

**Alley Related**

Any crash that occurs in an alley or occurs when a vehicle is entering or exiting an alley.

**Approach Turn**

A crash type that involves two vehicles in the opposite direction, one turns into the path of the other

**At Intersection**

This term describes a crash in which the first harmful event occurs in the confines of an intersection.

**Bicycle**

A crash type involving a bicycle and motor vehicle

**Bicycle**

A vehicle upon which a person may ride and which is propelled by human power applied to pedals. It may have either two wheels in tandem, or three wheels-two parallel and one forward. All wheels must be more than 14” in diameter.

**Blood Alcohol Content (BAC)**

BAC refers to the amount of alcohol contained in a person’s blood. It is measured as weight per unit of volume. Typically, this measurement is converted to a percentage such as 0.10%, which indicates that one-tenth of a percent of a person’s blood is alcohol.

**Broadside**

A crash type that involves two vehicle approaching from non-opposing angular directions (i.e. T-bone)

**Complaint of Injury**

Is any injury reported or claimed which is not an evident injury

**Distracted Driver**

Determined from Officer’s Observations. This data element identifies the attribute(s) which best describe this driver’s attention to driving prior to the driver’s realization of an impending critical event or just prior to impact if realization of an impending critical event does not occur. Distraction from the primary task of driving occurs when drivers divert their attention from the driving task to some other activity. Driving while daydreaming or lost in thought is identified as distracted driving by NHTSA.

**CDOT Codes:**

Distracted / Passenger

Distracted / Cell Phone

Distracted / Radio

Distracted / Other i.e. Food, Objects, Pet, etc.

**Driveway Related**

A crash in which the first harmful event occurs when a vehicle is entering or exiting a driveway. A driveway access is a roadway providing access to property adjacent to a traffic way.

**DUI**

Driving Under the Influence (of alcohol or other drugs)

**Farm Equipment**

A vehicle that is exclusively used as an implement of husbandry.

**FARS**

Fatal Analysis Reporting System is a nationwide census providing NHTSA, Congress and the American public yearly data regarding fatal injuries suffered in motor vehicles crashes.

**Fatal**

A fatal is a crash wherein an involved party sustains a crash related injury that results in death within 30 days of the crash.

**Fatality**

Number of the person(s) with fatal injuries who was involved in the traffic crash.

**Head-On**

A crash type that involves two vehicles approaching opposite directions and intending to continue in opposite directions collide in a frontal or angular manner as a result of one or both vehicles crossing the painted or unpainted centerline or divided median of the roadway. This includes a collision resulting from one vehicle traveling the wrong way down a divided roadway.

**Hit and Run/Unknown**

Unknown vehicle type, a vehicle that left the scene of a crash.

**Holidays (FARS Definition)**

The length of a “FARS holiday” depends on the day on which the holiday occurs. NHTSA uses the following times for holiday analysis:

**Day of Holiday Time Period Used for Analysis**

**Sunday or Monday:** 6 p.m. Friday to 5:59 a.m. Tuesday

**Tuesday:** 6 p.m. Friday to 5:59 a.m. Wednesday

**Wednesday:** 6 p.m. Tuesday to 5:59 a.m. Thursday

**Thursday:** 6 p.m. Wednesday to 5:59 a.m. Monday

**Friday or Saturday:** 6 p.m. Thursday to 5:59 a.m. Monday

## Human Contributing Factors

The most prevalent contributing factor in which played a role in the involvement of the traffic crash

## Incapacitating Injury

Any injury (other than a fatal injury) that prevents the injured person from walking, driving, or normally continuing the activities the person was capable of performing before the injury is an incapacitating injury. Examples include severe lacerations, broken limbs, and skull, chest, or abdominal injuries. Momentary unconsciousness is not included.

## Injured

Number of person(s) with an injury who was involved in the traffic crash

## Injury

An injury crash is where at least one person is injured from the results of the crash

## Intersection Related

A crash in which the first harmful event occurs on an approach to or exit from an intersection and the harmful event results from movements controlled by the intersection.

## Light Rail

A vehicle other than a railroad train for transporting persons or property upon rails, principally within a municipality.

