STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPLEMENTAL REPORT ☐ UNDER $1,000 ACCIDENT

MAIL TO: State of Colorado
Motor Vehicle Division
Traffic Records
Denver, CO 80261-0016

DR 447 (REV 1/97)

SHEET ___ OF ___ SHEETS

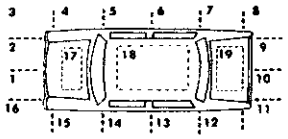
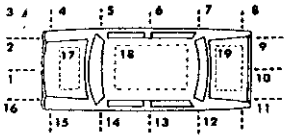
CDOT CODE	AGENCY CODE	DOR CODE

DATE OF ACCIDENT	CITY	AGENCY	COUNTY

TIME	OFFICER NUMBER	OFFICER NAME	SIGNATURE	DETAIL

NUMBER KILLED	NUMBER INJURED	LOCATION ROUTE, STREET, ROAD ___MILES ___FEET ☐ N ☐ E ☐ S ☐ W OF:
DATE OF REPORT		☐ AT:

INVESTIGATED @ SCENE	TOTAL VEHICLES	DISTRICT NUMBER	PUBLIC PROPERTY EMPLOYEE	PHOTOS TAKEN	RAILROAD CROSSING	CONST. ZONE	ON BRIDGE	INCOMPLETE REPORT

VEH #1 OR ___ BICYCLE #___ PEDESTRIAN #___ PARKED___	VEH #2 OR ___ BICYCLE #___ PEDESTRIAN #___ PARKED___
LAST NAME / FIRST / MI	LAST NAME / FIRST / MI
STREET ADDRESS / RES. PHONE ( )	STREET ADDRESS / RES. PHONE ( )
CITY / STATE / ZIP / BUS. PHONE ( )	CITY / STATE / ZIP / BUS. PHONE ( )
DRIVERS LIC. NUMBER / STATE / SEX / DOB	DRIVERS LIC. NUMBER / STATE / SEX / DOB
PRIMARY VIOLATION	PRIMARY VIOLATION
VIOLATION CODE / CITATION NUMBER / COMMON CODE	VIOLATION CODE / CITATION NUMBER / COMMON CODE
YEAR / MAKE / MODEL / BODY TYPE	YEAR / MAKE / MODEL / BODY TYPE
LIC. PLATE NO. / STATE / COLOR	LIC. PLATE NO. / STATE / COLOR
VEHICLE ID NO.	VEHICLE ID NO.
VEHICLE OWNER LAST NAME / FIRST / MI	VEHICLE OWNER LAST NAME / FIRST / MI
ADDRESS / CITY / STATE / ZIP	ADDRESS / CITY / STATE / ZIP
TOWED DUE TO DAMAGE ☐ BY/TO:	TOWED DUE TO DAMAGE ☐ BY/TO:
1 - SLIGHT 2 - MODERATE 3 - EXTREME	1 - SLIGHT 2 - MODERATE 3 - EXTREME
	
___ 20 UNDERCARRIAGE	___ 20 UNDERCARRIAGE
INSURANCE CO. / EXP. DATE	INSURANCE CO. / EXP. DATE
POLICY NO.	POLICY NO.
OWNER DAMAGED PROP. LAST NAME / FIRST / MI	OWNER DAMAGED PROP. LAST NAME / FIRST / MI
ADDRESS / CITY / STATE / ZIP	ADDRESS / CITY / STATE / ZIP

VEH#	POS.	RESTR.	EJECT.	M/C PROT.	INJ. SEV.	AGE	SEX	NAME/ADDRESS

DESCRIBE ACCIDENT

STATE OF COLORADO TRAFFIC ACCIDENT REPORT SUPPLEMENTAL

DR 447A (1/97)

SHEET____OF____ SHEETS

CDOT CODE	AGENCY CODE	DOR CODE

DATE OF ACCIDENT	CITY	AGENCY	COUNTY

TIME	OFFICER NUMBER	OFFICER NAME	SIGNATURE	DETAIL

DATE OF REPORT	LOCATION ROUTE, STREET, ROAD ____MILES ____FEET ❑ N ❑ E ❑ S ❑ W	OF:
VEHICLE # (AS LISTED ON DR 447)	❑ AT:	

DRIVERS LAST NAME	FIRST	MI
CARRIERS NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

CARRIERS IDENTIFICATION NUMBERS

US DOT NUMBER	
ICC MC NUMBER	
STATE ID NUMBER	STATE

SOURCE OF NAME

1 SIDE OF VEHICLE

2 SHIPPING PAPERS, TRUCK, BUS OR TRIP MANIFEST

3 DRIVER

4 LOGBOOK

TOTAL NUMBER OF AXLES

INCLUDING TRUCK AND TRAILER(S)

