

HB 10-1014 Report
Calendar Year 2016 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 2016 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 2016. 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 2016, there were a total of five fatal crashes statewide in state highway work zones in which five people died. This is one more crash and one more fatality than 2015.

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

In Calendar Year 2016, one Subcontractor employee fatality, and four citizen fatalities occurred in work zones. There were no fatal crashes in state highway work areas that involved CDOT Employees or Contractors.

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

Appendix A contains the accident reporting form for each of the five 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 13, 2016

Location: SH 17B at Milepost 76.13

Region 5

Time: 13:00

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 SH 17, and Vehicle #2 was southbound on SH 17. A non-contact vehicle was stopped in traffic on northbound on SH 17 attempting to make a left turn onto Stanley Rd. Vehicle #1 attempted to pass to the right of the stopped vehicle, lost control and skidded across the roadway into the southbound lane. Vehicle #2 then collided with the right front of Vehicle #1. Both vehicles came to rest on their wheels, and driver #2 was pronounced deceased at the scene.

Findings: Regional safety and engineering staff investigated this crash and determined that it was unrelated to the work zone setup. No improvements or major changes were recommended.

Crash 2

Date: June 24, 2016

Location: SH 491B at Milepost 27.15

Region 5

Time: 08:12

CDOT Construction Project: Yes

Vehicles Involved: 1

Fatal CDOT employee, contractor, sub-contractor: 0

Fatal Citizen: 1

Description of Event: Vehicle #1 was traveling northbound on SH 491 north of Empire St., when the driver pulled onto the right shoulder and exited the vehicle. Vehicle #1 began rolling downhill northbound and Pedestrian #1 began chasing it. Vehicle #1 collided with a curb on the east side of SH 491 and Pedestrian #1 fell, being dragged underneath the vehicle. Vehicle #1 continued rolling off the right side of the roadway and came to rest a short distance away.

Findings: Regional safety and engineering staff investigated this crash and determined that it was unrelated to the work zone setup. No improvements or major changes were recommended.

Crash 3

Date: July 15, 2016

Location: SH 160A at Milepost 168.19

Region 5

Time: 17:55

CDOT Construction Project: Yes

Vehicles Involved: 2

Fatal CDOT employee, contractor, sub-contractor: 0

Fatal Citizen: 1

Description of Event: Vehicle #1 was traveling westbound on SH 160 in the outside lane. Vehicle #2 was traveling westbound on SH 160 in the inside lane. Vehicle #1 attempted to change lanes and drove into the side of Vehicle #2. Vehicle #1 then rolled and came to rest on its right side facing east. Vehicle #2 was driven to a stop a short distance away.

Findings: Regional safety and engineering staff investigated this crash and determined that it was unrelated to the work zone setup. No improvements or major changes were recommended.

Crash 4

Date: August 26, 2016

Location: SH 119C at Milepost 61.42

Region 4

Time: 17:00

CDOT Construction Project: Yes

Vehicles Involved: 1

Fatal CDOT employee, contractor, sub-contractor: 1

Fatal Citizen: 0

Description of Event: Vehicle #1 was westbound on SH 119 in a construction zone and was stopped at CR 5. The flagger for the intersection stopped the other traffic and waved Vehicle #1 through the intersection. The flagger failed to move from the roadway, and the driver's side trailer tires collided with the flagger. Vehicle #1 came to a stop in the roadway in a westerly direction. The flagger came to rest on his back, and was pronounced deceased at the scene.

Findings: At the time of the incident, the flagger was controlling multiple directions of traffic individually. This may have led to the flagger failing to recognize the hazard of the tractor-trailer turning into the path the flagger was also moving into. It was also noted by witnesses that the flagger turned his back to traffic as he directed the opposite flowing traffic. Since this incident, traffic control companies are utilizing multiple flaggers or uniformed traffic control for situations such as this one.

Crash 5

Date: November 14, 2016

Location: I-25A at Milepost 246.37

Region 4

Time: 11:39

CDOT Construction Project: Yes

Vehicles Involved: 2

Fatal CDOT employee, contractor, sub-contractor: 0

Fatal Citizen: 1

Description of Event: Vehicle #1 and Vehicle #2 were traveling northbound on I-25 in the right of the two northbound lanes, with Vehicle #1 behind Vehicle #2. Traffic in both lanes slowed to a stop due to a construction zone in the area. Driver #1 failed to recognize this in time and the front-left of Vehicle #1 collided into the rear-right of Vehicle #2. Due to the height difference between the vehicles, Vehicle #1 traveled partially under the rear-right corner of Vehicle #2. Both vehicles remained engaged while Driver #2 brought the vehicles to a controlled stop on the right shoulder.

Findings: There was an incident prior that had left a semi in the median and traffic was additionally impacted by that distraction, but the crash itself was found to be unrelated to the work zone. Project personnel from CDOT and the contractor were on the scene, and witnessed many drivers taking pictures of the issue with the semi. They felt that the cause of the fatal crash was the distraction and not the work zone. No improvements or major changes were recommended.

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 current process review is scheduled for completion in February of 2017.

The following are the key actions taken by CDOT since the *Calendar Year 2015 Annual Report of Fatal Crashes in State Highway Work Areas*:

- 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.
- The Performance Measurement Subgroup has focused on: determining whether or not current policies and procedures need revising; determining what data to capture and utilize in performance measures for both safety and mobility; conducting pilot projects to gather and analyze arterial, freeway, and interstate data; and assessing data collection systems for possible incorporation into CDOT practices.
- The Project Coordination Subgroup has: polled CDOT construction personnel to gather information regarding current project coordination efforts during the design and construction phases; obtained CDOT Executive Management input to determine their expectations in the area of project coordination; and is now focused on elevating the best current practices and adding any needed elements to improve project coordination statewide.
- The Improved Training Subgroup has: met with representatives of the internal engineering, maintenance and general training programs to assess current work zone training offerings; begun exploring the feasibility of developing a multi-level work zone training program model similar to that of the Florida DOT; created a matrix of engineering and maintenance courses to be included in a more rigorous CDOT work zone training program; and identified funding for development of an updated work zone training curricula.

- The Work Zone Credibility Issues Subgroup has been working on revising current policies governing work zone speed reductions. They also searched for tools that will result in better Methods for Handling Traffic from both contractors and CDOT Maintenance; evaluated current standards and practices for possible improvements in temporary traffic control credibility; and are trying to determine how to get better overall compliance with CDOT's Lane Closure Strategies.

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 2016, seven inspections were conducted in CDOT Region 1 (Denver Metro Area), and six each in Regions 2, 3, 4, 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 2016. 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 FY17 was a statewide average quality rating of 90%, with no individual projects rated below 85%. The average statewide quality rating for the 25 engineering projects was 95.8%. There were no projects reviewed with a score below 85%. The statewide average of the 21 construction projects that received notification was 96.1%. The statewide average of the 5 construction projects that did not receive prior notification was 95.0%. The statewide average for the 6 maintenance activities was 93.2%.