## Lighting Condition

Description of the lighting conditions at the time and location of the first harmful event

## Motorcycle

For the purpose of the crash report, a motor vehicle designed to travel on not more than three wheels in contact with the ground and has an engine greater than 50cc in displacement.

## Motorhome

A vehicle built on a truck chassis and designed to serve as self-contained living quarters for travel.

## Motorized Bicycle

A motor-driven cycle is any motorcycle having an engine with less than 150 cubic centimeters displacement or with five brake horsepower or less. Including, but not limited to: Moped, miniature motorcycle, minibike, "Pocket" Motorcycle, motor scooter.

## MVMT -Million Vehicle Miles Traveled

One vehicle mile of travel is the movement of one privately operated vehicle for one mile, regardless of the people in the vehicle.

## Non-Incapacitating Injury

This type of injury is evident to observers at the scene, but is not a fatal or incapacitating injury. Examples include bruises, lumps, and lacerations.

## Non-Intersection

A crash in which the first harmful event occurs that is not due an intersection, driveway, or alleyway.

## Non-School Bus

Motor vehicle with seating for transporting nine or more persons, including the driver

## Objects

A crash type where a vehicle collides with an object either on the roadway or off. Objects included: Barricade, Bridge structure, cable rail, concrete highway barrier, Crash cushion/traffic barrel, culvert or headwall, curb\*, delineator post\*, domestic animal, embankment, fence, guard rail, large rocks or boulders, light pole/utility pole, mailbox, other fixed object, other object, railroad crossing equipment, sign, traffic signal pole, tree, unknown, wall or building, wild animal.

*\*Curbs and Delineator Posts are only considered the Crash type if it is the only collision.*

## Other

Other vehicle type, consists of any traffic unit that does not have a classification (e.g. Pedestrians, snowmobiles, ATVs, Roadway Maintenance Equipment, emergency vehicles, etc.).

## Other Non-Collision

A harmful event that does not involve a vehicle colliding with another vehicle or object (e.g. a tire blow out, a jack knife or a fire)

**Overtaking Turn**

A crash type that involves two vehicles traveling in the same direction, one vehicle turns into the path of the other

**Overturning**

A crash type in which a vehicle overturns on or off the roadway without first having been involved in some other type single or multiple vehicle crash (i.e. rollover)

**Parked Motor Vehicle**

A crash type in which a vehicle in motion collides with a parked motor vehicle whether occupied or not

**Parking Lot**

A crash in which the first harmful event occurs within a parking lot

**Passenger Car/Van**

A passenger car/van is any car/van where the area behind the driver or cab is designed for carrying passengers.

**Pedestrian (all others)**

A crash type involving any person who is not an occupant of a vehicle. This includes persons operating mechanized toy vehicles, skateboards, etc., who are not otherwise classified as occupants.

**Pedestrian (School Age, To/From School)**

A crash type involving a child (18 and under years old) in route to or from school whether walking or on a toy-vehicle.

**Pedestrian on a Toy Vehicle**

A crash type involving a pedestrian on any vehicle, that has wheels with an outside diameter or not more than 14 inches and is not designed, approved, or intended for use on public roadways or highways. Toy vehicles includes, but is not limited to, gas-powered or electronic-powered vehicles commonly known as mini bikes, “pocket bikes”, kamikaze boards, go-peds, and stand-up scooters.

**Pickup Truck/Utility Van**

A truck is a motor vehicle designed primarily for carrying property. A utility van is a motor vehicle consisting primarily of a transport device which has a gross vehicle weight rating (GVWR) of 10,000 pounds or less and is basically a “box on wheels” that is identifiable by its enclosed cargo area, step-up floor, and relatively short (or non-existent) hood. Vans are classified by size based on frame type and overall vehicle body width.

**Property Damage Only (PDO)**

A crash type that the persons involved are not injured or killed.

**Railway Vehicle/ Light Rail**

A crash type involving a vehicle designed for moving persons or property from one place to another on rails.

**Ramp**

A crash in which the first harmful event occurs on an exit or entrance ramp

**Rear-End**

A crash type that involves two vehicles in a position of one behind the other and collide, regardless of what movements(s) either vehicle was in the process of making with the exception of one or both vehicles backing. This type includes a collision in which the leading vehicles spun out and became turned 180 degrees around such that the resulting same directions collision had it strike front end to front end with the following vehicle.

