

HB 10-1014 Report
Calendar Year 2015 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 2015 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 2015. 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 2015, there were a total of four fatal crashes statewide in state highway work zones in which four people died. This is three less crashes and four less fatalities than 2014.

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

In Calendar Year 2015, one CDOT employee fatality, one Subcontractor employee fatality, and two citizen fatalities occurred in work zones. There were no fatal crashes in state highway work areas that involved Contractors.

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

Appendix A contains the accident reporting form for each of the four 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.

Crash 1

Date: May 15, 2015

Location: US 50 at Milepost 209.07

Region 5

Time: 14:30

CDOT Construction Project: Yes

Vehicles Involved: 4

Fatal CDOT employee, contractor, sub-contractor: 1

Fatal Citizen: None

Description of Event: Vehicle #1 was eastbound on SH 50 when the driver lost control and was unable to stop as he approached a group of vehicles stopped for a signal in the work zone. Vehicle #1 collided with the concrete barricades and Vehicle #2, which was traveling eastbound on SH 50 and was pushed into the end of a bridge abutment. Vehicle #1 continued eastbound, collided with a concrete bridge railing, went off the right side of the road and collided with the rear of Vehicle #3, a snowplow that was traveling eastbound on SH 50 and had moved onto the shoulder in an attempt to avoid Vehicle #1. Vehicle #1 continued down an embankment, collided with trees and rolled onto its right side. Vehicle #3 rotated counter-clockwise and rolled $\frac{3}{4}$ time, coming to rest on its left side. As Vehicle #3 rolled, the plow blade hit Vehicle #4 on the roof.

Findings: The District Attorney has not completed their process and released all of the evidence for this crash. Once the evidence is released, the Region will be able to review the event and evaluate whether it warrants changes on future projects of this type.

Crash 2

Date: July 23, 2015

Location: SH 71 D at Milepost 141.09

Region 4

Time: 13:20

CDOT Construction Project: Yes

Vehicles Involved: 2

Fatal CDOT employee, contractor, sub-contractor: 1

Fatal Citizen: None

Description of Event: Vehicle #1, a specially modified construction vehicle equipped with a slow-moving-vehicle triangular sign, an oversized, square orange flag on a pole above the vehicle, and an auxiliary flashing yellow light on top, was northbound straddling the right shoulder lane line just north of milepost 141 on SH 71. Vehicle #2, approaching Vehicle #1 from the rear, slowed and moved to the left as it neared Vehicle #1, straddling the center stripe. Vehicle #1 quickly and fully entered the northbound lane of SH 71 in front of Vehicle #2, and the front end of Vehicle #2 impacted the left rear corner and left side of Vehicle #1. After impact, Vehicle #1 slid off the right side of the roadway, coming to rest in a grassy ditch., and Vehicle #2 rotated clockwise, and spun off the right side of the roadway, across the grassy ditch, rolled $\frac{3}{4}$ time onto its right side and impacted a barb-wire fence.

Findings: The project was reviewed immediately after the crash by the CDOT Project Engineer, an OSHA Inspector, and general contractor and subcontractor personnel, and again the following day by the same group along with the CDOT Region Safety Officer. The traffic control plan and other safety plans were reviewed and all signs and other traffic control devices were found to be adequate. No improvements or major changes were recommended.

Crash 3

Date: July 31, 2015

Location: SB I-25 RTD off-ramp at Milepost 219.01

Region 1

Time: 22:35

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 8800 block of I-25 on the right hand shoulder passing stopped traffic due to construction at excessive speed. Vehicle #1 exited to the marked restricted access (Do Not Enter) RTD bus entrance, impacted the raised curb to the east, continued southeast onto the grass embankment, lost control, and the driver was ejected.

Findings: The work zone was reviewed by CDOT night staff, along with the contractor's Traffic Control Supervisor. The work zone was found to be 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.

Crash 4

Date: August 19, 2015

Location: SH 6G (W 6th Ave. Service Road), 866 feet west of Garrison St. at Milepost 279.66

Region 1

Time: 06:11

CDOT Construction Project: Yes

Vehicles Involved: 1

Fatal CDOT employee, contractor, sub-contractor: None

Fatal Citizen: 1

Description of Event: Vehicle #1 was eastbound approximately 900 feet west of Garrison St. Vehicle #1 spun out of control, left the right side of the roadway approximately 866 feet west of Garrison, collided with construction equipment on the dirt/grass median, rolled over several times, slid for approximately 170 feet as it crossed the W. 6th Ave. service road, and came to rest on its roof facing northbound in the ditch on the south side of the service road.

Findings: CDOT project staff's review of the scene found that the work zone approach signs and reduced speed limit were in good order, the lane shift followed the 55 mph design standards to match the posted speed, and the pavement and pavement markings were in good condition. Project staff noted that instead of skid marks, there were skip marks, indicating a very high rate of speed. The vehicle crashed through the corner of a wooden crate containing the metal pins used to hold together segments of precast Type 7 barrier and a pile of wattles (excelsior filled 12" diameter socks used to contain sediment). While this material was not the cause of the accident, the project engineer determined that they were stored within the clear zone and the contractor was directed to either remove any materials from the clear zone or construct crashworthy protection for them. As a result, a temporary Type 7 concrete containment was constructed for this storage area in compliance with clear zone criteria.

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 evaluates CDOT's processes and procedures as they relate to WZSM at both the program and project levels. The last 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 actions taken by CDOT since the 2014 review:

- Aug. 13, 2015: CDOT's standing Work Zone Task Force held its first meeting. The Task Force will ensure the recommendations listed in the 2014 report are addressed, and will also be responsible for spearheading future work zone improvement initiatives, implementing work zone safety and mobility strategy improvements, and conducting the 2016 work zone safety and mobility process review with FHWA.
- Nov 17, 2015: CDOT hosted the Smarter Work Zones West Region Peer Exchange, which included representatives from CDOT, FHWA and five other western states. The purpose of the peer exchange was to increase the participants' Smarter Work Zone knowledge base. If properly designed and implemented, Smart Work Zone systems can: reduce accidents and save lives by making work zones safer for highway workers and motorists; allow motorists to make better and safer driving decisions as they approach a work zone; provide real-time warnings of delays and suggest alternate routes to travelers, saving time and reducing frustration; reduce congestion and allow more freely flowing traffic; clear incidents more quickly, thereby reducing secondary incidents; and provide for better project coordination.
- Dec. 10, 2015: CDOT, in conjunction with FHWA, hosted a one-day Work Zone Management Capability Maturity Framework (WZMCMF) workshop to assess the Department's current capabilities in the area of Work Zone Management. Key CDOT Region and HQ attendees included representatives from design, maintenance,

specifications and standards, traffic and safety, and transportation systems management and operations, along with officials from the Colorado Contractors Association and FHWA's Colorado Division Office. Workshop facilitators walked participants through the framework, conducted an assessment of the state's current WZM capabilities, and identified actions to improve the state's capabilities. The end result of the workshop was a set of actions for CDOT stakeholders to further cultivate through the Work Zone Task Force as well as bring to leadership in order to enhance the department's current WZM capabilities across the state.

- Jan 20, 2016 – The Work Zone Task Force reviewed the WZMCMF report and prioritized key CMF-identified actions. Four key priority actions were identified as high priority: Performance Measures, Project Coordination, Training, and WZ Credibility Improvements. Working groups were formed for each priority to address the identified action items in each area.

All of the Work Zone Safety and Mobility resources are available online to CDOT personnel for use in designing and constructing projects, many of which can be found at the following public link: <https://www.codot.gov/library/traffic/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 2015, 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 2015. 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 FY16 was a statewide average quality rating of 90%, with no individual projects rated below 85%. The average statewide quality rating for the 26 engineering

projects was 94.7%. There was one construction project of the 26 (21 with prior notification and five with no notification) reviewed with a score below 85%. The statewide average of the 21 construction projects that received notification was 94.5%. The statewide average of the five construction projects that did not receive prior notification was 92.8%. The statewide average for the five maintenance activities was 100.0%.