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

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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 5 Pages

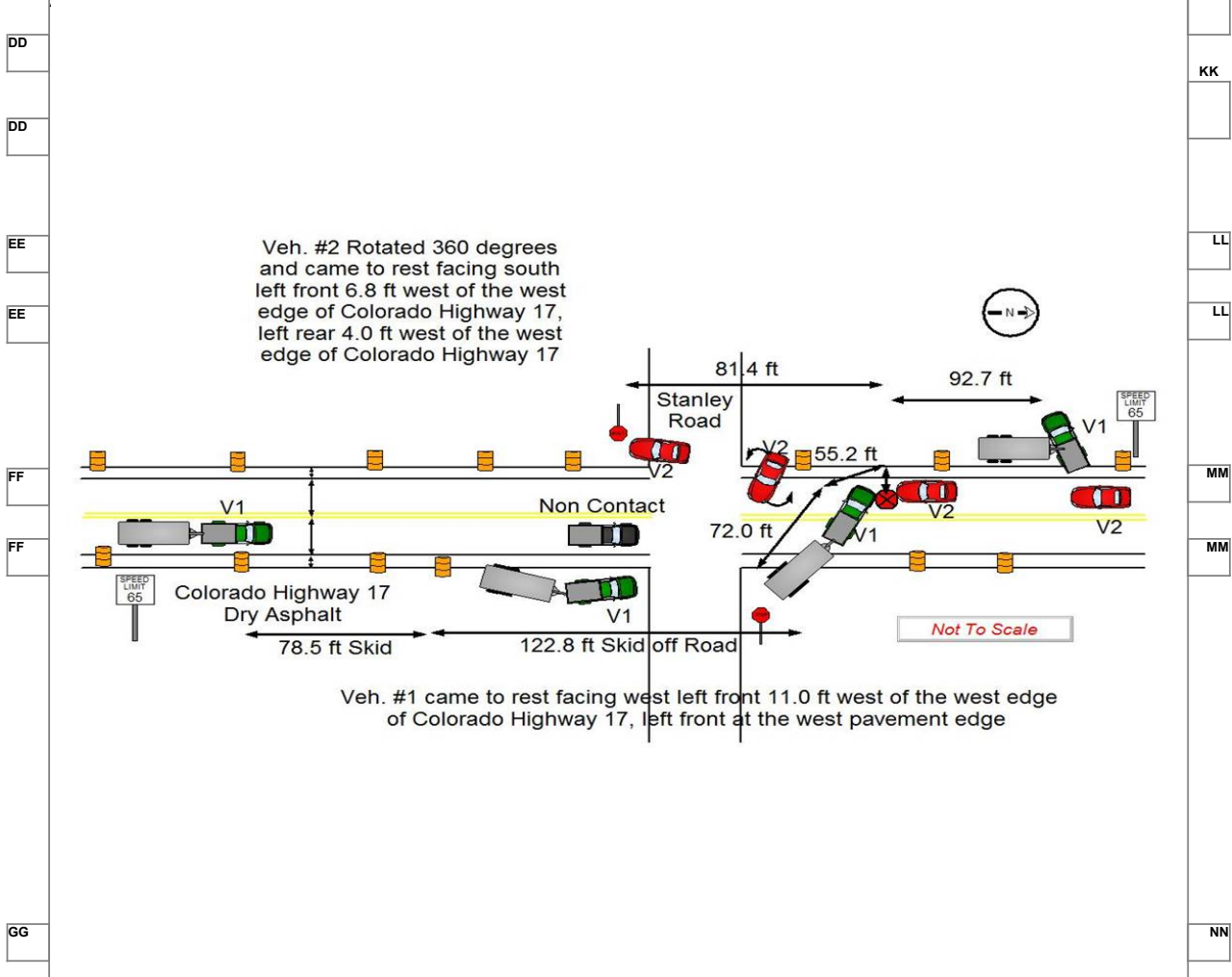
A	CDOT Code	<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER 17	DOR Code 16519889				08 05							
01	Case # 5B-16-0674	<input checked="" type="checkbox"/> STATE HWY		MILEPOINT												
	<input type="checkbox"/> CITY ST/CNTY RD															
	Date of Accident 05/13/2016	City	Agency Colorado State Patrol	County ALAMOSA	County # 30											
	Time (24Hr.) 1300	Officer Number 1636	Officer Name	Signature	Detail CSP				01 05							
B	Number Killed 1	Number Injured 2	Location Route, Street, Road COLORADO HIGHWAY 17		Miles 38	Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF:										
08	DATE OF REPORT 05/24/2016	<input type="checkbox"/> AT: STANLEY ROAD														
B	Latitude ::		Longitude ::													
00	Agency Code M08	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number 5B	Public Property Employee	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related	Const. Zone Related <input checked="" type="checkbox"/>	Highway Interchange	Bridge Related						
B	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				07 01					
08	Last Name	First			MI											
	Street Address	Personal Phone														
	City BYERS	State CO	Zip 80103	Bus. Phone			City EL PASO	State TX	Zip 79936	Bus. Phone						
	Drivers License Number	CDL A	State CO	Sex M	DOB			Drivers License Number	CDL	State TX	Sex M	DOB				
C	Primary Violation <input type="checkbox"/> DUI											65 65				
03	Violation Code	Citation Number DIRECT FILE			Common Code		Violation Code	Citation Number			Common Code					
	Year 1999	Make FORD	Model F-350	Body Type PK			Year 2002	Make CHEVROLET	Model CORVETTE	Body Type CP						
	License Plate Nu	State or Country CO			Color GRN			License Plate Nu	State or Country SD			Color RED				
D	Vehicle Identification Number												53			
03	Vehicle Owner Last Name	<input checked="" type="checkbox"/> Same			First		MI									
	Address <input checked="" type="checkbox"/> Same		City		State	Zip										
E	Towed Due To Damage <input checked="" type="checkbox"/> By: LAYTON'S TOWING											12 00				
01	To: 7101 ADAMS LN			To: 1110 6TH ST												
F	Trailer VIN# 4UGFG30283D010446															
02																
	3 Undercarriage			3 Undercarriage			1 - Slight 2 - Moderate 3 - Severe									
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof PROGRESSIVE	Exp. Date 06/29/2016			Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof USSA	Exp. Date 08/01/2016			05 00							
01	Policy Number															
H	Owner Damaged Prop. Last Name	First			MI		Address	City			State	Zip				
J	Owner Damaged Prop. Last Name			First		MI		Address	City			State	Zip			
00	TU #	POS.	REST.	ENDO.	SAFETY EQUIP	AIRBAG	EJCT	SUSPECTED ALCO DRUG	INJ SEV.	AGE	SEX	Name	Address			
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	2	1	0	0	B	1	A	3	B	0	0	0	4	76	M	
	2	3	0	0	B	1	A	3	B	0	0	0	3	74		
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													00 00			

Approved By **5464** I.D.# **5464** Date **5/30/2016**

EARS ID:

AA 5B-16-0674 16519889 05/13/2016 Colorado State Patrol HH

Describe Accide
 AA VEHICLE #1 [REDACTED] WAS NORTHBOUND ON COLORADO HIGHWAY 17. VEHICLE #2 [REDACTED] WAS SOUTHBOUND ON COLORADO HIGHWAY 17. VEHICLE #1 ATTEMPTED TO PASS A NORTHBOUND NON-CONTACT VEHICLE THAT WAS STOPPED IN THE NORTHBOUND LANE ATTEMPTING TO MAKE A LEFT HAND TURN ONTO THE STANLEY ROAD. VEHICLE #1 ATTEMPTED TO PASS THE NON-CONTACT VEHICLE ON THE RIGHT. VEHICLE #1 WENT OUT OF CONTROL AND STARTED TO ROTATE COUNTER CLOCKWISE. THE VEHICLE CAME BACK ONTO THE ROAD AND TRAVELED INTO THE SOUTHBOUND LANE. THE LEFT FRONT OF VEHICLE #2 COLLIDED WITH THE RIGHT FRONT OF VEHICLE #1. THE FRONT OF VEHICLE #1 WENT OVER THE LEFT SIDE OF VEHICLE #2. VEHICLE #1 CONTINUED NORTHBOUND AND CAME TO REST ON ITS WHEELS FACING WEST OFF THE WEST SIDE OF THE ROAD. VEHICLE #2 CONTINUED SOUTHBOUND AND CAME TO REST ON ITS WHEELS FACING SOUTH OFF THE SOUTHWEST CORNER OF THE INTERSECTION OF COLORADO HIGHWAY 17 AND STANLEY ROAD.