**Road Conditions**

Description of the roadway where the first harmful event occurred

**Road Maintenance Equipment**

A crash type involving a road construction/maintenance equip such as a motor scraper, backhoe, motor grader, compactor, tractor, trencher, bulldozer, street sweeper, snowplow, etc.

**Roadway Functional Class**

Is the process by which streets and highways are grouped into classes, or systems, according to the character of traffic service that they are intended to provide. There are three highway functional classifications: arterial, collector, and local roads. All streets and highways are grouped into one of these classes, depending on the character of the traffic (i.e., local or long distance) and the degree of land access that they allow.

**Roundabout**

A crash in which the first harmful event occurs within or upon entering or exiting a roundabout. A circular intersection joining two or more streets which feeds traffic into a circulatory roadway that surrounds a central island.

**School Bus**

A school bus is a motor vehicle which is owned or under contract to a public school or governmental agency and is used for the transportation of schoolchildren to or from public school or school activities. Any automobile, bus, van, utility vehicle, truck, or other vehicle that is designed for the transportation of schoolchildren and which meets the criteria above qualifies as a school bus.

**Senior Drivers**

Drivers of motor vehicles 65 years old or older

**Sideswipe Opposite Direction**

A crash type that involves two vehicles approaching opposite directions and intending to continue in opposite directions collide in a sideswiping manner as a result of one or both vehicles crossing the painted or unpainted centerline or divided median of the roadway. Also includes a collision resulting from one vehicle traveling the wrong way down a divided roadway.

**Sideswipe Same Direction**

A crash type that involves two vehicles moving alongside each other and collide, with at least one of the vehicles being struck on the side. This type would include a collision resulting from one of the vehicles making an improper turn such as a left from the right lane or vice-versa or turning right from the appropriate outside lane and striking a vehicle passing on the right shoulder.

**SUV**

A sports utility vehicle as defined by the manufacturer.

**Toy Vehicle**

Any vehicle, whether or not home-built by the user, that has wheels with an outside diameter of not more than fourteen inches and is not designed, approved, or intended for use on public roadways or highways. Toy vehicle includes, but is not limited to, gas-powered or electronic-powered vehicles commonly known as mini bikes, “pocket bikes”, kamikaze boards, go-peds, and stand-up scooters.

**Traffic Crash**

A traffic crash is defined as unintentional damage or injury caused by the movement of a motor vehicle or its load.

**Traffic Unit**

A traffic unit is a motor vehicle, vehicle, or pedestrian involved in the circumstances of a traffic crash.

**Transit Bus**

A bus used for passenger transportation over fixed, scheduled routes within primarily urban geographical areas.

**Vehicle Debris or Cargo**

A crash type where debris or cargo has fallen off one vehicle and colliding with another vehicle.

**Vehicle Movement**

Description of the movement of the vehicle prior to impact. The attributes include Avoiding Object in Roadway, Backing, Changing lanes, Drove Wrong Way, Emerging/Leaving Parked Position, Going Straight, Making a Left Turn, Making a Right Turn, Making a U-turn, Other, Parked, Passing, Slowing, Spun Out of Control (for CDOT purposes, anytime where a driver is not in control of the vehicle prior to crash), Stopped in Traffic, Weaving

**Vehicle/Vehicle Combination (10,000+lbs)**

A motor vehicle designed & used primarily for drawing other vehicles (normally a large trailer) but is constructed to carry a load other than a part of the weight of the vehicle that it pulls. Tractor has a cab and a bed.

**Work Zone**

A work zone is an area of a traffic way where construction, maintenance or utility work activities are identified by warning signs/signals/indicators, including those on transport devices that mark the beginning and end of a construction, maintenance or utility work activity.

**Young Drivers**

Drivers of motor vehicles 20 years old and younger.

