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

				ATE HV	٧Y		HWY N	UMBER [OR Code					
Case #				ATE H		_		MILEPO						
		0.1		CITY ST/CNTY RD										"
Date of Accide		City						Agency			County		Count	
Time (24 Hr.)	Officer Number	cer Name	Name					Signature				Detail		
Number Killed	Number Injure	d Location F	Route, Street,	Road		_ Mil	es_	Feet N . S . E . W . OF:						
Date of Report			$\overline{\mathbf{L}}$	atituda					At:	iitudo				
Agency Code		Total Vehicle	Total Vehicles District Number Public Employ					E Property/ Photos Taken Railroad Crossing Const. Zone Highway byge Related Related Interchg. []					ge	
Traffic Unit # 1 or	Veh. Parked	d 🗌 Bicycle 🗌	Pedestrian	lon-Vehicl	e 🗌 Non-	Contac	t Veh.	Traffic Un 2 or	it # 🗌 Veh. 🗌 Parked 🗌	Bicycle	Pedestrian 🗌 Non-	Vehicle	Non-Co	ntact Vel
Last Name			First			M	I	Last Na	me		First			MI
Street Address	3			Perso	onal Phone	nal Phone		Street Address				Personal Phone		
City		State	ZIP	(Bus.) Phone)			City		State	ZIP	() Bus. Phone		
Driver License	Numbor		CDL State	(Driver License Number			CDL State	() Sex [)	
			ODL State	DL State Sex DOB						ODL Sidle	Sex L	ЮВ		
Primary Violati	ON								Violation II					
Violation Code)	Citation Nur	mber		Common	Code		Violation		Citation Nur	mber Common C			ode
Year Ma	ĸe	Model						Year	Make Mode				Body Type	
License Plate	Number	State of	or Country		Color	Color		License Plate Number S		State c	State or Country		Color	
Vehicle Identif	ication Number								Identification Number					
Vehicle Owne	r Last Name 🔲 S	First	rst MI					Owner Last Name 🗌 Sam	First MI			MI		
Address S	City	State				Address Same				State ZIP				
Towed Due to To:	Damage 🗌 By:							Towed Due to Damage By: To:						
	Trailer VIN#								Trailer VIN#				_	
6/1==-7		<u></u>	<u></u>											
								((
(<u></u>		<u>]</u> <u></u>		' i_l 1- Slight 2- Moderate								1- Slight		
U	ndercarriage	L	Jndercarriag						Undercarriage U			I	3- Seve	
	mpany 🗌 None	No Proof		Exp. Date					Insurance Company None No Proof				xp. Date	
Insurance Cor								Policy N	umber					
Insurance Con Policy Number	r			First MI					Address City			State ZIP		
Policy Number	r jed Prop. Last N	ame	First			N I	ΛI	Address		City		State		
Policy Number Owner Damag	ged Prop. Last N													
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STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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٩A	Case #	DOR CODE	Accident Date		Agency					
	Describe Accident								H	
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GG	Carrier Name				US DO	т 🖂		State DOT	NN	
	₩ Address			Carrier Identification #						
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	Carrier Name									
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COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

PAGE _____ OF ____ PAGES

Case #		DOF	R COD	E	Ac	cident Date	Agency											
									-									
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time) Time Notified Time Arrived @ Scene Time are unknown provide name of responding services									00. No Avoidance Maneuver Unit #1 Unit #2 Unit #3 Un						Traffic Unit #4 or			
TRAFFICWAY FLOW 01. Not Divided (Two Way) 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									FIRE/HAZARDO 00. No Fire, 01. No Fire, 02. No Fire, 03. Vehicle 04. Vehicle	Generative maneuver FIRE/HAZARDOUS MATERIALS INVOLVEMENT 00. No Fire/No Haz-Mat Cargo Traffic Traff								
				not pair el lanes		edian), o half.	nly											
		ONIN	G			02. No 03. Fur 04. Fur 05. Un	-	mprop Proper	erly ly	he Most Signific								
(A) 1	Fraffic						OR ALL as on DR		SONS INVOLVE	DEXCEPT	UNINJURE	ED BUS/RA	AILWAY F	PASSEN	GERS.			
	(B) F	Position	in Vehi	cle			14											
			03	06	09					11. Other l	ENCLOSED pase	passenger/carg						
			02	05	08	1	0/11 12		13	13. Trailer	r Section of Truck Hanging on to Ex rian		or Trailer					
	01 04 07																	
01. Through Side Door Opening 05. Th 02. Through Side Window 06. Th 03. Through Windshield 07. Th (D) Alcohol Suspected Yes > 01. Prelimin								05. 06. 07. Prelin	Through Roof Opening (s Through Roof (convertible ninary Breath Test 04. I	hrough Back Window 08. Other Path (e.g. back of pickup truck) hrough Back Door/Tailgate Opening 09. Unknown hrough Roof Opening (sun roof/convertible top down) 09. Unknown hrough Roof (convertible top up) 09. Other method nary Breath Test 04. Passive Alcohol Sensor 05. Other method 07. SFST 10. Other method								
(Officer Opinion Only) 02. SFST 03. Observe (E) Tested for Alcohol 00. Not Tested 03.							03.	Obse	ved	od 08. Observed								
							01. Blood 02. Breath	0	4. Other 5. Refusal									
(F) Other Drug/Impairment Suspecter (Officer Opinion Only)								it Sus	02. SF3 03. Obs	Yes > 01. Drug Recognition Expert No > 05. Drug Recognition Expert 02. SFST 06. SFST 03. Observed 07. Observed 04. Other 08. Other								
					(G) Teste	ed for Othe	er Dru	gs 00. Not Tested 02 01. Blood 03	2. Breath 04. Oth 3. Urine 05. Refu		roner						
						(H)	Dead at S	cene	00. No 01. Yes									
									Name	Tał	Taken to Date Expired Time							
		-																
				-+														
			-+	-+	-+													