Colorado 21 (Powers Boulevard). Vehicle # 2 skidded 39 feet before rolling 1/2 time. Vehicle # 2 continued another 30'5" on its right side and collided its front with the left side of Vehicle # 1. After impact, Vehicle # 1 continued eastbound for 107', coming to rest on its wheels facing east. Vehicle #2 came to rest on its right side in the intersection of Colorado 21 (Powers Boulevard) and Grinnell Street. Vehicle # 2 was moved prior to law enforcement arrival. |
| 5 | 7/12/2010 | 930 | Side-Swipe | 1 | F | 58 | Reckless | Aggressive | No | Unknown | Yes | Passenger | 75 | 65 | Blacktop | Dry | I-25 at Mile Point 245.68 | Vehicle #1 and vehicle #2 were northbound on Colorado 25. Vehicle #3 was southbound in the right lane of Colorado 25. Vehicle #1 was passing vehicle #2 when the right front corner of vehicle #2 contacted the left rear corner of vehicle #1. Vehicle #1 began to rotate counter-clockwise ran off the left side of the road, went through the median, entered the southbound lanes and collided head on with vehicle #3. Vehicle #1 moved to the south and stopped in the right southbound lane. Vehicle #2 skidded to the right shoulder of the northbound lanes and stopped. Vehicle #3 stopped on the right southbound shoulder. |
| 6 | 8/5/2010 | 1150 | Overturn | 1 | M | 51 | Careless | Unfamiliar Area | No | No | Helmeted | Driver | 75 | 75 | Blacktop | Dry | I-25 at Mile Point 266.40 | Vehicle #1 was northbound in the left lane of I-25. Vehicle #1 drifted into the right lane. The surface in the right lane was grooved concrete. Vehicle #1 attempted to move back into the left lane and on to new asphalt. Vehicle #1 went out of control while making the lane change, rotated counter-clockwise, then rolled one quarter time landing on its left side. Vehicle #1 slid off the left side of the road, collided with the guardrail, re-directed to the roadway, slid across the left lane and stopped on its right side in the right northbound lane. Both occupants were ejected. The final rest of the passenger is unknown. |
| 7 | 9/29/2010 | 2211 | Rear-end | 1 | M | 36 | None | None | Unknown | Unknown | Yes | Driver | 45 | 60 | Blacktop | Dry | SH-287 at Mile Point 22.05 | Vehicles #1, #2, and #3, all semi-tractors with trailers, were northbound on Colorado 287. Vehicles #2 and #3 were stopped on the roadway in a construction zone when vehicle #1 failed to maintain a safe distance and struck the rear of vehicle #2's trailer. Vehicle #1 and Trailer #2 remained engaged after impact, which pushed Vehicle #2 a short distance into the trailer #3. Vehicle #2 and Trailer #3 remained engaged and came to rest a short distance from impact. All vehicles came to rest on their wheels facing north. Tractor #1 was not equipped with airbags. Tractors #2 and #3 were. |
| 8 | 12/17/2010 | 555 | Front to side | 1 | M | 56 | None | Lane Violation | No | No | Yes | Driver | 60 | 50 | Blacktop | Snow | SH-115 at Mile Point 21.92 | Vehicle #1 was traveling southbound on Colorado 115 while Vehicle #2 was traveling northbound. Vehicle #1 attempted to negotiate a curve to the right and began rotating counterclockwise, traveling across the roadway and into the northbound lane. Driver #2 attempted to avoid the collision by steering to the right, but was unable to avoid Vehicle #1. The front of vehicle #2 collided with the passenger side of Vehicle #1. After impact, both vehicles traveled north for a short distance before coming to rest facing north. Vehicle #1 was equipped with airbags, none deployed. Vehicle #2 was equipped with airbags, which deployed at the driver's and front passenger's position. |

Source: Colorado FARS (Fatality Analysis and Reporting System), as reported to NHTSA (January 01, 2010 to date).

1/20/2012 23:23 PM

(FARS: W. 44TH AVE)


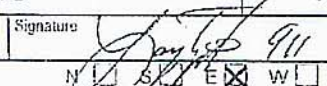
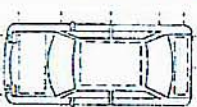


3-023

CR 2447 (02/01/06)
COLORADO DEPARTMENT OF REVENUE

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

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY

PAGE 1 OF 2 PAGES

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|--|--|
| CDOT Code 1-070A-26576-A | | <input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD | | HWY NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | DOR Code  | | 05 12 | |
| Case # 2010-2332 | | City Wheat Ridge | | Agency WRPD | | County Jefferson | | County # 11 | |
| Date of Accident 03/18/2010 | | Time (24 Hr.) 0544 | | Officer Number 91-1 | | Officer Name L Taggart | | Signature  Date T2 | |
| Number Killed 1 | | Number Injured 0 | | Location Route, Street, Road 12200 block W 44th Ave | | Miles .48 Feet | | N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> OF: At: Vivian St | |
| Date of Report 03/18/2010 | | Latitude 39 - 46 - 41.42 | | Longitude 105 - 08 - 10.36 | | | | | |
| Agency Code | | Investigated @ Scene <input checked="" type="checkbox"/> | | Total Vehicles 2 | | District Number | | Public Property/ Employee <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| Traffic Unit # 1 of | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | Traffic Unit # 2 of | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | | |
| Street Address 11389 W Tennessee Drive | | Personal Phone (720) 629-6656 | | Street Address 11101 W 54th Ave | | Personal Phone (303) 475-0262 | | | |
| City Lakewood | | State CO ZIP 80226 | | City Arvada | | State CO ZIP 80002 | | Bus. Phone () | |
| Driver License Number 000620573 | | CDL State CO Sex M DOB 06/25/1984 | | Driver License Number 920980763 | | CDL State CO Sex M DOB 02/19/1957 | | | |
| Primary Violation <input type="checkbox"/> DUI | | Violation Code | | Citation Number | | Common Code | | | |
| Year 1996 | | Make Dodge | | Model Caravan | | Body Type PV | | | |
| License Plate Number 625TRM | | State or Country CO | | Color GLD | | Vehicle Identification Number 2B4GP44R1TR707092 | | | |
| Vehicle Owner Last Name Same | | City Lakewood | | State CO ZIP 80226 | | Vehicle Owner Last Name Same | | City Arvada State CO ZIP 80002 | |
| Towed Due to Damage <input type="checkbox"/> By: | | To: | | Towed Due to Damage <input checked="" type="checkbox"/> By: Connolly's Towing | | To: | | | |
| Trailer VIN# | |  | |  | | 1- Slight 2- Moderate 3- Severe | | | |
| Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Viking Insurance | | Exp. Date 03/25/2010 | | Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof | | Exp. Date | | | |
| Policy Number 065836367 | | Owner Damaged Prop. Last Name Abner's Garden Center | | First | | MI | | | |
| Owner Damaged Prop. Last Name | | First | | MI | | Address 12280 W 44th Ave | | City Wheat Ridge State CO ZIP 80033 | |
| T.U. # | | POS | | REST | | ENDC | | SAFETY EQUIP | |
| 1 | | 01 | | 00 | | 00 | | B 01 A 01 B 00 00 00 00 25 M | |
| 2 | | 01 | | 00 | | 01 | | F 01 B 00 A 02 02 00 01 53 M | |
| NAME / ADDRESS | | Lakewood CO 80226 | | CO 80002 | | 2 | | 15 W. 44 TH AVE | |
| Approved By  | | ID. # 93-1 | | Date 03/19/10 | | | | | |

| | | | |
|---------------------|----------|-----------------------------|----------------|
| Case # 2010-2332 | DOR CODE | Accident Date 03/18/2010 | Agency WRPD |
|---------------------|----------|-----------------------------|----------------|