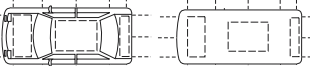



# State of Colorado Traffic Accident Report

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

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

## STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

CDOT Code		<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER		DOR Code		K	
Case #		<input type="checkbox"/> STATE HWY		MILEPOINT		[Barcode]		K	
Date of Accident		City		Agency		County		County #	
Time (24 Hr.)		Officer Number		Officer Name		Signature		Detail	
Number Killed		Number Injured		Location Route, Street, Road		Miles _____ Feet _____		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input type="checkbox"/> At: _____	
Date of Report		Latitude		Longitude					
Agency Code		Investigated @ Scene <input type="checkbox"/>		Total Vehicles		District Number		Public Property/ Employee <input type="checkbox"/>	
Traffic Unit # 1 or _____		<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Veh. <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-Veh. <input type="checkbox"/> Non-Contact Veh.		M	
Last Name		First		MI		Last Name		First	
Street Address		Personal Phone ( )		Street Address		Personal Phone ( )		N	
City		State ZIP		City		State ZIP		Bus. Phone ( )	
Driver License Number		CDL State		Sex DOB		Driver License Number		CDL State Sex DOB	
Primary Violation <input type="checkbox"/> DUI		Violation Code		Citation Number		Common Code		P	
Year		Make		Model		Body Type		P	
License Plate Number		State or Country		Color		License Plate Number		State or Country Color	
Vehicle Identification Number		Vehicle Identification Number							
Vehicle Owner Last Name <input type="checkbox"/> Same		First		MI		Vehicle Owner Last Name <input type="checkbox"/> Same		First	
Address <input type="checkbox"/> Same		City		State ZIP		Address <input type="checkbox"/> Same		City	
Towed Due to Damage <input type="checkbox"/> By: To:		Towed Due to Damage <input type="checkbox"/> By: To:						Q	
Trailer VIN#		Trailer VIN#							
				1- Slight 2- Moderate 3- Severe					
Undercarriage		Undercarriage				Undercarriage		Undercarriage	
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		R	
Policy Number		Policy Number						R	
Owner Damaged Prop. Last Name		First		MI		Address		City	
State ZIP		State ZIP							
Owner Damaged Prop. Last Name		First		MI		Address		City	
State ZIP		State ZIP							
T.U. #		POS. REST. ENDO.		SAFETY EQUIP.		AIR BAG		EJECT.	
SUSPECTED/ALCO DRUG		INJ. SEV.		AGE		SEX		NAME / ADDRESS	
Approved By		I.D. #		Date					

PAGE \_\_\_\_ OF \_\_\_\_ PAGES

AA	Case #	DOR CODE	Accident Date	Agency	HH
AA	Describe Accident				HH
BB					JJ
BB					JJ
CC					JJ
CC					KK
DD					KK
DD					KK
EE					LL
EE					LL
FF					MM
FF					MM
GG					NN
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U. # 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. # Address	Carrier Identification #			NN