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

COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

Case #	DOR CODE	Accident Date	Agency
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5B-10-00/4		10519889	05/13/2016		Colorado State Patrol							
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)				ACCIDENT AVOIDANCE MANEUVER								
Time Notified 1302	Time Arrived @ Scene 1315	Time Arrived @ Hospital 1340		00. 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 ALAMOSA COUNTY AMBULANCE				01. Braking (Skid marks evident)	5	5	3	3				
TRAFFICWAY FLOW 01. Not Divided (Two Way) <input type="checkbox"/> 02. Divided, Median W/O Barrier <input type="checkbox"/> 03. Divided, Median W/Barrier <input type="checkbox"/> 04. One Way <input type="checkbox"/>				02. Braking (Per driver, no skid marks evident)								
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. <input type="checkbox"/>				03. Braking (Per witness, no skid marks evident)								
TRAFFIC CONTROL DEVICE FUNCTIONING 01. No Controls <input type="checkbox"/> 02. Not Functioning <input type="checkbox"/> 03. Functioning Improperly <input type="checkbox"/> 04. Functioning Properly <input type="checkbox"/> 05. Unknown <input type="checkbox"/>				04. Steering (Evidence or stated)								
				05. Steering & Braking (Evidence or stated)								
				06. Other Avoidance Maneuver								
				FIRE/HAZARDOUS MATERIALS INVOLVEMENT 01. No Fire/Haz-Mat Cargo <input type="checkbox"/> 02. No Fire/Haz-Mat Incident <input type="checkbox"/> 03. Vehicle Fire/No Haz-Mat Cargo <input type="checkbox"/> 04. Vehicle Fire/Haz-Mat Cargo Not Involved <input type="checkbox"/> 05. Vehicle Fire/Haz-Mat Incident <input type="checkbox"/>	Traffic Unit #1 or 1	Traffic Unit #2 or 1	Traffic Unit #3 or 2	Traffic Unit #4 or 2				
				00. No Fire/No Haz-Mat Cargo	00	0						
				01. No Fire/Haz-Mat Cargo Not Involved								
				02. No Fire/Haz-Mat Incident								
				03. Vehicle Fire/No Haz-Mat Cargo								
				04. Vehicle Fire/Haz-Mat Cargo Not Involved								
				05. Vehicle Fire/Haz-Mat Incident								
				List the Most Significant Types of Traffic Control Devices <input type="checkbox"/>								
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		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							
	02	05	08	10/11 12					13			
<	01	04	07									
(C) Ejection Path												
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)												
(D) Alcohol Suspected (Officer Opinion Only)												
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												
(E) Tested for Alcohol												
00 Not Tested 03 Urine 06 By Coroner 01 Blood 04 Urine 02 Breath 05 Refusal												
(F) Other Drug/Impairment Suspected (Officer Opinion Only)												
Yes > 01 Drug Recognition Expert No > 05 Drug Recognition Expert 02 SFST 06 SFST 03 Observed 07 Observed 04 Other 08 Other												
(G) Tested for Other Drugs												
00 Not Tested 02 Breath 04 Other 06 By Coroner 01 Blood 03 Urine 05 Refusal												
(H) Dead at Scene												
00 No 01 Yes												
				Name			Taken To		Expired Time			
2	1	0	8	6	7	6		ROGER'S FUNERAL HOME	5/13/2016	1300		

6-066

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

CDOT Code

INTERSTATE HWY
 STATE HWY
 CITY ST/CNTY RD

HWY NUMBER ROAD CODE DOR Code

4 9 1
MILEPOINT
 2 7 1



Case #
01-16-1275

Date of Accident
06/24/2016

Time (24 Hr.)
0812

City
Cortez

Agency
Cortez PD

County
Montezuma

County #
32

Officer Number
0105

Officer Name

Signature

Detail
PTRL

Number Killed
0

Number Injured
1

Location Route, Street, Road _____ Miles 280 Feet

N S E W OF:

Date of Report

N. Broadway

At: Empire Street

Agency Code

Latitude

Longitude

Investigated

Total Vehicles

District Number

Public Property/

Photos Taken

Railroad Crossing

Const Zone

Highway

Bridge

M23

@ Scene

1

001

Employee

Related

Related

Interchg.

Related

Traffic Unit #

1 or 1 Veh. Parked Bicycle Pedestrian Non-Vehicle Non-Contact Veh.

Traffic Unit #

2 or _____ Veh. Parked Bicycle Pedestrian Non-Vehicle Non-Contact Veh.

Last Name

First

MI

Personal Phone

Last Name

First

MI

Personal Phone

Street Address

City

State

ZIP

Bus. Phone

Street Address

City

State

ZIP

Bus. Phone

Driver License Number

CDL

State

Sex

DOB

Driver License Number

CDL

State

Sex

DOB

Primary Violation

DUI

Citation Number

Common Code

Primary Violation

DUI

Citation Number

Common Code

Violation Code

Year

Make

Model

Body Type

Year

Make

Model

Body Type

Year

License Plate Number

State or Country

Color

License Plate Number

State or Country

Color

License Plate Number

Vehicle Identification Number

Vehicle Identification Number

Vehicle Owner Last Name

First

MI

Vehicle Owner Last Name

First

MI

Address

Address Same

City

State

ZIP

Address Same

City

State

ZIP

To: _____

Trailer VIN#

Trailer VIN#

Trailer VIN#

Trailer VIN#

Trailer VIN#

Trailer VIN#

Trailer VIN#

Trailer VIN#

Trailer VIN#

Undercarriage

Undercarriage

Undercarriage

Undercarriage

Undercarriage

Undercarriage

Undercarriage

Undercarriage

Undercarriage

Insurance Company None No Proof

Trumbull Insurance

Exp. Date

01/31/2017

Insurance Company None No Proof

Exp. Date

Policy Number

Owner Damaged Prop. Last Name

First

MI

Address

City

State ZIP

Owner Damaged Prop. Last Name

First

MI

Address

City

State ZIP

T.U. #

POS. REST.ENDO.

SAFETY EQUIP.

AIR BAG

EJECT

SUSPECTED INJ. ALCO DRUG SEV.