Describe Accident

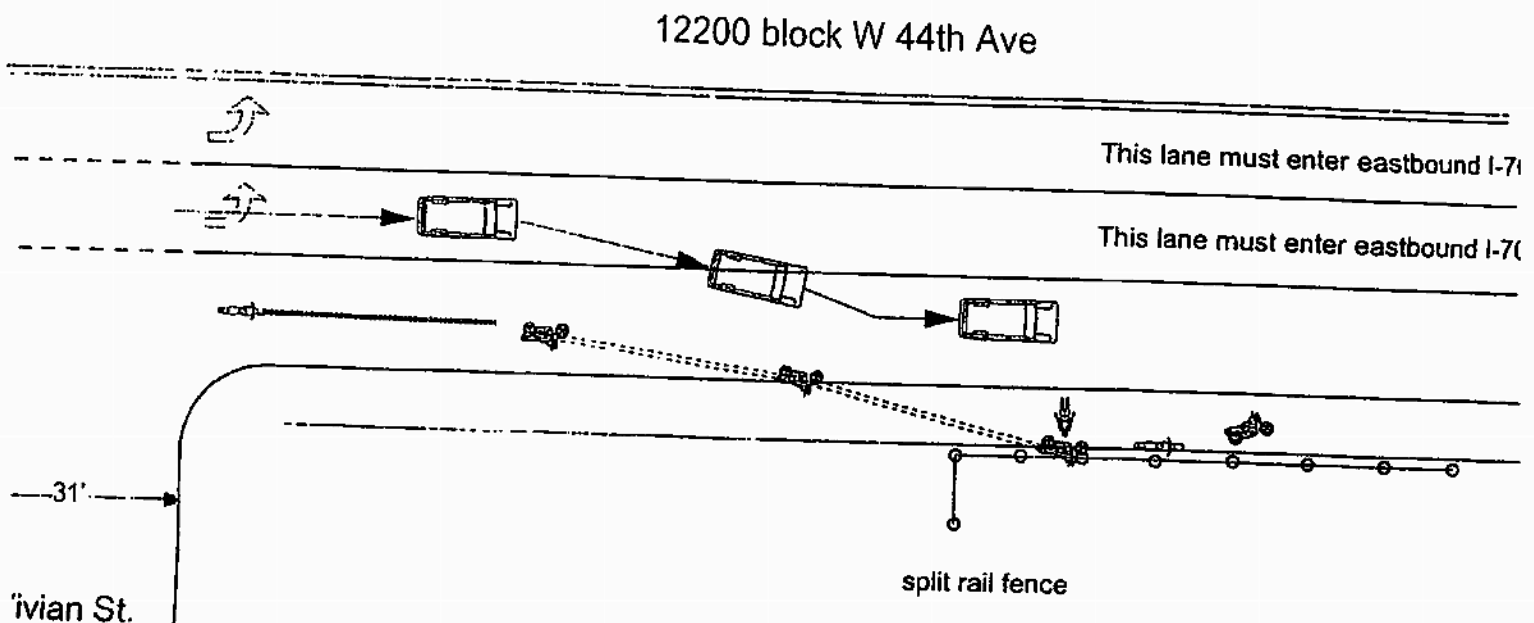
Vehicle #2 was eastbound on W 44th Ave in the 12200 block in the right through lane. Vehicle #1 was eastbound on W 44th Ave in the 12200 block in the center lane, which is a left turn only lane.

Vehicle #1 made a lane change from the center lane to the right lane in front of vehicle #2. There was no contact between vehicle #1 and vehicle #2. Vehicle #2 braked hard and locked up the front motorcycle wheel of vehicle #2. Vehicle #2 went down onto the pavement on its right side. Vehicle #2 slid on its right side off the right edge of the roadway. Vehicle #2 slid across the sidewalk on the south side of W 44th Ave. Vehicle #2 struck a wooden fence on the south side of W 44th Ave. The rider of vehicle #2 was ejected from vehicle #2 and landed on the sidewalk.

Speed calculation and intoxicology reports are pending for this accident before determining fault.



2010-2332 Scene at point of impact



STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☒ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY Page 1 of 2 Pages

| | | | | | |
|--|--|--|--|--|--|
| CDOT Code | | HWY NUMBER 076 | | DOR Code | |
| 1-076A-06787 | | <input checked="" type="checkbox"/> INTERSTATE HWY | | 10305771 | |
| Case # 3B100575 | | <input type="checkbox"/> STATE HWY | | MILEPOINT 67.9 | |
| Date of Accident 06/22/2010 | | City | | Agency Colorado State Patrol | |
| Time (24 Hr.) 0451 | | Officer Number 1027 | | County Morgan | |
| Officer Name Boskovich, Scott | | Signature | | County # 15 | |
| Number Killed 1 | | Number Injured 0 | | Detail 3C | |
| DATE OF REPORT 06/22/2010 | | Location Route, Street, Road 9 Miles 0 Feet | | N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF: | |
| Agency Code M07 | | Investigated @ Scene X | | Total Vehicles 1 | |
| District Number 3B | | Public Property Employee X | | Photos Taken X | |
| Railroad Crossing Related | | Const. Zone Related X | | Highway Interchange | |
| Bridge Related | | Latitude 40:15:04 | | Longitude 104:1:22.94 | |
| Traffic Unit 1 or 1 | | X Veh | | Parked | |
| Bicycle | | Pedestrian | | Non-Vehicle | |
| Non-Contact Veh | | Traffic Unit 1 or | | Veh | |
| Parked | | Bicycle | | Pedestrian | |
| Non-Vehicle | | Non-Contact Veh | | | |
| Last Name | | First | | MI | |
| Street Address 6815 E 131st Way | | City Unknown | | Personal Phone | |
| City Thornton | | State CO | | Zip 80602 | |
| Bus. Phone Unknown | | City | | State | |
| Zip 80602 | | Bus. Phone | | | |
| Drivers License Number 92-218-3672 | | CDL A | | State CO | |
| Sex M | | DOB 01/19/1964 | | Drivers License Number | |
| CDL | | State | | Sex | |
| DOB | | | | | |
| Primary Violation | | Violation Code | | Citation Number | |
| Common Code | | Violation Code | | Citation Number | |
| Common Code | | Year 2005 | | Make CHEV | |
| Model 2500 | | Body Type PK | | Year | |
| Make | | Model | | Body Type | |
| License Plate Number 078LCE | | State or Country CO | | Color BLU | |
| License Plate Number | | State or Country | | Color | |
| Vehicle Identification Number 1GCHK29225E201874 | | Vehicle Identification Number | | | |
| Vehicle Owner Last Name Same | | First | | MI | |
| Vehicle Owner Last Name Same | | First | | MI | |
| Address Same | | City Thornton | | State CO | |
| Zip 80602 | | Address Same | | City | |
| State Zip | | Address Same | | City | |
| State Zip | | Towed Due To Damage By: Steffen Automotive | | Towed Due To Damage By: | |
| To: 104 Main St., Wiggins, CO 80654 | | To: | | | |
| Trailer VIN# | | Trailer VIN# | | | |
| 3 3 3 3 3 3 | | 3 3 3 3 3 3 | | 1 - Slight | |
| 3 3 3 3 3 3 | | 3 3 3 3 3 3 | | 2 - Moderate | |
| 3 3 3 3 3 3 | | 3 3 3 3 3 3 | | 3 - Severe | |
| Undercarriage | | Undercarriage | | | |
| Insurance Company None | | No Proof | | Exp. Date 11/26/2010 | |
| Policy Number 144 0903-E26-06A | | Policy Number | | | |
| Owner Damaged Prop. Last Name Colorado Dept. of Transportation | | First | | MI | |
| Address 4201 E. Arkansas | | City Denver | | State CO | |
| Zip 80222 | | Address | | City | |
| State Zip | | Address | | City | |
| State Zip | | TU # | | POS. | |
| REST. | | ENDO. | | SAFETY EQUIP | |
| AIRSAG | | EJECT | | SUSPECTED ALCO DRUG | |
| INJ SEV | | AGE | | SEX | |
| Name | | Address | | | |
| 1 | | 2 | | 0 | |
| B | | 0 | | A | |
| 1 | | B | | 2 | |
| 2 | | 0 | | 4 | |
| 46 | | M | | | |
| CO 80602 | | 1 | | 3 | |
| 5 | | 11 | | | |
| Approved By Rood, Robert | | I.D.# 7552 | | Date 6/25/2010 | |

EARS ID: 10003819388

| | | | | | |
|----|--|--------------|---------------------------------|------------------------------|------------------------------------|
| AA | Case # | DOR CODE | Accident Date | Agency | |
| | 3B100575 | 10305771 | 06/22/2010 | Colorado State Patrol | |
| AA | Describe Accident | | | | |
| BB | Vehicle #1 was westbound on Colorado 76. Vehicle #1 ran off the right side of the roadway, collided with a construction sign, then a delineator post, Driver #1 attempted to steer back onto the roadway, and lost control of Vehicle #1 rotating counter clockwise back into the roadway. Driver #1 then attempted to regain control of Vehicle #1 by steering to the right. Driver #1 lost control of the vehicle again. Vehicle #1 started to rotate clockwise off the left side of the roadway into the center median, rolled three times to final rest on its wheels facing north. Driver #1 was ejected from the vehicle and came to final rest in the center median facing south. | | | | |
| CC | | | | | |
| CC | | | | | |
| DD | <div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">X</div> </div> </div> | | | | |
| DD | | | | | |
| EE | | | | | |
| EE | | | | | |
| FF | | | | | |
| FF | | | | | |
| GG | | | | | |
| GG | T | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| GG | U | # Address | Carrier Identification # | | |
| GG | T | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| GG | U | # Address | Carrier Identification # | | |