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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DR 2447 (02/01/06)
COLORADO DEPARTMENT OF REVENUE

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

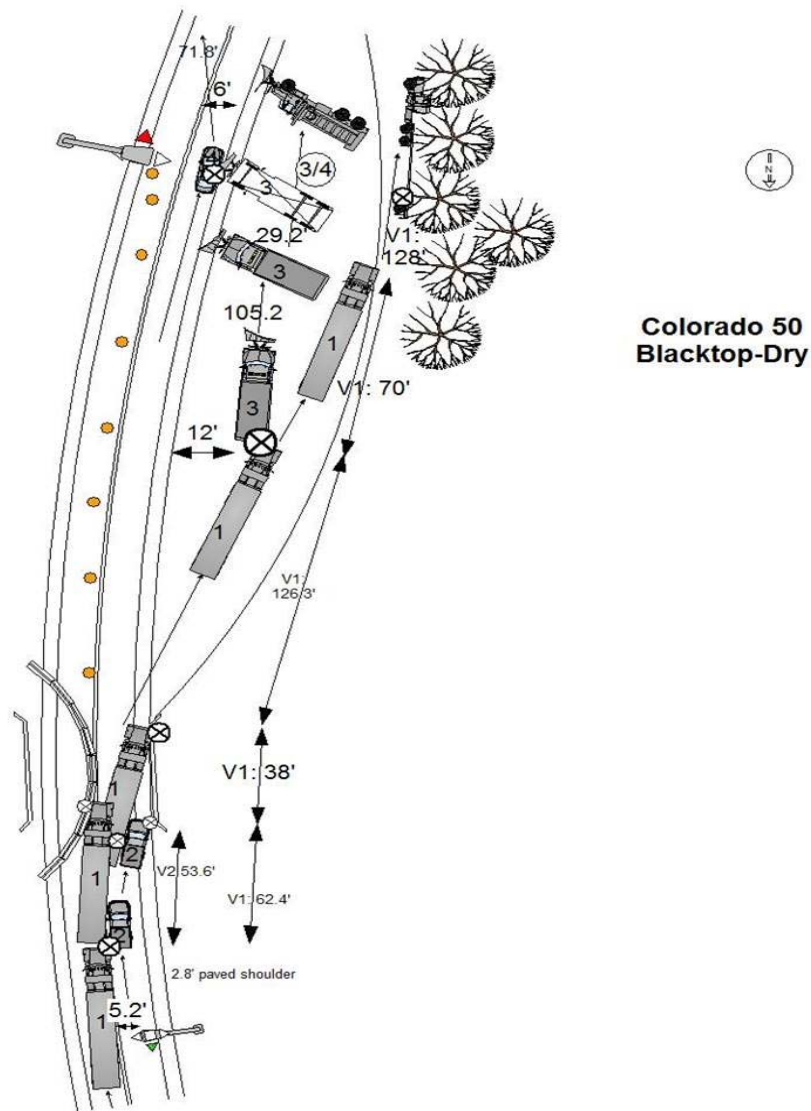
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY **Page 1 of 10 Pages**

| | | | | | | | | | |
|---|-------------------------------|------------------------------|--|---------------------------------|--|-------------------|--|----------------|---------|
| A 01 | CDOT Code | | <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | | HWY NUMBER 50 | | DOR Code | | 01 K |
| | Case # | | | | MILEPOINT | | | | 07 K |
| Date of Accident 05/15/2015 | | City | | Agency Colorado State Patrol | | County CHAFFEE | | County # 31 | |
| Time (24Hr.) 1430 | | Officer Name | | Signature | | Detail CSP | | 03 L | |
| B 07 | Number Killed 1 | | Number Injured 1 | | Location Route, Street, Road 0 Miles 528 Feet | | N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF: | | 03 L |
| | DATE OF REPORT 05/21/2015 | | | | AT: MP 209 | | Latitude :: Longitude :: | | |
| B 01 | Agency Code M03 | | Investigated @ Scene X | | Total Vehicles 4 | | District Number 2A | | 01 M |
| | Public Property Employee X | | Photos Taken X | | Railroad Crossing Related | | Const. Zone Related X | | 01 M |
| B 01 | Traffic Unit 1 or 1 | | X/Veh | | Parked | | Bicycle | | 01 M |
| | Last Name | | First | | MI | | Last Name | | 01 M |
| Street Address | | Personal Phone | | Street Address | | Personal Phone | | | |
| City | | Zip | | Bus. Phone | | City | | 40 N | |
| Drivers License Num | | CDL | | State | | Sex | | 40 N | |
| Primary Violation <input type="checkbox"/> DUI | | Citation Number PENDING | | Common Code | | Violation Code | | 70 P | |
| Year 2009 | | Make PETERBILT | | Model 389 | | Body Type TT | | 10 P | |
| License Plate Num | | State or Country CO | | Color BLU | | Year 2002 | | | |
| Vehicle Identification Number | | State or Country CO | | Color BLK | | Model TACOMA | | | |
| Vehicle Owner Last Name | | First | | MI | | Body Type TK | | | |
| Address | | City | | State | | Zip | | | |
| Towed Due To Damage To: | | By: | | State | | Zip | | 01 Q | |
| Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | 00 Q | |
| 3 3 3 3 2 1 | | 3 3 3 3 2 1 | | 3 3 3 3 2 1 | | 3 3 3 3 3 | | | |
| 2 Undercarriage | | Undercarriage | | Undercarriage | | Undercarriage | | | |
| 1 - Slight | | 2 - Moderate | | 3 - Severe | | 1 - Slight | | | |
| 2 - Moderate | | 3 - Severe | | 1 - Slight | | 2 - Moderate | | | |
| 3 - Severe | | 1 - Slight | | 2 - Moderate | | 3 - Severe | | | |
| G 01 | Insurance C | | Exp | | Insurance Company | | Exp | | 00 R |
| | Policy Number | | Policy Number | | Policy Number | | Policy Number | | 00 R |
| H 01 | Owner Damaged Prop. Last Name | | First | | MI | | Address | | |
| | COLORADO DEPT. OF TRANS | | 4201 E. ARKANSAS | | DENVER | | CO 80222 | | |
| J 00 | TU # | | POS. | | REST. | | ENDO. | | |
| | SAFETY EQUIP | | AIRBAG | | EJCT | | SUSPECTED ALCO DRUG | | |
| INJ SEV. | | AGE | | SEX | | Name | | | |
| Address | | Address | | Address | | Address | | | |
| 1 1 0 1 B 1 A 0 A 2 0 0 3 58 | | 2 1 1 0 B 1 A 2 B 0 0 0 22 M | | | | | | | |
| Approved By | | 3733 | | I.D.# | | 3733 | | Date | |
| | | | | | | | | 5/26/2015 | |

EARS ID:

Vehicle #1 was eastbound on Colorado 50 when driver #1 lost control. Driver #1 was unable to stop as he came upon a group of vehicles stopped for a signal in a construction zone. In the area of the construction zone the westbound lane was closed with concrete barricades. Driver #1 swerved into the westbound lane and collided with the concrete barricades and vehicle #2. Vehicle #2 was traveling eastbound on Colorado 50 and was pushed into the end of a bridge abutment. Vehicle #1 continued eastbound and collided with a concrete bridge railing. Vehicle #1 continued off the right side of the road and collided with the rear of vehicle #3. Vehicle #3, a snowplow, was traveling eastbound on Colorado 50 and moved to the dirt shoulder to avoid vehicle #1. Vehicle #1 continued down an embankment, collided with trees and rolled 1/4 time onto its right side. Vehicle #3 rotated counter-clockwise and rolled 3/4 time coming to rest on its left side. As vehicle #3 rolled, the snow blade hit vehicle #4 on the roof as it traveled eastbound on Colorado 50. Vehicle #4 was driven to the shoulder.



| | | | | | | | |
|--|---------------------------|------------------------------|---|---|------------------------------------|--|------|
| A 01 | CDOT Code | | <input type="checkbox"/> INTERSTATE HWY HWY NUMBER 50 | | DOR Code | | 01 K |
| | Case # | | <input checked="" type="checkbox"/> STATE HWY MILEPOINT | | | | 05 K |
| Date of Accident 05/15/2015 | | City | | Agency Colorado State Patrol | | County CHAFFEE County # 31 | |
| Time (24Hr.) 1430 | | Officer | | Officer Name | | Signature | |
| Number Killed 1 | | Number Injured 1 | | Location Route, Street, Road 0 Miles 528 Feet | | N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF: | |
| B 07 | DATE OF REPORT 05/21/2015 | | COLORADO 50 | | <input type="checkbox"/> AT:MP 209 | | 03 L |
| B 01 | Agency Code M03 | | Investigated @ Scene X | | Total Vehicles 4 | | 03 L |
| Traffic Unit 1 or 3 | | X Veh | | Parked | | Bicycle | |
| Last Name | | First | | Veh | | MI | |
| Street Address | | Personal Phone | | Street Address | | Personal Phone | |
| City | | Zip | | Bus. Phone | | City | |
| Drivers License Num | | CDL | | State CO | | Sex M | |
| Primary Violation <input type="checkbox"/> DUI | | Violation Code | | Citation Number | | Common Code | |
| Year 2005 | | Make INTERNATIONA | | Model | | Body Type TT | |
| License Plate | | State or Country CO | | Color ORG | | Year 1994 | |
| Vehicle Identification Number | | State or Country CO | | Color WHI | | Make SUBARU | |
| Vehicle | | First | | MI | | Model LEGACY | |
| Vehicle Owner Last Name | | First | | MI | | Body Type SD | |
| Address | | City | | State | | Zip | |
| Towed Due To Damage X By: | | To: | | Towed Due To Damage X By: | | To: | |
| Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | |
| Undercarriage | | Undercarriage | | Undercarriage | | Undercarriage | |
| Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof SELF INSURED | | Exp. Date | | Insurance Company | | Exp | |
| Policy Number | | Policy Number | | Policy Number | | Policy Number | |
| Owner Damaged Prop. Last Name | | First | | MI | | Address | |
| Owner Damaged Prop. Last Name | | First | | MI | | Address | |
| TU # | | POS. | | REST. | | ENDO. | |
| SAFETY EQUIP | | AIRBAG | | EJCT | | SUSPECTED ALCO DRUG | |
| INJ SEV. | | AGE | | SEX | | Name | |
| Address | | Address | | Address | | Address | |
| 3 1 0 1 B 1 A 0 A 0 0 0 4 60 | | 3 1 0 1 B 1 A 0 A 0 0 0 1 64 | | | | | |
| Approved By 3733 | | I.D.# 3733 | | Date 5/26/2015 | | EARS ID: | |