HAZARDOUS MATERIAL AND PLACARDING

DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD ❑ YES ❑ NO

IF YES

4-DIGIT PLACARD NUMBER OR NAME TAKEN FROM THE MIDDLE OF THE DIAMOND OR FROM THE RECTANGULAR BOX:

1-DIGIT PLACARD NUMBER TAKEN FROM BOTTOM OF DIAMOND:

WAS HAZARDOUS CARGO FROM THE PLACARD TRUCK RELEASED? (DO NOT COUNT FUEL FROM THE VEHICLE FUEL TANK) ❑ YES ❑ NO

TRUCK COMBINATIONS

20 TK, SELF-CONTAINED

21 TK, SELF-CONTAINED/TLR

22 TK, SELF-CONTAINED/TLR/TLR

23 TK, TRACTOR ONLY

24 TK, TRACTOR/TNK

25 TK, TRACTOR/TNK/TNK

26 TK, TRACTOR/TNK/TNK/TNK

27 TK, TRACTOR/SEMI-TRL

28 TK, TRACTOR/SEMI-TRL/TRL

29 TK, TRACTOR/SEMI-TRL/TRL/TRL

GROSS VEHICLE WEIGHT RATING (GVWR)

CARGO BODY TYPE

1 VAN/ENCLOSED BOX

2 CARGO TANK

3 FLATBED

4 DUMP

5 CONCRETE MIXER

6 AUTO TRANSPORTER

7 GARBAGE/REFUSE

8 BUS SEATING >16 PASSENGERS (Including driver)

9 SCHOOL BUS >15 PASSENGERS (Including driver)

10 OTHER (i.e., multiple-body types)

SEQUENCE OF EVENTS (FIRST FOUR FOR THIS VEHICLE)

01 RAN OFF ROAD

02 JACKKNIFE

03 OVERTURN (ROLLOVER)

04 DOWNHILL RUNAWAY

05 CARGO LOSS OR SHIFT

06 EXPLOSION OR FIRE

07 SEPARATION OF UNITS

COLLISION INVOLVING

08 PEDESTRIAN

09 MOTER VEHICLE IN TRANSPORT

10 PARKED MOTER VEHICLE

11 TRAIN

12 PEDALCYCLE

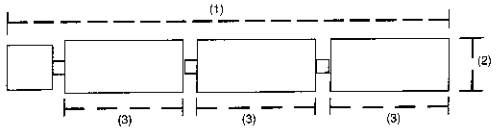
13 ANIMAL

14 FIXED OBJECT

15 OTHER OBJECT

16 OTHER EVENT:

COMBINATION VEHICLE DIMENSIONS



1 TOTAL LENGTH

2 TRAILER WIDTH

3 TRAILER LENGTH (#1)

3 TRAILER LENGTH (#2)

3 TRAILER LENGTH (#3)

COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

DR 447B (1/97)

SHEET____OF____SHEETS

ACCIDENT DATE	TIME	COUNTY	CITY	DOR CODE

OFFICER NAME/NUMBER	SIGNATURE	AGENCY CODE

EMERGENCY MEDICAL SERVICES

(ALL TIMES ARE MILITARY TIME)

TIME NOTIFIED	TIME ARRIVED @ SCENE	TIME ARRIVED @ HOSPITAL

IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES

TRAFFICWAY FLOW

1 NOT DIVIDED (TWO WAY)
2 DIVIDED, MEDIAN W/O BARRIER
3 DIVIDED, MEDIAN W/BARRIER
4 ONE WAY

NUMBER OF TRAVEL LANES

TRAFFIC CONTROL DEVICE FUNCTIONING

1 NO CONTROLS
2 NOT FUNCTIONING
3 FUNCTIONING IMPROPERLY
4 FUNCTIONING PROPERLY

LIST TYPES OF TRAFFIC CONTROL DEVICES

VEHICLE #1 OR ____

CRASH AVOIDANCE MANEUVER

1 NO AVOIDANCE MANEUVER
2 BRAKING (skid marks evident)
3 BRAKING (no skid marks, driver stated)
4 BRAKING (other reported evidence)
5 STEERING (evidence or stated)
6 STEERING AND BRAKING (evidence or stated)
7 OTHER AVOIDANCE MANEUVER

VEHICLE DEFECT

1 NO APPARENT CONTRIBUTING FACTORS
2 BRAKES INOPERATIVE/OUT OF ADJUSTMENT
3 IMPROPER TIRES FOR CONDITIONS
4 SUDDEN TIRE FAILURE
5 WINDOWS OBSCURED
6 INOPERABLE SIGNALING DEVICES
7 DEFECTIVE HEADLIGHTS
8 DEFECTIVE BRAKE/TAIL LIGHTS
9 OTHER CONTRIBUTING FACTOR (describe in accident narrative)