AGE

SEX

NAME / ADDRESS

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Approved By

Altmon, Dave

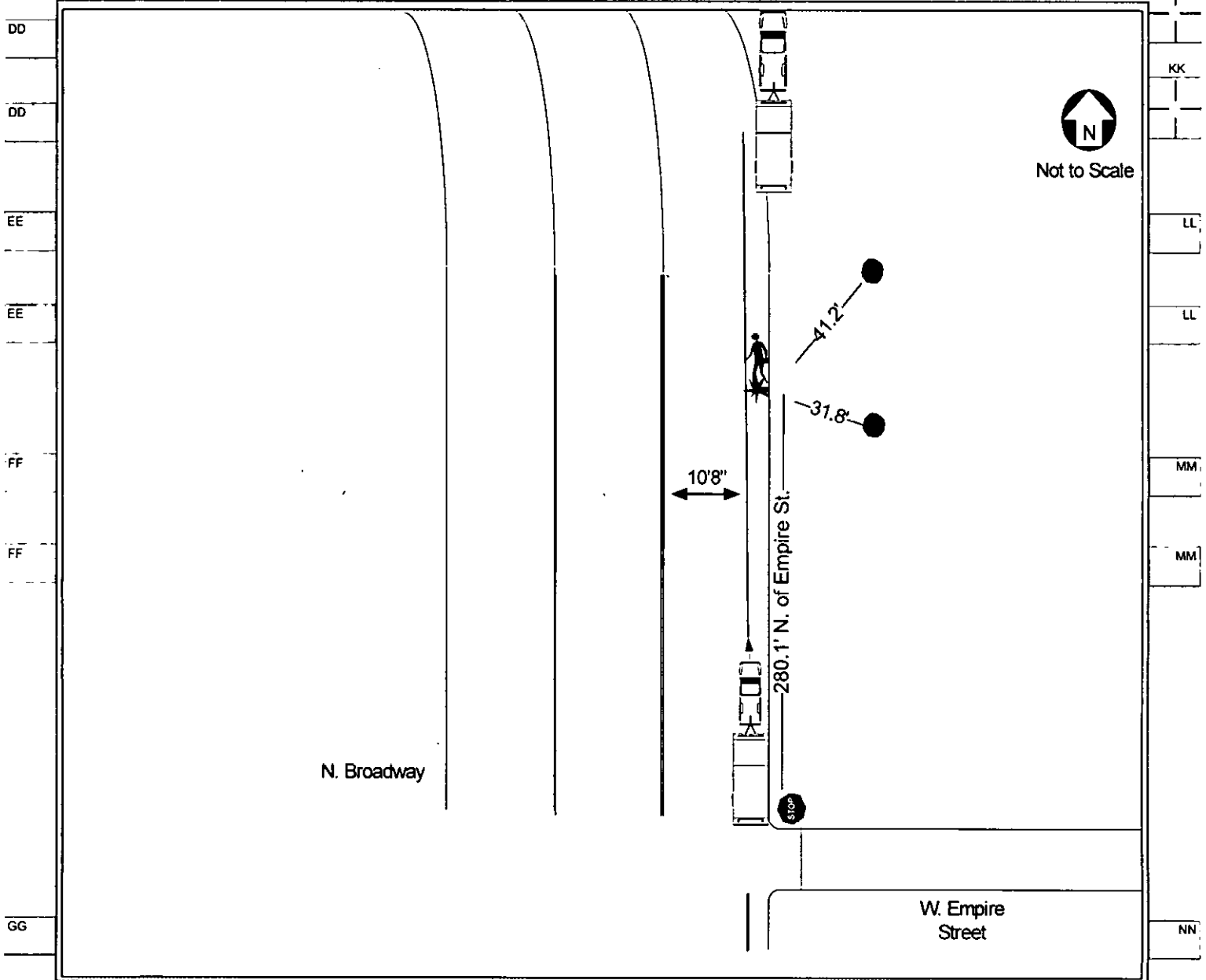
I.D. #

0109

Date

06/26/2016

AA	Case # 01-16-1275	DOR CODE	Accident Date 06/24/2016	Agency Cortez PD	HH 00
AA	Describe Accident				HH
BB	Traffic unit #1(Thorpe) was traveling north near the intersection of N. Broadway and Empire Street. Traffic unit #1 pulled onto the right shoulder of the roadway and the driver exited the vehicle. Traffic unit # 1 began rolling north down a hill and the driver began running after it. Traffic unit #1 collided with the curb on the east side of Broadway and the driver fell, being dragged underneath the vehicle. Traffic unit #1 continued rolling off the right side of the roadway and came to rest a short distance away. Traffic unit #1 sustained minor damage to the driver's side front wheel.				JJ 00
CC					JJ
CC					KK



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

STATE OF COLORADO TRAFFIC ACCIDENT - OFFICER NOTES**ACCIDENT DATA**Accident Report ID# : **VDIRFYSCVS**Officer Name/ID : Date/Time Of Accident : **06/24/2016@0812**Date/Time Notified : **06/24/2016@0813**Date/Time OnScene : **06/24/2016@0815**City : **Cortez**County : **Montezuma**Location : **N. Broadway 280 feet north of Empire Street**

Latitude :

Longitude :

DRIVERS

#1

Height	Weight	Hair	Eyes	Class	Endorsements
6'4"	225	GRY	BRO	D	

Statements

Medically unable to provide a statement.**PEDESTRIANS**

N/A

Height	Weight	Hair	Eyes	Class	Endorsements

Statements

WITNESSES

#1

#2

#3

PHYSICAL EVIDENCE

Digital photographs and VIEVU footage of accident.

OFFICER'S NOTES

On 06-24-2016 at approximately 0813 hours, I was requested by Cortez Dispatch to respond to the area of Empire Electric for a single vehicle accident with injuries. While responding, Cortez Dispatch advised medical units that the patients intestines were reported to be hanging out.

I arrived a short time later and observed a male subject, later identified as  lying down on

the shoulder on the northbound side of Broadway with his body partially on the curb. [REDACTED] was covered up with a red fabric and I observed his legs to be abnormally bent underneath his body and the skin and muscle to be ripped away from the bone. He was bleeding profusely from the open wounds and the blood was running downhill toward his head. [REDACTED] was also bleeding from what appeared to be his nose and mouth. I told [REDACTED] that medics were getting close and would be with him shortly. To my surprise, [REDACTED] was very calm and responded to my statements.

Medics arrived a short time later and began tending to [REDACTED]. While medics were tending to [REDACTED], [REDACTED] ran up to him hysterical and I had to pull her away so they could work. [REDACTED], "the RV ran over him, he went to do something and left it in gear." She also stated he got dragged and wouldn't let go and then it ran over him. [REDACTED] kept repeating "I saw the whole thing." Victims assistance was requested to respond to the emergency room to speak with [REDACTED].

I began contacting witnesses on scene. I first contacted a [REDACTED] who stated that he observed a male subject [REDACTED] running along side his truck and travel trailer, trying to get inside of it. [REDACTED] said the truck and travel trailer was parked beside the road near the intersection of Empire Street and Broadway, when he observed it rolling and the male chasing it. [REDACTED] said after the truck came to rest, he saw the truck was in neutral and was still running. [REDACTED] said he reached through the window, placed the truck into park and removed the keys. [REDACTED] later took possession of the truck and travel trailer at the request of the owner, [REDACTED].

After speaking with [REDACTED] I contacted a female witness, [REDACTED]. [REDACTED] couldn't provide any information regarding the incident. [REDACTED] said she just saw him lying just off of the roadway bleeding.

[REDACTED] was later transported to the University of New Mexico Hospital in Albuquerque for medical treatment. No additional information on his condition has been provided.

During the accident, [REDACTED] white Ford F-550 was pulling an American brand 30' 5th wheel travel trailer. [REDACTED]

Digital photographs and measurements were taken while on scene to be placed into evidence at the Cortez Police Department.

My VIEVU uniform mounted camera was recording my contacts with all parties and they have been placed into evidence at the Cortez Police Department.