| | | | | | | |
|------|--|----------|--------------------------|------------------------------|----|----|
| AA 2 | Case # | DOR CODE | Accident Date 05/15/2015 | Agency Colorado State Patrol | HH | |
| AA | Describe Accident | | | | | HH |
| BB | VEHICLE #1 WAS EASTBOUND ON COLORADO 50 WHEN DRIVER #1 LOST CONTROL. DRIVER #1 WAS UNABLE TO STOP AS HE CAME UPON A GROUP OF VEHICLES STOPPED FOR A SIGNAL IN A CONSTRUCTION ZONE. IN THE AREA OF THE CONSTRUCTION ZONE THE WESTBOUND LANE WAS | | | | | |

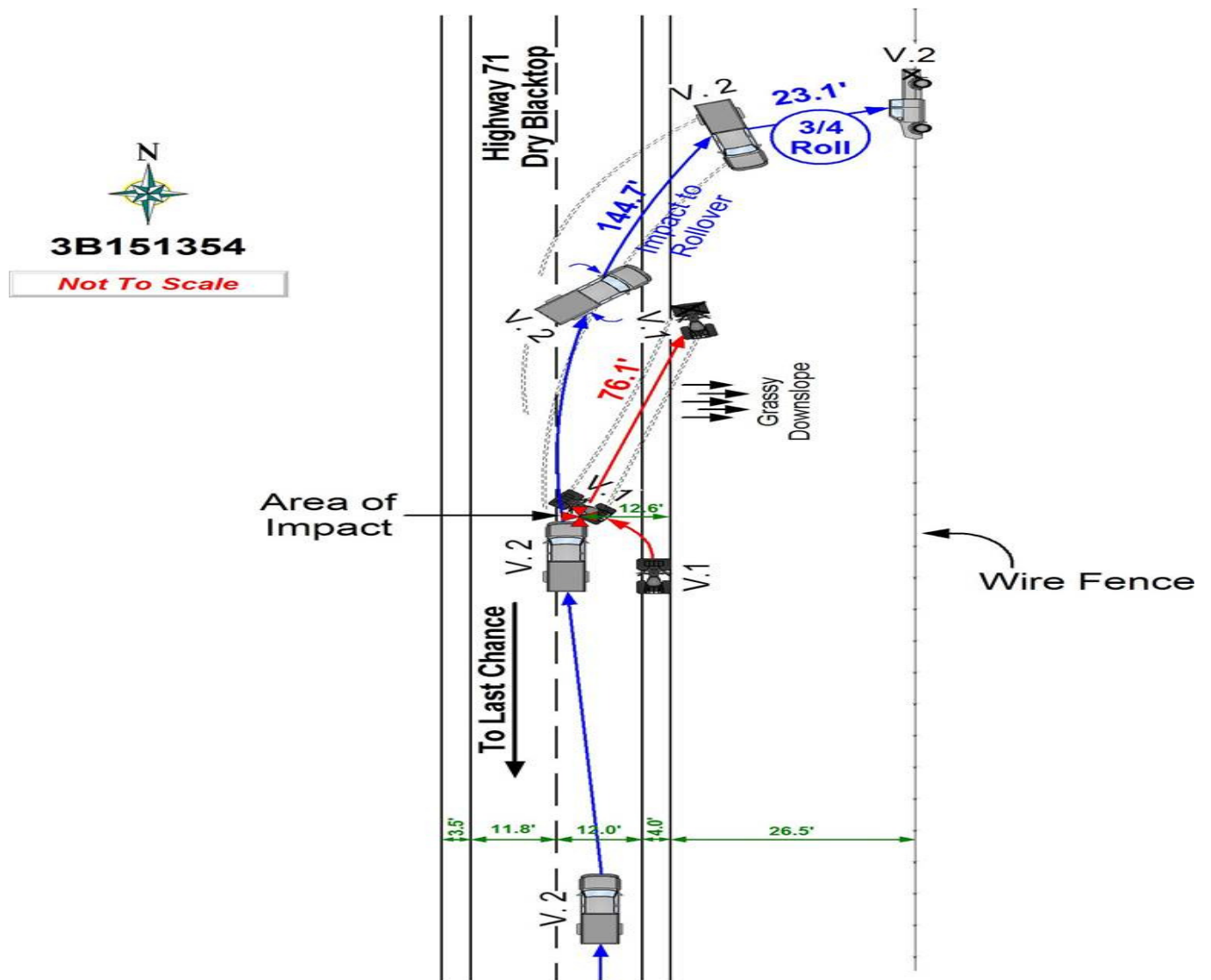
| <p>IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES</p> <p style="text-align: center;">CHAFFEE COUNTY FIRE</p> <hr/> <p>TRAFFICWAY FLOW</p> <p>01. Not Divided (Two Way) 04</p> <p>02. Divided, Median W/O Barrier</p> <p>03. Divided, Median W/Barrier</p> <p>04. One Way</p> <hr/> <p>NUMBER OF TRAVEL LANES If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half.</p> <p style="text-align: right;">2</p> | <p>Maneuver</p> <p>01. Braking (Skid marks evident) 4 4 0 0</p> <p>HAZARDOUS MATERIALS INVOLVEMENT</p> <p>00. No Fire/Haz-Mat Cargo Not Involved Traffic Unit #1 or 1 Traffic Unit #2 or 1 Traffic Unit #3 or 2 Traffic Unit #4 or 2</p> <p>01. Fire/Haz-Mat Cargo Not Involved</p> <p>02. No Fire/Haz-Mat Incident</p> <p>03. Vehicle Fire/Haz-Mat Cargo Not Involved</p> <p>04. Vehicle Fire/Haz-Mat Incident 03 3 0 0</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>TRAFFIC CONTROL DEVICE FUNCTIONING</p> <p>01. No Controls</p> <p>02. Not Functioning 04</p> <p>03. Functioning Improperly</p> <p>04. Functioning Properly</p> <p>05. Unknown</p> <p style="text-align: right;">List the Most Significant Types of Traffic Control Devices</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">MUST BE COMPLETED FOR ALL PERSONS INVOLVED, EXCEPT UNINJURED BUS/RAILWAY PASSENGERS</p> <p>(A) Traffic Unit Number (list Traffic Unit Number as on DR 2447)</p> <p>(B) Position In Vehicle</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">14</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">06</td> <td style="text-align: center;">09</td> <td style="text-align: center;">10/11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">05</td> <td style="text-align: center;">08</td> <td style="text-align: center;">10/11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">04</td> <td style="text-align: center;">07</td> <td style="text-align: center;">10/11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> </tr> </table> <p>(C) Ejection Path</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>00 Not Ejected/Not applicable</td> <td>04 Through back window</td> <td>08 Other path (eg. back of pickup)</td> </tr> <tr> <td>01 Through Side Door Opening</td> <td>05 Through Back Door/Tail Gate Opening</td> <td>09 Unknown</td> </tr> <tr> <td>02 Through Side Window</td> <td>06 Through Roof Opening (sun roof/convertible top down)</td> <td></td> </tr> <tr> <td>03 Through Windshield</td> <td>07 Through Roof (convertible top up)</td> <td></td> </tr> </table> <p>(D) Alcohol Suspected (Officer Opinion Only)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Yes ></td> <td>01 Preliminary Breath Test</td> <td>04 Passive Alcohol Sensor</td> <td>No ></td> <td>06 Preliminary Breath Test</td> <td>09 Passive Alcohol Sensor</td> </tr> <tr> <td></td> <td>02 SFST</td> <td>05 Other Method</td> <td></td> <td>07 SFST</td> <td>10 Other Method</td> </tr> <tr> <td></td> <td>03 Observed</td> <td></td> <td></td> <td>08 Observed</td> <td></td> </tr> </table> <p>(E) Tested for Alcohol</p> <table style="width: 100%; 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border-collapse: collapse;"> <tr> <td>00 No</td> <td>01 Yes</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 20%;">Taken To</th> <th style="width: 20%;">Expired Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | 14 | | | | | | | | | 03 | 06 | 09 | 10/11 | 12 | 13 | 14 | 15 | 16 | 02 | 05 | 08 | 10/11 | 12 | 13 | 14 | 15 | 16 | 01 | 04 | 07 | 10/11 | 12 | 13 | 14 | 15 | 16 | 00 Not Ejected/Not applicable | 04 Through back window | 08 Other path (eg. back of pickup) | 01 Through Side Door Opening | 05 Through Back Door/Tail Gate Opening | 09 Unknown | 02 Through Side Window | 06 Through Roof Opening (sun roof/convertible top down) | | 03 Through Windshield | 07 Through Roof (convertible top up) | | Yes > | 01 Preliminary Breath Test | 04 Passive Alcohol Sensor | No > | 06 Preliminary Breath Test | 09 Passive Alcohol Sensor | | 02 SFST | 05 Other Method | | 07 SFST | 10 Other Method | | 03 Observed | | | 08 Observed | | 00 Not Tested | 03 Urine | 06 By Coroner | 01 Blood | 04 Urine | | 02 Breath | 05 Refusal | | Yes > | 01 Drug Recognition Expert | No > | 05 Drug Recognition Expert | | 02 SFST | | 06 SFST | | 03 Observed | | 07 Observed | | 04 Other | | 08 Other | 00 Not Tested | 02 Breath | 04 Other | 06 By Coroner | 01 Blood | 03 Urine | 05 Refusal | | 00 No | 01 Yes | Name | Taken To | Expired Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 00 Not Ejected/Not applicable | 04 Through back window | 08 Other path (eg. back of pickup) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Through Side Door Opening | 05 Through Back Door/Tail Gate Opening | 09 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Through Side Window | 06 Through Roof Opening (sun roof/convertible top down) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 Through Windshield | 07 Through Roof (convertible top up) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes > | 01 Preliminary Breath Test | 04 Passive Alcohol Sensor | No > | 06 Preliminary Breath Test | 09 Passive Alcohol Sensor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 02 SFST | 05 Other Method | | 07 SFST | 10 Other Method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 03 Observed | | | 08 Observed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 00 Not Tested | 03 Urine | 06 By Coroner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Blood | 04 Urine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Breath | 05 Refusal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes > | 01 Drug Recognition Expert | No > | 05 Drug Recognition Expert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 02 SFST | | 06 SFST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 03 Observed | | 07 Observed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 04 Other | | 08 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 00 Not Tested | 02 Breath | 04 Other | 06 By Coroner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Blood | 03 Urine | 05 Refusal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 00 No | 01 Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Taken To | Expired Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

