#### HB 10-1014 Report Calendar Year 2014 Annual Report of Fatal Crashes in State Highway Work Areas Colorado Department of Transportation

#### Section 1. Purpose:

The HB 10-1014, now encoded as CRS 42-4-1612, requires the Department of Transportation and the Colorado State Patrol to annually present by February 15, a joint report to the Transportation and Energy Committee of the House of Representatives and the Transportation Committee of the Senate regarding fatal crashes occurring in state highway work areas.

#### Section 2. Calendar Year 2014 Work Zone Fatality Data:

CDOT conducted an analysis of data derived from the Fatality Analysis Reporting System (FARS) to determine the number and attributes of work zone fatalities occurring in state highway work areas during Calendar Year 2014. The FARS System contains data on all vehicle crashes in the United States that occur on a public roadway and involves a fatality. A couple of comments about the query are necessary:

- CDOT has chosen to use the ANSI D-16.1-2007 (Manual on Classification of Motor Vehicle Traffic Accidents) federal definition of "work zones" to determine the total number of crashes/fatalities. This standard does not differentiate between construction and maintenance work zones.
- In keeping with the state statutory definition of "construction zones", troopers and other officers investigating crashes have not indicated whether or not workers are present in the construction zone at the time of these fatal crashes. The legal definition does not differentiate between a construction zone with workers present and one without active work taking place.

As requested in HB 10-1014, the following information is provided:

#### A. Summary of total number of fatal crashes and total number of individuals killed

In Calendar Year 2014, there were a total of seven fatal crashes statewide in state highway work zones in which eight people died. This is three less crashes and five less fatalities than 2013.

**B.** Categorization of total number of individuals killed (DOT employees, contractors or subcontractors, other individuals)

In Calendar Year 2014, eight citizen fatalities occurred in work zones. In 2014, no fatal crashes on state highway work areas happened for CDOT employees, contractors, or subcontractors.

#### C. Copy of the accident reporting form for each fatal accident

Appendix A contains the accident reporting form for each of the seven fatal accidents.

Crash summaries provided below are compiled from the Accident Report Form DR 2447 as filled in by the law enforcement officer and edited for readability. The actual reports are attached in Appendix A. Findings of investigations into each crash are made by CDOT

personnel responsible for the construction area, supervisors, traffic engineers, safety officers, and other CDOT staff as applicable.

<u>Crash 1</u> Date: March 21, 2014 Location S. Santa Fe Dr. under I25 S/B Flyover Region 1 Time: 20:41 CDOT Construction Project: Yes # Vehicles Involved: 2 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal CItizen: 1

**Description of Event:** Vehicle #1 was northbound on S. Santa Fe Drive in lane #3, lost control of his vehicle and traveled into lane #2 and struck Vehicle #2, which was northbound on S. Santa Fe Drive in lane #2. As a result of the impact, the driver of Vehicle #1 was ejected from the motorcycle, which slid across lanes #2 and #1 and struck the concrete barrier in the center median.

**Findings:** The construction project was partially accepted on January 7, 2014. This means the roadway surface was accepted at this time, and the fiber optics and landscape remained until it was accepted during July 2014. No temporary traffic control devices were on the roadway or in the Right-of-Way, so we do not have any recommendations for changes.

#### Crash 2

Date: April 21, 2014 Location: EB I70 between Airport Blvd. and Tower Rd. Region 1 Time: 11:18 CDOT Construction Project: Yes # Vehicles Involved: 3 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal Citizen: 1

**Description of Event:** Two motorcycles (Vehicles #1 and #2) traveling together eastbound in the #1 lane tried to pass a semi-truck (Vehicle #3). The #1 lane was closed ahead and Vehicles #1 and #2 grazed each other, causing Vehicle #1 to careen off course and hit two construction barrels. The driver of Vehicle #1 was ejected from the motorcycle, fell into the path of Vehicle #3 traveling eastbound in the #2 lane, and was run over by the rear tires of Vehicle #3's trailer.

**Findings:** The work zone was in full compliance with all regulations and standards, so no changes on future projects of this type are recommended at this time by the project's staff.

<u>Crash 3</u> Date: June 22, 2014 Location: I25 at Milepost 155.9 Region 2 Time: 15:59 CDOT Construction Project: Yes # Vehicles Involved: 1 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal Citizen: 1

**Description of Event:** Vehicle #1 was northbound on I25 in the area of mile post 155.9 in the left lane. The road is asphalt; however it was milled for resurfacing. Vehicle #1 traveled over grooved marks from milling, then over a bridge joint where vehicle #1 started losing control approximately 27.6' north of the bridge joint. Vehicle #1 left brake marks for approximately 74.6' before the bike fell onto its left side leaving approximately 40.2' of gouge marks. Vehicle #1 continued northbound leaving gouge and tire marks for approximately 53.8' on the left shoulder. Vehicle #1 traveled northbound off the left shoulder for approximately 70.3' before coming to a stop on top of the operator approximately 15.1' north of mile post 156 and 4.4' west of the road edge.

**Findings:** All traffic control and methods of handling traffic were correct. No deficiencies were found during the review that need to be changed.

<u>Crash 4</u> Date: June 29, 2014 Location: I-25 SB Just south of the North Academy Interchange Milepost 150 Region 2 Time: 00:15 CDOT Construction Project: Yes # Vehicles Involved: 1 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal Citizen: 1

**Description of Event:** Vehicle #1 was southbound in the right lane of I25 when the driver lost control of the vehicle. Vehicle #1 began rotating clockwise, traveled off the right side of the road, and through the gore separating the southbound lanes from the off-ramp to Exit 150 (N. Academy Blvd). Vehicle #1 continued to rotate through the gore, reached the ramp, and began overturning until it came to rest on its roof facing northeast. As vehicle #1 was overturning, the front right passenger was ejected.

**Findings:** The driver of Vehicle #1 was charged with Vehicular Homicide and Driving under the Influence of Drugs. All traffic control and methods of handling traffic were correct. No deficiencies were found during the review that need to be changed.

<u>Crash 5</u> Date: July 18, 2014 Location: I-25 NB Just south of the North Academy Interchange Milepost 150 Region 2 Time: 01:25 CDOT Construction Project: Yes # Vehicles Involved: 2 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal Citizen: 1

**Description of Event:** Vehicle #1 was northbound on I25 at a high rate of speed in the construction zone, and swerved partially into the middle lane, knocking down traffic cones. A State Trooper performing UTC observed Vehicle #1 and began pursuit. Vehicle #2 (a TCS truck with its yellow flashing lights on) was stopped in the northbound middle lane of the construction zone on I25 to fix traffic cones that were knocked down. The right front of Vehicle #1 collided with the left rear of Vehicle #2. Vehicle #2 was pushed across the right lanes of traffic, and a worker on the back of Vehicle #2 jumped to safety. Vehicle #1 rotated clockwise into the middle lane and rolled two times, ejecting the driver.

**Findings:** Both CDOT inspector's diaries confirm that the traffic control setup was in conformance with the MHT (Method of Handling Traffic) for the project both before and after the accident. Colorado State Patrol was also on site as part of the normal nighttime Uniform Traffic Control operations. This incident was unrelated to the construction zone setup, so no changes on future projects of this type are recommended at this time.

<u>Crash 6</u> Date: August 9, 2014 Location: I76 near Milepost 85 Region: 4 Time: 02:25 CDOT Maintenance Project: Yes # Vehicles Involved: 1 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal Citizen: 2

**Description of Event:** Vehicle #1 was eastbound on I76 in the #1 westbound lane near milepost 85, approaching the west edge of a construction zone. The front end of Vehicle #1 hit the end of a Type VII concrete construction barrier, which was in the left lane as temporary traffic control for westbound traffic as they exited the construction zone. The impact of Vehicle #1 with the concrete barrier caused fatal injuries to the occupants, and Vehicle #1 to rotate slightly less than one-quarter rotation counter-clockwise. Vehicle #1 came to final rest on its wheels facing northeast, partially in the left lane and partially on the median shoulder, with its front end approximately two feet away from the Type VII concrete construction barrier.

**Findings:** The driver was most likely impaired and entered the highway at an off ramp in the wrong direction over five miles from the construction zone. The work zone was in full

compliance with all regulations and standards, so no changes are recommended at this time by the project's staff.

#### Crash 7

Date: September 2, 2014 Location WB I70 between Gun Club Road and E470 Region 1 Time: 18:58 CDOT Construction Project: Yes # Vehicles Involved: 3 # Fatal CDOT employee, contractor, sub-contractor: None # Fatal Citizen: 1

**Description of Event:** Vehicle #1 was traveling westbound on I70 in the #1 lane near milepost 289 approximately 15 to 20 feet behind Vehicle #2 (2006 Harley-Davidson motorcycle). Vehicle #2 was traveling westbound on I70 in the #1 lane, and trailing Vehicle #3 (2006 Chevy Silverado 1500 pulling a trailer. Just west of the crash location, westbound I70 merged to the left from two lanes to one lane in a construction zone. Vehicle #2 and #3 began to slow due to the merging traffic ahead in the construction zone. Vehicle #1 struck the rear of Vehicle #2 with its left front corner. Vehicle #2 was pushed forward into the right rear of Vehicle #3's trailer, ejecting the driver of Vehicle #2 who struck the left side of Vehicle #3's windshield with his head and back. Vehicle #1 was driven to rest on the north side of the roadway. Vehicle #2 came to rest in the right lane of westbound I70, and the driver of Vehicle #2 came to rest in the left lane of westbound I70. Vehicle #3 was driven to rest on the south side of the roadway.

**Findings:** The driver of Vehicle #1 stated that he was using his windshield washer fluid and did not see the motorcycle slowing down in front of him. The work zone was in full compliance with all regulations and standards, so there are no recommended changes from the project's staff at this time.

#### Section 3. Work Zone Safety Program Update:

HB 10-1014 requests a description of both ongoing and newly implemented measures taken by CDOT to prevent fatal crashes in work zones. A description of CDOT's Work Zone Safety and Mobility (WZSM) Process Review and a cooperative effort between CDOT and CSP related to the development and implementation of a statewide work zone safety campaign is provided below.

#### A. Work Zone Safety and Mobility (WZSM) Process Review

In September 2004, the Federal Highway Administration (FHWA) published updates to the work zone regulations at 23 CFR 630 Subpart J referred to as the *Work Zone Safety and Mobility Rule* (WZSM Rule). In December 2007, FHWA added new regulations at 23 CFR 630 Subpart K referred to as the *Temporary Traffic Control Devices Rule*. Both are applicable to all Federal-Aid Highway Projects with the intent to improve work zone management and decrease the likelihood of fatalities and injuries to road users and workers exposed to motorized traffic. The Safety and Mobility Rule was effective on October 12, 2007 and the Subpart K was effective on December 4, 2008.

The WZSM Rule requires a process review at least every two years to assess the effectiveness and consistency of work zone safety and mobility policies and practices at the project level for both design and construction. The review also evaluated CDOT's processes and procedures as they relate to WZSM at both the program and project levels. A process review was completed in December of 2014.

Generally, the 2014 review revealed that the Regions recognize that while implementing WZSM procedures adds construction costs to projects, the procedures add safety value to work zones. The following are the key findings recommendations from the 2014 review include:

- A new, formal WZSM training program is needed to ensure all Region design, construction and Section maintenance personnel have a uniform, working knowledge of WZSM.
- Implementing the CDOT WZSM procedures continues to add costs to the projects, but provided safe traffic maneuvering through work zones.
- The Regions continue to implement their respective lane closure strategies successfully.
- There were examples of well-coordinated public outreach and relations efforts on projects reviewed.
- Variable message signs continue to be used in the cases of extended delays and to notify the traveling public of upcoming construction.
- Additional training requirements for traffic control personnel, including flaggers, are needed to ensure safe traffic control in work zones.
- Speed reduction training is needed for the CDOT Maintenance personnel to ensure proper speed reductions in maintenance project work zones.
- Updated guidance on speed reduction is needed for all work zones.
- Concerns with flagger performance were noted. Ways to improve flagger performance should be explored.
- Several projects reviewed did not have a Transportation Management Plan (TMP).
- The WZSM Procedures document needs to be rewritten to inform the Regions that this document shall be followed on all projects.

- There is a need to communicate to the Regions that all projects, including CDOT Maintenance projects, should follow the CDOT WZSM Procedures document. Publicize the document during statewide RE visits, PE II and III, and Traffic Engineer meetings, as well as during the Maintenance Academy, so the Regions and Maintenance Sections are informed.
- Definitions of key terms should be included in the next Process Review.
- Additional uniformed traffic control (UTC) is needed to enforce the posted work zone speed limit and 'Fines Double' regulations, which would lead to safer traffic control in work zones.
- There continues to be a need to improve the implementation of pedestrian and bicycle paths, crosswalks, and/or stop bars into the Method of Handling Traffic (MHT) for projects.
- There continues to be a need for collecting, analyzing and sharing WZ operations data.
- Efforts of this review need to be carried on proactively; therefore, the review team recommends that a continuously meeting task force be formed to carry out the recommendations of this review, as well as other identified WZ safety and mobility improvements.