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 5 Pages

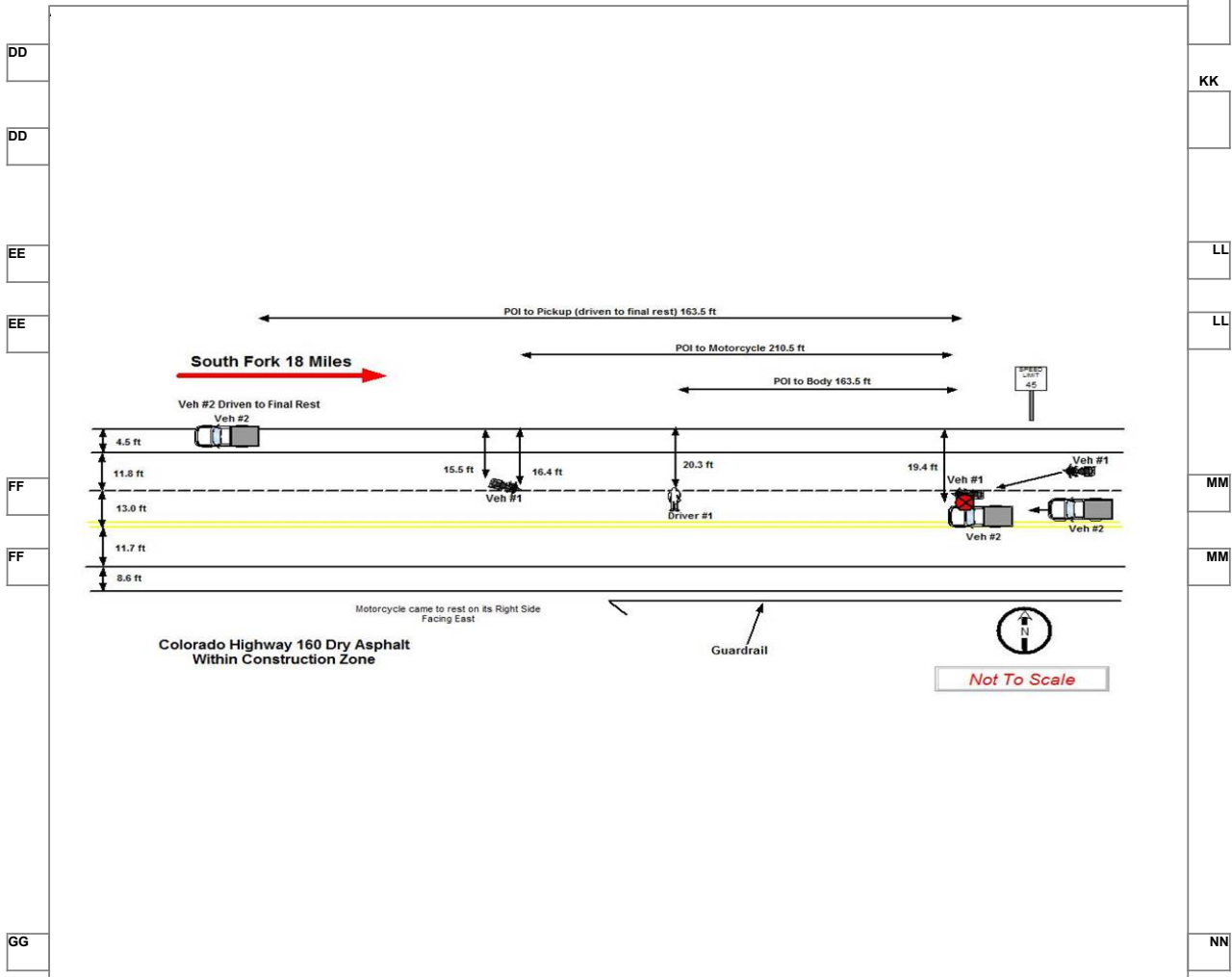
A 01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER 160		DOR Code 16524790		12		
	Case # 5B-16-0987		<input checked="" type="checkbox"/> STATE HWY		MILEPOINT				07		
B 11	Date of Accident 07/15/2016		City		Agency Colorado State Patrol		County MINERAL		County # 62		
	Time (24Hr.) 1755		Officer Number 1636		Officer Name		Signature		Detail CSP		
B 11	Number Killed 1		Number Injured 0		Location Route, Street, Road 0 Miles 2640 Feet		N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF:		07		
	DATE OF REPORT 07/18/2016		COLORADO HIGHWAY 160		<input type="checkbox"/> AT: MILE MARKER 168		Latitude ::		Longitude ::		
B 01	Agency Code M07		Investigated @ Scene X		Total Vehicles 2		District Number 5B		Public Property Employee		
	Photos Taken X		Railroad Crossing Related		Const. Zone Related X		Highway Interchange		Bridge Related		
B 11	Traffic Unit 1 or 1		X/Veh		Parked		Bicycle		Pedestrian		
	Last Name		First		Non-Vehicle		Non-Contact Veh		Traffic Unit 1 or 2		
B 11	Street Address		Personal Phone		Street Address		Personal Phone		Last Name		
	City MORRISON		State CO		Zip 80465		Bus. Phone		City FARMINGTON		
C 03	Drivers License Number		CDL CO		Sex M		DOB		Drivers License Number		
	Primary Violation <input type="checkbox"/> DUI		Violation Code		Citation Number		Common Code		Primary Violation <input type="checkbox"/> DUI		
D 04	Year 2007		Make HARLEY DAVID		Model ROAD KING		Body Type MC		Year 2011		
	Make DODGE		Model RAM 1500 (PI)		Body Type PK		License Plate Nu		State or Country NM		
E 02	Address <input checked="" type="checkbox"/> Same		City		State		Zip		Address <input checked="" type="checkbox"/> Same		
	Towed Due To Damage <input checked="" type="checkbox"/> By: R & D TOWING		To: 310 RAY ST		Towed Due To Damage <input checked="" type="checkbox"/> By: ACE TOWING [MONTE VISTA]		To: 12 WASHINGTON ST		10		
F 02	Trailer VIN#		3 3 3 3 3 3		3 3 3 3 3 3		1 - Slight		2 - Moderate		
	Undercarriage		Undercarriage		Undercarriage		Undercarriage		3 - Severe		
G 01	Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof		Exp. Date		Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof		Exp. Date		06		
	Policy Number		936351841		Policy Number		ALL STATE		08/25/2016		
H 01	Owner Damaged Prop. Last Name		First		MI		Address		City		
	Owner Damaged Prop. Last Name		First		MI		Address		City		
J 00	TU #		POS.		REST.		ENDO.		SAFETY EQUIP		
	1		1		0		1		A 0 E		
S	2		1		0		0		B 1 A		
	2		3		0		0		B 1 A		
T 00	Name		Address		Name		Address		Name		
	[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]		
Approved By		5464		I.D.#		5464		Date		7/19/2016	

EARS ID:

Case # DOR CODE Accident Date Agency

AA 5B-16-0987 16524790 07/15/2016 Colorado State Patrol HH

Describe Accident
 AA VEHICLE #1 () WAS WESTBOUND ON COLORADO HIGHWAY 160 IN THE OUTSIDE LANE.
 VEHICLE #2 () WAS WESTBOUND ON COLORADO HIGHWAY 160 IN THE INSIDE LANE. VEHICLE #2
 BB ATTEMPTED TO CHANGE LANE AND TRAVELED INTO THE INSIDE LANE. VEHICLE #1 LEFT SIDE
 COLLIDED WITH THE RIGHT SIDE OF VEHICLE #2 IN THE INSIDE WESTBOUND LANE. VEHICLE #1
 BB ROLLED ONTO IT SIDE AND BECAME ENTANGLED WITH VEHICLE #2. THE DRIVER OF THE VEHICLE
 #1 WAS EJECTED AND CAME TO REST IN THE INSIDE WESTBOUND LANE. VEHICLE #1 CAME TO REST
 CC IN THE ROADWAY ON ITS RIGHT SIDE FACING EAST. VEHICLE #2 WAS DRIVEN TO FINAL REST.
 CC



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

COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

Case #	DOR CODE	Accident Date	Agency
--------	----------	---------------	--------