| | | | |
|--|-----|--|---------------------------------|
| Case # | DOR | Accident Date 05/15/2015 | Agency Colorado State Patrol |
| <p>EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)</p> <p>Time Notified</p> <p>Time Arrived @ Scene</p> <p>Time Arrived @ Hospital</p> | | <p>ACCIDENT AVOIDANCE MANEUVER</p> <p>00. Avoidance Manuever</p> <p>01. Braking</p> <p style="text-align: right;">Traffic Unit #1 or 3 Traffic Unit #2 or 3 Traffic Unit #3 or 4 Traffic Unit #4 or 4</p> <p style="text-align: right;">6 6 0 0</p> | |
| <p>IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES</p> <p style="text-align: center;">CHAFFEE COUNTY FIRE</p> | | | |

| TRAFFICWAY FLOW 01. Not Divided (Two Way) 02. Divided, Median W/O Barrier 03. Divided, Median W/Barrier 04. One Way | 04 | FIRE/HAZARDOUS MATERIALS INVOLVEMENT 01. No Fire/No Haz-Mat Cargo 02. No Fire/Haz-Mat Cargo Not Involved 03. No Fire/Haz-Mat Incident 04. Vehicle Fire/No Haz-Mat Cargo 05. Vehicle Fire/Haz-Mat Cargo Not Involved 06. Vehicle Fire/Haz-Mat Incident 07. Braking 08. Skid marks evident) | 00 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|--|------|-------------|----|--|--|----------|--------------|--|------|--|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NUMBER OF TRAVEL LANES If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half. | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAFFIC CONTROL DEVICE FUNCTIONING 01. No Controls 02. Not Functioning 03. Functioning Improperly 04. Functioning Properly 05. Unknown | 04 | List the Most Significant Types of Traffic Control Devices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUST BE COMPLETED FOR ALL PERSONS INVOLVED, EXCEPT UNINJURED BUS/RAILWAY PASSENGERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) Traffic Unit Number (list Traffic Unit Number as on DR 2447) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) Position In Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| < | 03 | 06 | 09 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| < | 02 | 05 | 08 | 10/11 12 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| < | 01 | 04 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Ejection Path 00 Not Ejected/Not applicable 01 Through Side Door Opening 02 Through Side Window 03 Through Windshield 04 Through Back Window 05 Through Back Door/Tail Gate Opening 06 Through Roof Opening (sun roof/convertible top down) 07 Through Roof (convertible top up) 08 Other path (eg. back of pickup) 09 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) Alcohol Suspected (Officer Opinion Only) Yes > 01 Preliminary Breath Test 02 SFST 03 Observed 04 Passive Alcohol Sensor 05 Other Method No > 06 Preliminary Breath Test 07 SFST 08 Observed 09 Passive Alcohol Sensor 10 Other Method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (E) Tested for Alcohol 00 Not Tested 01 Blood 02 Breath 03 Urine 04 Urine 05 Refusal 06 By Coroner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F) Other Drug/Impairment Suspected (Officer Opinion Only) Yes > 01 Drug Recognition Expert 02 SFST 03 Observed 04 Other No > 05 Drug Recognition Expert 06 SFST 07 Observed 08 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (G) Tested for Other Drugs 00 Not Tested 01 Blood 02 Breath 03 Urine 04 Other 05 Refusal 06 By Coroner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (H) Dead at Scene 00 No 01 Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:20%;">Taken To</th> <th colspan="2" style="width:30%;">Expired Time</th> </tr> <tr> <th style="text-align: center;">Name</th> <th></th> <th style="text-align: center;">Date</th> <th style="text-align: center;">Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | | | Taken To | Expired Time | | Name | | Date | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Taken To | Expired Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Date | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Vehicle #1, a specially modified construction vehicle, essentially a Yamaha golf cart, was northbound on the right shoulder and partially in the northbound traffic lane just north of milepost 141 on highway 71. Vehicle #1 was equipped with a slow-moving-vehicle triangular sign, and an additional oversized, square orange flag on a pole above the vehicle, and an auxiliary flashing yellow light on the top. Vehicle #1 was driving in a marked and active construction zone. Vehicle #2 was northbound, in the northbound lanes on highway 71, just passing milepost 141, approaching vehicle #1 from the rear. Vehicle #2 began to slow and move to the left as it neared vehicle #1. As vehicle #2 continued north, straddling the center stripe, vehicle #1 began to enter the northbound lane of the roadway, and quickly and fully entered the northbound lane of highway 71 in front of vehicle #2. The front end of vehicle #2 impacted the left rear corner and the left side of vehicle #1. After impact, vehicle #1 was redirected to the northeast, and slid off the east (right) side of the roadway, coming to rest on its wheels in the grassy ditch. After impact, vehicle #2 began to rotate clockwise, and spun off the right side of the roadway, and across the grassy ditch, rolling three-quarter's time onto its right side while impacting a barb-wire fence. Vehicle #2 came to final rest on its right side, on top of the fence and partially in a farm field, facing south.