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 1 OF 2 PAGES

Approved By
Whittington, Ian

| | | | | | |
|----|---|--|-----------------------------|---------------------------------|----|
| AA | Case # 1A100570 | ICCR CODE [REDACTED] | Accident Date 06/28/2010 | Agency Colorado State Patrol | 00 |
| AA | Describe Accident | | | | 00 |
| BB | Veh 1 was eastbound on Colorado 70 in the left lane near milepost 430 in Kit Carson County, Colorado. Veh 2 was also eastbound on Colorado 70. Veh 2 was partially on the left shoulder and partially in the left lane performing highway maintenance at a slow speed with amber warning lights illuminated. Veh 2 had posted signs at mile post 426.75 stating that weed spraying was in progress using two large orange signs. Veh 1 rear-ended Veh 2 causing major damage to Veh 1's front. Veh 2 rolled across the right lane of eastbound Colorado 70 and down a grass embankment. Veh 2 the struck a barbed wire fence and came to rest approximately 200 feet south of Colorado 70 in a field facing south. Veh 1 came to rest approximately 10 feet east of point of impact in the left lane facing east. | | | | 00 |
| CC | | | | | 00 |
| CG | | | | | 00 |
| DD | <p>0.25 Miles to Milepost 430</p> <p>Veh 2 was traveling at approx. 4 MPH spraying weeds</p> <p>(Pre-Impact & Impact)</p> <p>Eastbound Colorado 70 Milepost 430.25</p> | | | | 00 |
| EE | <p>25'</p> <p>2.5'</p> <p>3.5'</p> <p>Veh 1 traveled 25' post impact to final rest</p> <p>(Post Impact & Final Rest)</p> <p>POI w/ Wire Fence</p> <p>Veh 2 came to rest 238' south of the wire fence facing south</p> | | | | 12 |
| GG | Carrier Name | US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> | | 01 | |
| GG | Address | Carrier Identification # | | 17 | |
| GG | Carrier Name | US DOT <input checked="" type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> | | 01 | |
| GG | Address | Carrier Identification # | | 17 | |
| GG | 18500 E. Colfax Aurora, CO 80011 | 0927955 | | 01 | |

7-011

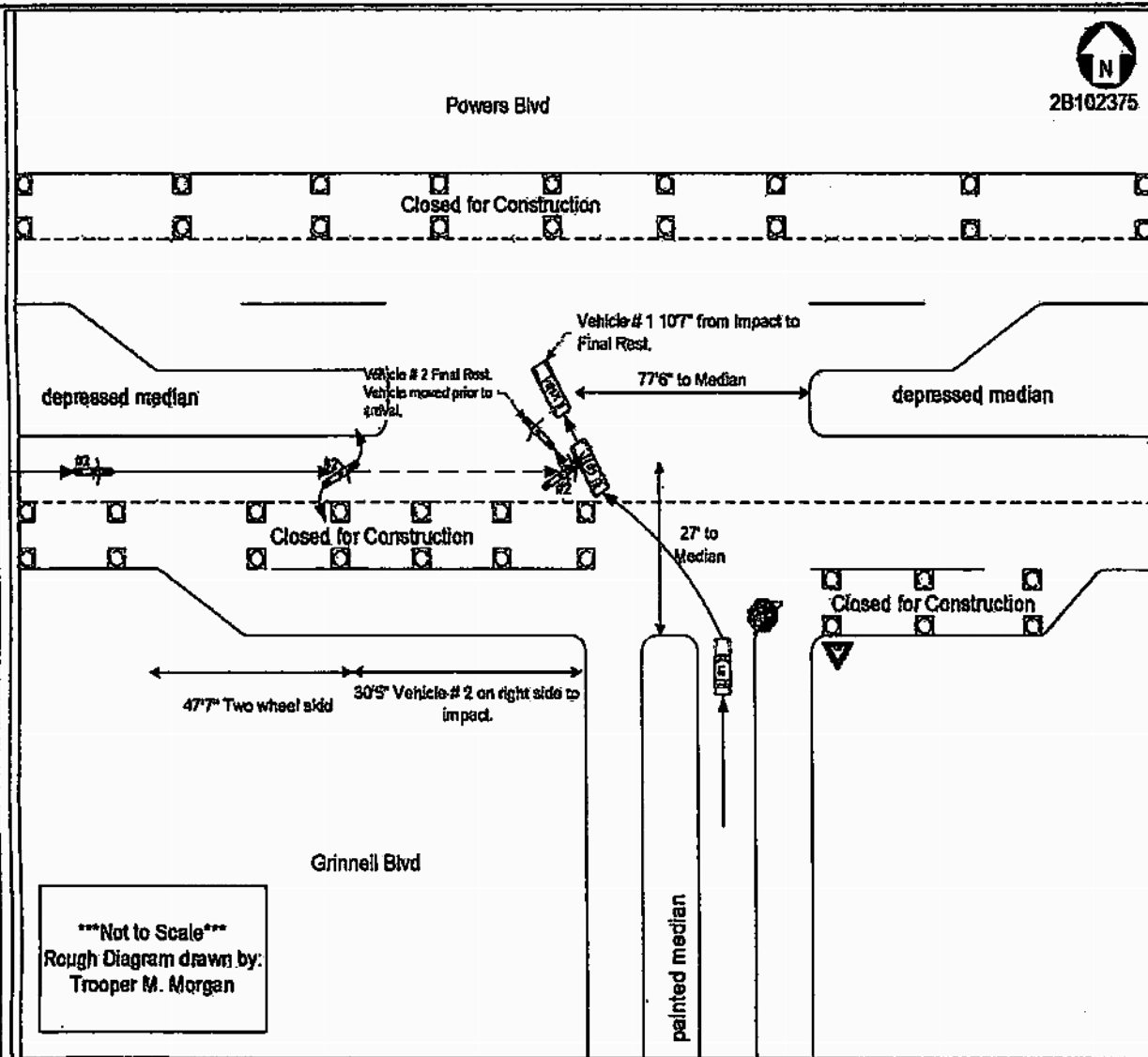
DR 2447 (02/01/05)
COLORADO DEPARTMENT OF REVENUEMAIL TO: STATE OF COLORADO
MOTOR VEHICLE
TRAFFIC RECORDS
DENVER, CO 80251-0016

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY Page 1 of 2 Pages

| | | | | | | | | |
|---|--|--|--|---|--|---|--|------|
| CDOT Code 2-021A-13661 | | <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | | HWY NUMBER 021 MILEPOINT 136.6 | | DOR Code 10306461 | | 05 K |
| Case # 2B102375 | | City | | Agency Colorado State Patrol | | County El Paso | | 12 K |
| Date of Accident 07/06/2010 | | City | | Agency | | County El Paso | | 03 L |
| Time (24Hr.) 2300 | | Officer Number 3307 | | Officer Name Gumke, Arthur | | Signature | | 05 L |
| Number Killed 1 | | Number Injured 1 | | Location Route, Street, Road 0 Miles 0 Feet Colorado 21 | | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> AT: Grinnell Street | | 01 M |
| DATE OF REPORT 07/07/2010 | | Latitude 38:46:2.64 | | Longitude 104:43:6.02 | | | | 03 L |
| Agency Code M04 | | Investigated @ Scene X | | Total Vehicles 2 | | District Number 2B | | 05 M |
| Traffic Unit 1 or 2 X | | Public Property Employee X | | Photos Taken X | | Railroad Crossing Related X | | 01 M |
| Const Zone Related X | | Highway Interchange X | | Bridge Related X | | | | 05 M |
| Last Name 1 | | First X | | Last Name 2 | | First X | | 01 M |
| Street Address 5021 Bradley Road | | Personal Phone (719) 660-0173 | | Street Address 300 Park Street | | Personal Phone Unknown | | 40 N |
| City Colorado Springs | | State CO | | City Woodland Park | | State CO | | 50 N |
| Zip 80911 | | Bus. Phone Unknown | | Zip 80863 | | Bus. Phone Unknown | | 20 P |
| Drivers License Number B-650-356-139-739 | | CDL MD | | Sex F | | DOB 09/24/1965 | | 50 P |
| Primary Violation <input type="checkbox"/> DUI Careless Driving Caused Death | | Violation Code 42-4-1402(2) | | Citation Number 3672902 | | Common Code 138 | | 03 C |
| Year 1998 | | Make BMW | | Model 528i | | Body Type 4 Dr Sedan | | 20 P |
| License Plate Number 397UNI | | State or Country CO | | Color BLU/BLU | | Year 2009 | | 50 P |
| Vehicle Identification Number WBADD5326WBV54122 | | Vehicle Identification Number 1HD1BX5129Y036746 | | Year 2009 | | Make HD | | 50 P |
| Model Fat Boy | | Body Type Motorcycle | | License Plate Number 001VAA | | State or Country CO | | 50 P |
| Color BLK/BLK | | Vehicle Owner Last Name Same | | First Same | | Address 300 Park Street | | 03 C |
| City Colorado | | State CO | | Zip 80911 | | City Woodland | | 00 C |
| State CO | | Zip 80911 | | City Woodland | | State CO | | 00 C |
| Zip 80911 | | City Woodland | | State CO | | Zip 80863 | | 03 C |
| Towed Due To Damage <input checked="" type="checkbox"/> By: Checker Towing Spring | | To: 2737 Delta Dr., Colorado Springs, CO 80910 | | Towed Due To Damage <input checked="" type="checkbox"/> By: Checker Towing Park | | To: 2737 Delta Dr., Colorado Springs, CO 80910 | | 00 C |
| Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | 03 C |
| Undercarriage | | Undercarriage | | Undercarriage | | Undercarriage | | 00 C |
| Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof USAA | | Exp. Date 12/20/2010 | | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Safeco Insurance | | Exp. Date 04/30/2010 | | 00 R |
| Policy Number 019886779U71038 | | Policy Number Y7339354 | | Owner Damaged Prop. Last Name First | | MI | | 00 R |
| Owner Damaged Prop. Last Name First | | MI | | Address | | City | | 00 R |
| Address | | City | | State | | Zip | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | 00 R |
| City | | State | | Zip | | Address | | 00 R |
| State | | Zip | | Address | | City | | |