5B-10-098 /	10524 /90	07/15/2016	Colorado State Patrol																																			
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)		ACCIDENT AVOIDANCE MANEUVER																																				
Time Notified 1758	Time Arrived @ Scene 1815	Time Arrived @ Hospital 1855																																				
IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES SOUTH FORK AMBULANCE SERVICE			<table style="width:100%; border:none;"> <tr> <td style="width:25%;">00. Avoidance Maneuver</td> <td style="width:12.5%;">Traffic Unit #1 or <u>1</u></td> <td style="width:12.5%;">Traffic Unit #2 or <u>1</u></td> <td style="width:12.5%;">Traffic Unit #3 or <u>2</u></td> <td style="width:12.5%;">Traffic Unit #4 or <u>2</u></td> </tr> <tr> <td>01. Braking (Skid marks evident)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02. Braking (Per driver, no skid marks evident)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>03. Braking (Per witness, no skid marks evident)</td> <td style="text-align:center;"><input type="text" value="0"/></td> <td style="text-align:center;"><input type="text" value="0"/></td> <td style="text-align:center;"><input type="text" value="4"/></td> <td style="text-align:center;"><input type="text" value="4"/></td> </tr> <tr> <td>04. Steering (Evidence or stated)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>05. Steering & Braking (Evidence or stated)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>06. Other Avoidance Maneuver</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	00. Avoidance Maneuver	Traffic Unit #1 or <u>1</u>	Traffic Unit #2 or <u>1</u>	Traffic Unit #3 or <u>2</u>	Traffic Unit #4 or <u>2</u>	01. Braking (Skid marks evident)					02. Braking (Per driver, no skid marks evident)					03. Braking (Per witness, no skid marks evident)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	04. Steering (Evidence or stated)					05. Steering & Braking (Evidence or stated)					06. Other Avoidance Maneuver				
00. Avoidance Maneuver	Traffic Unit #1 or <u>1</u>	Traffic Unit #2 or <u>1</u>	Traffic Unit #3 or <u>2</u>	Traffic Unit #4 or <u>2</u>																																		
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03. Braking (Per witness, no skid marks evident)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="4"/>																																		
04. Steering (Evidence or stated)																																						
05. Steering & Braking (Evidence or stated)																																						
06. Other Avoidance Maneuver																																						
TRAFFICWAY FLOW		FIRE/HAZARDOUS MATERIALS INVOLVEMENT																																				
01. Not Divided (Two Way) <input type="text" value="01"/> 02. Divided, Median W/O Barrier 03. Divided, Median W/Barrier 04. One Way		<table style="width:100%; border:none;"> <tr> <td style="width:25%;">00. No Fire/Haz-Mat Cargo</td> <td style="width:12.5%;">Traffic Unit #1 or <u>1</u></td> <td style="width:12.5%;">Traffic Unit #2 or <u>1</u></td> <td style="width:12.5%;">Traffic Unit #3 or <u>2</u></td> <td style="width:12.5%;">Traffic Unit #4 or <u>2</u></td> </tr> <tr> <td>01. No Fire/Haz-Mat Cargo Not Involved</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02. No Fire/Haz-Mat Incident</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>03. Vehicle Fire/No Haz-Mat Cargo</td> <td style="text-align:center;"><input type="text" value="00"/></td> <td style="text-align:center;"><input type="text" value="0"/></td> <td style="text-align:center;"><input type="text"/></td> <td style="text-align:center;"><input type="text"/></td> </tr> <tr> <td>04. Vehicle Fire/Haz-Mat Cargo Not Involved</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>05. Vehicle Fire/Haz-Mat Incident</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		00. No Fire/Haz-Mat Cargo	Traffic Unit #1 or <u>1</u>	Traffic Unit #2 or <u>1</u>	Traffic Unit #3 or <u>2</u>	Traffic Unit #4 or <u>2</u>	01. No Fire/Haz-Mat Cargo Not Involved					02. No Fire/Haz-Mat Incident					03. Vehicle Fire/No Haz-Mat Cargo	<input type="text" value="00"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	04. Vehicle Fire/Haz-Mat Cargo Not Involved					05. Vehicle Fire/Haz-Mat Incident									
00. No Fire/Haz-Mat Cargo	Traffic Unit #1 or <u>1</u>	Traffic Unit #2 or <u>1</u>	Traffic Unit #3 or <u>2</u>	Traffic Unit #4 or <u>2</u>																																		
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04. Vehicle Fire/Haz-Mat Cargo Not Involved																																						
05. Vehicle Fire/Haz-Mat Incident																																						
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. <input type="text" value="3"/>		TRAFFIC CONTROL DEVICE FUNCTIONING																																				
		01. No Controls <input type="text" value="01"/> 02. Not Functioning 03. Functioning Improperly 04. Functioning Properly 05. Unknown																																				
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																																						
14																																						
<	03	06	09																																			
	02	05	08																																			
<	01	04	07																																			
	10/11 12		13																																			
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">01 Driver</td> <td style="width:25%;">02 - 09 Passengers</td> <td style="width:25%;">10 Other ENCLOSED passenger/cargo area</td> <td style="width:25%;">11 Other UNENCLOSED passenger/cargo area</td> </tr> <tr> <td>12 Sleeper section of truck cab</td> <td>13 Trailer</td> <td>14 Riding/hanging to exterior</td> <td>15 Pedestrian</td> </tr> </table>				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																											
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12 Sleeper section of truck cab	13 Trailer	14 Riding/hanging to exterior	15 Pedestrian																																			
(C) Ejection Path																																						
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)																																						
(D) Alcohol Suspected (Officer Opinion Only)																																						
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																																						
(E) Tested for Alcohol																																						
00 Not Tested 03 Urine 06 By Coroner 01 Blood 04 Urine 02 Breath 05 Refusal																																						
(F) Other Drug/Impairment Suspected (Officer Opinion Only)																																						
Yes > 01 Drug Recognition Expert No > 05 Drug Recognition Expert 02 SFST 06 SFST 03 Observed 07 Observed 04 Other 08 Other																																						
(G) Tested for Other Drugs																																						
00 Not Tested 02 Breath 04 Other 06 By Coroner 01 Blood 03 Urine 05 Refusal																																						
(H) Dead at Scene																																						
00 No 01 Yes																																						
Name		Taken To	Expired Date Time																																			
1	1	8	8																																			
6	7	6	6																																			
[REDACTED]		RIO GRANDE HOSPITAL	7/15/2016 1858																																			

8-058

DN 2447 (03/03/06)
COLORADO DEPARTMENT OF REVENUE

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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

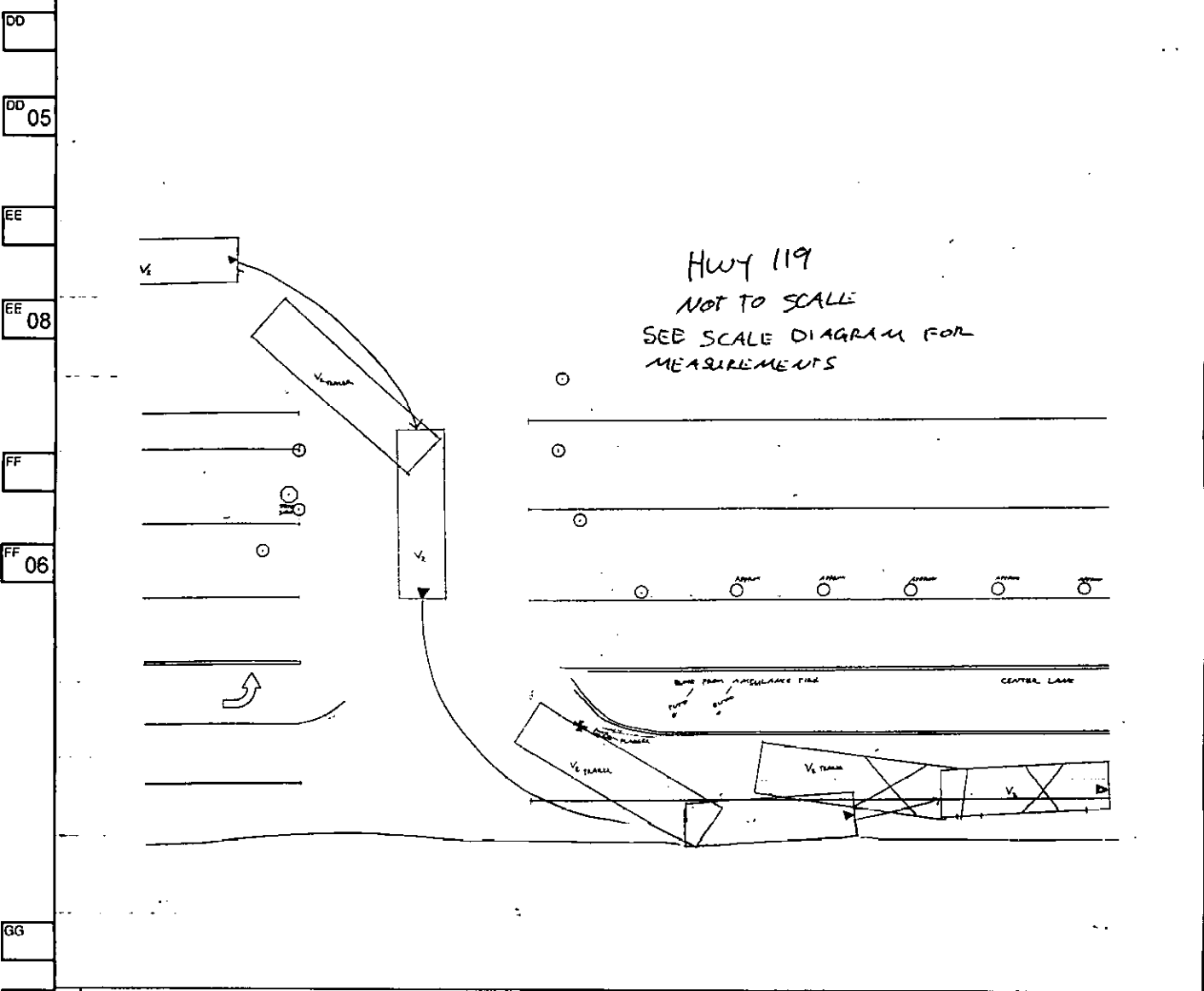
AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 3 PAGES