01/23/2015

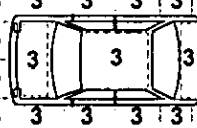
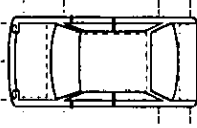
Colorado State Patrol

| | | | | | | | |
|---|----------------------|-------------------------|---|----------------------|----------------------|----------------------|----------------------|
| EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time) | | | ACCIDENT AVOIDANCE MANEUVER | | | | |
| Time Notified | Time Arrived @ Scene | Time Arrived @ Hospital | 00. Avoidance Maneuver 01. Braking (Skid marks evident) 02. Braking (Per driver, no skid marks evident) 03. Braking (Per witness, no skid marks evident) 04. Steering (Evidence or stated) 05. Steering & Braking (Evidence or stated) 06. Other Avoidance Maneuver | Traffic Unit #1 or 1 | Traffic Unit #2 or 1 | Traffic Unit #3 or 2 | Traffic Unit #4 or 2 |
| IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES WASHINGTON COUNTY AMBULANCE SERVICE; VOLUNTEER FIR | | | 0 | 0 | 4 | 4 | |
| TRAFFICWAY FLOW 01. Not Divided (Two Way) <input checked="checked" type="checkbox"/> 02. Divided, Median W/O Barrier 03. Divided, Median W/Barrier 04. One Way | | | FIRE/HAZARDOUS MATERIALS INVOLVEMENT | | | | |
| NUMBER OF TRAVEL LANES If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half. | | | 00 | 0 | | | |
| TRAFFIC CONTROL DEVICE FUNCTIONING 01. No Controls 02. Not Functioning 03. Functioning Improperly 04. Functioning Properly 05. Unknown | | | List the Most Significant Types of Traffic Control Devices <input checked="checked" type="checkbox"/> 01 | | | | |
| MUST BE COMPLETED FOR ALL PERSONS INVOLVED, EXCEPT UNINJURED BUS/RAILWAY PASSENGERS | | | | | | | |
| (A) Traffic Unit Number (list Traffic Unit Number as on DR 2447) | | | | | | | |
| (B) Position In Vehicle | | | | | | | |
| 14 | | | | | | | |
| < | 03 | 06 | 09 | | | | |
| | 02 | 05 | 08 | 10/11 12 | 13 | | |
| < | 01 | 04 | 07 | | | | |
| 01 Driver 02 09 Passengers 10 Other ENCLOSED passenger/cargo area 11 Other UNENCLOSED passenger/cargo area 12 Sleeper section of truck cab 13 Trailer 14 Riding/hanging to exterior 15 Pedestrian | | | | | | | |
| (C) Ejection Path | | | | | | | |
| 00 Not Ejected/Not applicable 01 Through Side Door Opening 02 Through Side Window 03 Through Windshield 04 Through back window 05 Through Back Door/Tail Gate Opening 06 Through Roof Opening (sun roof/convertible top down) 07 Through Roof (convertible top up) 08 Other path (eg. back of pickup) 09 Unknown | | | | | | | |
| (D) Alcohol Suspected (Officer Opinion Only) | | | | | | | |
| Yes > 01 Preliminary Breath Test 02 SFST 03 Observed 04 Passive Alcohol Sensor 05 Other Method No > 06 Preliminary Breath Test 07 SFST 08 Observed 09 Passive Alcohol Sensor 10 Other Method | | | | | | | |
| (E) Tested for Alcohol | | | | | | | |
| 00 Not Tested 01 Blood 02 Breath 03 Urine 04 Urine 05 Refusal 06 By Coroner | | | | | | | |
| (F) Other Drug/Impairment Suspected (Officer Opinion Only) | | | | | | | |
| Yes > 01 Drug Recognition Expert 02 SFST 03 Observed 04 Other No > 05 Drug Recognition Expert 06 SFST 07 Observed 08 Other | | | | | | | |
| (G) Tested for Other Drugs | | | | | | | |
| 00 Not Tested 01 Blood 02 Breath 03 Urine 04 Other 05 Refusal 06 By Coroner | | | | | | | |
| (H) Dead at Scene | | | | | | | |
| 00 No 01 Yes | | | | | | | |
| Name | | | Taken To | | Expired Time | | |
| Date | | | Date | | Time | | |
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7033

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

| | | | | | | | | | | | | | | | | | | | |
|---------|-------------------------------|--|--|--|-------------------------------|--|---|---|-----------------|-------------------------------------|------------------------------|--------------------------|------------------------|-------------------------------------|----------------------|--------------------------|-------------------|--------------------------|----|
| A 02 | CDOT Code | <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD | HWY NUMBER 0 2 5 MILEPOINT <input type="checkbox"/> | DOR Code | 12 | | | | | | | | | | | | | | |
| | Case # | | | | | | | | | | | | | | | | | | |
| B 29 | Date of Accident | 07/31/2015 | City | THORNTON | Agency | THORNTON POLICE DEPTME | County | 12 ADAMS | County # | A | 05 | | | | | | | | |
| | Time (24 Hr.) | 2235 | Officer Number | | Officer Name | | Signature | | Detail | T | | | | | | | | | |
| B 40 | Number Killed | 1 | Number Injured | 0 | Location | 8700 SB I-25 RTD OFF RAMP | | | Miles | | Feet | | 16 | | | | | | |
| | Date of Report | 07/31/2015 | | Latitude | 00:00:00.0000 | | Longitude | 000:00:00.0000 | | | | | | | | | | | |
| B 40 | Agency Code | Investigated <input checked="" type="checkbox"/> Scene | Total Vehicles | 1 | District Number | D1 | Public Property/ Employee | <input type="checkbox"/> | Photos Taken | <input checked="" type="checkbox"/> | Railroad Crossing Related | <input type="checkbox"/> | Const. Zone Related | <input checked="" type="checkbox"/> | Highway Interchg. | <input type="checkbox"/> | Bridge Related | <input type="checkbox"/> | 55 |
| | Traffic Unit # 1 or 1 | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh. | | | Traffic Unit # 2 or NA | | | | | | | | | | | | | | |
| C 03 | Last Name | First | MI | | | Last Name | First | MI | | | | | | | | | | | 80 |
| | Street Address | | | | Street Address | | | | Personal Phone | | | | | | | | | | |
| D 02 | City | | | State | ZIP | City | | | Bus. Phone | | | | | | | | | | 16 |
| | Driver License | | | | Driver License Number | | CDL | State | Sex | DOB | | | | | | | | | |
| E 04 | Primary Violation | <input type="checkbox"/> DUI | | RECKLESS DRIVING | | Violation Code | 42-4-1401 | | Citation Number | NONE | | Common Code | T2 | | | | | | 05 |
| | Year | 2008 | Make | SUZUKI / COLT | Model | MOTORCYCLE | | Body Type | MC | | | | | | | | | | |
| F 01 | License Plate Number | | | State or Country | CO | | Color | BLK | | | | | | | | | | | |
| | Vehicle Identification Number | | | | Vehicle Identification Number | | | | | | | | | | | | | | |
| G 01 | Vehicle Owner Last Name | <input checked="" type="checkbox"/> Same | | First | MI | Vehicle Owner Last Name | <input type="checkbox"/> Same | | First | MI | | | | | | | | | |
| | Address | <input checked="" type="checkbox"/> Same | | City | State | ZIP | Address | <input type="checkbox"/> Same | | City | State | ZIP | | | | | | | |
| H 04 | Towed Due to Damage | <input checked="" type="checkbox"/> By: [Redacted] | | | | Towed Due to Damage | <input type="checkbox"/> By: [Redacted] | | | | | | | | | | | | |
| | To: | | | | To: | | | | | | | | | | | | | | |
| I 00 | Trailer VIN# | 3 3 3 3 3 3 | |  | | 1 - Slight 2 - Moderate 3 - Severe | | Undercarriage | | | | | | | | | | | |
| | Trailer VIN# | | |  | | | | Undercarriage | | | | | | | | | | | |
| J 00 | Insurance Company | <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof | | Exp. Date | | | Insurance Company | <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp. Date | | | | | | | | | |
| | Policy Number | | | | Policy Number | | | | | | | | | | | | | | |
| J 00 | Owner Damaged Prop. | Last Name | First | MI | Address | City | State | ZIP | | | | | | | | | | | |
| | Owner Damaged Prop. | Last Name | First | MI | Address | City | State | ZIP | | | | | | | | | | | |
| J 00 | T.U. # | POS. | REST | ENDO | SAFETY EQUIP. | AIR BAG | EJECT | SUSPECTED ALCO/DRUG | INJ. SEV. | AGE | SEX | NAME / ADDRESS | | | | | | | |
| | 1 | 01 | 00 | 01 | F 00 E | 00 A | 02 | 02 02 | 04 | 27 | M | [Redacted] | | | | | | | |
| J 00 | Approved By | | | | I. D. # | | | | Date | | | | | | | | | | |

| | | | | |
|----|--------|----------|-----------------------------|--------------------------------------|
| AA | Case # | DOR CODE | Accident Date 07/31/2015 | Agency THORNTON POLICE DEPARTMENT |
|----|--------|----------|-----------------------------|--------------------------------------|