## TRAFFIC ACCIDENT REPORT

## OVERLAY A

<b>A. LOCATION</b> 01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side 04. Ran Off "T" Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes 06. On Private Property		<b>K. VEHICLE / VEHICLE COMBINATION</b> <b>FMC (Overlay C) Required</b> 01. Vehicle / Vehicle Combination (10,001 lbs. and over) 02. School Bus (all school buses) 03. Non-school Bus (9 occupants or more including driver) in commerce 04. Transit Bus <b>GWR 10,000 lbs. or Less</b> 05. Passenger Car / Passenger Van 06. Passenger Car / Passenger Van W/ Trailer 07. Pickup Truck / Utility Van 08. Pickup Truck / Utility Van W/Trailer 09. SUV 10. SUV W/Trailer 11. Motor Home 12. Motorcycle 13. Bicycle 14. Motorized Bicycle 15. Farm Equipment 16. Hit & Run Unknown 17. Light Rail 18. Other (Describe in Narrative)	
<b>B. HARMFUL EVENT SEQUENCE</b> <b>NON-COLLISION ACCIDENT</b> 01. Overturning 02. Other Non-Collision <b>COLLISION WITH PEDESTRIAN</b> 03. School Age To / From School 04. Pedestrian on Toy Motorized Veh. 05. All Other Peds <b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b> 06. Front to Front 07. Front to Rear 08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction <b>COLLISION WITH OTHER VEHICLE</b> 13. Parked Motor Vehicle 14. Railway Vehicle/Light Rail 15. Bicycle 16. Road Maintenance Equipment <b>COLLISION WITH ANIMAL</b> 17. Domestic Animal 18. Wild Animal		<b>L. DIRECTION OF TRAVEL – PRIOR TO IMPACT</b> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest	
<b>C. APPROACH/OVERTAKING TURN</b> 01. Approach Turn 02. Overtaking Turn 03. Not Applicable		<b>M. VEHICLE MOVEMENT – PRIOR TO IMPACT</b> 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. Avoiding Object in Roadway 13. Weaving 14. Spun Out of Control 15. Drove Wrong Way 16. Other (Describe in Narrative)	
<b>D. ROAD DESCRIPTION</b> 01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection 05. Alley Related 06. Roundabout 07. Ramp 08. Parking Lot		<b>N. ROADWAY SPEED LIMIT - Vehicles Only</b> Traffic Unit #1 or _____ Traffic Unit #2 or _____	
<b>E. ROAD CONTOUR</b> 01. Straight On-Level 02. Straight-On-Grade 03. Curve On-Level 04. Curve On-Grade 05. Hillcrest		<b>P. ESTIMATED VEHICLE SPEED - Vehicles Only</b> Traffic Unit #1 or _____ Traffic Unit #2 or _____	
<b>F. ROAD SURFACE</b> 01. Concrete 02. Blacktop 03. Brick or Block 04. Gravel, Slag or Stone 05. Dirt 06. Other (Describe in Narrative) 07. Unknown		<b>Q. DRIVER ACTIONS (Officer Opinion Only)</b> 00. No Action 01. Exceeded Safe/ Posted Speed 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device 07. Improper Turn 08. Turned from Wrong Lane or Position 09. Other Improper Turns 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving 17. Careless Driving (if used, block R can not be coded "00")	
<b>G. ROAD CONDITION</b> 01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 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		<b>R. DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTOR (Officer Opinion Only)</b> 00. No Apparent Contributing Factor 01. Asleep at the Wheel 02. Driver Fatigue 03. Illness / Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer 09. Physical Disability 10. DUI, DWAI, DUID 11. Distracted / Passenger 12. Distracted / Cell Phone 13. Distracted / Radio 14. Distracted / Other i.e. Food, Objects, Pet, etc. 15. Other Factor (Describe in Narrative)	
<b>H. LIGHTING CONDITION</b> 01. Daylight 02. Dawn or Dusk 03. Dark - Lighted 04. Dark - Unlighted		<b>S. BY PEDESTRIAN ACTION (Officer Opinion Only)</b> 01. Cross Against Signal 02. Cross / Enter at Intersection 03. Cross / Enter NOT at Intersection 04. Standing in Roadway 05. Playing in Roadway 06. Soliciting Rides 07. Walking in Roadway in Direction of Traffic 08. Walking in Roadway Against Direction of Traffic 09. Entering / Exiting Vehicle 10. Pushing / Working on Vehicle 11. Lying in Roadway 12. Other (Describe in Narrative)	
<b>J. ADVERSE WEATHER CONDITION</b> 00. None 01. Rain 02. Snow / Sleet / Hail 03. Fog 04. Dust 05. Wind		<b>T. VEHICLE DEFECT / CONDITION (Officer Opinion Only)</b> 00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 11. Spilled Load – Commercial Aggregate 12. Spilled Load – Commercial Non-Aggregate 13. Spilled Load – Other 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)	