FIRE/HAZARDOUS MATERIALS INVOLVEMENT

1 NO FIRE/NO HAZ-MAT CARGO
2 NO FIRE/HAZ-MAT CARGO NOT INVOLVED
3 NO FIRE/HAZ-MAT INCIDENT
4 VEHICLE FIRE/NO HAZ-MAT CARGO
5 VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED
6 VEHICLE FIRE/HAZ-MAT INCIDENT

DRIVER #____

COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only)

1 NOT RESTRICTED
2 RESTRICTIONS COMPLIED WITH
3 RESTRICTIONS NOT COMPLIED WITH
4 RESTRICTIONS COMPLIANCE UNKNOWN

VEHICLE #2 OR ____

CRASH AVOIDANCE MANEUVER

1 NO AVOIDANCE MANEUVER
2 BRAKING (skid marks evident)
3 BRAKING (no skid marks, driver stated)
4 BRAKING (other reported evidence)
5 STEERING (evidence or stated)
6 STEERING AND BRAKING (evidence or stated)
7 OTHER AVOIDANCE MANEUVER

VEHICLE DEFECT

1 NO APPARENT CONTRIBUTING FACTORS
2 BRAKES INOPERATIVE/OUT OF ADJUSTMENT
3 IMPROPER TIRES FOR CONDITIONS
4 SUDDEN TIRE FAILURE
5 WINDOWS OBSCURED
6 INOPERABLE SIGNALING DEVICES
7 DEFECTIVE HEADLIGHTS
8 DEFECTIVE BRAKE/TAIL LIGHTS
9 OTHER CONTRIBUTING FACTOR (describe in accident narrative)

FIRE/HAZARDOUS MATERIALS INVOLVEMENT

1 NO FIRE/NO HAZ-MAT CARGO
2 NO FIRE/HAZ-MAT CARGO NOT INVOLVED
3 NO FIRE/HAZ-MAT INCIDENT
4 VEHICLE FIRE/NO HAZ-MAT CARGO
5 VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED
6 VEHICLE FIRE/HAZ-MAT INCIDENT

DRIVER #____

COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only)

1 NOT RESTRICTED
2 RESTRICTIONS COMPLIED WITH
3 RESTRICTIONS NOT COMPLIED WITH
4 RESTRICTIONS - COMPLIANCE UNKNOWN

MUST BE COMPLETED FOR ALL PERSONS INVOLVED, EXCEPT UNINJURED BUS PASSENGERS

(1) VEHICLE # (list vehicle number as on DR447)

(2) POSITION IN VEHICLE

			14	
<	3	6	9	10/11
	2	5	8	12
<	1	4	7	
			14	

13

1 Driver
2 - 9 Passengers
10 Other ENCLOSED passenger/cargo area
11 Other UNENCLOSED passenger/cargo area
12 Sleeper section of truck cab
13 Trailer
14 Riding/hanging to exterior
15 Pedestrian

(3) RESTRAINT SYSTEM - USE
0 None used/not applicable 1 Shoulder belt 2 Lap belt 3 Lap and shoulder belt 4 Child safety seat 5 Bicycle helmet
6 Safety belt used improperly 7 Child safety seat used improperly 8 Helmets used improperly 9 Restraint used - type unknown

(4) AIR BAG AVAILABILITY/FUNCTION
0 Non-motorist 1 Not equipped 2 Deployed air bag 3 Non-deployed air bag

(5) EJECTION PATH
0 Not ejected/not applicable 1 Through side door opening 2 Through side window 3 Through windshield 4 Through back window
5 Through back door/tail gate opening 6 Through roof opening (sunroof/ convertible top down) 7 Through roof (convertible top up)
8 Other path (eg., back of pickup truck) 9 Unknown

(6) ALCOHOL SUSPECTED
YES> 1 Preliminary breath test 2 Behavioral 3 Observed 4 Passive alcohol sensor 5 Other
NO> 6 Preliminary breath test 7 Behavioral 8 Observed 9 Passive alcohol sensor 10 Other

(7) TESTED FOR ALCOHOL
1 YES 2 NO

(8) OTHER DRUG SUSPECTED (excluding aspirin, nicotine, alcohol)
YES> 1 Behavioral 2 Drug Recognition Technician 3 Other
NO> 4 Behavioral 5 Drug Recognition Technician 6 Other

(9) TESTED FOR OTHER DRUGS
1 Blood 2 Urine 3 Both 4 Other 5 Not tested

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	NAME	TAKEN TO	DATE EXPIRED/TIME