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| **CASE NUMBER**  |

 **PAGE** **OF**

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| --- | --- | --- | --- | --- | --- |
| **ACCIDENT DATE** | **ACCIDENT TIME** | **ACCIDENT LOCATION** | **MILEPOINT** | **COUNTY NAME**  | **CAUSAL FACTOR** |
| **INVESTIGATED BY** | **REPORTING AGENCY** | **REPORT RECEIVED BY** | **DATE**  | **TIME** |
|  **# KILLED** | **# INJURED** | **# VEHICLES** | **PRIVATE PROPERTY****YES** **[ ]  NO** **[ ]**  | **HIT & RUN****YES [ ]  NO [ ]**  | **ALCOHOL/DRUGS SUSPECTED****YES** **[ ]  NO** **[ ]**  | **CONSTRUCTION ZONE****YES [ ]  NO [ ]**  | **NEXT OF KIN NOTIFIED****YES** **[ ]  NO** **[ ]**  |

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| **VEHICLE #** | **LICENSE PLATE #** | **STATE** | **MAKE** | **MODEL** | **VEHICLE TYPE****(from Overlay) B)** | **YEAR** |
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| **VEHICLE #** | **NAME (LAST, FIRST, MI)** | **DOB** | **AGE** | **SEX** | **DRIVER****[ ]**  | **PASSENGER****[ ]**  | **PEDESTRIAN[ ]**  | **BICYCLE****[ ]**  |
| **STREET ADDRESS, CITY, STATE, ZIP**  | **DRIVER’S LICENSE NUMBER** | **STATE** | **TAKEN TO** |
| **INJURIES** | **NONE** **[ ]**  | **MINOR** **[ ]**  | **MODERATE**[ ]  | **SERIOUS****[ ]**  | **FATAL****[ ]**  | **DEATH DATE**  | **DEATH TIME** | **PRONOUNCED BY (TITLE, FIRST AND LAST NAME)** |
| **DEAD ON SCENE****YES [ ]  NO [ ]**  | **DEAD ON ARRIVAL - HOSP.****YES [ ]  NO [ ]**  | **EJECTED** **YES [ ]  NO [ ]**  | **EXTRICATION** **YES [ ]  NO [ ]**  | **SEATBELT USE** **YES [ ]  NO [ ]**  | **CYCLE HELMET** **YES [ ]  NO [ ]**  | **CHILD RESTRAINT****YES [ ]  NO [ ]**  |

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| **VEHICLE #** | **NAME (LAST, FIRST, MI)** | **DOB** | **AGE** | **SEX** | **DRIVER****[ ]**  | **PASSENGER****[ ]**  | **PEDESTRIAN[ ]**  | **BICYCLE****[ ]**  |
| **STREET ADDRESS, CITY, STATE, ZIP**  | **DRIVER’S LICENSE NUMBER** | **STATE** | **TAKEN TO** |
| **INJURIES** | **NONE [ ]**  | **MINOR [ ]**  | **MODERATE**[ ]  | **SERIOUS****[ ]**  | **FATAL****[ ]**  | **DEATH DATE**  | **DEATH TIME** | **PRONOUNCED BY (TITLE, FIRST AND LAST NAME)** |
| **DEAD ON SCENE****YES [ ]  NO [ ]**  | **DEAD ON ARRIVAL-HOSP.****YES [ ]  NO [ ]**  | **EJECTED** **YES [ ]  NO [ ]**  | **EXTRICATION** **YES [ ]  NO [ ]**  | **SEATBELT USE** **YES [ ]  NO [ ]**  | **CYCLE HELMET** **YES [ ]  NO [ ]**  | **CHILD RESTRAINT****YES [ ]  NO [ ]**  |

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| **VEHICLE #** | **NAME (LAST, FIRST, MI)** | **DOB** | **AGE** | **SEX** | **DRIVER****[ ]**  | **PASSENGER****[ ]**  | **PEDESTRIAN[ ]**  | **BICYCLE****[ ]**  |
| **STREET ADDRESS, CITY, STATE, ZIP**  | **DRIVER’S LICENSE NUMBER** | **STATE** | **TAKEN TO** |
| **INJURIES** | **NONE [ ]**  | **MINOR [ ]**  | **MODERATE**[ ]  | **SERIOUS****[ ]**  | **FATAL****[ ]**  | **DEATH DATE**  | **DEATH TIME** | **PRONOUNCED BY (TITLE, FIRST AND LAST NAME)** |
| **DEAD ON SCENE****YES [ ]  NO [ ]**  | **DEAD ON ARRIVAL-HOSP.****YES [ ]  NO [ ]**  | **EJECTED** **YES [ ]  NO [ ]**  | **EXTRICATION** **YES [ ]  NO [ ]**  | **SEATBELT USE** **YES [ ]  NO [ ]**  | **CYCLE HELMET** **YES [ ]  NO [ ]**  | **CHILD RESTRAINT****YES [ ]  NO [ ]**  |

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| **NARRATIVE:** |

**Please distribute a copy of this Blotter Report (electronically) to the following (CDOT, CSP, and DOR) recipients:**

**CDOT FARS:** david.swenka@state.co.us 303-512-5103, kevin.dietrick@state.co.us 303-512-5111,BoYan.Quinn@state.co.us 303-757-9466, Paul.Clayton@state.co.us 303-512-5121

 **CSP:** CDPS\_CSP\_Fatal\_Blotters@State.CO.US

 **DOR:** justine.gonzales@state.co.us 303-205-5793

<https://www.codot.gov/library/traffic/safety-crash-data/fatal-crash-data-city-county/Fatal_Blotter_Template.doc/view>

**Note:** For more than three (3) vehicles or persons involved in a fatal crash, use additional Form(s).