

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

PAGE ____ OF ____ PAGES

A	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD			HWY NUMBER [] [] [] MILEPOINT [] [] [] . [] []			DOR Code			K			
	Case #											K			
	Date of Accident		City			Agency			County		County #				
	Time (24 Hr.)	Officer Number		Officer Name			Signature			Detail		L			
B	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: _____			L				
	Date of Report		Latitude _____ Longitude _____												
B	Agency Code		Investigated @ Scene <input type="checkbox"/>	Total Vehicles	District Number	Public Property/ Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	M			
	Traffic Unit # 1 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.			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.					M		
B	Last Name			First	MI	Last Name			First	MI					
	Street Address				Personal Phone ()		Street Address				Personal Phone ()				
	City		State	ZIP	Bus. Phone ()		City		State	ZIP	Bus. Phone ()		N		
	Driver License Number			CDL	State	Sex	DOB	Driver License Number			CDL	State	Sex	DOB	N
	Primary Violation <input checked="" type="checkbox"/> DUI						Primary Violation <input checked="" type="checkbox"/> DUI								
	Violation Code		Citation Number		Common Code		Violation Code		Citation Number		Common Code		P		
Year	Make	Model		Body Type		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	MI						
Address <input type="checkbox"/> Same		City	State	ZIP	Address <input type="checkbox"/> Same		City	State	ZIP						
Towed Due to Damage <input type="checkbox"/> By: To: _____						Towed Due to Damage <input type="checkbox"/> By: To: _____						Q			
Trailer VIN# _____						Trailer VIN# _____						Q			
				1- Slight 2- Moderate 3- Severe						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						
Owner Damaged Prop. Last Name			First	MI	Address		City	State	ZIP						
J	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO/DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	S		
													S		
														T	
													T		
Approved By						I.D. #			Date						

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															NN
GG															NN
GG															NN

GG	Carrier Name	US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/>	NN
GG	Address	Carrier Identification #	NN
GG	Carrier Name	US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/>	NN
GG	Address	Carrier Identification #	NN