CDOT will form a standing task force to ensure the recommendations listed in the 2014 report are addressed, along with any other work zone issues that arise. CDOT will again conduct a work zone safety and mobility process review with FHWA in 2016.

All of the above references are available online to CDOT personnel for use in designing and constructing projects, many of which can be found at the following public link.

http://www.coloradodot.info/library/traffic/traffic-manuals-guidelines/lane-close-work-zone-safety

#### **B.** Traffic Control Reviews

Annually, CDOT conducts inspections of construction work zones to score compliance with federal and state requirements, standards, and specifications. In 2014, eight inspections were conducted in CDOT Region 1 (Denver Metro Area), six each in Regions 2, 3 and 4, and five in Region 5. In each Region, the team attempted to review at least one nighttime operation, two CDOT Maintenance operations, and one full office review of a construction project, including traffic control documents.

The inspections consisted of a drive-thru of each project with information and comments recorded on a standard form. The office review included a review of project safety plan, the Method of Handling Traffic (MHT) and other traffic control related documentation. Following completion of the inspection and entry of data and comments, an overall percentage score was assigned to each project. The percent score was communicated to project or region personnel and was reported to FHWA in September of 2014. Project percentages were averaged to formulate a Region and Statewide average. Maintenance operations were scored similarly but are reported separately. The scores for the construction projects reviewed without prior notification are also reported separately below.

Results of the annual inspections form the basis for identifying needed changes and improvements to ensure continuous improvement in program results. Region staff will be expected to make changes as appropriate in the design process and in maintenance procedures, as well as in individual project management. Staff Branches will use the results to identify and support needed improvements in standards, specifications, procedures and training.

The goal for FY14 was a statewide average quality rating of 90%, with no individual projects rated below 85%. The average statewide quality rating for the 22 engineering projects was 91.3%. There were two construction projects of the 22 (17 with prior notification and 5 with no notification) reviewed with a score below 85%. The statewide average of the 17 construction projects that received notification was 91.6%. The statewide average of the 5 construction projects that did not receive prior notification was 90.2%. The statewide average for the nine maintenance activities was 92.0%.

#### C. Slow for the Cone Zone Campaign and Enforcement –

To increase awareness and improve construction work zone safety, every summer beginning in June and continuing through September, the Colorado Department of Transportation (CDOT) partners with the Colorado State Patrol (CSP) troop offices and other local law enforcement agencies to conduct the "Slow for the Cone Zone" campaign, which entails overtime enforcement on highly-visible construction projects across Colorado. This enforcement is provided to protect the workers from dangerous driving.

#### **End of Report**

# **APPENDIX** A

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|   |                 | Appr  | oved   | By       |       | MG      |       |          |          |          |        |        |                |                |           |           | I.D. # Date<br>P89017 03/21/2014   |                 |
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| Г        |   |                      |  |   |                    | PAGE _ 2 OF _ 3 | PAGES    |
|----------|---|----------------------|--|---|--------------------|-----------------|----------|
| M        | — Case #<br>14-145221   | DOR CODE             | Accident Date<br>03/21/2014                  | Agency  | DENVER POLICE      | DEPARTMENT      | НН       |
| MA       | TU1 (MOBLEY) T  | RAVELING NB ON S SAN | TA FE DR IN LANE #3 AT AN                    | I UNKNOWN S   | SPEED              |                 | ≮ нн     |
| BB       |   |                      | RUCK TU2 (SILVA-MEDINA)                      |   |                    |                 |          |
| BB       |   |                      | RETE BARRIER IN THE CEN                      |   |                    | at 10 50 10     | ,<br>III |
|          |   |                      |  |   |                    |                 |          |
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| L        | -   |                      | Helmest Ltd. Cover                           |   |                    |                 | кк       |
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|          |   |                      | $\bigwedge $ $\emptyset +$                   | TUR2 (Controlled AOR)                               |                    |                 |          |
| EE       | -   |                      | / / \/                                       |   | ·                  |                 | LL       |
| FF       | -   |                      | /, X   |   | 2.1                |                 |          |
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|          |   | Rider 41 (ADI #2     | TUN POR                                      |   | 5.                 |                 |          |
| FF       | 4   | Concrete             | // , / /                                     | $\setminus$   |                    |                 | MIM      |
| [        |   | 1 A                  | 112,1  |   |                    |                 |          |
| FF       |   | June 1.25 County     |  |   |                    |                 | - MM     |
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|          | Lice<br>Provide a second sec | TU22 (Nacry          |  | LICE DEPARTMENT<br>TESTIGATIONS UNIT<br>2014-145221 |                    |                 |          |
|          |   |                      | CASE: # 2<br>By: Dal D Wash<br>Date: 0321/14 | echek, 54080  |                    |                 |          |
|          |   | TUS1 (Matomycle)     |  |   |                    |                 |          |
| GG       |   |                      | 0 10 20 30 40                                | 50 60 70 80 90 1                                    | 00 h               |                 | NN       |
| GG       | Carrier Name  | <b>N</b> A           |  | US DO   |                    | State DOT       | NN       |
| GG       | Address   |                      |  | Carrie  | r Identification # | hand            | NN       |
| GG       | Carrier Name  |                      | 19   | US DO   |                    | State DOT       | NN       |
|          | Address   |                      |  | Carrie  | Identification #   |                 |          |
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### 4-023

|                                    |  | LORADO DEPARTMENT OF REVENUE       TATE OF COLORADO TRAFFIC ACCIDENT REPORT       Mathematic Recent Deriver (2000)       Page 1 of 5 Page         AMENDED/SUPPL       UNDER \$1,000       COUNTER REPORT       PRIVATE PROPERTY       Page 1 of 5 Page         0 ficker       1 - 0 7 0 A - 285 21.       INTERSTATE HWY       HWY NUMBER       14508832       Interstate         as #       2014-14828       INTERSTATE HWY       MILEPOINT       Interstate       14508832       Interstate         at #Addet       Citry St/CNTYRD       STATE HWY       MILEPOINT       Interstate       Interstate <th>MOTOR VEHICLE</th> |  |   |                  |                 |        |          |               |                 |                          |                                       |                           |                       |      | MOTOR VEHICLE   |
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| 01                                 |  |   | 1 Trailer                                    | 2   |                  |                 |        |          |               |                 |                          | 2                                     |                           | derate                |      | 1 - Slight<br>2 - Moderate  |
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DR 2447 (02/01/06) COLORADO DEPARTMENT OF REVENUE

MAIL TO: STATE OF COLORADO

| TRAFFICE RECORDS  | S    |
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| DENVER, CO 80261- | 0016 |

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| TU              | P             | 20 <u>5.</u> | REST.   | ENDO    | 1             | SAFE       | TY<br>IP | <u> </u> | AIR     | AG         | EJCT        | SUSP         | ECTED<br>DRUG | INJ<br>SEV.               | AGE         | SEX | Name                                     |          |                 |                               | Addr     |                     | <u> </u> |                   |                            |   |
|                 |               |              | ed Pro  |         |               |            |          |          |         |            |             | irst         |               |                           |             |     | Address                                  |          |                 |                               |          | City                |          |                   | State Zip                  |   |
| Owner           | -             |              |         | p. Last | Name          |            | IS       | AH       | 0872    | 2182       |             | irst         |               |                           | Ma          |     | Address                                  | -        |                 |                               |          | City                |          | F                 | State Zip                  |   |
| Policy          |               |              |         |         | one<br>CE /   |            | ER       | IC       | AN_     |            |             |              |               | Date<br>10/01             | /2014       | 4   | Insurance Compe<br>Policy Number         | ¤ту ∐N   |                 | NO Proc                       | T        |                     |          | Exp.              | Date                       |   |
| <br>Insura      |               | U            | nder    |         | ago           |            | _        |          | _ Uno   | lerca      | rriage      | <b>)</b>     |               | 3 - Se                    | vere        |     |  | ercarri  |                 |                               | _        | lercarr             | lage     |                   | 3 - Severe                 |   |
| -               |               |              |         |         |               |            |          |          | ]       |            | ] [         | <br>₽<br>    | :             | 1 - Sii<br>2 - Ma         | dera        | te  |  |          |                 | · [                           | _] [<br> | ]<br>]              | _[]      | ••••              | 1 - Silght<br>2 - Moderate |   |
|                 |               |              |         |         |               |            |          | Ļ        |         | 1          | ļ           | <u> </u>     | •             |                           |             |     |  |          |                 | L                             |          |                     |          |                   |                            |   |
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| To:             | <u> </u>      |              |         |         | 1 <b>—1</b> . |            |          |          |         |            |             |              |               |                           |             |     | To:                                      | <b></b>  |                 |                               |          |                     |          |                   |                            |   |
|                 |               |              |         | 0 H     |               | LYS        | ST       |          |         |            | DEN         | VE           |               | State Z                   |             | 16  | Address Sar                              |          | Bv:             |                               |          | City                |          |                   | State Zip                  | _ |
| Vehic!<br>Addre | R             | RAL          | DER     | TR      |               | ame<br>K R | EN       | TA       | L       | Fin        |             | L            | -             | Statel                    | M           | ·   | Vehicle Owner La                         |          | Same            | )<br>                         |          | First               |          |                   | Mi                         | _ |
| 1               |               |              | lcatior |         |               | IFU        | IJG      | EE       | G4I     |            | 4784        | 7            |               |                           |             |     | Vehicle Identifica                       |          |                 |                               |          |                     |          | I                 | •                          |   |
| Licens          | 1 <b>50 i</b> | Plate        |         | 8FI     | J             |            |          |          | State o |            | try<br>CO   |              | _             | Color                     | NHI         |     | License Plate Nu                         |          |                 |                               | State or | Country             |          |                   | Color                      |   |
| Year<br>20      |               |              | Make    |         | FRE           | 5          |          |          | Model   |            |             |              |               | Body Ty                   | ri<br>TT    |     | Year Ma                                  | ika      |                 |                               | Model    |                     |          |                   | Body Type                  |   |
|                 |               |              | •       |         |               |            | c        | itatio   | n Numi  | ber        |             |              |               | Commo                     | n Code      | 1   | DUI<br>Violation Code                    |          |                 | Citztio                       | n Numb   | et.                 |          | ľ                 | Common Code                |   |
| Prima           |               |              |         | 9405    | 608           | 37         |          |          |         |            | <u>  </u>   | CO           | M             | 01/3                      | 1/19        | 75  | Primary Violation                        | )        |                 |                               |          |                     |          |                   |                            |   |
| Oriver          | ers L         | Licent       | e Nurr  |         |               |            |          |          | ĈÕ      | ) CD       | 8001        | tate         | Sex [         | DOB                       |             |     | Drivers License I                        | Vumber   |                 |                               |          | COL                 | State    | Sex (             |                            |   |
| Street          | nt Ac         | ddres        |         | 10 I    | G GI          | RA         | RD       | DD       | R # 5   |            |             |              |               | tal Phon<br>0)41.<br>hone |             | 58  | Street Address                           |          |                 |                               | Stato    | Zip                 |          | Person<br>Bus, P  | al PHone                   |   |
| Last N          |               |              |         | LI      | NG            | 0          |          |          |         | Fin        |             |              | BBY           | Ven<br>/                  | M           |     | Last Name                                |          |                 |                               |          | First               |          |                   | Veh MI                     |   |
| Tratik<br>1 or  |               |              | Xv      | eh      | Par           | ked        | Bie      | cycli    | 0 Pa    |            | ian N       |              | hicle         | Non-G                     | 2<br>Conta  | ct  | Trattic Unit<br>1 or                     | Veh      | Parked          | Bicve                         | e Pe     |                     |          | /ehicle           | Non-Contact                |   |
| U4/<br>Agenc    |               | 2/2<br>Code  |         |         |               |            |          |          | vestiga | tod @<br>X | Total       | Vehicle<br>3 |               | Distric                   | t Numt      |     | tude ::<br>Public Property<br>Employee X | Photos 1 | laken (Ra       | ngitude<br>Iroad Cros<br>sted | sina lC  | onst. Zor<br>elated |          | ihway<br>Inchange | Bridge<br>Related          | _ |
| DATE            |               |              |         |         |               | )          |          |          |         |            | ) EB        |              |               |                           | •           | -   |  | WER      |                 |                               |          |                     |          |                   |                            |   |
| Numb            |               |              |         | Nun     | iber in       |            |          |          |         | ocatio     | on Ro       | ute. S       |               | UKL                       | · · · ·     | -   |  | eet      |                 | E                             |          | X C                 | )F:      |                   | T533                       |   |
| 04/<br>Time (   | (24           |              | -       | Jom     | cer Nu        |            |          |          |         | Officer    | A           | URO          |               |                           |             |     |  | AUR      | PD<br>Signature |                               | .        |                     | ADAM     |                   | Dotail                     |   |
| Date o          | of A          | Accide       | ent     | 2014    | -148          | 328        |          | - 1      | City    |            | _           |              |               | C/CN                      | <u>FY I</u> |     | icy                                      |          |                 |                               |          | County              |          |                   | County #<br>12             |   |
| Caso            |               |              |         |         |               |            |          |          |         |            |             |              |               | HWY                       |             |     | HWY NUM<br>70<br>MILEPOIN                |          |                 |                               |          | 14                  | 508      | 832               |                            |   |
| 1               |               |              |         |         |               |            |          |          |         |            |             |              |               |                           |             |     |  |          |                 |                               |          |                     |          |                   |                            |   |