Describe Accident

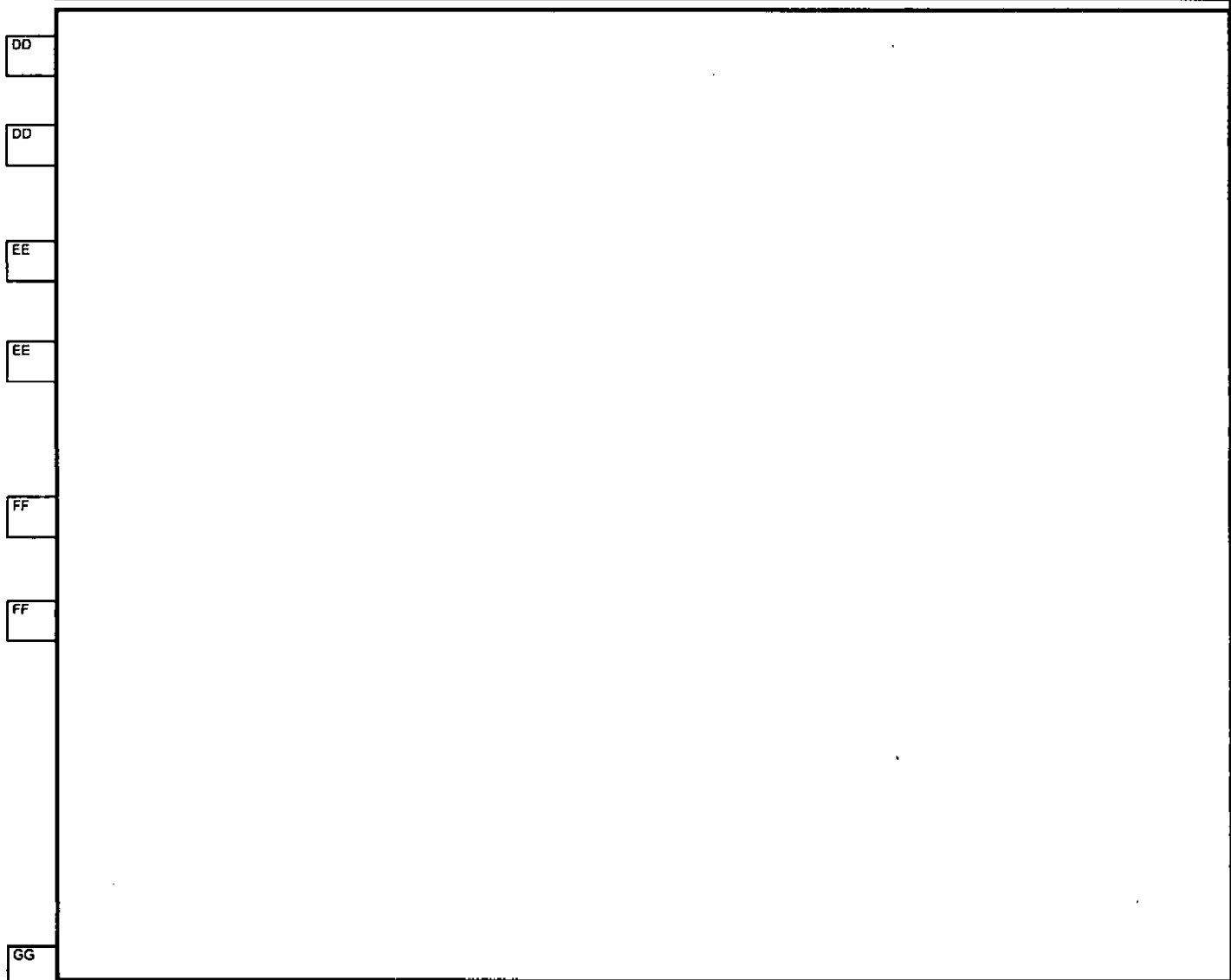
AA TU#1 southbound in the 8800 block of I-25 on right hand shoulder passing stopped traffic due to construction at excessive speed. TU#1 exits to marked restricted access (Do Not Enter) RTD bus entrance. TU#1 impacts east raised curb, continues southeast direction onto grass embankment, loses control and driver is ejected. Post impact: TU#1 comes to rest on left side facing southeast on grass embankment. Post impact: Driver TU#1 at rest with legs south and head facing east, north side of cement sewage vault.

BB

BB

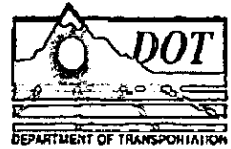
CC Diagram on separate page.

CC



| | | | | | |
|----|-------|--------------|---------------------------------|------------------------------|------------------------------------|
| GG | N | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| GG | T.U.# | Address | Carrier Identification # | | |
| GG | N | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> |
| GG | T.U.# | Address | Carrier Identification # | | |

**COLORADO DEPARTMENT OF TRANSPORTATION
FATAL ACCIDENT EARLY NOTIFICATION REPORT (BLOTTER)**



248 7-033

CASE NUMBER [REDACTED]

PAGE 1 OF 1

| | | | | | |
|------------------------------|-----------------------|--|--|---|--|
| ACCIDENT DATE 07-31-15 | ACCIDENT TIME 2233 | ACCIDENT LOCATION 8800 I-25 SB RTD OFF RAMP | MILEPOINT | COUNTY NAME ADAMS | CAUSAL FACTOR |
| INVESTIGATED BY K. KRAMER | | REPORTING AGENCY THORNTON PD | REPORT RECEIVED BY | DATE | TIME |
| # KILLED 1 | # INJURED 0 | # VEHICLES 1 | PRIVATE PROPERTY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | HIT & RUN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ALCOHOL/DRUGS SUSPECTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | | | CONSTRUCTION ZONE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | NEXT OF KIN NOTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

| VEHICLE # | LICENSE PLATE # | STATE | MAKE | MODEL | VEHICLE TYPE (from Overlay) | YEAR |
|-----------|-----------------|-------|--------|-------|-----------------------------|------|
| 1 | [REDACTED] | CO | SUZUKI | GSXR | MC | 2008 |
| | | | | | | |
| | | | | | | |

| | | | | | | | | |
|---|---|--|--|--|---|---|--|-------------------------------------|
| VEHICLE # 1 | NAME (LAST, FIRST, MI) [REDACTED] | DOB [REDACTED] | AGE 27 | SEX M | DRIVER <input checked="" type="checkbox"/> | PASSENGER <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | BICYCLE <input type="checkbox"/> |
| STREET ADDRESS, CITY, STATE, ZIP [REDACTED] | | | DRIVER'S LICENSE NUMBER [REDACTED] | | STATE CO | TAKEN TO ADAM'S COUNTY COR | | |
| INJURIES NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> | | | DEATH DATE 07-31-15 | DEATH TIME 2253 | PRONOUNCED BY (TITLE, FIRST AND LAST NAME) [REDACTED] | | | |
| DEAD ON SCENE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | DEAD ON ARRIVAL - HOSP. YES <input type="checkbox"/> NO <input type="checkbox"/> | EJECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | EXTRICATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SEATBELT USE YES <input type="checkbox"/> NO <input type="checkbox"/> | CYCLE HELMET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CHILD RESTRAINT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | | | | | | | |
|--|---|---|---|--|--|---|--|-------------------------------------|
| VEHICLE # | NAME (LAST, FIRST, MI) | DOB | AGE | SEX | DRIVER <input type="checkbox"/> | PASSENGER <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | BICYCLE <input type="checkbox"/> |
| STREET ADDRESS, CITY, STATE, ZIP | | | DRIVER'S LICENSE NUMBER | | STATE | TAKEN TO | | |
| INJURIES NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input type="checkbox"/> | | | DEATH DATE | DEATH TIME | PRONOUNCED BY (TITLE, FIRST AND LAST NAME) | | | |
| DEAD ON SCENE YES <input type="checkbox"/> NO <input type="checkbox"/> | DEAD ON ARRIVAL - HOSP. YES <input type="checkbox"/> NO <input type="checkbox"/> | EJECTED YES <input type="checkbox"/> NO <input type="checkbox"/> | EXTRICATION YES <input type="checkbox"/> NO <input type="checkbox"/> | SEATBELT USE YES <input type="checkbox"/> NO <input type="checkbox"/> | CYCLE HELMET YES <input type="checkbox"/> NO <input type="checkbox"/> | CHILD RESTRAINT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | | | | | | | |
|--|---|---|---|--|--|---|--|-------------------------------------|
| VEHICLE # | NAME (LAST, FIRST, MI) | DOB | AGE | SEX | DRIVER <input type="checkbox"/> | PASSENGER <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | BICYCLE <input type="checkbox"/> |
| STREET ADDRESS, CITY, STATE, ZIP | | | DRIVER'S LICENSE NUMBER | | STATE | TAKEN TO | | |
| INJURIES NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input type="checkbox"/> | | | DEATH DATE | DEATH TIME | PRONOUNCED BY (TITLE, FIRST AND LAST NAME) | | | |
| DEAD ON SCENE YES <input type="checkbox"/> NO <input type="checkbox"/> | DEAD ON ARRIVAL - HOSP. YES <input type="checkbox"/> NO <input type="checkbox"/> | EJECTED YES <input type="checkbox"/> NO <input type="checkbox"/> | EXTRICATION YES <input type="checkbox"/> NO <input type="checkbox"/> | SEATBELT USE YES <input type="checkbox"/> NO <input type="checkbox"/> | CYCLE HELMET YES <input type="checkbox"/> NO <input type="checkbox"/> | CHILD RESTRAINT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

NARRATIVE: On 07-31-2015 at approximately 2233 hours, motorcycle was southbound in the 8800 block of I-25. The motorcycle was travelling at an estimated speed of 80 - 100 mph. Motorcycle was passing stopped traffic on right shoulder. The motorcycle entered the southbound RTD off-ramp and put the motorcycle into a rear wheel wheelie. The motorcycle hit the east curb, drove onto the grass embankment, lost control and the driver was ejected. The motorcycle and driver came to rest on the grass embankment.