A 01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER		DOR Code		01 ^K
	Case # 16FI06450		<input checked="" type="checkbox"/> STATE HWY		MILEPOINT				
Date of Accident 08/26/16		City Firestone		Agency Firestone PD		County Weld		County # 3	
Time (24 Hr.) 1700		Officer Number 716		Officer Name		Signature		Detail	
B 05	Number Killed 1		Number Injured		Location Route, Street, Road		Miles Feet		07 ^L
	Date of Report 09/22/16		Latitude		Longitude		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: Highway 119 <input checked="" type="checkbox"/> At: Weld County Road 5		
B 05	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 1		District Number		05 ^M
	Traffic Unit # 1 or		<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.		Public Property/Employee <input type="checkbox"/>		Photos Taken 55		
Last Name		First		MI		Last Name		First	
Street Address		City		State		ZIP		Bus. Phone	
Colorado Springs		CO		80903		AURORA		CO 80016	
Driver License Num		CDL		State		Sex		DOB	
Colorado Springs		CO		M		AURORA		CO M	
C 03	Primary Violation <input type="checkbox"/> DUI		CROSSING AT OTHER THAN CROSSWALKS		Violation Code		Citation Number		05 ^N
	42-4-803(1)		Citation Number		Common Code		Common Code		
Year		Make		Model		Body Type		Year	
2014		KENWORTH		SEMI		SEMI		2014	
License Plate Number		State or Country		Color		License Plate Number		State or Country	
Vehicle Identification Number		Vehicle Identification Number		Vehicle Owner Last Name <input type="checkbox"/> Same		First		MI	
Address <input type="checkbox"/> Same		City		State		ZIP		Address <input type="checkbox"/> Same	
CENTENNIAL		CO		80111		CENTENNIAL		CO 80111	
Towed Due to Damage <input type="checkbox"/> By:		To:		Towed Due to Damage <input type="checkbox"/> By:		To:		00 ^O	
F 02	Trailer VIN#		Trailer VIN#		Undercarriage		Undercarriage		00 ^O
					1- Slight 2- Moderate 3- Severe				
G 01	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		00 ^R
	Travelers Prop Casualty		12/31/16		Policy Number		810325D9449		
Owner Damaged Prop. Last Name		First		MI		Address		City	
Owner Damaged Prop. Last Name		First		MI		Address		City	
J 00	T.U. #		POS.		REST.		ENDO.		04 ^S
	01		15		00		00		
SAFETY EQUIP.		AIR BAG		EJECT		SUSPECTED ALCO DRUG		INJ. SEV.	
A 00 E		00 A		00		00 00		04 30	
AGE		SEX		NAME / ADDRESS		NAME / ADDRESS		NAME / ADDRESS	
30		M		SAME		SAME		SAME	
29		M		SAME		SAME		SAME	
Approved By		I.D. #		Date		Date		Date	

AA	Case # 16FI06450	DOR CODE	Accident Date 08/26/16	Agency Firestone PD
----	---------------------	----------	---------------------------	------------------------

HH
HH
00
JJ
JJ
00
JJ
KK

Describe Accident
 AA 02 Vehicle #2 was westbound in the construction dead lane on Highway 119. Vehicle #2 stopped at the intersection of Hwy119 and Weld County Road 5. The flagger for the intersection stopped traffic and waved
 BB Vehicle #2 through the intersection. The flagger failed to move from the roadway. The driver's side trailer tires of vehicle #2 collided with the flagger. Vehicle #2 came to a stop in the road way facing in a westerly direction.
 BB 04 The flagger came to rest on his back facing in a westerly direction.
 CC
 CC 03



KK
LL
LL
MM
MM
01
NN
11
NN
NN
NN

GG	Carrier Name	[REDACTED]	US DOT <input checked="" type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U.#	[REDACTED]	Carrier Identification #	[REDACTED]	
GG	Carrier Name	[REDACTED]	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U.#	[REDACTED]	Carrier Identification #	[REDACTED]	

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

MAIL TO: STATE OF COLORADO
 MOTOR VEHICLE
 TRAFFIC RECORDS
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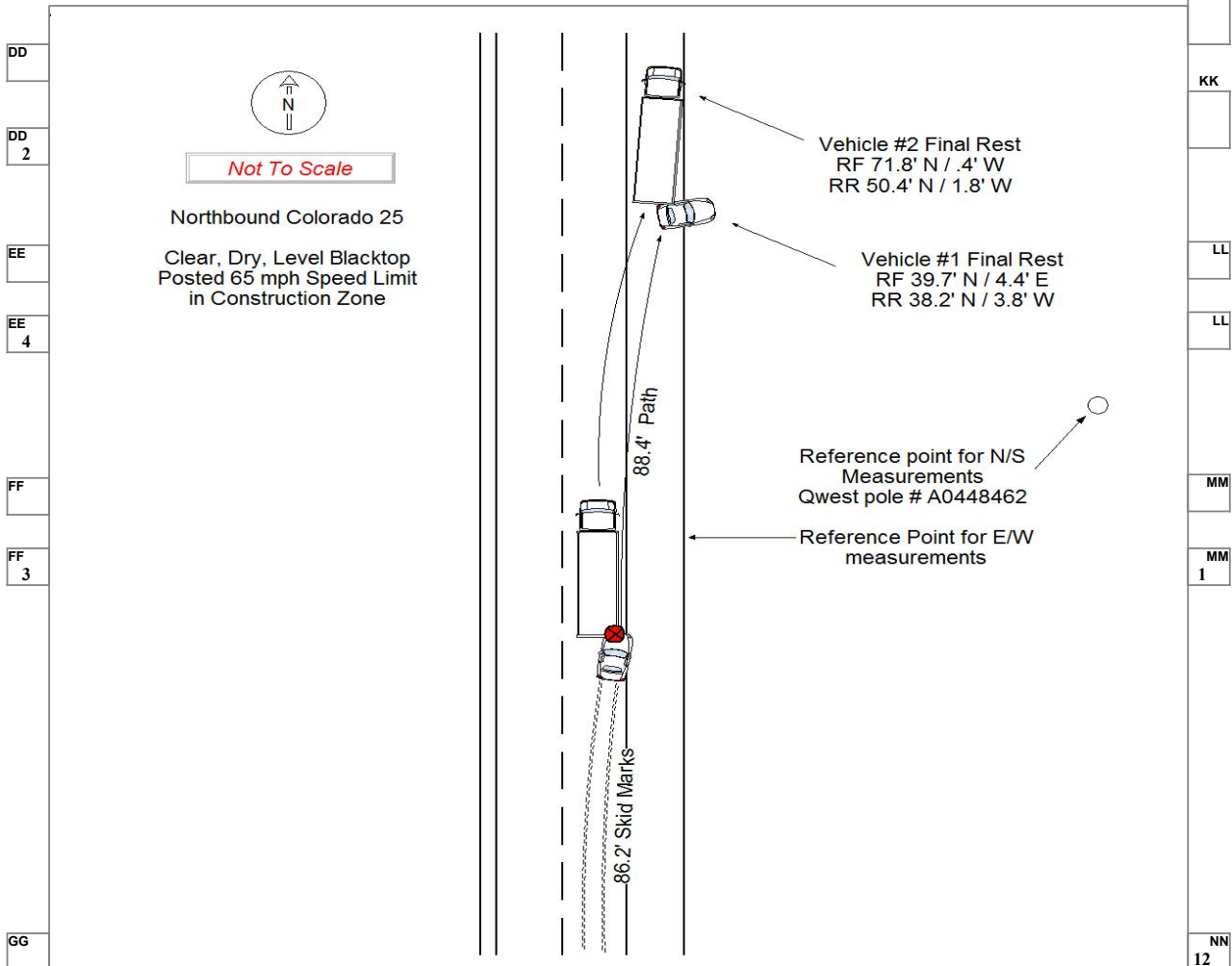
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY Page 1 of 5 Pages