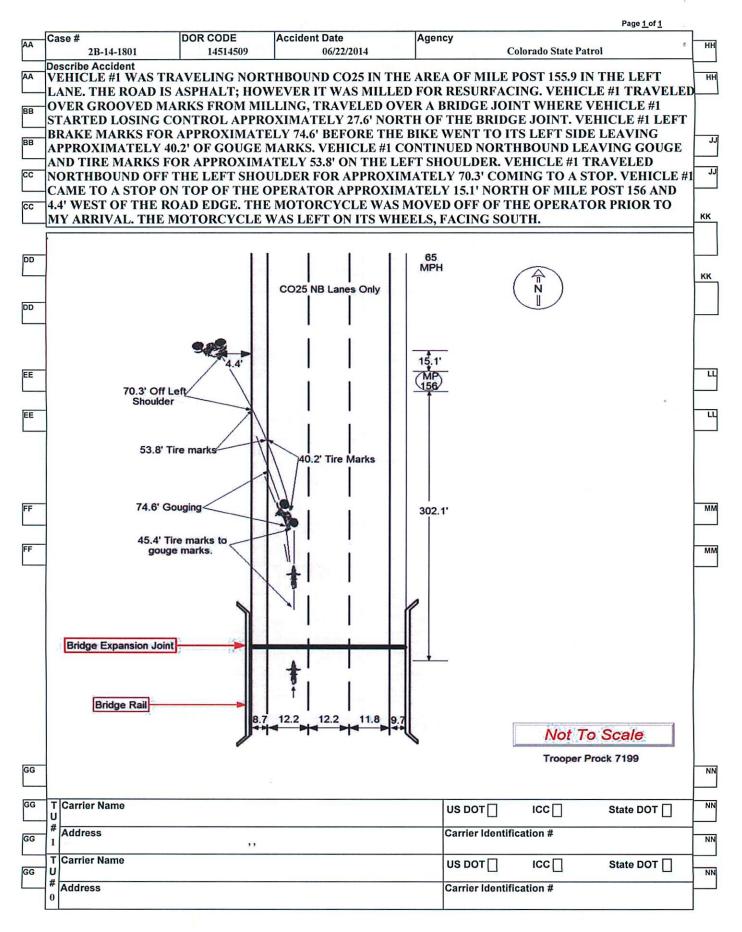
|                     |   |   |   |   | Page <u>1 of 5</u>   |
|---------------------|---|---|---|---|--|
| AA                  | Case # 2014-14828   | DOR CODE<br>14508832  | Accident Date<br>04/21/2014   | Agency  | НН   |
| BB<br>4<br>CC<br>CC | LANE. VH-1 AND VH-7<br>VH-1 AND VH-2 WERI<br>OTHER (HANDLE BA<br>BARRELS WHILE LA<br>MOTORCYCLE AND | B I-70 IS A CON<br>2 WERE EB ON<br>E SWITCHING<br>R TO HANDLE<br>YING THE MO'<br>WENT INTO TH | STRUCTION ZONE WI<br>I-70 IN THE LEFT LAN<br>LANES TO THE RIGHT<br>BAR). VH-1 LOST CON<br>FORCYCLE DOWN. TH | HERE THE LEFT LANE MERGES<br>NE. VH-3 WAS EB ON I-70 IN THE<br>CLANE. VH-1 AND VH-2 COLLID<br>TROL AND COLLIDED WITH 2<br>IE DRIVER OF VH-1 DISLODGEI<br>LANE AND WAS RUN OVER BY | CRIGHT LANE.       0         DED WITH EACH       FRAFFIC         D FROM THE       J         THE REAR       J |
| 3                   | ·   |   |   |   | кк   |
| DD                  |   |   |   |   | кк   |
| DD<br>5             |   |   |   |   |  |
| EE                  |   |   |   |   |  |
| EE<br>6             |   |   |   | not to scale  | ¢  |
| FF                  |   |   |   |   | MM   |
| FF<br>5             | 3 11  |   | 3   | 3   | MM   |
|                     | Quick   | k Scene Diagram   | EB I-70<br>To. Tower Rd<br>apx 1/2 mi   | <b>-</b>  |  |
| GG                  |   |   |   |   | NN<br>20   |
| GG                  | T Carrier Name  |   |   |   | State DOT  |
| GG                  | # Address   | ,,  |   | Carrier Identification #  | NN   |
| GG                  | T Carrier Name  | RYDER TRUCK   | RENTAL  |   | State DOT  |
| L                   | Address   | 4150 HOLL   | ¥ ST, ,   | Carrier Identification #<br>899748  |  |

| 6 | - | 045 |
|---|---|-----|
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|                              | DENVER         CO         80219         Image: Constraint of the second |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  |   |
|------------------------------|--|--|----------|--------------|-------|------------|---------|------|-----------|---|----------|----------|--------------------|------------------------------|--|---|
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | ACCIDENT REPORT DENVER, CO 80261-0016   |
| 1                            |  |  | NDE      | D/S          | UPP   | L.         | Part 1  | UNL  | DER       |   |          |          |                    |                              |  |   |
| <sup>^</sup> 01              |  | - 0  | 121      | 5A           | -     | 15         | 5       | 95   |           |   |          |          |                    |                              |  | 14514509  |
|                              | Case #   |  | 2        | 2B-14        | 4-18  | 01         |         |      |           | 1                                       |          |          |                    |                              |  |   |
|                              |  |  |          |              |       |            | 1       | City |           |   |          |          |                    |                              | Agen                                       | Colorado State Patrol County # 04   |
| 2                            |  |  | )        | Office       |       |            |         |      | Officer I | Name                                    | I        | ROO      | CK, I              | MIC                          | HAI  | EL CSP  |
| <sup>B</sup> 01              | Numbe  |  |          | Numb         |       |            |         |      |           |   | te, St   | reet, F  | Road               |                              |  |   |
|                              |  |  |          |              |       |            |         | 1.   | in c      | .025                                    |          |          |                    |                              |  |   |
| B                            | Agency   | Code   | N        | 123          |       |            |         |      | _         | Total V                                 |          |          | District           | Number                       |  | Public Property Photos Taken Railroad Crossing Const. Zone Highway Bridge Related V Interchange Related V       |
| <sup>B</sup> 01              |  |  | Xv       | eh           | Parke | ed E       | Bicycle | Pe   | destria   | in No                                   | n-Veh    | nicle    | Non-C              | ontact                       | Veh  |   |
|                              | Last Na  | ime  | 1.55     | МІ           | ЕЛІА  |            |         |      | Firs      |   | гно      | MAS      | S                  |                              | J  |   |
|                              | Street A   | Address  | 487      | 0 W          | EST   | ME         | XIC     | 0 A' | VE        |   |          | Persona  | l Phone            | _                            |  | Street Address Personal PHone   |
|                              | City   |  | DE       | NVE          | ER    |            |         |      |           | 80219                                   |          | Bus. Pho | one                | City State Zip Bus. Phone 65 |  |   |
|                              | Drivers  | License  |          |              | 4326  | 5          |         |      | CDL       | 1 |          |          |                    | 9/196                        | Drivers License Number CDL State Sex DOB N |   |
| с <sub>03</sub>              |  | 921543265         CO         M         12/09/1960           Violation<br>JI         Primary VI<br>DUI         Primary VI<br>DUI           n Code         Citation Number         Common Code   |          |              |       |            |         |      |           |   |          |          |                    |                              |  |   |
|                              | Violatio   | Violation Primary V<br>II DUI<br>n Code Citation Number Common Code Violation O<br>Make KIT M/C Body Type Year<br>MC   |          |              |       |            |         |      |           |   |          |          |                    |                              |  | The second se |
| 1                            | Year<br>20   | on Code Citation Number Common Code Violat<br>14 Make Model Model M/C MC Year<br>14 Elate Number Color Licent  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | Year Make Model Body Type 65  |
| D <sub>04</sub>              | License  | I4         KIT         M/C         MC           Plate Number         State or Country         Color         Licens           MEXICA         CO         ORG         Vehicle           Identification Number         Vehicle         Vehicle   |          |              |       |            |         |      |           |   |          |          |                    |                              |  | License Plate Number State or Country Color   |
| 04                           | Vehicle  | Identifi   | cation N | lumber       |       |            | 010     | 350  | 024       |   |          |          |                    |                              | Vehicle Identification Number              |   |
|                              | Vehicle  | KIT         M/C         MC           Plate Number         State or Country         Color         License Pla           MEXICA         CO         ORG         Vehicle Ide           Identification Number         01C350024         Vehicle Ide         Vehicle Owner Last Name           Owner Last Name         Xame         First         MI         Vehicle Owner |          |              |       |            |         |      |           |   |          |          |                    |                              |  | Vehicle Owner Last Name Same First MI   |
| E02                          |  | -  |          |              |       |            |         |      |           |   |          | s        | state Zip          | 2                            |  |   |
|                              | Towed<br>To:   |  |          |              |       | MON        | NUM     | ENT  | T TO      | WIN                                     | G        |          |                    |                              |  | Towed Due To Damage By:<br>To:  |
| F                            |  | 677  | SH       | WY           | 105   |            |         |      |           |   |          |          |                    |                              |  |   |
| 06                           |  |  | Traile   | er VIN       | #     |            |         |      |           |   | _        |          |                    |                              |  | Trailer VIN#  |
|                              |  | J  |          |              |       |            | L       |      |           | l                                       | Į        |          |                    |                              |  |   |
|                              |  |  |          | $\mathbb{T}$ | -     |            |         |      |           | ] [                                     |          | č.       |                    |                              |  |   |
| 9 -                          | 2  |  | Ϊ,       |              |       | . <u>7</u> |         | Ι    | I         | 1                                       | <b>.</b> |          | 1 - Slig<br>2 - Mo |                              | е  | 1 - Slight<br>2 - Moderate  |
| G                            | _  | U  | nder     | carriag      | ge    | -          |         | Unc  | lercar    | riage                                   |          | 3        | 8 - Se             | vere                         | _  | Undercarriage Undercarriage 3 - Severe  |
| G <sub>01</sub>              | Insuran  | ce Con   | pany     |              | NO    |            | Proof   |      |           |   |          | Exp. (   | Date               |                              |  | Insurance Company None No Proof Exp. Date 00  |
| <sup>H</sup> 01              | Policy I   |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | Policy Number F   |
| 01                           | Owner  | 1  |          |              |       |            |         |      |           |   | rst      |          |                    | м                            |  | Address City State Zip  |
| <sup>J</sup> 00 <sup>J</sup> | Owner  | Damag  | ed Prop  | o. Last N    | ame   |            |         |      |           |   | rst      |          |                    | MI                           |  | Address City State Zp   |
|                              | TU<br>#  | POS.   | REST.    | ENDO.        |       | SAFET      | Y       | AIRI | BAG       | EJCT                                    | ALCO     | DRUG     | INJ<br>SEV.        | AGE                          | SEX  | Name Address  |
|                              | 1  | 1  | 0        | 1            | F     | 0          | B       | 0    | A         | 2                                       | 0        | 0        | 4                  | 53                           | M  | MEJIA, THOMAS J 2   |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | 3   |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | 5   |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | 11  |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  | 13 00   |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  |   |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  |   |
|                              |  |  |          |              |       |            |         |      |           |   |          |          |                    |                              |  |   |
|                              | Appr   | oved   | By       |              |       |            |         |      |           | 328                                     | 5        |          |                    |                              |  | I.D.# 3285 Date 6/24/2014   |