Please distribute a copy of this Blotter Report (electronically) to the following (CDOT, CSP, and DOR) recipients:

- CDOT FARS: mr.Marandi@state.co.us 303-757-9876, charles.keep@state.co.us 303-512-5122, kevin.dietrick@state.co.us 303-512-5111
BoYan.Quinn@state.co.us 303-757-9466
 CSP: Janet.allbee@state.co.us 303-239-4582
 DOR: danelle.christiansen@state.co.us 303-205-5793, justine.gonzales@state.co.us 303-205-5793

http://www.co.coloradodot.info/library/traffic/traffic-manuals-guidelines/safety-crash-data/fatal-crash-data-city-county/Fatal_Blotter_Template.doc/view

Note: For more than three (3) vehicles or persons involved in a fatal crash use additional Form(s).

Do Not Enter
Buses Excepted
(posted on highway
at entrance)

E 88th Ave. Overpass



Not drawn to scale

8700 block SB I-25
RTD Entrance

21' 2" 14' 2"
POI #1

Concrete Roadway

Down
↓ ↓ ↓

Down
⇐

RP
Lightpole
27288947

POI #2
Cement
Sewage
Vault
A
B
C (Head)
D (Feet)

25' 37' 5"
Grass Embankment

Cement Retaining Wall

| | | |
|---------------|-----------------------------------|-------------------------------|
| Case Number | POI 1 64.89' N and 42.21' E of RP | B 12.16' S and 47.16' E of RP |
| Date 07-31-15 | POI 2 16.33' S and 47.58' E of RP | C 15.0' S and 47.33' E of RP |
| Drawn by | A 8.66' S and 44.5' E of RP | D 18.58' S and 46.75' E of RP |

8-033

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

PAGE 1 OF 3 PAGES

| | | | | | | | | | |
|------------------------|---|----------------|--|----------------|---|----------------|---|------------------------------|----|
| A 03 | CDOT Code | | <input type="checkbox"/> INTERSTATE HWY | | HWY NUMBER 6 | | DOR Code | | 05 |
| | Case # | | <input checked="" type="checkbox"/> STATE HWY | | MILEPOINT 2 7 9 7 5 | | | | |
| B 40 | Date of Accident 08/19/2015 | | City LAKEWOOD | | Agency LAKEWOOD POLICE DEPTME | | County JEFFERSON | | 03 |
| | Time (24 Hr.) 0611 | | Officer Name | | Signature | | Detail T | | |
| B 40 | Number Killed 1 | | Number Injured 0 | | Location Route Street, Road W 6TH AVENUE SERVICE RD S | | Miles 866 Feet | | 03 |
| | Date of Report 08/19/2015 | | Latitude | | Longitude | | <input type="checkbox"/> At: GARRISON ST | | |
| B 40 | Agency Code | | Investigated @ Scene <input checked="" type="checkbox"/> | | Total Vehicles 1 | | District Number | | 14 |
| | Traffic Unit # 1 or 1 | | <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh. | | Traffic Unit # 2 or NA | | <input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh. | | |
| C 03 | Last Name | | First | | MI | | Street Address | | 55 |
| | Street Address | | City | | State | | ZIP | | |
| D 07 | Driver License | | CDL | | State | | Sex | | 70 |
| | DOB | | Primary Violation <input type="checkbox"/> DUI | | Citation Number | | Common Code | | |
| E 01 | Year 1995 | | Make OLDSMOBILE | | Model DELTA 88 | | Body Type 4H | | P |
| | License Plate Number | | State or Country | | Color WHI | | License Plate Number | | |
| F 02 | Vehicle Identification Number | | Vehicle Owner Last Name <input checked="" type="checkbox"/> Same | | First | | MI | | 17 |
| | Address <input checked="" type="checkbox"/> Same | | City | | State | | ZIP | | |
| G 01 | Towed Due to Damage <input type="checkbox"/> By: | | To: | | Towed Due to Damage <input type="checkbox"/> By: | | To: | | Q |
| | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | Trailer VIN# | | |
| H 04 | Undercarriage | | Undercarriage | | Undercarriage | | Undercarriage | | 05 |
| | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp. Date | | Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof | | Exp. Date | | |
| J 00 | Policy Number | | Owner Damaged Prop. Last Name | | First | | MI | | 00 |
| | Address | | City | | State | | ZIP | | |
| CDOT | | CDOT | | CDOT | | CDOT | | CDOT | |
| T.U. # | | POS. | | REST | | ENDO | | SAFETY EQUIP. | |
| 1 | | 01 | | 00 | | 00 | | B 01 A 03 B 00 02 02 04 25 M | |
| Name / Address | | Name / Address | | Name / Address | | Name / Address | | Name / Address | |
| 4201 E ARKANSAS AVE Ap | | DENVER | | CO | | 80222 | | | |

| | | | | | |
|----|-------------------|----------|-----------------------------|--------------------------------------|----|
| AA | Case # [REDACTED] | DOR CODE | Accident Date 08/19/2015 | Agency LAKEWOOD POLICE DEPARTMENT | HH |
|----|-------------------|----------|-----------------------------|--------------------------------------|----|

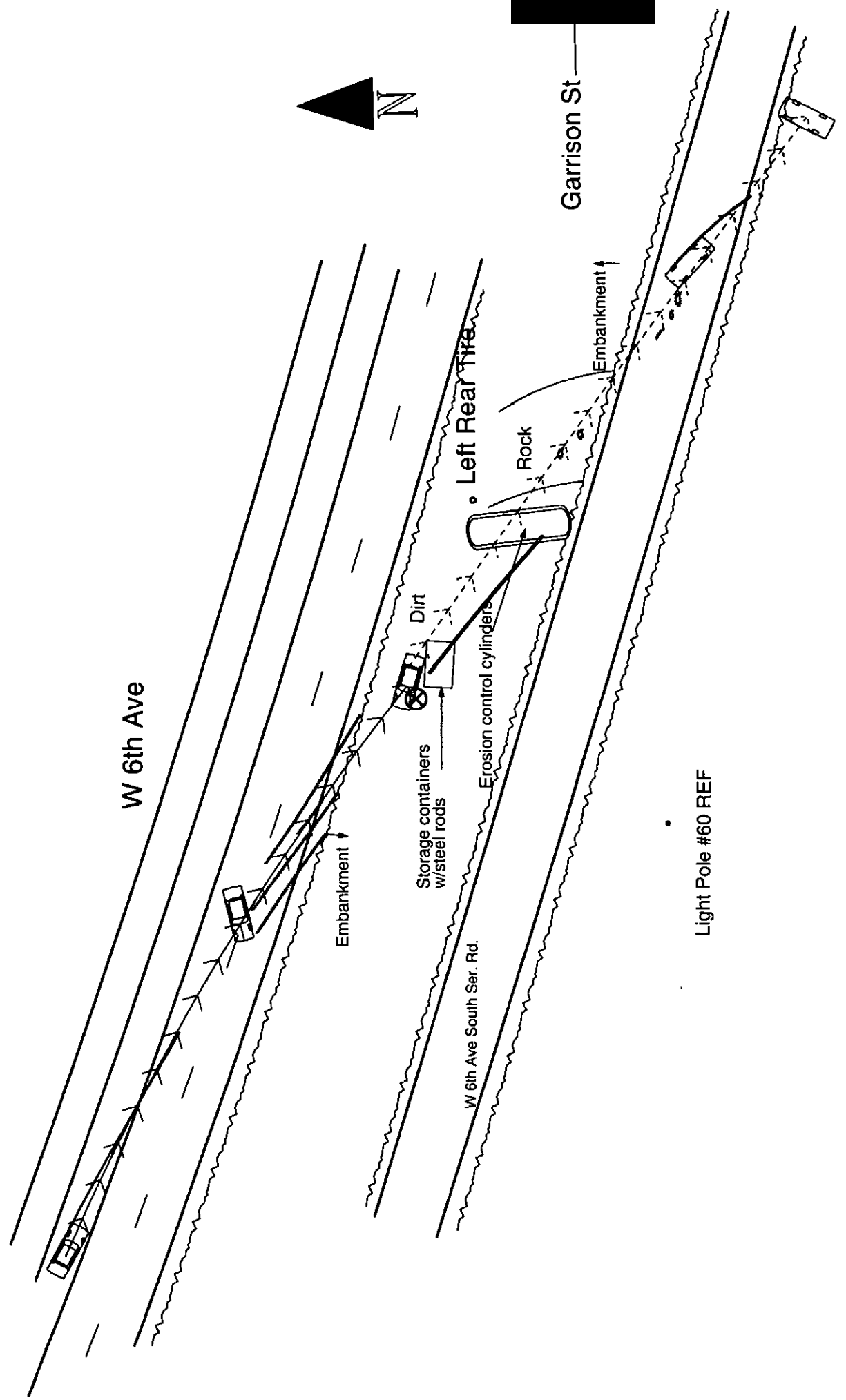
| | | |
|----|---|----|
| AA | Describe Accident Veh #1 was E/B W6th ave in lane #2 approximately 900` W/of Garrison St , Veh #1 spun out of control leaving the right side of the roadway approximately 866` W/of Garrison St. Veh#1 collided with construction equipment on dirt/grass median. Veh#1 rolled over several times and slid for approximately 170 as it crossed W6th Ave Service Rd. Veh #1 came to rest on its roof facing N/B on the ditch on the S/side of the Service Rd. (driver Veh#1 White deceased) Vehicle 1 driver side airbag deployed. Vehicle 1 passenger side airbag deployed. | HH |
| BB | | JJ |
| BB | | JJ |
| CC | | JJ |
| CC | | KK |
| CC | | KK |

