Line up to upper left corner of CDOT code "block"

A. LOCATION

1 On-roadway
2 Ran off left side
3 Ran off right side
4 Ran off "T" intersection
5 Divided highway - on other roadway

B. FIRST HARMFUL EVENT

NON-COLLISION ACCIDENT
1 Overturning
2 Other non-collision

COLLISION WITH PEDESTRIAN
3 School age to/from school
4 All others

COLLISION WITH OTHER VEHICLE
12 Parked motor vehicle
13 Railway vehicle
14 Bicycle
15 Motorized bicycle
40 Road maintenance equipment

COLLISION WITH MOTOR VEHICLE IN TRANSPORT
5 Broadside
6 Full impact - opposite direction (head-on)
7 Full impact - same direction (rear end)
8 Partial impact - same dir. (sideswipe)
9 Partial impact - opposite dir. (sideswipe)
10 Approach turn
11 Overtaking turn

COLLISION WITH ANIMAL
16 Domestic
17 Wild

COLLISION WITH OTHER OBJECT
18 Light pole/utility pole
19 Traffic signal pole
20 Sign
21 Bridge rail
22 Guard rail
23 Median barrier
24 Bridge abutment
25 Column or pier
26 Culvert or headwall
27 Embankment
28 Curb
29 Delineator post
30 Fence
31 Tree
32 Large boulder
33 Rocks in roadway
34 Barricade
35 Wall/building
36 Crash cushion
37 Mailbox
38 Other fixed object (specify in narrative)
39 Other object (specify in narrative)

D. ROAD DESCRIPTION

1 At intersection
2 At driveway access
3 Intersection related
4 Non-intersection URBAN
5 In alley
6 Non-intersection RURAL
7 Highway interchange

E. ROAD CONTOUR

1 Straight on-level
2 Straight on-grade
3 Curve on-level
4 Curve on-grade
5 Hillcrest

F. ROAD SURFACE

1 Concrete
2 Blacktop (bituminous)
3 Brick or block
4 Gravel, slag or stone
5 Dirt
6 Other
7 Unknown

G. ROAD CONDITION

1 Dry
2 Wet
3 Muddy
4 Snowy
5 Icy
6 Slushy
7 Foreign material
18 Dry w/visible icy road treatment
28 Wet w/visible icy road treatment
48 Snowy w/visible icy road treatment
58 Icy w/visible icy road treatment
68 Slushy w/visible icy road treatment

H. LIGHTING CONDITION

1 Daylight
2 Dawn or dusk
3 Dark - lighted
4 Dark - unlighted

J. ADVERSE WEATHER CONDITION

1 None
2 Rain
3 Snow/sleet/hail
4 Fog
5 Dust
6 Wind

K. VEHICLE TYPE

1 Passenger car/Passenger van
2 Passenger car/passenger van w/trailer
3 Pickup truck/utility van
4 Pickup truck/utility van w/trailer
5 Truck - self contained (gross vehicle weight 10,000 lbs or less)
6 Trucks over 10,000 lbs & buses over 15 passengers (complete DR 447A)
7 Motor home
8 School bus (less than 15 people)
9 Non-school bus (less than 15 people)
10 Motorcycle
11 Bicycle
12 Motorized bicycle
13 Farm equipment
14 Hit & run - unknown
15 Other (describe in narrative)

L. DIRECTION OF TRAVEL

1 North
2 Northeast
3 East
4 Southeast
5 South
6 Southwest
7 West
8 Northwest

M. VEHICLE MOVEMENT

1 Going straight
2 Slowing
3 Stopped in traffic
4 Making right turn
5 Making left turn
6 Making U-turn
7 Passing
8 Backing
9 Entering/leaving parked position
10 Starting in traffic
11 Parked
12 Changing lanes
13 Avoiding object in roadway
14 Weaving
15 Other (describe in narrative)

N. N/A

P. N/A

Q. SPEED DATA

Speed limit/estimated driving speed

R. DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTOR (Officer opinion only)

1 No apparent contributing factor
2 Asleep at the wheel
3 Illness
4 Distracted by passenger
5 Driver inexperience
6 Driver fatigue
7 Driver preoccupied
8 Driver unfamiliar with area
9 Driver emotionally upset
10 Evading law enforcement officer
11 Physical disability

S. BY PEDESTRIAN ACTION

1 Cross against signal
2 Cross/enter at intersection
3 Cross/enter NOT at intersection
4 Standing in roadway
5 Playing in roadway
6 Soliciting rides
7 Walking in roadway with traffic
8 Walking in roadway against traffic
9 Entering/exiting vehicle
10 Pushing/working on vehicle
11 Lying in roadway
12 Other (describe in narrative)

T. BY CONDITION OF DRIVER/PEDESTRIAN (Officer opinion only)

1 No impairment suspected
2 Alcohol involved
3 RX drugs or medication involved
4 Illegal drugs involved
5 Alcohol and drugs involved
6 Driver/pedestrian not observed

Line up to VEH # "block"

AA - Vehicle # (as listed above)