A 01	CDOT Code		<input checked="" type="checkbox"/> INTERSTATE HWY HWY NUMBER 25		DOR Code 16542568		05 K	
	Case # 3A-16-2262		<input type="checkbox"/> STATE HWY MILEPOINT				01 K	
B 07	Date of Accident 11/14/2016	City	Agency Colorado State Patrol	County WELD	County # 03			
	Time (24Hr.) 1139	Officer Number 7943	Officer Name	Signature	Detail CSP	01 L		
B 00	Number Killed 1	Number Injured 0	Location Route, Street, Road 0 Miles 2640 Feet		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF:		01 L	
	DATE OF REPORT 11/14/2016		NORTHBOUND COLORADO 25 AT: MILE POINT 246		Latitude :: Longitude ::			
B 07	Agency Code M10	Investigated @ Scene X	Total Vehicles 2	District Number 3A	Public Property Employee	Photos Taken X	01 M	
	Railroad Crossing Related	Const. Zone Related X	Highway Interchange	Bridge Related			03 M	
C 03	Traffic Unit 1 or X/Veh	Parked	Bicycle	Pedestrian	Non-Vehicle	Non-Contact Veh		
	Last Name	First	MI	Last Name	First	MI		
D 04	Street Address	Personal Phone	Street Address	Personal Phone				
	City MEAD	State CO	Zip 80542	Bus. Phone	City DENVER	State CO	Zip 80220	
E 01	Drivers License Number	CDL	State CO	Sex M	DOB	Drivers License Number	CDL	
	State CO	Sex M	DOB	Primary Violation				
F 02	Primary Violation <input type="checkbox"/> DUI	Violation Code	Citation Number	Common Code	Violation Code	Citation Number	Common Code	
	Year 1996	Make GEO	Model METRO	Body Type HB	Year 2011	Make INTERNATIONAL	Model 4300	Body Type UT
G 01	License Plate Nu	State or Country CO	Color WHI	License Plate Nu	State or Country CO	Color WHI		
	Vehicle Identification Number	Vehicle Identification Number						
H 01	Vehicle Owner Last Name	<input checked="" type="checkbox"/> Same	First	MI	Vehicle Owner Last Name	<input type="checkbox"/> Same	First	
	MULTI FAMILY BUILDING I			MI	1530 E. 64TH AVE.			State CO
I 00	Address <input checked="" type="checkbox"/> Same	City	State	Zip	Address <input type="checkbox"/> Same	City	State Zip	
	3030 1ST AVE				DENVER CO 80229			
J 00	Towed Due To Damage <input checked="" type="checkbox"/> By: SUPERIOR TOWING	To:						13 Q
	3030 1ST AVE		To:					
K 01	Trailer VIN#	Trailer VIN#						
			Undercarriage	Undercarriage	1 - Slight 2 - Moderate 3 - Severe			
L 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date 03/13/2017	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date 10/01/2017				12 R
	Policy Number PAC06567218	Policy Number 05M0130216						00 R
M 01	Owner Damaged Prop. Last Name	First	MI	Address	City	State Zip		
	Owner Damaged Prop. Last Name	First	MI	Address	City	State Zip		
N 00	TU #	POS.	REST.	ENDO.	SAFETY EQUIP	AIRBAG	EJCT	
	1	1	1	0	B 1 A	3 B	0 0 0	
O 01	AGE	SEX	Name	Address				
	56	M						
P 00	2	1	0	0	B 1 A	0 A	0 0 0	
	32	M						
Q 00	2	3	0	0	B 1 A	0 A	0 0 0	
	19							
R 00	Approved By 7552	I.D.# 7552	Date 11/22/2016					00 T

EARS ID:

AA	3A-16-2262	16542568	11/14/2016	Colorado State Patrol	HH
AA 2	Describe Accident				HH
BB 4	<p>BOTH TRAFFIC UNITS WERE TRAVELING NORTHBOUND ON COLORADO 25 IN THE RIGHT OF TWO NORTHBOUND LANES; TU #1 WAS BEHIND TU #2. TRAFFIC IN BOTH LANES SLOWED TO A STOP DUE TO A CONSTRUCTION ZONE IN THE AREA. DRIVER #1 FAILED TO RECOGNIZE THIS IN TIME, AND THE FRONT-LEFT OF TU #1 COLLIDED INTO THE REAR-RIGHT OF TU #2. DUE TO THE HEIGHT DIFFERENCE BETWEEN THE VEHICLES, TU #1 TRAVELED PARTIALLY UNDER THE REAR-RIGHT CORNER OF TU #2. THE VEHICLES REMAINED ENGAGED WHILE DRIVER #2 BROUGHT THEM TO A CONTROLLED STOP ON THE RIGHT SHOULDER.</p>				JJ
CC 2					JJ
CC 2					KK



GG	T	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG 1	#	Address	Carrier Identification #			NN
GG	T	Carrier Name	DIRECT LUMBER AND DOOR	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG 2	#	Address	1530 EAST 64TH AVENUE, ,	Carrier Identification #		NN
						1429624

COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

Case #	DOR CODE	Accident Date	Agency
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3A-10-2262		10542508	11/14/2016	Colorado State Patrol		
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EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)				ACCIDENT AVOIDANCE MANEUVER																	
Time Notified		Time Arrived @ Scene		Time Arrived @ Hospital		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 MOUNTAIN VIEW FIRE RESCUE				00. Avoidance Maneuver				5		5		4		4							
TRAFFICWAY FLOW				FIRE/HAZARDOUS MATERIALS INVOLVEMENT				Traffic Unit #1 or 1		Traffic Unit #2 or 1		Traffic Unit #3 or 2		Traffic Unit #4 or 2							
01. Not Divided (Two Way) <input style="width: 50px;" type="text" value="01"/>		02. Divided, Median W/O Barrier		01. No Fire/Haz-Mat Cargo Not Involved		02. No Fire/Haz-Mat Incident		03. Vehicle Fire/No Haz-Mat Cargo		04. Vehicle Fire/Haz-Mat Cargo Not Involved		05. Vehicle Fire/Haz-Mat Incident		00 <input style="width: 50px;" type="text" value="00"/>							
03. Divided, Median W/Barrier		04. One Way		01. No Fire/Haz-Mat Cargo		02. No Fire/Haz-Mat Incident		03. Vehicle Fire/No Haz-Mat Cargo		04. Vehicle Fire/Haz-Mat Cargo Not Involved		05. Vehicle Fire/Haz-Mat Incident		<input style="width: 50px;" type="text" value="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. <input style="width: 50px;" type="text" value="2"/>				TRAFFIC CONTROL DEVICE FUNCTIONING				List the Most Significant Types of Traffic Control Devices <input style="width: 50px;" type="text" value="04"/>				01. No Controls		02. Not Functioning		03. Functioning Improperly		04. Functioning Properly		05. Unknown	

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										13	
<	03	06	09								10/11 12		
<	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 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)											

(D) Alcohol Suspected (Officer Opinion Only)											
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											

(E) Tested for Alcohol											
00 Not Tested 03 Urine 06 By Coroner 01 Blood 04 Urine 02 Breath 05 Refusal											

(F) Other Drug/Impairment Suspected (Officer Opinion Only)											
Yes > 01 Drug Recognition Expert No > 05 Drug Recognition Expert 02 SFST 06 SFST 03 Observed 07 Observed 04 Other 08 Other											

(G) Tested for Other Drugs											
00 Not Tested 02 Breath 04 Other 06 By Coroner 01 Blood 03 Urine 05 Refusal											

(H) Dead at Scene											
00 No 01 Yes											

								Name		Taken To		Expired Date Time	
1	1	0	8	6	7	6	1	[REDACTED]		MCKEE MORGUE		11/14/2016	1139