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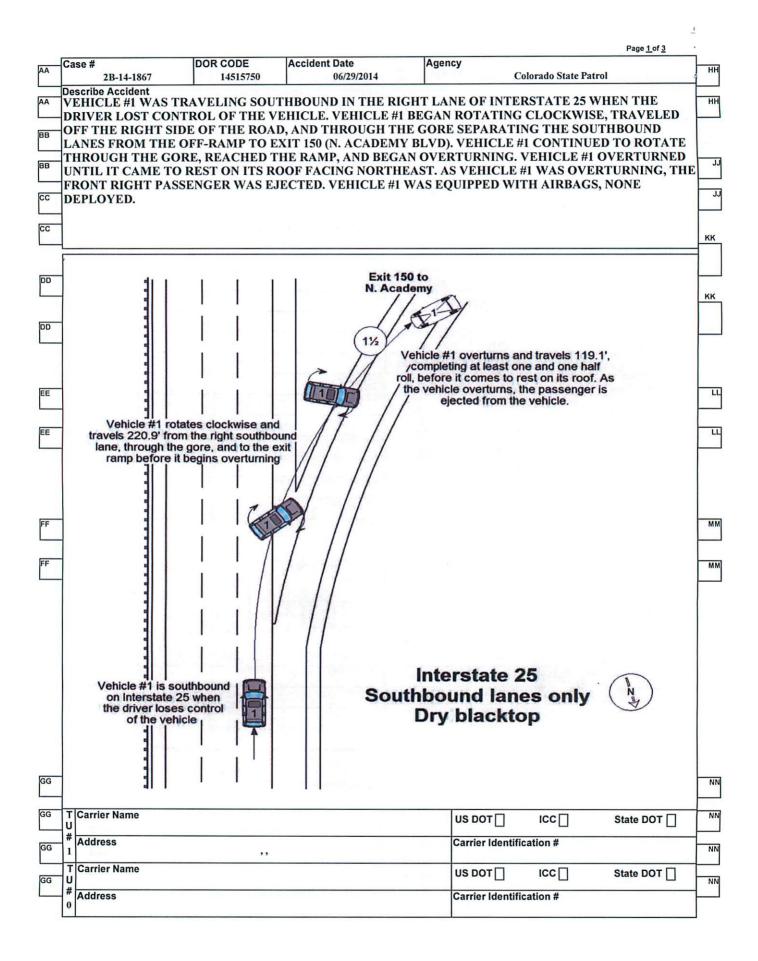


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|                 | 2B-14-1867       Image: CITY ST/CNTY RD         06/29/2014       Cary       Agency       Colorado State Patrol       Country & EL PASO       Country & Other 04         0012       Officer Nume       9772       ZACHAREAS, ERIC       Signature       Ordel CSP         Number Filled       Number Interded       0       Location Route, Street, Road       Miles       Feet       NLI       Signature       OFE         Afferso Case       Obj Country & All       Colorado State Patrol       Opt-4.26 - 15, 7.5       Anter EXIT 150 (N. ACADEMY BLVD)       Location Route, Street, Road       Interesting 2004 - 4.6 - 15, 7.5       Miles       Patron       Patron       Patron       Patron       Opt-4.6 - 15, 7.5       Miles       Patron       Patron |  |         |              |        |       |         |             |           |         |          |        |                    |        |   |   |            |
|-----------------|--|--|---------|--------------|--------|-------|---------|-------------|-----------|---------|----------|--------|--------------------|--------|---|---|------------|
|                 | ST   | A.   | ΤE      | 0            | F      | СС    | C       | OF          | RA        | D       | т с      | R      | AF                 | FI     | С   | ACCIDENT REPORT   |            |
|                 | A  | ME   |         |              |        |       |         |             |           | \$1,0   | 00       | 1      | COL                | INT    | ER F  | REPORT PRIVATE PROPERTY Page <u>1 of 3 Pages</u>  | _          |
| /               |  |  | 22      | 54           |        | 18    | 50      |             |           |         |          |        |                    |        | VY  | 25 DOR Code 09  | K          |
| <sup>A</sup> 03 | Case #   |  |         |              |        | No.   | 50.     | 27          |           | -       |          |        |                    |        |   |   | K          |
|                 | Date of  | Accide   | nt      | D-14         | +-100  |       |         | City        |           |         | CITY     | (ST)   | /CN]               | TY R   |   | ncy County County #   |            |
| -               | 151545   |  | 014     | Office       | r Numb | er    |         |             | Officer N | lame    | _        |        | _                  |        |   |   | 1          |
| /               |  | 0012   | !       |              | 97     | 72    |         |             |           |         |          | -      |                    | EAS    |   | CSP 05  | Í          |
| B 01            |  | 1  |         | Numb         |        | ed    |         |             |           |         |          |        | Road               |        |   |   | 1          |
| B               |  |  |         |              |        |       |         |             |           |         |          |        |                    |        | Latitu                                      | tude 38-57-16.75 Longitude 104-48-15.75   | -          |
| 1               | Agency   | Code   | Ľ       | 001          |        |       |         |             | 100 T     | Total V |          |        | District           | Number |   | Public Property Photos Taken Railroad Crossing Const. Zone Highway Bridge<br>Employee X Related Related X Interchange X Related N | <b>₄</b> ∕ |
| <sup>B</sup> 01 | Traffic L  | Unit<br>1  | Xve     | eh           | Parke  | d B   | licycle | Peo         | destria   | n No    | on-Vehi  | cle    | Non-C              | ontact |   |   | M          |
|                 | Last Name     RONZO     First     MI       Street Address     3476 LONGVIEW ROAD     Personal Phone     Street Address     Personal Phone       City     ERIE     Co     80516     Bus. Phone     City     State     Zip       Drivers License Number     CDL     State     State     Sex     DOB  |  |         |              |        |       |         |             |           |         |          |        |                    |        |   |   |            |
|                 | Car reside     RONZO     ANTHONY     J     J       Street Address     3476 LONGVIEW ROAD     Personal Phone     Street Address     Personal Phone       City     ERIE     Co     20p     80516     City     State     Zip     Bus. Phone       Drivers License Number     COL     State     Sex     DOB     Drivers License Number     COL     State     Sex     DOB       Primary Violation     Primary Violation     Primary Violation     Primary Violation     Primary Violation   |  |         |              |        |       |         |             |           |         |          |        |                    |        |   |   |            |
|                 | City     City     State     Zip       City     ERIE     CO     State     Zip     Bus. Phone       Drivers License Number     CDL     State     Sex     DOB       NONE     CDL     State     Sex     DOB       Primary Violation     Primary Violation     Primary Violation  |  |         |              |        |       |         |             |           |         |          |        |                    |        | N   |   |            |
|                 | City     ERIE     Zip     Bus. Phone     City     State     Zip     Bus. Phone       Drivers License Number<br>NONE     CDL     State     Sex     DOB     Drivers License Number     CDL     State     Sex     DOB       Primary Violation     DU/VEHICULAR HOMICIDE - WHILE DRIVING UNDER     Primary Violation     DUI     DUI       Violation Code     Catation Number     Common Code     Violation Code     Catation Number     Common Code   |  |         |              |        |       |         |             |           |         |          |        |                    |        | N   |   |            |
| с <sub>03</sub> | Drivers License Number<br>NONE         CDL         State         Sex         DOB<br>M         Drivers License Number         CDL         State         Sex         DOB           Primary Violation   |  |         |              |        |       |         |             |           |         |          |        |                    |        |   |   |            |
| 00              | Drivers License Number<br>NONE         CDL         State         Sex<br>M         DOB<br>08/20/1955         Drivers License Number         CDL         State         Sex         D           Primary Volation<br>DUVEHICULAR HOMICIDE - WHILE DRIVING UNDER<br>18-3-106(1)(B)         Citation Number<br>DIRECT FILE         Primary Volation<br>Common Code<br>806         Primary Volation<br>DUI         Citation Number<br>Common Code         Citation Number<br>Citation Number         C           Year         Make         Model         B         Body Type         Year         Make         Model         B  |  |         |              |        |       |         |             |           |         |          |        |                    |        | Violation Code Citation Number Common Code  | P   |            |
| 0               |  | y Violation     Primary Violation       UVEHICULAR HOMICIDE - WHILE DRIVING UNDER     DUI       on Code     Citation Number     Common Code       18-3-106(1)(B)     DIRECT FILE     806       99     FORD     Model     Body Type       e Plate Number     State or Country     Color     Ulcense Plate Nu  |         |              |        |       |         |             |           |         |          |        |                    |        |   | Year Make Model Body Type 70  |            |
| 04              |  |  |         |              |        |       |         |             | Country   | y       |          | c      |                    | RY     | License Plate Number State or Country Color | 1   |            |
| D07             | Vehicle  | MVEHICULAR HOMICIDE - WHILE DRIVING UNDER     DUI       n Code     Cration Number     Common Code       18-3-106(1)(B)     Cration Number     Body Type       09     Make     Model     Body Type       09     FORD     Model     Body Type       131EIQ     Color     Color       131EIQ     CO     GRY       Identification Number     IFMZU32P3XZA65448 |         |              |        |       |         |             |           |         |          |        |                    |        |   | Vehicle Identification Number   |            |
|                 | Vehicle  | Owner  | Last Na | ime [        |        |       | 1001    |             |           |         |          |        |                    | MI     |   | Vehicle Owner Last Name Same First MI   |            |
| E03             | Address  | XS   | ame     |              |        |       |         |             | City      |         |          | s      | itate Zip          | ,      |   |   | a          |
|                 | Towed  | Due To   | Damag   | e X          | BA: L  | RAN   | DY'     | S HI        | GH        | COL     | NTE      | RY T   | OW                 | ING    |   |   | a          |
| _               |  | 120  | 5 E I   | LAS          | VEG    | AS    | ST      |             |           |         |          |        |                    |        |   |   |            |
| F 02            |  |  | Traile  | r VIN        | #      |       |         |             |           |         | _        |        |                    | 22     |   | Trailer VIN#  |            |
|                 |  | 3  | 3       | 3            | 3      |       |         |             | 1         | 1       |          |        |                    |        |   |   |            |
|                 |  | 3  | 3       | Ń            | -      | ,,,,, |         | ) [         |           |         | ]        |        |                    |        |   |   |            |
|                 |  |  |         | 3!           |        |       |         | <u>, ר.</u> | T         |         | <b>.</b> |        | 1 - Slig<br>2 - Mo |        |   | 1 - Slight<br>2 - Moderate  |            |
|                 |  | -  | -       | 3.<br>arriag |        |       |         |             |           | riage   | •        |        | B - Se             |        | Ŭ   | Undercarriage Undercarriage 3 - Severe  |            |
| <sup>G</sup> 01 | Insuran  | ce Com   | pany    |              | NO     | No    | Proof   |             |           |         |          | Exp. ( | Date               |        |   | Insurance Company None No Proof Exp. Date 10  | R          |
| u.              | Policy 1   | Number   |         |              | 110    | 1 100 | /01     |             |           |         |          | 1      |                    |        | _   | Policy Number F   | R          |
| <sup>H</sup> 03 | Owner  | Damag  | ed Prop | Last N       | ame    |       |         |             |           | F       | irst     |        |                    | MI     |   | Address City State Zip  | -          |
| ٥0 <sup>ل</sup> | Owner  | Damag  | ed Prop | Last N       | ame    |       |         |             |           | F       | irst     |        |                    | МІ     | -   | Address City State Zip  |            |
| 00              | TU<br>#  | POS.   | REST.   | ENDO.        |        | SAFET | Y       | AIRE        | BAG       | EJCT    | SUSPE    | DRUG   | INJ<br>SEV.        | AGE    | SEX   | Name Address  | s          |
|                 | 1  | 1  | 0       | 0            | В      | 1     | A       | 1           | A         | 0       | 0        | 1      | 1                  | 58     | м   |   | s          |
|                 | 1  | 3  | 0       | 0            | B      | 0     | A       | 1           | A         | 2       | 0        | 0      | 4                  | 30     |   |   |            |
| L               | -  | 5  | 0       |              | -      | 5     | -       | -           |           | -       | 5        | -      | -                  |        | -   | ALANIZ, ROBIN   |            |
|                 |  | -  | -       |              |        |       |         |             |           |         |          |        |                    |        |   |   |            |
|                 | -  | -  |         | -            | -      |       |         |             |           |         |          |        | -                  |        |   | 13 00   | Т          |
|                 |  |  |         |              |        |       |         |             |           |         |          |        |                    |        |   | 10  | Т          |
|                 |  |  |         |              |        |       |         |             |           |         |          |        |                    | _      |   |   | -          |
|                 |  |  |         |              |        |       |         |             |           |         |          |        |                    |        |   |   |            |
|                 | Appr   | roveo  | By      |              |        |       |         |             |           | 588     | 0        |        |                    |        |   | I.D.# 5880 Date 7/7/2014  | 3          |
|                 |  |  |         |              |        |       |         |             |           |         |          |        | -                  |        |   |   |            |

