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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](mailto:kevin.dietrick@state.co.us) 303-512-5111,[BoYan.Quinn@state.co.us](mailto:BoYan.Quinn@state.co.us) 303-757-9466, [Paul.Clayton@state.co.us](mailto:Paul.Clayton@state.co.us) 303-512-5121

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

**DOR:** [justine.gonzales@state.co.us](mailto: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).