| | | | |
|--|-------------------------------|------------------------------------|--|
| Case # 2B102375 | DOB CODE 07/06/2010 | Accident Date 07/06/2010 | Agency Colorado State Patrol |
| Describe Accident | | | |
| Vehicle # 1 was traveling eastbound on Grinnell Street, proceeding from a stop sign and making a left turn onto Colorado 21 (Powers Boulevard). Vehicle # 2 was traveling southbound on Colorado 21 (Powers Boulevard). | | | |
| Vehicle # 2 skidded 39 feet before rolling 1/2 time. Vehicle # 2 continued another 30'5" on its right side and collided its front with the left side of Vehicle # 1. | | | |
| After impact, Vehicle # 1 continued eastbound for 10'7", coming to rest on its wheels facing east. Vehicle # 2 came to rest on its right side in the intersection of Colorado 21 (Powers Boulevard) and Grinnell Street. | | | |
| Vehicle # 2 was moved prior to law enforcement arrival. | | | |




| | | |
|---------|--------------|---|
| T.U. #1 | Carrier Name | US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> |
| | Address | Carrier Identification # |
| T.U. #2 | Carrier Name | US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> |
| | Address | Carrier Identification # |

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 1 OF 3 PAGES

Date
07/21/2010

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 2 OF 3 PAGES

| | | | | | | | | |
|---|----|--|---|---|--|---|---|--|
| A | 01 | CDOT Code | <input checked="" type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | | HWY NUMBER ROAD CODE 0 2 5 125 MILEPOINT 2 4 5 .6 | DOR Code  | 05 | |
| | | Case # 3A101173 | Date of Accident 07/12/2010 | City | Agency Colorado State Patrol | County Weld | County # 03 | |
| B | 11 | Time (24 Hr) 0930 | Officer Number 7552 | Officer Name Rood, Robert | Signature | Date of Report 07/12/2010 | 05 | |
| | | Number Killed 1 | Number Injured 3 | Location Route, Street, Road 6 Miles Feet N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF | | At Milepost 245 | | |
| B | 06 | Date of Report 07/12/2010 | Latitude 40 | Longitude 14 | 24.58 | Longitude 104 | 58 | 47.89 |
| | | Agency Code M07 | Investigated @ Scene <input checked="" type="checkbox"/> | Total Vehicles 3 | District Number 3A | Public Property/Employee <input type="checkbox"/> | Photos Taken <input checked="" type="checkbox"/> | Railroad Crossing Related <input type="checkbox"/> |
| B | 06 | Traffic Unit # 1 | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | Traffic Unit # 2 | <input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | | 01 |
| | | Last Name | | First | MI | | | |
| C | 03 | Street Address 121 Morgan Smith Lane | | Personal Phone Unknown | Street Address | | Personal Phone | |
| | | City Boone | State NC | ZIP 28607 | Bus. Phone Unknown | City | State | ZIP |
| C | 03 | Driver License Number 284809 | CDL NC | Sex M | DOB 01/15/1952 | Driver License Number | CDL State | Sex DOB |
| | | Primary Violation <input type="checkbox"/> DUI | Violation Code | Citation Number | Common Code | Primary Violation <input type="checkbox"/> DUI | Violation Code | Citation Number |
| D | 04 | Year 2010 | Make CHEV | Model Cobalt | Body Type 4 Dr Sedan | Year 2010 | Make CHEV | Model Cobalt |
| | | License Plate Number FCOR9M | State or Country MO | Color SILV | License Plate Number | State or Country | Color | |
| E | 02 | Vehicle Identification Number 1G1AF5F57A7189718 | | Vehicle Owner Last Name <input type="checkbox"/> Same | First Budget Rent A Car | MI | Vehicle Owner Last Name <input type="checkbox"/> Same | First |
| | | Address <input type="checkbox"/> Same 9 Nassau Circle | | City Kansas City | State MO | ZIP 23462 | Address <input type="checkbox"/> Same | City |
| F | 02 | Towed Due to Damage <input checked="" type="checkbox"/> By: MB Towing To: 2732 WCR 27 Fort Lupton, CO 80621 | | Towed Due to Damage <input type="checkbox"/> By: | | | | 00 |
| | | Trailer VIN# | | Trailer VIN# | | | | |
| G | 01 | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp Date 07/01/2010 | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp Date | 00 |
| | | Self Insurance Policy Number 37 | | | Policy Number | | | |
| H | 01 | Owner Damaged Prop Last Name | | First | MI | Address | | City |
| | | Owner Damaged Prop Last Name | | First | MI | Address | | City |
| J | 00 | T.U. # | | POS. | REST | ENDC | SAFETY EQUIP | AIR BAG |
| | | EJECT | | SUSPECTED ALCO DRUG | INJ SEV | AGE | SEX | NAME/ADDRESS |