## OVERLAY B

<b>Traffic Unit #</b> Position In / On Vehicle 																									
<b>Compliance with Driving Restrictions</b> 00. Not Restricted 01. Complied With Restrictions 02. Did Not Comply With Restrictions 03. Compliance With Restrictions Not Known																									
<b>Compliance with Driving Endorsements</b> 00. No Driving Endorsements 01. Endorsements Required and Complied With 02. Endorsements Required and Not Complied With 03. Endorsements Required and Compliance Not Known																									
<b>Safety equipment used</b> <table border="1"> <tr> <td>SYSTEM</td> <td>USE (Restraints &amp; MC Eye Protection)</td> <td>HELMET</td> </tr> <tr> <td>A. None</td> <td>00. Not used</td> <td>A. N/A (Cars/Trucks)</td> </tr> <tr> <td>B. Shoulder and Lap Belt</td> <td>01. Properly used</td> <td>B. No Helmet</td> </tr> <tr> <td>C. Shoulder belt only</td> <td>02. Improperly used</td> <td>C. Available, not used</td> </tr> <tr> <td>D. Lap belt only</td> <td>03. Unknown</td> <td>D. Helmet Improperly used</td> </tr> <tr> <td>E. Child safety restraint</td> <td>04. Bicycle</td> <td>E. Helmet Properly used</td> </tr> <tr> <td>F. Motorcycle</td> <td></td> <td>F. Unknown</td> </tr> <tr> <td>G. Bicycle</td> <td></td> <td>G. Bicycle Helmet</td> </tr> </table>		SYSTEM	USE (Restraints & MC Eye Protection)	HELMET	A. None	00. Not used	A. N/A (Cars/Trucks)	B. Shoulder and Lap Belt	01. Properly used	B. No Helmet	C. Shoulder belt only	02. Improperly used	C. Available, not used	D. Lap belt only	03. Unknown	D. Helmet Improperly used	E. Child safety restraint	04. Bicycle	E. Helmet Properly used	F. Motorcycle		F. Unknown	G. Bicycle		G. Bicycle Helmet
SYSTEM	USE (Restraints & MC Eye Protection)	HELMET																							
A. None	00. Not used	A. N/A (Cars/Trucks)																							
B. Shoulder and Lap Belt	01. Properly used	B. No Helmet																							
C. Shoulder belt only	02. Improperly used	C. Available, not used																							
D. Lap belt only	03. Unknown	D. Helmet Improperly used																							
E. Child safety restraint	04. Bicycle	E. Helmet Properly used																							
F. Motorcycle		F. Unknown																							
G. Bicycle		G. Bicycle Helmet																							
<b>Air Bag</b> 00. Not Equipped 01. Not Deployed 02. Deployed at pos. only 03. Deployed at pos. & others 04. Not deployed at pos., deployed at others 05. Unknown A. None B. Front C. Side D. Curtain E. Rear F. Multiple																									
<b>Ejection</b> 00. No 01. Yes - Partial 02. Yes - Full 03. Extricated																									
<b>Suspected alcohol (Officer Opinion Only)</b> 00. No 01. Yes 02. Unknown																									
<b>Suspected drugs (Officer Opinion Only)</b> 00. No 01. Yes 02. Unknown																									
<b>Injury Severity</b> 00. No injury 01. Complaint of injury 02. Evident - non-incapacitating 03. Evident - incapacitating 04. Fatal																									
<b>Age</b> Age <i>MUST BE</i> in whole Numbers (Under the Age of 1 year Age = 0)																									
<b>Sex</b>																									
<b>Name / Address</b>																									