| | | |
|----|--|----|
| DD | | KK |
| DD | | KK |
| EE | | LL |
| EE | | LL |
| FF | | MM |
| FF | | MM |
| GG | | NN |

| | | | | | | |
|----|------------|--------------|---------------------------------|------------------------------|------------------------------------|----|
| GG | N T.U.# | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> | NN |
| GG | | Address | Carrier Identification # | | | NN |
| GG | N T.U.# | Carrier Name | US DOT <input type="checkbox"/> | ICC <input type="checkbox"/> | State DOT <input type="checkbox"/> | NN |
| GG | | Address | Carrier Identification # | | | NN |

15-34600

W 6th Ave 885 feet west of Garrison St.
Measurements taken from light pole #60 Ref.
South side of service Rd.





COLORADO
Department of Transportation
Transportation Systems
Management & Operations

280
8-033

**FATAL ACCIDENT EARLY
NOTIFICATION REPORT (BLOTTER)**

CASE NUMBER [REDACTED]

PAGE OF

| | | | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|--|--|---|
| ACCIDENT DATE 8/19/2015 | ACCIDENT TIME 06:11 | ACCIDENT LOCATION E/B W.6th Ave. 900' W. of Garrison St. | MILEPOINT | COUNTY NAME Jefferson | CAUSAL FACTOR | | |
| INVESTIGATED BY [REDACTED] | REPORTING AGENCY Lakewood | REPORT RECEIVED BY 06:11 | DATE 08/19/15 | TIME 06:11 | | | |
| # KILLED 1 | # INJURED | # VEHICLES 1 | PRIVATE PROPERTY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | HIT & RUN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ALCOHOL/DRUGS SUSPECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CONSTRUCTION ZONE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | NEXT OF KIN NOTIFIED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

| VEHICLE # | LICENSE PLATE # | STATE | MAKE | MODEL | VEHICLE TYPE | YEAR |
|-----------|-----------------|-------|-------|----------|--------------|------|
| 1 | [REDACTED] | Co. | Buick | Delta 88 | 4H | 1995 |
| | | | | | | |
| | | | | | | |

| | | | | | | | | |
|---|--|--|--|---|--|---|--|-------------------------------------|
| VEHICLE # 1 | NAME (LAST, FIRST, MI) [REDACTED] | DOB [REDACTED] | AGE 25 | SEX M | DRIVER <input checked="" type="checkbox"/> | PASSENGER <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | BICYCLE <input type="checkbox"/> |
| STREET ADDRESS, CITY, STATE, ZIP [REDACTED] | | DRIVER'S LICENSE NUMBER [REDACTED] | | STATE [REDACTED] | TAKEN TO N/A | | | |
| INJURIES NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> | | DEATH DATE 08/19/15 | DEATH TIME 09:15 | PRONOUNCED BY (TITLE, FIRST AND LAST NAME) Marilynn Manzutto (Jeffco Coroner) | | | | |
| DEAD ON SCENE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | DEAD ON ARRIVAL-HOSP. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | EJECTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | EXTRICATION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | SEATBELT USE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CYCLE HELMET YES <input type="checkbox"/> NO <input type="checkbox"/> | CHILD RESTRAINT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | | | | | | | |
|--|---|---|---|--|--|---|------------|---------|
| VEHICLE # | NAME (LAST, FIRST, MI) | DOB | AGE | SEX | DRIVER | PASSENGER | PEDESTRIAN | BICYCLE |
| STREET ADDRESS, CITY, STATE, ZIP | | DRIVER'S LICENSE NUMBER | | STATE | TAKEN TO | | | |
| INJURIES NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input type="checkbox"/> | | DEATH DATE | DEATH TIME | PRONOUNCED BY (TITLE, FIRST AND LAST NAME) | | | | |
| DEAD ON SCENE YES <input type="checkbox"/> NO <input type="checkbox"/> | DEAD ON ARRIVAL-HOSP. YES <input type="checkbox"/> NO <input type="checkbox"/> | EJECTED YES <input type="checkbox"/> NO <input type="checkbox"/> | EXTRICATION YES <input type="checkbox"/> NO <input type="checkbox"/> | SEATBELT USE YES <input type="checkbox"/> NO <input type="checkbox"/> | CYCLE HELMET YES <input type="checkbox"/> NO <input type="checkbox"/> | CHILD RESTRAINT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | | | | | | | |
|--|---|---|---|--|--|---|------------|---------|
| VEHICLE # | NAME (LAST, FIRST, MI) | DOB | AGE | SEX | DRIVER | PASSENGER | PEDESTRIAN | BICYCLE |
| STREET ADDRESS, CITY, STATE, ZIP | | DRIVER'S LICENSE NUMBER | | STATE | TAKEN TO | | | |
| INJURIES NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input type="checkbox"/> | | DEATH DATE | DEATH TIME | PRONOUNCED BY (TITLE, FIRST AND LAST NAME) | | | | |
| DEAD ON SCENE YES <input type="checkbox"/> NO <input type="checkbox"/> | DEAD ON ARRIVAL-HOSP. YES <input type="checkbox"/> NO <input type="checkbox"/> | EJECTED YES <input type="checkbox"/> NO <input type="checkbox"/> | EXTRICATION YES <input type="checkbox"/> NO <input type="checkbox"/> | SEATBELT USE YES <input type="checkbox"/> NO <input type="checkbox"/> | CYCLE HELMET YES <input type="checkbox"/> NO <input type="checkbox"/> | CHILD RESTRAINT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

NARRATIVE: Unit #1 was eastbound on West 6th Avenue approximately 900' west of Garrison Street. Unit #1 spun out of control leaving the roadway and colliding with construction equipment. Unit #1 came to rest on it's roof in a ditch on the south side of 6th Avenue Service Road.

Please distribute a copy of this Blotter Report (electronically) to the following (CDOT, CSP, and DOR) recipients:

- CDOT FARS: alisa.babler@state.co.us 303-757-9967, charles.keep@state.co.us 303-512-5122, kevin.dietrick@state.co.us 303-512-5111
- BoYan.Quinn@state.co.us 303-757-9466
- CSP: Janet.allbee@state.co.us 303-239-4582
- DOR: danette.christiansen@state.co.us 303-205-5793, justine.gonzales@state.co.us 303-205-5793

https://www.codot.gov/library/traffic/traffic-manuals-guidelines/safety-crash-data/fatal-crash-data-city-county/Fatal_Blotter_Template.doc/view

Note: For more than three (3) vehicles or persons involved in a fatal crash, use additional Form(s).