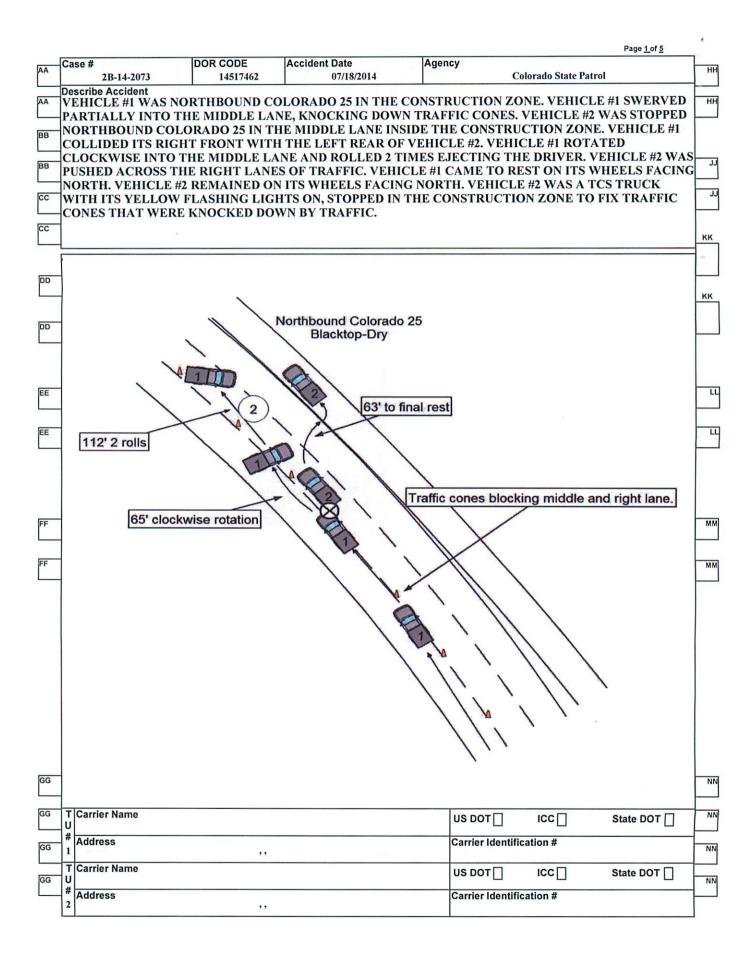
EARS ID:



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|                 | D00       Settre X       2       2B       Employee       X       Petated       Interchange       Cetated         Varies Unit       of 1       XVeh       Parked       Bicycle       Pedestrian       Non-Vehicle       Non-Contact Veh       Ior       Z       XVeh       Parked       Bicycle       Pedestrian       Non-Vehicle       Non-Contact Veh         Isot Name       WOJTKOWIAK       First       JASON       Mil       Last Name       GARCIA       First       CHRISTOPHER       Mil         Street Address       15225 PLEASANT VIEW DRIVE       Pedestrial Phone       Street Address       3685 DARKWOOD       Personal Phone       Bus Phone       CO       Bus Phone       Co       Co       Rescription       Bus Phone       Co       Co       Bus Phone       Co       Co       Street Address       Co       Street Address       Co       Street Address       Co       Street Address       Co       Bus Phone       Co       Co       Street Address       Street Address       Co <td< th=""><th></th></td<> |  |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    |  |             |                 |                |               |               |                            |                 |
|-----------------|--|--|---------|--------------|-----------|------------|----------|------------|-----------|----------|----------|---------------|------------------|--------------|----------|--------------------|--|-------------|-----------------|----------------|---------------|---------------|----------------------------|-----------------|
|                 |  |  |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    |  |             |                 |                |               |               | -                          |                 |
| /               |  |  | (DEI    | JISC         | JPPI      |            | <u>E</u> |            | ER        |          |          |               |                  | _            |          |                    |  | RIV         |                 |                | ir Page       | <u>, 1</u> 01 | <u>p</u> rages             | 07 <sup>K</sup> |
| P01             | 1  | - (  | 20      | -5           | A -       | -1         | 5C       | 7          | 7         |          |          |               |                  |              |          |                    |  |             |                 |                | 145174        | <b>162</b>    |                            | 07 K            |
|                 | Case #   |  | 2       | <b>B-1</b> 4 | 1-207     | 3          |          | -          | _         |          |          |               |                  |              |          | MILEPO             | INT  |             |                 |                |               |               |                            | Ľ"              |
|                 | Date of<br>07/1  | Accider  | 14      | •            |           |            |          | City       |           | الستار   |          | 01/           |                  |              |          | <sup>7</sup> Colo  | orado St   | ate I       | Patrol          | c              | ounty EL PAS  | 0             | County #<br>04             |                 |
|                 | Time (2  | 4Hr.)  |         | Office       |           |            |          | r          | Officer N | lamo     | -        | 0             | RTIZ             | Z. TI        | IL       |                    |  | Signat      | ure             |                |               |               |                            | <b> </b>        |
|                 |  | Killed   |         | Numb         | er Injure |            |          | Lo         | catio     | n Rou    | te, Str  |               |                  |              |          | Miles <u>380</u> 2 | 2Feet  | I           | NXE             | JSDW           | OF:           |               |                            |                 |
| °07             |  | FREP   |         | L            |           |            |          |            | OR        | THB      | OUP      | ND C          | OLC              |              |          |                    |  | _           |                 |                |               |               |                            | 01              |
| <sup>B</sup> 01 |  |  |         |              |           |            |          |            | -         | Total V  |          | ſ             |                  | Number       | Latite   | Public Propert     | ly Photos Ta   | aken        | Railroad C      | Crossing Co    | nst Zone High | Wav           |                            |                 |
| <sup>B</sup> 01 |  |  |         |              |           |            |          |            |           |          |          |               |                  |              | -        | Traffic Unit       | 1  | -           |                 |                |               |               |                            | 13 <sup>M</sup> |
|                 |  | -  |         |              |           |            | -        | Peo        |           |          |          |               | Non-C            |              |          | -                  |  |             |                 | cycle Ped      | First         |               | M                          | 03 <sup>M</sup> |
|                 | Street A   | Set Address     Personal Phone     Street Address       15225 PLEASANT VIEW DRIVE     Personal Phone     Street Address       COLORADO SPRINGS     State     Zip       80921     Bus. Phone     City       Versi License Number     COL     State  |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    | _  |             | CHRIS           |                |               | 4             |                            |                 |
|                 | 15225 PLEASANT VIEW DRIVE     3685 DARKWOOI       City<br>COLORADO SPRINGS     State<br>CO     Zip<br>80921     Bus. Phone     City<br>COLORADO SPRINGS     State<br>CO     City<br>80921       Drivers License Number<br>941362981     COL     State<br>CO     Sex<br>CO     DOB<br>05/26/1978     Drivers License Number<br>942302608     Sex<br>942302608   |  |         |              |           |            |          |            |           |          |          |               |                  |              | State    | Zip                | Bus, P   | hone        | 55 <sup>N</sup> |                |               |               |                            |                 |
|                 |  | COLORADO SPRINGS         State<br>CO         Zip<br>80921         Bus. Phone         City<br>COLORAD           vers Leense Number<br>941362981         CDL         State<br>CO         Sex         DOB<br>05/26/1978         Divers Leense Number<br>94           mary Violation         Primary Violation         Primary Violation         Primary Violation   |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    |  | SPR         | UNGS            |                | CDL State     |               |                            | 33              |
|                 | Primary  | COL         State         DOB         Drivers         Divers         License         Nu           941362981         CO         M         05/26/1978         Drivers         License         Nu           ary Violation         Primary Violation         Drivers   |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    | 3026   | 08          |                 | CO             | Μ             | 05/21/1974    | 55                         |                 |
| с <sub>03</sub> | DDU  | 941362981 CO M 05/26/1978 y Violation JI on Code Citation Number Make Model Body Type Year Ma  |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    |  |             | itation Number  |                | ŀ             | Common Code   |                            |                 |
|                 |  | ary Violation Primary Violatio DUI titon Code Citation Number Common Code Violation Violation Code Violation Co |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    | Make   |             |                 | Model          |               |               | Body Type                  | 55 <sup>P</sup> |
| 64              | 200  | UI     DUI       tion Code     Citation Number       007     FORD       F-150     PK       2004     State or Country       State or Country     Color       Uicenso Plate Number     Licenso Plate N   |         |              |           |            |          |            |           |          |          |               |                  |              |          | CHE                | VRC  | DLET        |                 |                |               | PK            | 00 <sup>P</sup>            |                 |
| Por             |  | UI DUI<br>on Code Citation Number Common Code Violation Code<br>07 FORD F-150 PK 2004<br>a Plate Number State or Country Color RN Ucerse Plate Num   |         |              |           |            |          |            |           |          |          |               |                  |              |          | 414KX              |  |             |                 |                |               |               |                            |                 |
|                 |  |  |         |              | _         |            | X14      | <b>V37</b> |           |          |          |               |                  | Ite          |          |                    |  |             |                 | K24U64         |               |               |                            |                 |
|                 |  |  |         | me [         | XISar     | ne         |          |            |           |          |          |               |                  |              |          | TRA                | FFIC CO  |             |                 | WEST           |               |               |                            | 4               |
| <sup>E</sup> 03 |  |  |         |              |           |            |          |            | City      |          |          | s             | tate Zip         | <b>,</b>     |          | -8                 | 340 TOP  |             |                 |                | CASTL         | E             | CO 80109                   |                 |
|                 | Towed  | Due To   | Damag   |              | By: F     | <b>RAN</b> | DY       | S          |           |          |          |               |                  |              |          | To:                | Camage D   | KIBA:       | OWN             | ER REQ         | UESTOCK       | •             |                            | 00 9            |
| F               |  |  |         |              |           |            |          |            |           |          |          |               |                  |              |          |                    |  |             |                 |                |               |               |                            | Ē               |
| 02              |  | •  | Traile  | r VIN#       | #         |            |          |            |           |          | -        |               |                  |              |          |                    | Trailer VII  | N#          |                 |                |               |               |                            |                 |
|                 | 3  | 3  | 3       | 3            |           |            |          |            |           | <u> </u> | <u> </u> |               |                  |              |          |                    |  | Ц           |                 |                |               |               |                            | 1               |
|                 | 2  | 3  | 3       | Ĩ            | ┣         |            |          |            |           | ] [      |          |               |                  |              |          | <u> </u>           |  |             |                 | -    [         |               | •••           |                            |                 |
|                 |  | F  |         |              |           |            | ┈┞╧      |            | T         | T        | 7        |               | - Silq<br>! - Mo | ght<br>derat | e        |                    | $\left  \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \end{array} \right _{3} \left  \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \end{array} \right _{3}$ |             |                 |                |               |               | 1 - Slight<br>2 - Moderate |                 |
| <u> </u>        | 3  |  | nderc   |              |           | _          |          | _ Und      |           | Tiage    |          |               | - Sev            |              | -        | <u> </u>           | Indercarria  | age         | _               |                | ercarriage    |               | 3 - Severe                 |                 |
| <sup>G</sup> 01 | Insuran  | ce Com   | pany    | No           | NO        |            | Proof    |            |           |          |          | Exp. C        | Jate             |              |          | Insurance Con      | npany DN   | None<br>HAN |                 | Proof<br>R INS |               |               | Date<br>03/01/2015         | 10 <sup>R</sup> |
| <b>N</b>        | Policy I   | lumber   |         |              |           |            |          |            |           |          |          |               |                  |              | •        | Policy Number      |  |             |                 | W4A235(        | )0600         |               |                            | 00 <sup>R</sup> |
| <sup>-</sup> 03 | Owner  | Damago   | d Prop. | Last N       | апо       |            |          |            |           | F        | irst     |               |                  | M            |          | Address            |  |             |                 |                | City          |               | State Zip                  |                 |
| 00              | Owner  | Damago   | d Prop. | Last N       | ame       |            |          |            |           | F        | inst     |               |                  | M            |          | Address            |  |             |                 |                | City          |               | State Zip                  | 1               |
| 00              | TU<br>#  | POS.   | REST.   | ENDO.        |           | AFET       | (        | AIRE       | BAG       | EJCT     | SUSP     | ected<br>Drug | INJ<br>SEV.      | AGE          | SEX      | Name               |  |             |                 | Addre          | 55            |               |                            |                 |
|                 | 1  | 1  | 0       | 0            | B         | 0          | A        | 1          | A         | 2        | 1        | 0             | 4                | 36           | м        | WOJTKO             | WIAK, JAS  | SON         |                 |                |               |               | 2                          |                 |
|                 | 2  | 1  | 0       | 0            | B         | 1          | A        | 10         | A         | 0        | 0        | 0             | 1                | 40           |          | GARCIA,            |  |             |                 |                |               |               | 3                          |                 |
| L               | 2  | 14   | 0       | 0            | В         | 0          | A        | 0          | A         | 0        | 0        | 0             | 1                | 40           |          | GARCIA,            |  |             |                 |                |               |               | 5                          | 1               |
|                 | <b> </b>   |  | -       | Ļ            | <u> </u>  | <u> </u>   |          | -          |           | <u> </u> | <u> </u> | <u> </u>      |                  |              | +        | 1                  |  |             |                 |                |               |               | 11                         | 1               |
| L               |  |  |         |              |           | -          | ┢        |            |           |          |          |               |                  |              | $\vdash$ |                    |  |             |                 |                |               |               | 13                         | 00 <sup>T</sup> |
|                 |  |  |         | <u> </u>     |           |            | -        |            |           |          |          |               |                  |              | +        |                    |  |             |                 |                |               |               | <u>den</u> art             | 00 <sup>T</sup> |
|                 | ┣──  |  |         |              |           | -          |          |            |           |          |          |               | <u> </u>         |              | $\vdash$ |                    |  |             |                 |                |               |               |                            | ╂╼┛             |
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|                 | Appi   |  | Bv      | l            | I         |            | L        |            |           |          |          |               |                  | <u> </u>     | 1        | 1                  |  | Ī           | .D.#            | 58             |               |               | Date 7/25/2014             | 4               |
|                 | [  |  |         |              |           |            |          |            |           | 588      |          |               |                  |              |          |                    |  |             |                 |                |               |               | //25/2014                  | 1               |