BB - Position in/on vehicle See diagram

CC - Occupant restraint use
1 Yes 2 No 3 Child safety

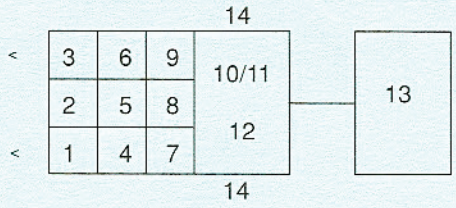
DD - Ejection
1 Yes 2 No 3 Extricated

EE - Cycle protection
1 None 2 Helmet and eye protection
3 Helmet only 4 Eye protection only
5 Bicycle helmet (bicycleonly)

FF - Injury severity
1 No injury 2 Possible injury
3 Evident, non-incompacitating
4 Evident, incompacitating 5 Fatal

GG - Age

HH - Sex



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

II - Name/Address

Sample

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

DR 447 (REV 1/97)

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

ID#

SHEET _____ OF _____

CDOT CODE	AGENCY CODE M.P.	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: ☐ AT:
DATE OF REPORT		LATITUDE LONGITUDE

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

VEH # _____ BICYCLE _____ PEDESTRIAN # _____ PARKED _____

LAST NAME FIRST MI

STREET ADDRESS RES. PHONE

CITY STATE ZIP BUS. PHONE

DRIVERS LIC. NUMBER STATE SEX DOB

PRIMARY VIOLATION

VIOLATION CODE CITATION NUMBER COMMON CODE

YEAR MAKE MODEL BODY TYPE

LIC PLATE NO. STATE COLOR

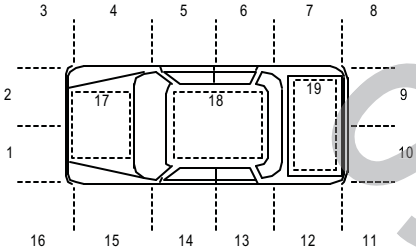
VEHICLE ID NO.

VEHICLE OWNER LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

TOWED DUE TO DAMAGE ☐ TO:

BY:



1 - SLIGHT
2 - MODERATE
3 - EXTREME

_____ 20 UNDERCARRIAGE

INSURANCE CO. EXP. DATE

POLICY NO.

OWNER DAMAGED PROP. LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

VEH # _____ BICYCLE _____ PEDESTRIAN # _____ PARKED _____

LAST NAME FIRST MI

STREET ADDRESS RES. PHONE

CITY STATE ZIP BUS. PHONE

DRIVERS LIC. NUMBER STATE SEX DOB

PRIMARY VIOLATION

VIOLATION CODE CITATION NUMBER COMMON CODE

YEAR MAKE MODEL BODY TYPE

LIC PLATE NO. STATE COLOR

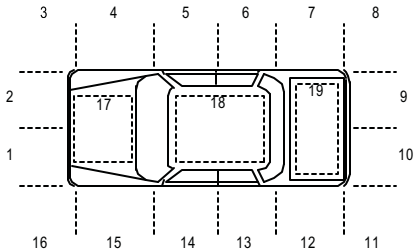
VEHICLE ID NO.

VEHICLE OWNER LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

TOWED DUE TO DAMAGE ☐ TO:

BY:



1 - SLIGHT
2 - MODERATE
3 - EXTREME

_____ 20 UNDERCARRIAGE

INSURANCE CO. EXP. DATE

POLICY NO.

OWNER DAMAGED PROP. LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

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

Sample

DESCRIBE ACCIDENT

ACCIDENT DRAWING

Sample

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

VEHICLE # (AS LISTED ON DR 447)

LOCATION ROUTE, STREET, ROAD ____MILES ____FEET ❑ N ❑ E ❑ S ❑ W OF:

❑ 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

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

GROSS VEHICLE WEIGHT RATING (GVWR)

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:

TOTAL NUMBER OF AXLES

INCLUDING TRUCK AND TRAILER(S)

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

CARGO BODY TYPE

1 VAN/ENCLOSED BOX

2 CARGO TANK

3 FLATBED

4 DUMP

5 CONCRETE MIXER

6 AUTO TRANSPORTER

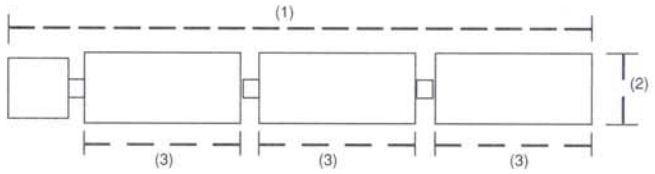
7 GARBAGE/REFUSE

8 BUS SEATING >16 PASSENGERS (Including driver)

9 SCHOOL BUS >15 PASSENGERS (Including driver)

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

COMBINATION VEHICLE DIMENSIONS



1 TOTAL LENGTH

2 TRAILER WIDTH

3 TRAILER LENGTH (#1)

3 TRAILER LENGTH (#2)

3 TRAILER LENGTH (#3)

Sample

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

Sample