# State of Colorado Traffic Accident Report

## FEDERAL MOTOR CARRIER INFORMATION

## OVERLAY C

<b>AA. CARRIER TYPE</b> 01. Interstate 02. Intrastate 03. Government Vehicle (10,001lbs. GVWR and over) 04. Not in Commerce (10,001lbs. GVWR and over) (If #4 is chosen, complete <b>only</b> blocks CC, DD, EE, FF, and GG or NN.)	<b>HH. HAZARDOUS MATERIALS</b> Did the vehicle have a hazardous material placard? 00. No 01. Yes		
<b>BB. SOURCE OF NAME</b> 01. Log Book 02. Shipping Papers, Truck, Bus, or Trip Manifest 03. Driver 04. Side of Vehicle	<b>JJ. HAZARDOUS MATERIALS</b> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
<b>CC. GROSS VEHICLE WEIGHT RATING</b> 01. Under 10,001 Pounds 02. 10,001 to 26,000 Pounds 03. 26,001 Pounds and Over	<b>KK. HAZARDOUS MATERIALS</b> Enter the <b>four</b> digit number from the placard. If no number on the placard enter the <b>four</b> digit identification number from the shipping paper(s).  		
<b>DD. TOTAL NUMBER OF AXLES</b> Enter the total number of axles including truck and trailer.	<b>LL. HAZARDOUS MATERIALS</b> Enter the one digit number taken from the bottom of the placard.  		
<b>EE. VEHICLE CONFIGURATION</b> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/ Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in narrative)	<b>MM. LIQUID HAZARDOUS MATERIALS</b> Enter the amount of bulk liquid cargo at time of accident. 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over		
<b>FF. CARGO BODY TYPE</b> 01. Bus/ Limousine (seats 9-15 occupants including the driver) 02. Bus/Limousine (seats 16 or more occupants including the driver) 03. Van/ Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)	<b>SEQUENCE OF ACCIDENT EVENTS</b>  <table border="1"> <tr> <td style="width: 50%; vertical-align: top;"> <b>NON-COLLISION</b>                              01. Ran Off the Road                              02. Jackknifed                              03. Overturning                              04. Downhill Runaway                              05. Cargo Loss or Shift                              06. Explosion or Fire                              07. Separation of Units                              08. Crossed the Median/Center Line                              09. Equipment Failure (Tires, etc.)                              10. Other (Describe in Narrative)                         </td> <td style="width: 50%; vertical-align: top;"> <b>COLLISION</b>                              11. Pedestrian                              12. Motor Vehicle in Transport                              13. Parked Motor Vehicle                              14. Train                              15. Pedal Cycle (Bicycle, Tricycle, etc.)                              16. Animal                              17. Fixed Object                              18. Work Zone Maintenance Equipment                              19. Other Movable Object                              20. Other (Describe in Narrative)                         </td> </tr> </table>	<b>NON-COLLISION</b> 01. Ran Off the Road 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/Center Line 09. Equipment Failure (Tires, etc.) 10. Other (Describe in Narrative)	<b>COLLISION</b> 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment 19. Other Movable Object 20. Other (Describe in Narrative)
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<b>GG. Block AA Top</b>	<b>NN. Block AA Bottom</b>		

## COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

PAGE \_\_\_\_ OF \_\_\_\_ PAGES

Case #	DOR CODE	Accident Date	Agency																																												
<b>EMERGENCY MEDICAL SERVICES</b> (Record all time using 24 Hr. time) Time Notified _____ Time Arrived @ Scene _____ Time Arrived @ Hospital _____ If times are unknown provide name of responding services _____		<b>ACCIDENT AVOIDANCE MANEUVER</b> 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																																													
<b>TRAFFICWAY FLOW</b> 01. Not Divided (Two Way) <input type="checkbox"/> 02. Divided, Median W/O Barrier <input type="checkbox"/> 03. Divided, Median W/Barrier <input type="checkbox"/> 04. One Way <input type="checkbox"/>		<b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> 00. No Fire/Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/No Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident																																													
<b>NUMBER OF TRAVEL LANES</b> 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. <input type="checkbox"/>		<b>TRAFFIC CONTROL DEVICES FUNCTIONING</b> 01. No Controls <input type="checkbox"/> List the Most Significant Types of Traffic Control Devices 02. Not Functioning 03. Functioning Improperly 04. Functioning Properly 05. Unknown																																													
<b>MUST BE COMPLETED FOR ALL PERSONS INVOLVED EXCEPT UNINJURED BUS/RAILWAY PASSENGERS.</b>																																															
(A) Traffic Unit Number (list Traffic Unit Number as on DR 2447)																																															
(B) Position in Vehicle																																															
<table border="1"> <tr> <td colspan="4" style="text-align: center;">14</td> <td rowspan="5" style="vertical-align: middle; text-align: center;">13</td> <td rowspan="5" style="vertical-align: middle;">                     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                 </td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">06</td> <td style="text-align: center;">09</td> <td style="text-align: center;">10/11</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">05</td> <td style="text-align: center;">08</td> <td style="text-align: center;">12</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">04</td> <td style="text-align: center;">07</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">←</td> </tr> </table>				14				13	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	03	06	09	10/11	02	05	08	12	01	04	07		←																									
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(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 No > 04. Passive Alcohol Sensor 05. Other method 06. Preliminary Breath Test 07. SFST 08. Observed 09. Passive Alcohol Sensor 10. Other method																																															
(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																																															
<table border="1"> <thead> <tr> <th>Name</th> <th>Taken to</th> <th>Date Expired</th> <th>Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Taken to	Date Expired	Time																																								
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