Approved By
 Reynolds, Dana

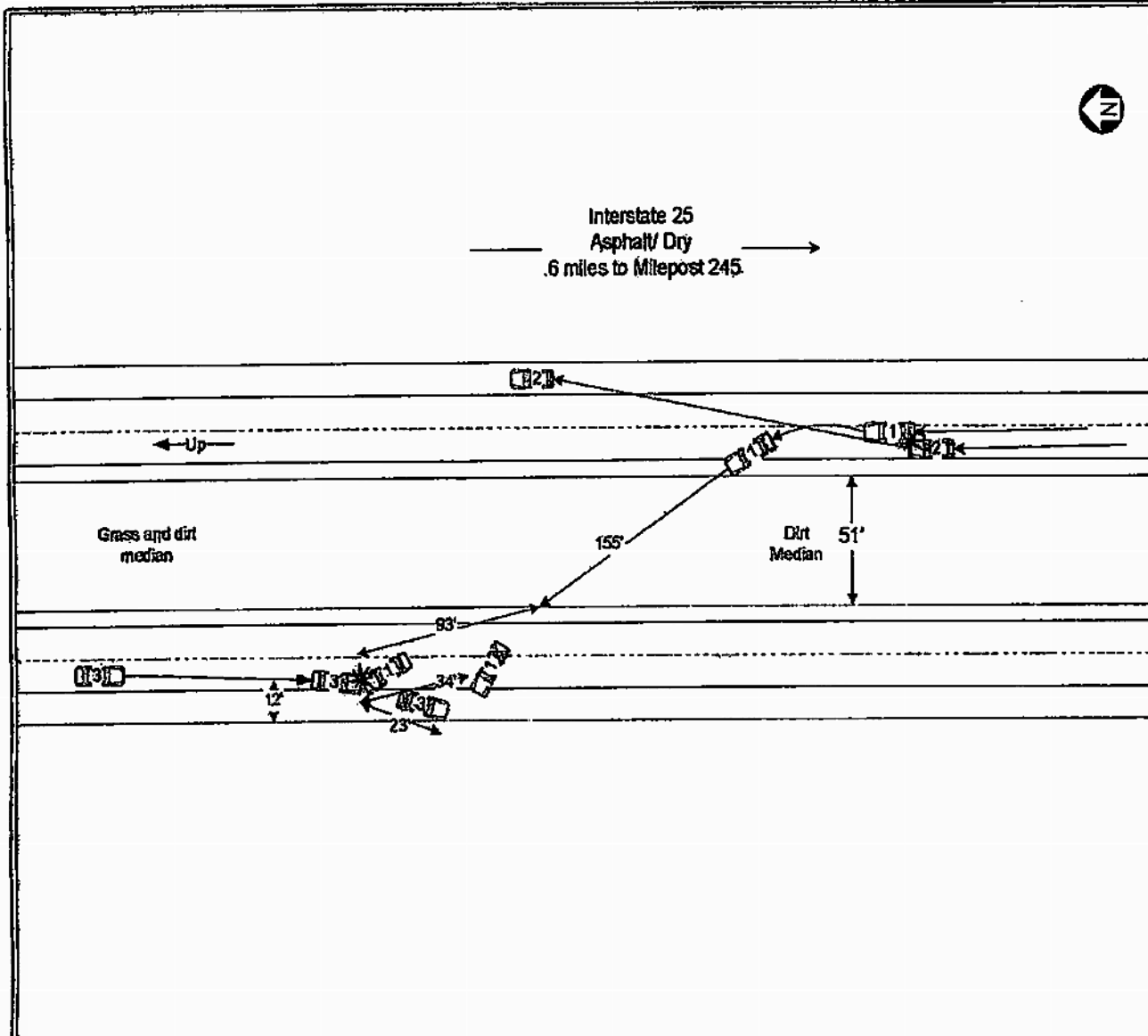
ID #
 7414

Date
 07/21/2010

| | | | |
|---------------------------|-------------------------------|------------------------------------|--|
| Case # 3A101173 | BCR CODE 07/12/2010 | Accident Date 07/12/2010 | Agency Colorado State Patrol |
|---------------------------|-------------------------------|------------------------------------|--|

Describe Accident

Vehicle #1 and vehicle #2 were northbound on Colorado 25. Vehicle #3 was southbound in the right lane of Colorado 25. Vehicle #1 was passing vehicle #2 when the right front corner of vehicle #2 contacted the left rear corner of vehicle #1. Vehicle #1 began to rotate counter-clockwise ran off the left side of the road, went through the median, entered the southbound lanes and collided head on with vehicle #3. Vehicle #1 moved to the south and stopped in the right southbound lane. Vehicle #2 skidded to the right shoulder of the northbound lanes and stopped. Vehicle #3 stopped on the right southbound shoulder.



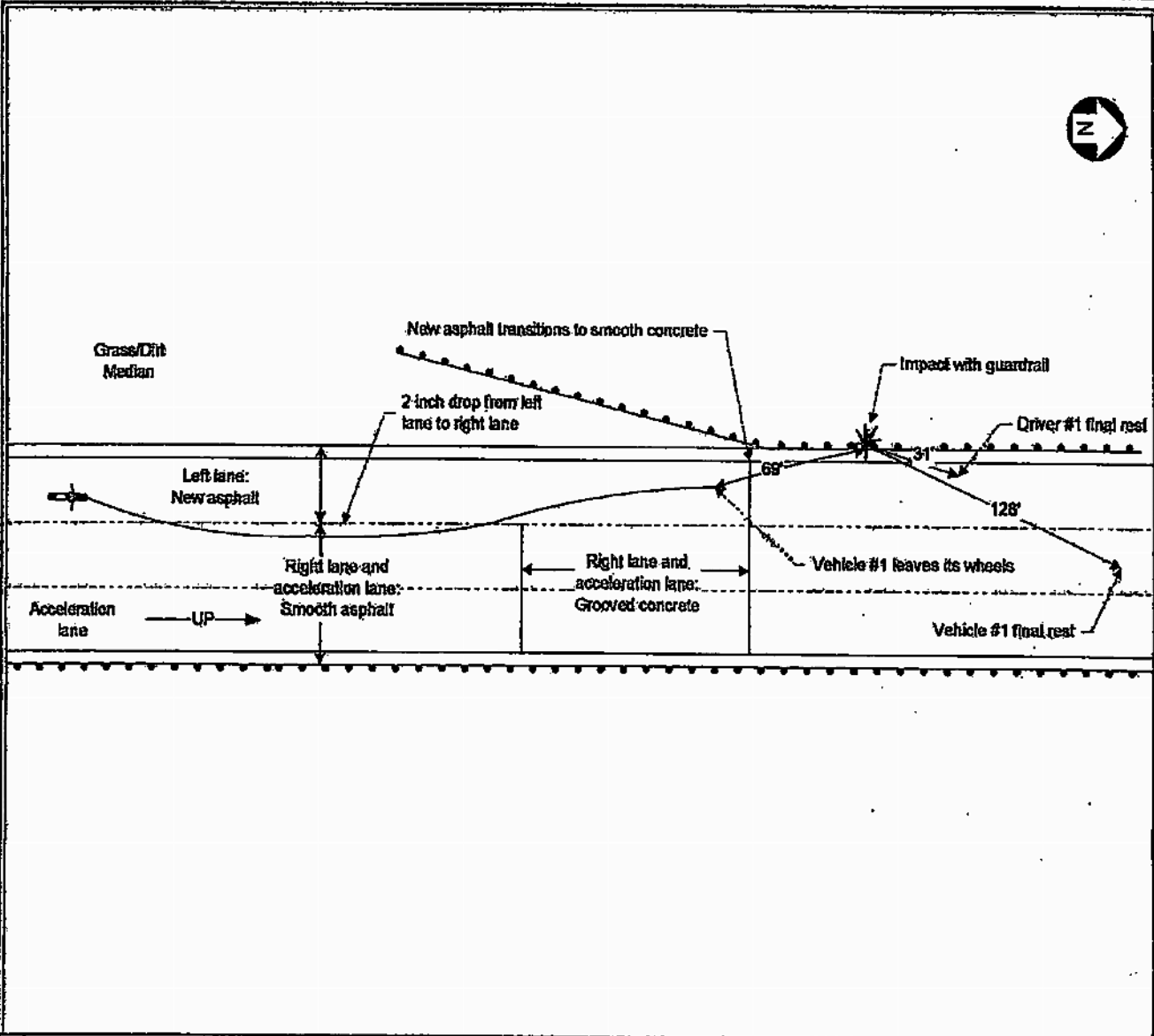
| | | |
|---------|--------------|---|
| T.U. #2 | Carrier Name | US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> |
| | Address | Carrier Identification # |
| T.U. #3 | Carrier Name | US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> |
| | Address | Carrier Identification # |

EARS ID: 10003828773

| | | | |
|---------------------------|-----------------------------|------------------------------------|--|
| Case # 3C101472 | ICR CODE 3C101472 | Accident Date 08/05/2010 | Agency Colorado State Patrol |
|---------------------------|-----------------------------|------------------------------------|--|

Describe Accident



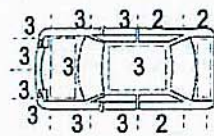

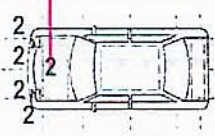
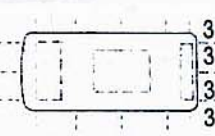
Vehicle #1 was northbound in the left lane of I-25. Vehicle #1 drifted into the right lane. The surface in the right lane was grooved concrete. Vehicle #1 attempted to move back into the left lane and on to new asphalt. Vehicle #1 went out of control while making the lane change, rotated counter-clockwise, then rolled one quarter time landing on its left side. Vehicle #1 slid off the left side of the road, collided with the guardrail, re-directed to the roadway, slid across the left lane and stopped on its right side in the right northbound lane. Both occupants were ejected. The final rest of the passenger is unknown.



| | | | | |
|---------|--------------|---------------------------------|------------------------------|------------------------------------|
| T.U. #1 | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| | Address | Carrier Identification # | | |
| T.U. # | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| | Address | Carrier Identification # | | |


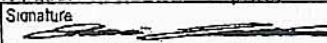
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 1 OF 4 PAGES