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|                 | 1  |                |                      |                |               |           |          |                  |            |   |          | 8            | 5.                          | - C   | ) C             | 09/010  |      |
|-----------------|--|----------------|----------------------|----------------|---------------|-----------|----------|------------------|------------|---|----------|--------------|-----------------------------|-------|-----------------|---|------|
|                 | DR 24<br>COLO  | 47 (02         | /01/06               | )<br>ARTME     | ENTO          | F REV     | /ENUI    | =                |            |   |          |              |                             |       |                 | MAIL TO: STATE OF COLORADO<br>MOTOR VEHICLE   |      |
|                 | 1  |                |                      |                |               |           |          |                  | RA         | D                                       | D 1      | <b>r</b> R   | AF                          | FI    | С               | ACCIDENT REPORT   |      |
| 03              |  | ME             |                      |                |               |           |          |                  |            | \$1,0                                   | 000      | [371         | COL                         | JNT   | ERF             | REPORT PRIVATE PROPERTY Page <u>1 of 3 Pages</u>  | К    |
| A               |  |                | 07                   | 61             | 4 -           | 0         | 84       | -9:              | 3          | 100000000000000000000000000000000000000 |          | ERS'<br>TE F |                             |       |                 | <sup>76</sup> 14519802  | 05 K |
| UN              | Case #   |                |                      | 3B-1-          |               |           |          |                  |            |   |          | Y ST         |                             |       |                 | MILEPOINT   |      |
|                 | Date of 08/  | f Accide       | <sup>nt</sup><br>014 |                |               | -         |          | City             |            |   |          | 1 51         | CIT                         |       | Agen            | Colorado State Patrol County # 15   |      |
|                 |  | 24Hr.)<br>0236 | 1                    | Office         | er Numt<br>80 |           |          |                  | Officer    | Name                                    |          | SO           | UKU                         | P, S  | ETH             | Signature Detail  |      |
| B               |  | r Killed       |                      | Numl           | ber Injui     | red       |          |                  |            |   |          | reet, F      |                             | .,    |                 | Miles <u>361</u> Feet N E S W X OF:   | 03   |
| <sup>5</sup> 24 |  | OF REP         |                      |                | 0             |           |          | -  '             | NTH        | ERST                                    | [AT]     | E 76         |                             |       |                 | AT:MILEPOST 85  |      |
| В               |  | 09/2<br>y Code |                      | 100            |               |           | II S     | westigat<br>cene | ted @<br>X | Total                                   | /ehicles |              | District                    | Numbe |                 | ude 40-16-04.60 Longitude 103-42-43.25<br>Public Property Photos Taken Railroad Crossing Const. Zone Highway Bridge<br>Employee Related Related - Interchange Related - |      |
| <sup>B</sup> 24 | MO9     A     I     SB     A     A       Traffic Unit     Ior     Xveh     Parked     Bicycle     Pedestrian     Non-Vehicle     Non-Contact Veh       1 or     I     Xveh     Parked     Bicycle     Pedestrian     Non-Vehicle     Non-Contact Veh       1 ast Name     TRAMMELL     First     SALLY     Mi     Last Name     First     Mi       Street Address     423 CIRCLE DR.     Personal Phone     Street Address     Personal Phone     Personal Phone       City     State     Zip     Bus. Phone     City     State     Zip     Bus. Phone <td>15<sup>M</sup></td> |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | 15 <sup>M</sup> |   |      |
| 24              | Last Name     TRAMMELL     First     Mile       Street Address     423 CIRCLE DR.     Personal Phone     Street Address       City     FT. MORGAN     State     Zip       Drivers License Number     CDL     State     Sec     DOB   |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | м               |   |      |
| •               | Last Name     First     MI     Last Name     First     MI       Street Address     423 CIRCLE DR.     Personal Phone     Street Address     Personal Phone     Personal Phone       City     FT. MORGAN     State     Zip     Bus. Phone     City     State     Zip       Drivers License Number     051710947     CDL     State     Steet     Dot     Dot       Primary Violation     Primary Violation     Primary Violation     Primary Violation     Primary Violation     Primary Violation   |                |                      |                |               |           |          |                  |            |   |          |              |                             |       |                 |   |      |
|                 | Street Address     Personal Phone     Street Address     Personal PHone       CRy     FT. MORGAN     State     Zip     Bus. Phone     City     State     Zip     Bus. Phone       Drivers License Number     051710947     CDL     State     Sex     DCB     Drivers License Number     CDL     State     Sex     DOB       Primary Violation     Primary Violation     Primary Violation     Primary Violation     Primary Violation  |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | 75 <sup>N</sup> |   |      |
|                 | 423 CIRCLE DR.           City         FT. MORGAN         State<br>CO         Zip<br>80701         Bus. Phone         City         State         Zip         Bus. Phone           Drivers License Number<br>051710947         COL         State         Sex         DOB         Drivers License Number         CDL         State         Sex         DOB           Primary Violation         Primary Violation         Primary Violation         Primary Violation         Primary Violation  |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | N               |   |      |
| C <sub>03</sub> | 423 CIRCLE DR.         City       State       Zip       Bus. Phone       City       State       Zip       Bus. Phone         Drivers License Number       051710947       CDL       State       Sex       DOB       Drivers License Number       CDL       State       Sex       DOB         Primary Violation       DUI       Primary Violation       DUI       Common Code       Common Code       Common Code       Cattion Number       Common Code         Year       Make       Model       Body Type       Year       Make       Model       Body Type                  |                |                      |                |               |           |          |                  |            |   |          |              |                             |       |                 |   |      |
|                 | City     State     Zip     Bus. Phone       Drivers License Number     CDL     State     Zip     Bus. Phone       Drivers License Number     CDL     State     CDL     State     Zip     Bus. Phone       Primary Violation     DII     CDL     State     Sex     DOB       Violation Code     Cation Number     Common Code     Violation Code     Common Code       Year     Make     Model     Body Type     Year     Make     Model     Body Type  |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | P               |   |      |
|                 | FT. MORGAN     CO     80701       Drivers License Number     051710947     CDL     State     Sex     DOB       Primary Violation     DIVers License Number     CDL     State     Sex     DOB       Primary Violation     DIVers License Number     CDL     State     Sex     DOB       Primary Violation     DIV     DIV     DIV     Common Code     Common Code       Violation Code     Citation Number     Common Code     Violation Code     Common Code       Year     Make     Model     Body Type     SD     Year     Make     Model     Body Type                      |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | 71              |   |      |
| P04             | 051710947     CO     F     04/24/1995       Primary Violation     DUI       DUI     Common Code       Violation Code     Citation Number       Violation Code     Common Code       Year     Make       2008     PONTIAC       G-6 GT     SD       Violation Plate Number     State or Country       Color     Color   |                |                      |                |               |           |          |                  |            |   |          |              |                             |       | P               |   |      |
| 04              |  | e Identifi     |                      |                |               |           | ZH5      | 7N78             | 8421       | 0926                                    |          |              |                             |       |                 | Vehicle Identification Number   |      |
| -               |  | e Owner        |                      | ame<br>RAN     | Sa<br>IMF     | me<br>CLL |          |                  | Firs       |   | WAY      |              |                             | MI    |                 | Vehicle Owner Last Name Same First Mi   |      |
| <sup>E</sup> 01 |  | s XIS          |                      |                |               |           |          |                  | City       |   |          |              | State Zi                    | p     |                 | Address Same City State Zip   | 7 9  |
|                 | Towed  |                |                      |                |               |           |          | RON              | G'S        | SER                                     | VIC      | E            |                             |       |                 | Towed Due To Damage By:<br>To:  | - 0  |
| F 01            |  |                |                      | MM             |               | ES.       | 1        |                  |            |   |          |              |                             |       |                 |   |      |
| 01              |  |                | Iraile               | r VIN          | #             |           |          |                  |            |   |          |              |                             |       |                 | Trailer VIN#  |      |
|                 | $\frac{3}{3}$  | 3              | 3                    | 2              |               |           |          | -1               |            |   | <br>1)   | 10           |                             |       |                 |   |      |
|                 | 3  | 3              | 3                    | IJ             |               |           | [ į      | j                | Ĺ          | jį                                      | 1        |              |                             | -64   |                 |   |      |
|                 | 3  | -              | 3                    | 3 <sup>!</sup> | ļ             |           | ]        | l                | I          | 1                                       | 1        | :            | 1 - Sli<br>2 - Mo<br>3 - Se | derat | е               | 1 - Slight<br>2 - Moderate<br>3 - Severe  |      |
| <sup>G</sup> 01 | 3  | U              |                      |                |               | -<br>No   | Proo     |                  | dercar     | rriage                                  |          | Exp. I       |                             | Vere  | _               |   | R    |
|                 | BF   | Number         | OL '                 | WES            | ST IN         | SUI       | RAN      | CE               | CON        | <b>IPA</b>                              | NY       | 1            | 1/07                        | /2014 | 4               | Policy Number   | 15 R |
| <sup>H</sup> 04 | Owner  | Damage         | ed Prop              | Last N         | ame           | G         | 00-5     | 0030             | )14-0      | 1999 B. C.                              | irst     |              |                             | м     | _               | Address City State Zip  |      |
|                 | Owner  | NO:<br>Damage  |                      |                |               | RAD       | 0 T      | RAF              | FIC        | F                                       | irst     |              |                             | MI    | -               | 1712 IST AVENUE         GREELEYCO 80632           Address         Cty   |      |
| 00              | TU   | POS.           | REST.                | ENDO           |               | SAFET     | Y        | AIR              | BAG        | EJCT                                    |          | ECTED        | INJ                         | AGE   | SEX             | Name Address –  |      |
|                 | #  |                |                      |                | -             | <u> </u>  | <b>—</b> |                  | -          |   |          | DRUG         | SEV.                        |       |                 |   | s    |
| <b></b>         | 1  | 1              | 3                    | 0              | B             | 1         | A        | 2                | B          | 0                                       | 2        | 2            | 4                           | 19    | F               | TRAMMELL, SALLY A 1   | s    |
|                 | 1  | 3              | 0                    | 0              | B             | 1         | A        | 1                | A          | 0                                       | 2        | 2            | 4                           | 18    | F               | JUANES, JOSEPHINE R 3   |      |
|                 |  |                |                      |                |               | -         | -        | -                | <u> </u>   |   |          |              |                             |       |                 | <u> </u>  |      |
|                 |  |                |                      | -              |               | -         |          |                  | -          |   |          |              |                             |       |                 |   | 00 T |
|                 |  |                |                      |                |               | -         | -        | —                |            |   |          |              |                             | -     |                 |   | T    |
|                 |  | -              | -                    |                | 342           | -         |          |                  |            |   |          |              | _                           | -     |                 |   | ]    |
|                 |  |                |                      |                |               |           |          |                  |            |   |          |              |                             |       |                 |   |      |
|                 | Appr   | roved          | Ву                   |                |               |           | -        |                  |            | 755                                     | 2        |              |                             |       |                 | I.D.# 7552 Date 8/16/2014   |      |

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EARS ID:

Page 1 of 3 DOR CODE Case # Accident Date Agency AA HH 14519802 3B-14-1521 08/09/2014 **Colorado State Patrol** Describe Accident AA VEHICLE #1 WAS EASTBOUND ON INTERSTATE 76 IN THE WESTBOUND LANES NEAR MILEPOST 85 IN HH THE LEFT (#1) LANE, APPROACHING THE WEST EDGE OF A CONSTRUCTION ZONE. THE FRONT END OF VEHICLE #1 IMPACTED THE END OF A CONCRETE JERSEY BARRIER WHICH WAS IN THE LEFT RB LANE AS TEMPORARY TRAFFIC CONTROL FOR THE WESTBOUND TRAFFIC LANES AS THEY EXITED THE CONSTRUCTION ZONE. THE IMPACT OF VEHICLE #1 INTO THE CONCRETE BARRIER CAUSED J. VEHICLE #1 TO ROTATED SLIGHTLY LESS THAN ONE-OUARTER ROTATION COUNTER-CLOCKWISE. VEHICLE #1 CAME TO FINAL REST ON ITS WHEELS FACING NORTHEAST, PARTIALLY IN THE LEFT JJ CC LANE AND PARTIALLY ON THE INSIDE (MEDIAN) SHOULDER, WITH ITS FRONT END APPROXIMATELY TWO FEET AWAY FROM THE CONCRETE JERSEY BARRIER. CC KK DD кк DD LL EE Not To Scale LL EE 3B141521 MM 10' MM Interstate 76 To Ft. Morgan Westbound Lanes 12 **Dry Concrete** Concrete Jersey Barrier 12 4 No visible marks on GG NN roadway prior to impact. T Carrier Name NN GG US DOT State DOT ICC 🗌 U # Carrier Identification # Address GG NN 1 ,, Т **Carrier Name** US DOT State DOT ICC 🗌 GG U NN # Carrier Identification # Address 0

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9-003

|    | ST   | RADC   | TE         | ÁRTMI     | F             | СС         | DL          |          | <b>RA</b><br>DER | DC<br>\$1.0   |   |                 |                   |              |               |   |   |            |             |                 | M<br>Ti<br>Di | OTOR<br>RAFFIC<br>ENVER | DF COLORADO<br>VEHICLE<br>CE RECORDS<br>R, CO 80281-0016<br><b>f 8 Pages</b> |              |
|----|--|--|------------|-----------|---------------|------------|-------------|----------|------------------|---|---|-----------------|-------------------|--------------|---------------|---|---|------------|-------------|-----------------|---------------|-------------------------|--|--------------|
|    |  | COOT COME<br>1-070A-28896  ☐ INTERSTATE HWY  |            |           |               |            |             |          |                  |   |   |                 |                   |              | HWY NUM<br>70 | REPORT PRIVATE PR<br>HWY NUMBER   |   |            |             |                 |               | <u>o</u> l ugos         | 05   |              |
| 1  | d<br>Case i  |  | <u>, U</u> | 3B-14     |               |            | 20          | 0,       | 0                |   |   | TE E<br>Y ST    |                   |              | חנ            | MILEPOINT   |   |            | 14523986    |                 |               | 12                      |  |              |
|    | Dato of<br>09/   | 02/2   |            |           |               |            |             | City     |                  |   |   | <u>r 5</u> 1.   | /CN               | <u> </u>     | Agen          | <sup>ry</sup> Color   | ado St  | ate Patrol |             | County<br>ADAMS |               |                         | County #   | -            |
|    | Time (3  | 24Hr.)<br>1855   | 5          | Offici    | er Numt<br>56 |            |             | L        | Officer          | Name  |   | MIDI            | DLE'              | ΓΟΝ          | LL            |   |   | Signature  | I           |                 |               | -                       | Detail   | ┥            |
| /  | Number Kiled Number Injured Location Route, Street, Road M |  |            |           |               |            |             |          |                  | Miles         184         Feet         N I E I S I W X         OF:  |   |                 |                   |              |               |   | - 0'  |            |             |                 |               |                         |  |              |
| 7  |  |  |            |           |               |            |             |          |                  |   |   | AT:MILEPOST 289 |                   |              |               |   |   |            | 6           |                 |               |                         |  |              |
| 7  | Agency Code Investigated @ Total Vehicles District Number  |  |            |           |               |            |             |          | Latit            | itude 39 - 44 - 24,95 Longitude 104 - 43 - 14,30<br>Public Property Photos Taken Railroad Crossing Const. Zone Highway Bridge<br>Employee V Related Related V Interchange V Related |   |                 |                   |              |               |   | ┫   |            |             |                 |               |                         |  |              |
| 7  | Traffic Unit   |  |            |           |               |            |             |          |                  |   | 3   |                 |                   | 3B           |               | Traffic Unit  | X   |            |             |                 |               | _                       | A  | 0            |
| -  | Last Na  | -  | Xv         |           | Parke         |            | Bicycle     | Pe       | destria<br>Firs  |   | m-Vel                                     |                 | Non-C             | MI           |               | Last Name   | XVeh<br>WD                                      |            | licycle Per | First           | Non-Ve        | -                       | Non-Contact Vel  |              |
|    | Street   | GARCIA EMILIO<br>Street Address<br>707 NE FREEMAN AVE 785-383-8269<br>Cay TOPEKA KS 2p 66616     |            |           |               |            |             |          |                  | 0   | Street Address Personal PHone 303-622-639 |                 |                   |              |               |   |   | ┦.         |             |                 |               |                         |  |              |
|    | City   |  |            |           |               |            |             |          |                  | 0   | Cay STRASBURG CO 80136 Bus. Phone         |                 |                   |              |               |   | 6   |            |             |                 |               |                         |  |              |
|    | Drivers  | Licens   |            |           |               | 143        | 3           | 1.0      | CDL              | . 6   | ate                                       | Sex D<br>M      | ов 2<br>05/8      | 2/10         | DA            | Drivers License N   | lumber  | 56-8404    |             | CDL             | State<br>CO   | Sex (<br>M              | ов 01/20/1952  | 6            |
| 3  | Priman<br>∏DL  | threes License Number 5143 CDD<br>K03-22-5743 CDD<br>timery Violation<br>DUI CARELESS DRIVING CA |            |           |               |            |             |          |                  |   |   |                 |                   |              |               |   | 92-230-3404 CO IVI 01/20/193 Prmary Voldon  DUI |            |             |                 |               | 01/20/1952              | ┦゜   |              |
| -  | Citation Code (Ctation Number<br>42-4-1402(2)(C) 4338497   |  |            |           |               |            |             | ommon    | Code<br>38       |   | Violation Code                            | Citation Number | umber Common Code |              |               | Common Code   | ┺   |            |             |                 |               |                         |  |              |
|    | Year<br>19   |  | Make       |           | <u> </u>      | <br>^A     |             | Model    |                  | MR  | v   | -               | lody Typ          |              |               |   |   | EY DAVI    |             | NA W            | DE G          |                         | 3ody Type<br>MC  | - <u> </u> 7 |
| †) |  | 1992 TOYOTA CAMRY<br>reso Plate Number<br>654GRK State or Country<br>KS                          |            |           |               |            | otor        | BRO      |                  | License Plate Nu  |   |                 | State or (        |              |               |   | GRY   | 5          |             |                 |               |                         |  |              |
| 2  | Vehicle  | Identif  | cation N   |           |               | .TT2       | S<br>KI     | BE3N     |                  |   |   |                 |                   |              |               | Vehicle Identificat   |   | r          | GP1126      |                 |               |                         |  | T            |
|    | Vehicle  | Owner  | Last Na    | AL-       | Sa            | me         |             |          | Firs             | ā   | MER                                       | ALI             | )A                | MI           |               | Vehicle Owner La  | st Name   | XSame      |             | First           |               |                         | MI   | 1            |
| 1  | Addres   |  | ame        | FRI       |               |            |             | C        | City             |   |   | 5               |                   |              |               | Address 📉 Sa  | me  |            |             | City            |               |                         | State Zip  | ┺            |
|    | Towood<br>Tio:   |  |            |           |               |            |             | RT       |                  |   |   | 1-              |                   |              |               | Towed Due To Da<br>To:  | amage 🕅   | By: PRE    | MIER TO     | WIN             | G             |                         |  | 17           |
|    |  | 933  | 9 E 9      | 96TE      | IAV           | E.         |             |          |                  |   |   |                 |                   |              |               | 9339 E 96TH AVE   |   |            |             |                 |               |                         | <b>P0</b>  |              |
| 1  | Trailer VIN#   |  |            |           |               |            |             |          |                  |   |   |                 | 2 - Mo<br>3 - Se  | Trailer VIN# |               |   |   |            |             |                 |               |                         |  |              |
| 1  |  |  |            | UN<br>KEY | ne [<br>INS   | _No<br>UR∕ | Proc<br>ANC | f<br>E C | 0                |   |   | Exp. 0          | Date<br>9/12      | /2014        | 4             | Insurance Company None No Proof Exp. Date<br>FARMERS INSURANCE 10/10/2014 |   |            |             |                 |               | 1                       |  |              |
| 2  | Policy I   |  |            |           |               |            | KK          | 50992    | 2004             |   |   |                 |                   |              |               | Policy Number 184989951   |   |            |             |                 |               | 0                       |  |              |
| _  |  |  | -          | Last N    | _             |            |             |          |                  |   | rst                                       |                 | -                 | MI           |               | Address City State Zip  |   |            |             |                 |               |                         |  |              |
| 0  | TU   |  |            | ENDO.     |               | SAFET      | <b>y</b>    | AIR      | BAG              | EJCT  |   | ECTED           | INJ               |              |               | Address   | <del>.</del>                                    |            | Addre       | City            |               |                         | State Zip  |              |
|    | #  |  |            |           |               | EQUIP      | ,<br>T      |          | <b></b>          |   | ALCO                                      | ORUG            | SEV.              |              | <u> </u>      |   |   |            |             | .33             |               |                         |  | L            |
| _  | 1  | 1  | 0          | 0         | B             | 1          | A           | 2        | B                | 0   | 0   | 0               | 0                 | 20           |               | GARCIA, EN  |   |            |             |                 |               |                         | 2  | ╉            |
|    | 2  | 1  | 0          | 1         | F             | 1          | E           | 0        | A                | 2   | 0   | 0               | 4                 | 62           | M             | WRIGHT, W   | AYNE  |            |             |                 |               |                         |  | -            |
| _  |  | <u> </u>   |            |           |               | -          | $\vdash$    |          |                  |   |   |                 |                   |              |               |   |   |            |             |                 |               | -                       | 5  | -            |
|    |  |  | -          |           |               | -          |             |          |                  |   |   |                 |                   |              |               |   |   | 、          |             |                 |               |                         | <u> </u>   | 0            |
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|    |  |  |            |           | $\vdash$      |            | $\vdash$    |          |                  | -   |   |                 |                   | -            |               |   |   |            |             |                 |               |                         |  | ╀            |
|    |  |  |            |           |               | $\vdash$   | -           | ┢        |                  |   |   |                 |                   | -            | $\vdash$      |   |   |            |             |                 |               |                         |  | -            |
|    | <b>A m m</b>   | ovec   | Bv         | <u> </u>  | <u> </u>      | <u>I</u>   | <u> </u>    | <u> </u> |                  | 526   |   | I               | L                 |              | L             | <u>I</u>  |   | I.D.#      | 520         |                 |               | חו                      | ate 9/30/2014  | ┥            |

EARS ID:

| c               | OLOF  | 47 (02/<br>RADO          | DEPÁ       | RTME                   |          |                 |          |             | • •        |                                  | ~ ~           |                   |                 |                             | ~                                 | MAIL TO: STATE OF COLORADO<br>MOTOR VEHICLE<br>TRAFFICE RECORDS<br>DENVER, CO 80261-0016                                 |
|-----------------|---|--------------------------|------------|------------------------|----------|-----------------|----------|-------------|------------|----------------------------------|---------------|-------------------|-----------------|-----------------------------|-----------------------------------|--|
|                 | E A   | MEN                      |            | 0<br>D/SI              | JPP      | СС<br><u>г.</u> | <b>)</b> |             |            | \$1,0                            | 00            | F)                | cοι             | JNT                         | ER I                              | REPORT PRIVATE PROPERTY Page <u>2 of 8 Pages</u>   |
|                 | CDOT  | INTERSTATE HWY TO MER 70 |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             |                                   | HWY NUMBER<br>70 14523986  |
| <sup>^</sup> 01 | Caso #  |                          |            |                        |          |                 |          |             |            | F                                | STAT          | ЕH                | IWY             | •                           |                                   | MILEPOINT 14525980   |
|                 | (4150 W   |                          | 3          | <b>B-1</b> 4           | 1-168    | 31              |          |             |            | F                                | СІТҮ          | ST/               | (CN)            | ГY F                        |                                   |  |
|                 |   | 1 Accide<br>02/2(        | )14        | 1                      |          |                 |          | City        |            |                                  |               |                   |                 |                             | Ager                              | Colorado State Patrol ADAMS 12   |
|                 | Time (24Hr.) Officer Number Officer N<br>1855 5696            |                          |            |                        |          |                 |          |             |            | Namo                             | М             | DD                | DLE             | TON                         | I, LI                             |  |
| <sup>B</sup> 07 | Number Killed Number Injured Location Route,<br>1 0 INTERSTAT |                          |            |                        |          |                 |          |             |            |                                  |               |                   | Road            | 3                           |                                   | Miles <u>184</u> Feet NDEDSDWX OF:   |
|                 | DATE OF REPORT  |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             | Lati                              | tude :: Longitude ::   |
| <sup>B</sup> 07 |   | y Code                   |            | 112                    |          |                 | in<br>Sc |             | tod @<br>X | Totai '                          | Vehicles<br>3 |                   | Distric         | t Numb                      | 167                               | Public Property Photos Taken Related Crossing Const. Zone Highway Bridge<br>Employee X Related X Interchange X Related 0 |
| <sup>B</sup> 07 | Traffic Unit<br>1 or 3 XVeh Parked Bicycle Pedestria          |                          |            |                        |          |                 |          |             |            |                                  | on-Vehi       |                   |                 | Conta                       | st                                | 1 or Veh Parked Bicycle Pedestrian Non-Vehicle Non-Contact   |
| L               | Last Na   | ame                      |            | WR                     | IGH      | Т               | -        |             | Fin        |                                  | IARG.         | ARJ               |                 | M                           | I                                 | Last Name First Ven Mi   |
|                 | Street Address 52601 E. 19TH AVE                              |                          |            |                        |          |                 |          |             |            |                                  |               | 303               | al Phon<br>-622 | -639                        | 0                                 | Street Address Personal PHone  |
|                 | City  |                          |            | SB                     | URG      |                 |          | State<br>CO | _          | 80136 Bus. Phone                 |               |                   |                 |                             |                                   | City State Zip Bus. Phone 6  |
|                 |   | s Licens                 | 9          | <sup>ber</sup><br>2-12 | 1-25     | 73              |          |             | CDI        | State Sex DOB<br>CO F 08/09/1963 |               |                   |                 |                             |                                   | Drivers License Number CDL State Sex DOB   |
| <sup>C</sup> 03 |   |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             |                                   | Primary Violation  |
|                 |   | on Codi                  |            |                        | _        |                 |          | n Numi      | ber        |                                  |               |                   | commo           |                             |                                   | Viciation Code Citation Number Common Code   |
|                 | Year Make Model SIL   |                          |            |                        |          |                 | ILV      | VERADO PK   |            |                                  |               |                   |                 | Year Mako Model Body Type 3 |                                   |  |
| D <sub>07</sub> | Licens  | e Plate                  |            | MC                     | A        | _               |          | State o     |            | čo                               |               | C                 | iolor<br>(      | GLD                         |                                   | License Pizte Number State or Country Color  |
| <u> </u>        | Vehicie   | e (denti                 | fication   | Numb                   |          | GC              | EK1      | 4X7(        | 5Z13       | 509                              | )             |                   |                 |                             |                                   | Vehicle identification Number  |
|                 | Vehicle Owner Last Name XSame First                           |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 | M                           |                                   | Vehicte Owner Last Name Same First Mi  |
|                 |   |                          |            |                        |          |                 |          |             | Cit        | 11                               |               |                   |                 |                             |                                   | Address Same City State Zip  |
|                 |   |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             | Towed Due To Damage By: 00<br>To: |  |
|                 | 9339 E 96TH AVE   |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             | · · ·                             |  |
| <sup>E</sup> 01 | Trailer VIN#1MDFEBH142A211240                                 |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             | Trailer VIN#                      |  |
|                 |   |                          |            |                        |          |                 |          | 1           |            |                                  | 1 1           |                   |                 |                             |                                   |  |
|                 |   |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             |                                   |  |
|                 |   |                          |            |                        |          |                 |          |             | T          |                                  |               | 1 - Sii<br>2 - Mo |                 | •••                         | 1 - Slight<br>2 - Moderate        |  |
| <u> </u>        |   | U                        | nder       | arria                  | ae       | _               | -        | _ Uno       | terca      | mag                              | 9             |                   | 3 - Se          |                             |                                   | IIIIIIIIIII2 - Moderate<br>Undercarriage Undercarriage 3 - Severe  |
| G <sub>01</sub> | Insura  | nce Co                   | npany<br>F |                        | ne [     |                 | Proo     | 1<br>ANO    | TF.        |                                  |               | Exp. (<br>1       | Date<br>0/10    | /201                        | 4                                 |  |
|                 | Policy  | Numbe                    |            |                        |          |                 |          | 19899       |            |                                  |               | -                 | 0, 10           |                             |                                   | Policy Number  |
| H02             | Öwner   | Damag                    | ed Pro     | p. Last                | Name     |                 |          |             |            | - If                             | First MJ      |                   |                 |                             |                                   | Address City State Zip   |
| 00              | Owner Damaged Prop. Last Name First Mi                        |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             | Address City State Zip            |  |
|                 | TU  | POS.                     | REST.      | ENDO.                  |          | SAFET           | Y        | AIR         | BAG        | EJCT                             | SUSPEC        | TED<br>RUG        | INJ<br>SEV.     | AGE                         | SEX                               | Name Address   |
|                 | 3   | 1                        | 0          | 1                      | В        | 1               | A        | 1           | A          | 0                                | 0             | 0                 | 0               | 51                          | F                                 | WRIGHT, MARGARET   |
|                 |   |                          |            | <u> </u>               | <u> </u> | <u> </u>        |          | -           |            |                                  |               | _                 | <u> </u>        | 01                          | F                                 |  |
|                 |   |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             |                                   |  |
|                 |   |                          |            |                        |          |                 |          |             |            |                                  |               |                   |                 |                             |                                   |  |
| -               |   |                          |            |                        |          | $\vdash$        |          |             |            |                                  |               |                   |                 |                             |                                   | 0  |
|                 |   |                          |            |                        | $\vdash$ | <u> </u>        | ┢        | -           |            |                                  | ╞─┼           | _                 | -               |                             | $\vdash$                          |  |
|                 | -   |                          |            | -                      |          | $\vdash$        | $\vdash$ |             |            |                                  | ╞─┼           |                   |                 |                             | <u> </u>                          | <u> </u>   |
|                 |   |                          |            |                        |          |                 |          |             |            |                                  | ╞╴┼           | _                 |                 |                             | $\vdash$                          |  |
|                 | App   | rove                     | d Bv       | <u> </u>               | <u> </u> | <u> </u>        | 1        |             |            | £74                              | <u>i i</u>    |                   |                 | <u> </u>                    | <u> </u>                          | I.D.# 5268 Date 9/30/2014  |
|                 |   |                          |            |                        |          |                 |          |             |            | 526                              | 10            |                   |                 |                             | -                                 | 5268 9/30/2014   |

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|          |                        |                      |   |                              | Page   | 1_of <u>8</u>                                |  |  |  |  |  |  |  |
|----------|------------------------|----------------------|---|------------------------------|--|--|--|--|--|--|--|--|--|
| AA       | Case #<br>3B-14-1681   | DOR CODE<br>14523986 | Accident Date   | Agency                       |  | нн   |  |  |  |  |  |  |  |
|          | Describe Accident      | 14523986             | 09/02/2014  | Col                          | orado State Patrol   |  |  |  |  |  |  |  |  |
| AA       | Veh #1 was traveling   |                      | terstate 70 in the left la<br>torcycle, was traveling |                              |  |  |  |  |  |  |  |  |  |
| BB       | milepost 289 in the le | ft lane ahead of V   | eh #1. Veh #3, pulling<br>t west of the crash loca    | a trailer, was traveli       | ng westbound on In   | terstate                                     |  |  |  |  |  |  |  |
| BB       | from 2 lanes to 1 lane | in a construction    | zone. Veh #3 began to                                 | slow due to the mer          | ging traffic ahead in  | the JJ                                       |  |  |  |  |  |  |  |
|          |                        |                      | w due to the slowing to                               |                              |  |  |  |  |  |  |  |  |  |
| сс       |                        |                      | t see the motorcycle sl                               | 5                            |  |  |  |  |  |  |  |  |  |
|          |                        |                      | 2 was pushed forward                                  |                              |  |  |  |  |  |  |  |  |  |
| cc       |                        |                      | de of Veh #3's windshi                                |                              |  |  |  |  |  |  |  |  |  |
|          |                        |                      | trailer. Veh #1 was dr<br>f westbound Interstate      |                              |  | •  |  |  |  |  |  |  |  |
|          |                        | 0                    | 2 came to rest in the lo                              |                              |  |  |  |  |  |  |  |  |  |
| DD       | of the roadway. The c  | arriver of venicie # | 2 came to rest in the R                               | sit fanc of westbound        | Interstate 70.   |  |  |  |  |  |  |  |  |
|          |                        | Interst              | ate 70 📲  |                              | Westerned large  | кк   |  |  |  |  |  |  |  |
| DD       | ~~~~                   |                      | ·····   | ······                       | Westbound lanes  | <u>~                                    </u> |  |  |  |  |  |  |  |
|          |                        |                      |   |                              |  |  |  |  |  |  |  |  |  |
| EE       |                        |                      | 1-3   | Median Wall - 3              | <u> </u>   | <b>—</b> –                                   |  |  |  |  |  |  |  |
|          |                        |                      |   |                              |  |  |  |  |  |  |  |  |  |
| EE       | eastbound lanes -      |                      |   |                              |  |  |  |  |  |  |  |  |  |
|          | ES LLOUI U MIS         |                      |   |                              |  |  |  |  |  |  |  |  |  |
|          |                        |                      |   |                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  | ~~   |  |  |  |  |  |  |  |
|          |                        |                      |   |                              |  |  |  |  |  |  |  |  |  |
|          |                        |                      |   |                              |  |  |  |  |  |  |  |  |  |
|          |                        |                      |   |                              | 1  |  |  |  |  |  |  |  |  |
| FF       |                        | ✓ Vehicle            | e #1 Final Rest Veh                                   | icle #2 Final Rest           | _ \  | ММ   |  |  |  |  |  |  |  |
|          |                        | mandra               | mann  |                              | Westbound lanes  |  |  |  |  |  |  |  |  |
| FF       |                        | cine                 | Y   |                              |  | мм   |  |  |  |  |  |  |  |
|          | · -                    |                      |   |                              | -  |  |  |  |  |  |  |  |  |
|          | ~~~~                   | Vehicle t            | #3 Final Rest   |                              | ~  |  |  |  |  |  |  |  |  |
|          | Grassy Medain          |                      |   |                              | Median Wall  |  |  |  |  |  |  |  |  |
|          | _                      |                      |   |                              |  |  |  |  |  |  |  |  |  |
|          | eastbound lanes        |                      |   |                              |  |  |  |  |  |  |  |  |  |
|          |                        |                      |   |                              | ~~~~   |  |  |  |  |  |  |  |  |
|          | Vahiala                | #1 Final Rest        | Vehicle #2 Final Rest                                 | Vehicle #3                   |  |  |  |  |  |  |  |  |  |
|          | 540' wes               | st of POI 2          | 480' west of POI 2                                    | 614' west of POI             | 2  |  |  |  |  |  |  |  |  |
|          | 10' sout               | h of north road edge | 21' south of north road e                             | dge 39' south of north       | road edge  |  |  |  |  |  |  |  |  |
|          |                        | POI 1                | POI 2   |                              |  |  |  |  |  |  |  |  |  |
|          |                        | 184' west            |   | t of POI 1<br>of median wall |  |  |  |  |  |  |  |  |  |
| 66       |                        | 20 north (           | of median wall 24' north                              | of fileulari wall            |  |  |  |  |  |  |  |  |  |
| GG       |                        |                      |   |                              |  | NN   |  |  |  |  |  |  |  |
|          | TIComion Nome          |                      |   |                              |  |  |  |  |  |  |  |  |  |
| GG       | T Carrier Name         |                      |   |                              | ICC State I  |  |  |  |  |  |  |  |  |
|          | # Address              |                      |   | Carrier Identifica           | tion #   | NN   |  |  |  |  |  |  |  |
| GG       | 11                     | ••                   |   |                              |  |  |  |  |  |  |  |  |  |
| GG       |                        |                      |   |                              | And a second |  |  |  |  |  |  |  |  |
| GG<br>GG | T Carrier Name         |                      |   |                              | ICC State  |  |  |  |  |  |  |  |  |
| GG<br>GG |                        |                      |   | US DOT                       |  |  |  |  |  |  |  |  |  |