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|--|--|
| CDOT Code 2-287A-02205 | | | | | | | | | | <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | | | | | | | | | | HWY NUMBER ROAD CODE 2 8 7 H287 MILEPOINT <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 | | | | | | | | | | DCR Code  | | | | | | | | | | 01 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case # 2C100806 | | | | | | | | | | Date of Accident 09/29/2010 | | | | | | | | | | City | | | | | | | | | | Agency Colorado State Patrol | | | | | | | | | | County Baca | | | | | | | | | | County # 22 | | | | | | | | | | 01 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time (24 Hr) 2211 | | | | | | | | | | Officer Number 9772 | | | | | | | | | | Officer Name Zachareas, Eric | | | | | | | | | | Signature  | | | | | | | | | | Detail 2B | | | | | | | | | | 01 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Killed 1 | | | | | | | | | | Number Injured 0 | | | | | | | | | | Location Route, Street, Road Colorado 287 | | | | | | | | | | Miles 2 | | | | | | | | | | Feet 17 | | | | | | | | | | N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: At Milepost 22 | | | | | | | | | | 01 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Report 09/30/2010 | | | | | | | | | | Latitude 37 | | | | | | | | | | Longitude 102 | | | | | | | | | | 09.85 36 55.94 | | | | | | | | | | 01 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency Code M10 | | | | | | | | | | Investigated <input checked="" type="checkbox"/> @ Scene | | | | | | | | | | Total Vehicles 3 | | | | | | | | | | District Number 2C | | | | | | | | | | Public Property/ <input type="checkbox"/> Employee | | | | | | | | | | Photos Taken <input checked="" type="checkbox"/> | | | | | | | | | | Railroad Crossing <input type="checkbox"/> Related | | | | | | | | | | Const. Zone <input checked="" type="checkbox"/> Related | | | | | | | | | | Highway <input type="checkbox"/> Interchg | | | | | | | | | | Bridge <input type="checkbox"/> Related | | | | | | | | | | 01 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traffic Unit # 1 | | | | | | | | | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | | | | | | | | | Traffic Unit # 2 | | | | | | | | | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | | | | | | | | | 01 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | First | | | | | | | | | | Last Name | | | | | | | | | | First | | | | | | | | | | 01 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address 1229 S. Montreal | | | | | | | | | | City Dallas | | | | | | | | | | State TX | | | | | | | | | | ZIP 75208 | | | | | | | | | | Personal Phone Unknown | | | | | | | | | | Street Address 12910 Greensmanor Ln. | | | | | | | | | | City Houston | | | | | | | | | | State TX | | | | | | | | | | ZIP 77044 | | | | | | | | | | Personal Phone Unknown | | | | | | | | | | 45 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver License Number 16077342 | | | | | | | | | | CDL A | | | | | | | | | | State TX | | | | | | | | | | Sex M | | | | | | | | | | DOB 11/23/1973 | | | | | | | | | | Driver License Number 08673950 | | | | | | | | | | CDL A | | | | | | | | | | State TX | | | | | | | | | | Sex M | | | | | | | | | | DOB 02/28/1981 | | | | | | | | | | 45 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Violation <input type="checkbox"/> DUI | | | | | | | | | | Violation Code | | | | | | | | | | Citation Number | | | | | | | | | | Common Code | | | | | | | | | | Primary Violation <input type="checkbox"/> DUI | | | | | | | | | | Violation Code | | | | | | | | | | Citation Number | | | | | | | | | | Common Code | | | | | | | | | | 60 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year 2002 | | | | | | | | | | Make FREI | | | | | | | | | | Model Semi | | | | | | | | | | Body Type Tractor | | | | | | | | | | Year 2007 | | | | | | | | | | Make International | | | | | | | | | | Model Semi | | | | | | | | | | Body Type Tractor | | | | | | | | | | 60 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License Plate Number R20702 | | | | | | | | | | State or Country TX | | | | | | | | | | Color WHI/WHI | | | | | | | | | | License Plate Number RH9H15 | | | | | | | | | | State or Country TX | | | | | | | | | | Color WHI/WHI | | | | | | | | | | 60 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Identification Number 1FUJBBCG32LJ08304 | | | | | | | | | | Vehicle Owner Last Name <input type="checkbox"/> Same | | | | | | | | | | First | | | | | | | | | | MI | | | | | | | | | | Vehicle Identification Number 2HSCNAPR87C311680 | | | | | | | | | | Vehicle Owner Last Name <input type="checkbox"/> Same | | | | | | | | | | First | | | | | | | | | | MI | | | | | | | | | | 00 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Owner Last Name Leal Transport | | | | | | | | | | Address <input type="checkbox"/> Same | | | | | | | | | | City Ft. Worth | | | | | | | | | | State TX | | | | | | | | | | ZIP 76164 | | | | | | | | | | Vehicle Owner Last Name Mercury Transportation | | | | | | | | | | Address <input type="checkbox"/> Same | | | | | | | | | | City Houston | | | | | | | | | | State TX | | | | | | | | | | ZIP 77049 | | | | | | | | | | 00 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Towed Due to Damage <input checked="" type="checkbox"/> By: Jeff Woller Towing | | | | | | | | | | To: 27503 CO 287 Springfield, CO 81073 | | | | | | | | | | Towed Due to Damage <input checked="" type="checkbox"/> By: Cooks Auto Repair | | | | | | | | | | To: 411 N. 12th Lamar, CO 81052 | | | | | | | | | | 00 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trailer VIN# 1L01A5326Y1146325 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 1- Slight 2- Moderate 3- Severe | | | | | | | | | | Trailer VIN# 1L01B482X71162798 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 1- Slight 2- Moderate 3- Severe | | | | | | | | | | 01 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof | | | | | | | | | | Exp Date | | | | | | | | | | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Great West Casualty | | | | | | | | | | Exp Date 11/01/2010 | | | | | | | | | | 00 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Number | | | | | | | | | | Owner Damaged Prop Last Name | | | | | | | | | | First | | | | | | | | | | MI | | | | | | | | | | Address | | | | | | | | | | City | | | | | | | | | | State | | | | | | | | | | ZIP | | | | | | | | | | 00 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Number | | | | | | | | | | Owner Damaged Prop Last Name | | | | | | | | | | First | | | | | | | | | | MI | | | | | | | | | | Address | | | | | | | | | | City | | | | | | | | | | State | | | | | | | | | | ZIP | | | | | | | | | | 00 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T.U. # | | | | | | | | | | POS. | | | | | | | | | | REST | | | | | | | | | | END | | | | | | | | | | SAFETY EQUIP | | | | | | | | | | AIR BAG | | | | | | | | | | EJECT | | | | | | | | | | SUSPECTED ALCO DRUG | | | | | | | | | | INJ SEV | | | | | | | | | | AGE | | | | | | | | | | SEX | | | | | | | | | | NAME / ADDRESS | | | | | | | | | | 1 3 9 10 14 | | | | | | | | | |
| 1 | | | | | | | | | | 01 | | | | | | | | | | 00 | | | | | | | | | | 00 | | | | | | | | | | B | | | | | | | | | | 01 | | | | | | | | | | A | | | | | | | | | | 00 | | | | | | | | | | A | | | | | | | | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 2 OF 4 PAGES

| | | | | | | | | | |
|---------|--|---|---|-----------------------|---|---|--|--|--------------|
| A 01 | CDOT Code | | <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | | HWY NUMBER ROAD CODE 2 8 7 H287 MILEPOINT 2 2 2 | | DOR Code  | | K 01 K |
| | Case # 2C100806 | | Date of Accident 09/29/2010 | | City | | Agency Colorado State Patrol | | |
| B 07 | Time (24 Hr) 2211 | Officer Number 9772 | Officer Name Zachareas, Eric | | Signature  | | County Baca | | L 01 L |
| | Number Killed 1 | Number Injured 0 | Location Route, Street, Road Colorado 287 | | Miles 2 | | Feet N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: | | |
| B 07 | Date of Report 09/30/2010 | | Latitude 37 17 09.85 | | Longitude 102 36 55.94 | | At Milepost 22 | | M 03 M |
| | Agency Code M10 | Investigated @ Scene <input checked="" type="checkbox"/> | Total Vehicles 3 | District Number 2C | Public Property/ Employee <input type="checkbox"/> | Photos Taken <input checked="" type="checkbox"/> | Railroad Crossing Related <input type="checkbox"/> | Const. Zone Related <input checked="" type="checkbox"/> | |
| B 07 | Traffic Unit # 1 or 3 | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | Traffic Unit # 2 or | | <input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh | | N 45 N |
| | First Name S | | Last Name MI | | First Name MI | | Last Name MI | | |
| C 03 | Street Address 1190 Robinhood St. #7 | | Personal Phone Unknown | | Street Address | | Personal Phone | | P 0 P |
| | City Brownsville | State TX | ZIP 78521 | Bus. Phone Unknown | City | State | ZIP | Bus. Phone | |
| D 04 | Driver License Number 13146157 | | COL A | State TX | Sex M | DOB 05/14/1968 | Driver License Number | | C 00 C |
| | Primary Violation <input type="checkbox"/> DUI | | Citation Number | | Common Code | | Violation Code | | |
| E 01 | Year 2000 | | Make VOLVO | Model Semi | Body Type Tractor | | Year | | R 00 R |
| | License Plate Number 2000 | | State or Country TX | Color WHI/WHI | License Plate Number | | State or Country | Color | |
| F 02 | Vehicle Identification Number 4V4ND4JH8YN793024 | | Vehicle Identification Number | | Vehicle Owner Last Name | | First Name | | S 00 S |
| | Vehicle Owner Last Name | | First Name | | Vehicle Owner Last Name | | First Name | | |
| G 01 | Address <input checked="" type="checkbox"/> Same 1190 Robinhood St. #7 | | City Brownsville | State TX | ZIP 78521 | Address <input type="checkbox"/> Same | | City | T 00 T |
| | Towed Due to Damage <input checked="" type="checkbox"/> By: Woller Towing To: 8227 Rd. SS Lamar, CO 81052 | | Towed Due to Damage <input type="checkbox"/> By: | | To: | | | | |
| H 04 | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | S 00 S |
| | Undercarriage | | Undercarriage | | Undercarriage | | Undercarriage | | |
| I 00 | Insurance Company: <input type="checkbox"/> None <input type="checkbox"/> No Proof Cottingham & Butler | | Exp. Date 12/31/2010 | | Insurance Company: <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp. Date | | S 00 S |
| | Policy Number TRV5525900-00 | | Policy Number | | Policy Number | | Policy Number | | |
| J 00 | Owner Damaged Prop. Last Name | | First Name | MI | Address | | City | State | S 00 S |
| | Owner Damaged Prop. Last Name | | First Name | MI | Address | | City | State | |
| K 00 | TU # | POS. | REST | END | SAFETY EQUIP | AIR BAG | EJECT | SUSPECTED ALCO DRUG | S 00 S |
| | AGE | SEX | NAME/ADDRESS | | | | | | |

Approved By
Baker, Michael

I.D. #
0776



Date
10/10/2010

| | | | | | |
|----------|---|--|-----------------------------|---------------------------------|----------|
| AA 01 | Case # 2C100806 | DOB CODE [REDACTED] | Accident Date 09/29/2010 | Agency Colorado State Patrol | HH 00 |
| AA 01 | Describe Accident Vehicles #1, #2, and #3, all semi-tractors with trailers, were northbound on Colorado 287. Vehicles #2 and #3 were stopped on the roadway in a construction zone when vehicle #1 failed to maintain a safe distance and struck the rear of vehicle #2's trailer. | | | | HH 00 |
| BB 04 | Vehicle #1 and Trailer #2 remained engaged after impact, which pushed Vehicle #2 a short distance into the trailer #3. Vehicle #2 and Trailer #3 remained engaged and came to rest a short distance from impact. All vehicles came to rest on their wheels facing north. | | | | JJ 00 |
| BB 04 | Tractor #1 was not equipped with airbags. | | | | JJ 00 |
| CC 03 | Tractors #2 and #3 were | | | | JJ 00 |
| CC 03 | | | | | KK 00 |
| DD 5 | | | | | KK 00 |
| DD 5 | | | | | LL 00 |
| EE 08 | | | | | LL 00 |
| EE 08 | | | | | LL 00 |
| FF 03 | | | | | MM 01 |
| FF 05 | Vehicles #2 and #3 were stopped in a construction zone prior to impact | | | | MM 01 |
| GG 12 | Colorado 287 Dry blacktop | | | | NN 12 |
| GG | Carrier Name Leal Transport | US DOT <input checked="" type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> | | NR | |
| GG | Address 2112 McKinley Ave. Fort Worth, TX 76164 | Carrier Identification # 1507368 | | NR | |
| GG | Carrier Name Mercury Transportation | US DOT <input checked="" type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/> | | NR | |
| GG | Address 8502 Miller Rd. #3 Houston, TX 77049 | Carrier Identification # 176015 | | NR | |

| | | | | | |
|----------|--|--|-----------------------------|---------------------------------|------------------------------------|
| AA 01 | Case # 2C100808 | ECR CODE | Accident Date 09/29/2010 | Agency Colorado State Patrol | HH 00 |
| AA | Describe Accident equipped with airbags, none deployed. | | | | HH |
| BB 04 | | | | | JJ 00 |
| BB | | | | | JJ |
| CC 03 | | | | | JJ |
| CC | | | | | JJ |
| DD 5 | | | | | KK 00 |
| DD | | | | | KK |
| EE 08 | | | | | LL |
| EE | | | | | LL |
| FF 05 | | | | | MM 01 |
| FF | | | | | MM |
| GG 12 | | | | | NN |
| GG #3 | Carrier Name Bee Line Delivery | US DOT <input checked="" type="checkbox"/> | | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| GG #4 | Address 1190 Robinhood St, #7 Brownsville, TX 78521 | Carrier Identification # 598623 | | | |
| GG #5 | Carrier Name | US DOT <input type="checkbox"/> | | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| GG #6 | Address | Carrier Identification # | | | |

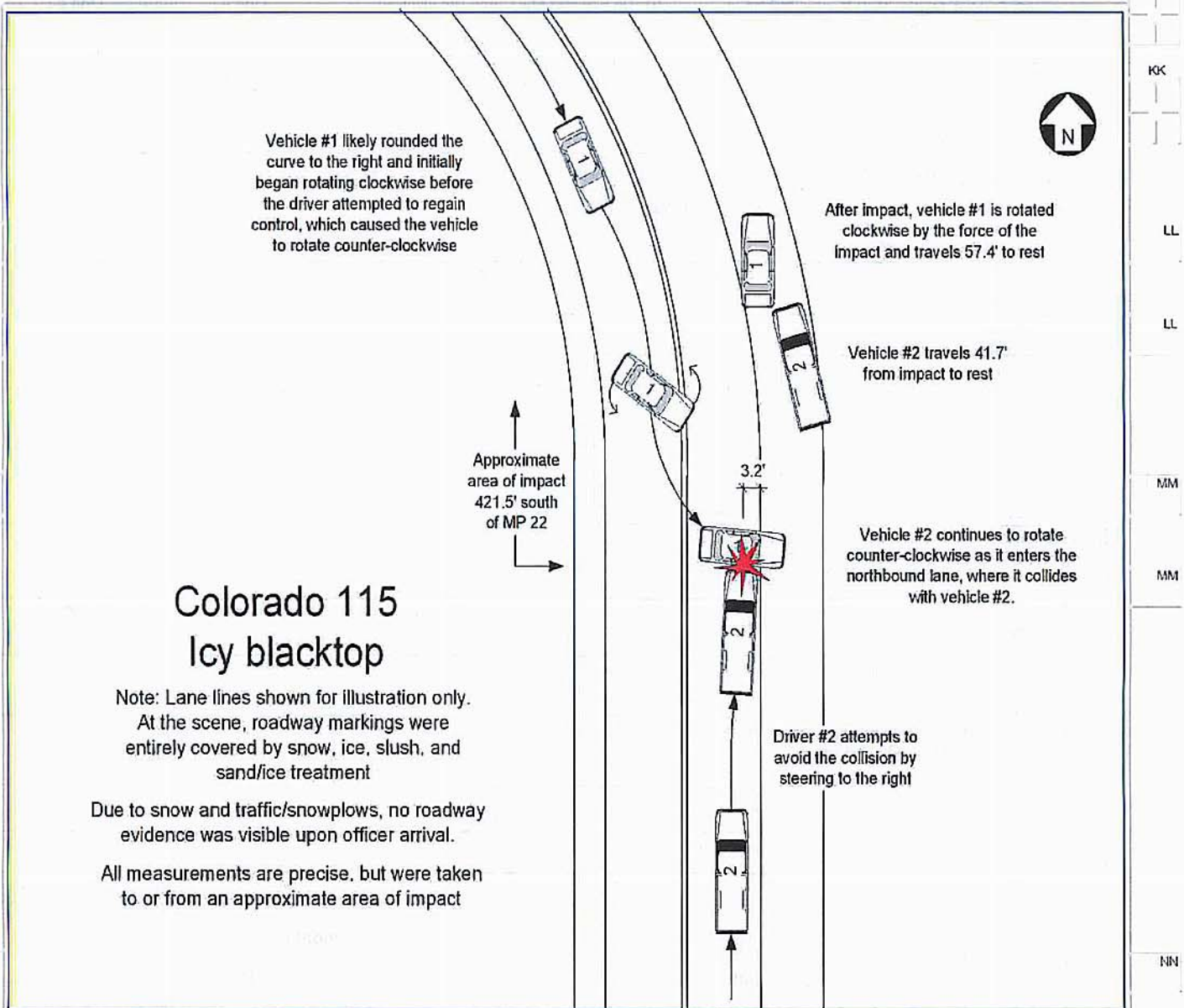
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 1 OF 3 PAGES

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|
| CDOT Code | | <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | | HWY NUMBER ROAD CODE 1 1 5 H115 MILEPOINT 2 1 9 | | DOR Code  | | | | | |
| Case # 2A101956 | | Date of Accident 12/17/2010 | | City | | Agency Colorado State Patrol | | County Fremont | | County # 14 | |
| Time (24 Hr) 0555 | | Officer Number 9772 | | Officer Name Zachareas, Eric | | Signature  | | Detail 2B | | | |
| Number Killed 1 | | Number Injured 1 | | Location Route, Street, Road Colorado 115 | | Miles 421 Feet | | N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: | | | |
| Date of Report 12/17/2010 | | Investigated @ Scene <input checked="" type="checkbox"/> | | Total Vehicles 2 | | District Number 2A | | Public Property/ Employee <input type="checkbox"/> | | Photos Taken <input checked="" type="checkbox"/> | |
| Agency Code M07 | | Traffic Unit # 1 | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh. | | Traffic Unit # 2 | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh. | | | |
| Last Name Jordan | | First Larry | | MI | | Last Name Taggart | | First Robert | | MI Law | |
| Street Address 5017 Barnstormers Ave | | City Colorado Springs | | State CO | | ZIP 80911 | | Personal Phone Unknown | | Bus. Phone Unknown | |
| Driver License Number 92-117-1349 | | CDL CO | | Sex M | | DOB 08/01/1954 | | Street Address 710 Windsor Ave | | City Canon City | |
| Primary Violation <input type="checkbox"/> DUI | | Violation Code | | Citation Number | | Common Code | | Driver License Number 92-228-2350 | | CDL CO | |
| Year 2001 | | Make NISS | | Model Sentra | | Body Type 4 Dr Sedan | | Year 2008 | | Make FORD | |
| License Plate Number 335LXS | | State or Country CO | | Color GLD/ | | Model F-250 Superc | | Body Type PK | | Color GRN/ | |
| Vehicle Identification Number 3N1CB51D71L483614 | | Vehicle Owner Last Name <input checked="" type="checkbox"/> Same | | First Larry | | MI | | License Plate Number 425GCE | | State or Country CO | |
| Address <input checked="" type="checkbox"/> Same | | City Colorado | | State CO | | ZIP 80911 | | Vehicle Identification Number 1FTSW21R98EC33731 | | Vehicle Owner Last Name <input checked="" type="checkbox"/> Same | |
| Towed Due to Damage <input checked="" type="checkbox"/> By: Linder Chevrolet | | To: CSP Lot Canon City, CO 81212 | | Address <input checked="" type="checkbox"/> Same | | City Canon City | | State CO | | ZIP 81212 | |
| Trailer VIN# | | Trailer VIN# | | Undercarriage | | Undercarriage | | Undercarriage | | Undercarriage | |
| Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof | | Exp. Date | | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp. Date | | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp. Date | |
| Policy Number | | Policy Number | | Policy Number | | Policy Number | | Policy Number | | Policy Number | |
| Owner Damaged Prop. Last Name | | First | | MI | | Address | | City | | State ZIP | |
| Owner Damaged Prop. Last Name | | First | | MI | | Address | | City | | State ZIP | |
| T.U. # | | POS. | | REST. ENDO. | | SAFETY EQUIP. | | AIR BAG | | EJECT | |
| 1 | | 01 | | 00 00 | | B 01 | | A 01 | | A 00 00 00 04 56 | |
| 2 | | 01 | | 00 00 | | B 01 | | A 03 | | B 00 00 00 02 47 | |
| 2 | | 03 | | 00 00 | | B 01 | | A 03 | | B 00 00 00 00 22 | |
| NAME / ADDRESS | | NAME / ADDRESS | | NAME / ADDRESS | | NAME / ADDRESS | | NAME / ADDRESS | | NAME / ADDRESS | |
| Jordan, Larry 5017 Barnstormers Ave Colorado Springs, CO 80911 | | Taggart, Robert Law 710 Windsor Ave Canon City, CO 81212 | | Taggart, Robert C 710 Windsor Ave Canon City, CO 81212 | | | | | | | |

Approved By
Baker, MichaelI.D. #
0776Date
12/20/2010

| | | | | | |
|----|---|----------|------------------------------------|--|----------|
| AA | Case # 2A101956 | DOR CODE | Accident Date 12/17/2010 | Agency Colorado State Patrol | HH 00 |
| AA | Describe Accident | | | | HH 00 |
| BB | Vehicle #1 was traveling southbound on Colorado 115 while Vehicle #2 was traveling northbound. | | | | HH 00 |
| BB | Vehicle #1 attempted to negotiate a curve to the right and began rotating counterclockwise, traveling across the roadway and into the northbound lane. Driver #2 attempted to avoid the collision by steering to the right, but was unable to avoid Vehicle #1. | | | | JJ 00 |
| CC | The front of vehicle #2 collided with the passenger side of Vehicle #1. After impact, both vehicles traveled north for a short distance before coming to rest facing north. | | | | JJ 00 |
| CC | Vehicle #1 was equipped with airbags, none deployed. | | | | KK |
| CC | Vehicle #2 was equipped with airbags, which deployed at the driver's and front passenger's position. | | | | KK |



| | | | | | |
|----|-----------------|---------------------------------|------------------------------|------------------------------------|----|
| GG | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> | NN |
| GG | T.U. #1 Address | Carrier Identification # | | | NN |
| GG | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> | NN |
| GG | T.U. #2 Address | Carrier Identification # | | | NN |

PAGE 3 OF 3 PAGES

| | | | |
|---------------------------|----------|------------------------------------|--|
| Case # 2A101956 | DOR CODE | Accident Date 12/17/2010 | Agency Colorado State Patrol |
|---------------------------|----------|------------------------------------|--|

| | |
|--|--|
| EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time) Time Notified _____ Time Arrived @ Scene _____ Time Arrived @ Hospital _____ If times are unknown provide name of responding services Penrose FD, American Medical Response TRAFFICWAY FLOW 01. Not Divided (Two Way) 01 02. Divided, Median W/O Barrier 03. Divided, Median W/Barrier 04. One Way NUMBER OF TRAVEL LANES If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half. 2 | ACCIDENT AVOIDANCE MANEUVER 00. No Avoidance Maneuver 01. Braking (Skid marks evident) 02. Braking (Per driver, no skid marks evident) 03. Braking (Per witness, no skid marks evident) 04. Steering (Evidence or stated) 05. Steering & Braking (Evidence or stated) 06. Other Avoidance Maneuver FIRE/HAZARDOUS MATERIALS INVOLVEMENT 00. No Fire/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 |
|--|--|

| | | |
|---|--|---|
| TRAFFIC CONTROL DEVICE FUNCTIONING 01. Not Functioning 02. Functioning Improperly 03. Functioning Properly 04. Unknown | 01 | List the Most Significant Types of Traffic Control Devices None |
|---|--|---|

MUST BE COMPLETED FOR ALL PERSONS INVOLVED EXCEPT UNINJURED BUS/RAILWAY PASSENGERS.

(A) Traffic Unit Number (list Traffic Unit Number as on DR 2447)

(B) Position in Vehicle

| | | | | | | | | | |
|---|----|----|----|-------------|--|--|--|----|--|
| | 14 | | | | | | | | |
| | 03 | 06 | 09 | | | | | | |
| ← | 02 | 05 | 08 | 10/11 12 | | | | 13 | |
| | 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
 15. Pedestrian

(C) 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 |
|---|--|---|

(D) Alcohol Suspected (Officer Opinion Only)

| | | |
|---|--|--|
| Yes > 01. Preliminary Breath Test 02. SFST 03. Observed | 04. Passive Alcohol Sensor 05. Other method | No > 06. Preliminary Breath Test 07. SFST 08. Observed |
|---|--|--|

(E) Tested for Alcohol

| | | |
|---|---------------------------------------|----------------|
| 00. Not Tested 01. Blood 02. Breath | 03. Urine 04. Other 05. Refusal | 06. By Coroner |
|---|---------------------------------------|----------------|

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

| | |
|--|--|
| Yes > 01. Drug Recognition Expert 02. SFST 03. Observed 04. Other | No > 05. Drug Recognition Expert 06. SFST 07. Observed 08. Other Method |
|--|--|

(G) Tested for Other Drugs

| | | | |
|-----------------------------|-------------------------|--------------------------|----------------|
| 00. Not Tested 01. Blood | 02. Breath 03. Urine | 04. Other 05. Refusal | 06. By Coroner |
|-----------------------------|-------------------------|--------------------------|----------------|

(H) Dead at Scene

| | | |
|-------------------|--|--|
| 00. No 01. Yes | | |
|-------------------|--|--|

| # | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|----|----|----|----|----|----|----|---------------|----|----|----|----|----|----|----|----|----|----------------|----|----|----|----|----|----|----|----|----|------------|----|----|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 01 | 00 | 08 | 06 | 07 | 06 | 01 | Jordan, Larry | | | | | | | | | | Fremont County | | | | | | | | | | 12/17/2010 | | | | | | | | | | 0715 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 01 | 00 | 08 | 00 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |