#### 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.

<u>Crash 1</u> 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.

<u>Crash 2</u> 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.

#### <u>Crash 3</u> 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.

#### <u>Crash 5</u> 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 CMFidentified 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: <u>https://www.codot.gov/library/traffic/lane-close-work-zone-safety.</u>

#### **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 of 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.

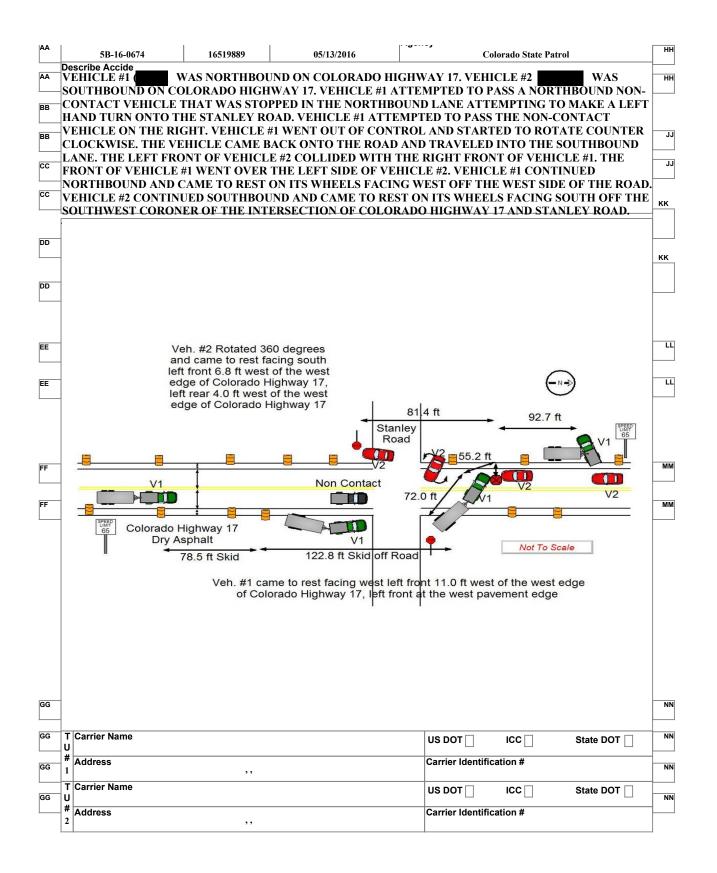
#### **End of Report**

### This page intentionally left blank.

# **APPENDIX** A

### This page intentionally left blank.

		NDE	D/Sl	JPP	L.		UNC	DER	\$1,0	000		col	JNTI	ER F	REPORT			OR Code	TY Page	e <u>1 of 5</u>	<u>5</u> Pages
CDOT	Code													WY	HWY NU 17	MBER		OR Code	165198	889	
Case #	#	4	5B-16	5-06'	74					STA					MILEPO	INT			100170		
Date o	of Accide	nt					City			CIT	Y ST	/CN	IYK	Agen		rada Sta	te Patrol	c	ALAMO	SA	County # 30
Time (	24Hr.)		Office	r Numb			-	Officer	Name	_							Signature		ALAMO		Detail
	1300 er Killed		Numb	16. Der Injur				ocatio	n Roi	ute, St	reet l	Road			Miles 38	Feet	NXE	SW	OF:		CSP
DATE	1 OF REP	ORT		2						ADO			AY 1	-	□ at: <b>st</b>				-		
	24/20	)16				In	vestigat	ed @	Total	Vehicles		District	Numbe	Latit	ude :: Public Proper		Longitu	Crossing Co	nst. Zone High	way	Bridge
Traffic		N	108			Sc		X		2			5B		Employee Traffic Unit	X	Related	Re		change	Related
1 or Last N	1	Xv	eh	Parke	ed E	Bicycle	Pe	destria		lon-Veł	nicle	Non-C	Contact	t Veh	1 or 2 Last Name	$\mathbf X$ Veh	Parked B	cycle Ped	estrian Non-V	ehicle N	Non-Contact Ve
Street											Person	al Phone			Street Address					Personal I	PHone
City							State	Zip			Bus. Pr				City			State	Zip	Bus. Phor	
	s License		YER	S			CO		8010	)3		DOB			Drivers License	EL PAS	50	TX	79936	Sex DO	
Primar	ry Violati	on						A	<b>\</b>	CO	M				Primary Violati	on			TX	M	
Violatio	UI on Code					Citation	n Numbe				0	Commor	n Code		DUI Violation Code		C	itation Number		Cor	mmon Code
Year		Make					DIR	REC			E	Body Ty			Year	Make		Model		Boo	ју Туре
19 Licens	99 e Plate I	Nu	F	ORE	)		State or	Count		)		Color	PK		2002 License Plate		ROLET	C State or C		Col	
Vehicle	e Identifi	cation N	lumber	_					CO	_		(	GRN		Vehicle Identifi	cation Number			SD		RED
Vehicle	e Owner	Last Na	ame [	XSa	me			Firs	t				МІ		Vehicle Owner	Last Name	XSame		First		MI
Addres	ss 🛛 S	ame						City	,			State Zi	p		Address X	ame			City	Sta	ite Zip
Towed	i Due To	Damag	e X	By: I	LAY	TON	r s'r	TOW	INC	3					Towed Due To	Damage X	By: ALAN	MOSA C	AR CARE	CENTE	ER
To:			) AM												10.	0 6TH ST					
		Traile	r VIN	#	4	UGF	G30	283	D01(	)446						Trailer VIN	#				
3	3	3	I												3 3	3 3	3 3				
3			Ĩ	<u> </u>		[	]	[	٦ĺ	<u>]</u>					3 3	3	3 3	- [-] [			
-3	3			<b>-</b>		 		3	1	¥		1 - Sli 2 - Mo		þ	3 3		33				- Slight - Moderate
3	-	ndero	arriag		_		_ Unc	derca	riage	•		3 - Se				ndercarria		Unde	ercarriage		- Severe
Insura	nce Con	ipany	⊡No P]	ne [ ROC	No GRE	Proof SSIV	/E					Date )6/29	/201	6	Insurance Con	npany NC	ine No F USSA			Exp. Da	te 5/01/2016
	Number														Policy Number						
	r Damag									First			МІ		Address				City		ite Zip
Owner	r Damag			ame						First			МІ		Address				City	Sta	ite Zip
TU #	POS.	REST.	ENDO.		SAFET	Y	AIRI	BAG	EJCT	SUSP ALCO	ECTED DRUG	INJ SEV.	AGE	SEX	Name			Addre	SS		
1	1	2	2	B	1	B	2	B	0	0	0	3	69								
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								
A	rovec	IВу							546	54							I.D.#	546	4	Dat	e 5/30/2016
Арр																					



#### COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

				Page <u>2 of 2</u> Pages
Case #	DOR CODE	Accident Date	Agency	01 104 P 4 1

1		<b>ЭВ-</b>	10-00	)/4				1021398	ן עו		05/13/2	010			C010	rado State I	ratroi		
EM	ER	GEN	CY	ME	DIC	ALS	SER	VICES					!						
Time I	Notifie 13	302		Time	Arrive	. time ad @ So .315	cene		ived @ Hospi 1340		00. Avo 01. Bra	oidance king (SI	ANCE M Maneuver kid marks	evident)		Unit #1	Unit #2	Traffic Unit #3 or <u>2</u>	Traffic Unit #4 or <u>2</u>
IF TIM								ONDING SEI			03. Bra 04. Ste 05. Ste	king (Pe ering (E ering &	er witness vidence o Braking (I	, no skid i r stated) Evidence (	arks evident) marks evident) or stated)	5	5	3	3
TR	AFF	ICW		FLC	wc					=	06. Oth	ier Avoi	dance Ma	neuver					
If the	e acc	iden	OF T	02. Di 03. Di 04. Or 04. Or 04. Or	video video ne W VEL	d, Me d, Me ay LA taine	dian dian NES d on	half of a	divided,		00. No 01. No 02. No 03. Veh 04. Veh	Fire/No Fire/Haz Fire/Haz nicle Fire	Haz-Mat C z-Mat Carg z-Mat Incid e/No Haz-I	Cargo go Not Inv dent Mat Cargo Cargo No		Unit #1	Unit #2	Traffic Unit #3 or <u>2</u>	Traffic Unit #4 or <u>2</u>
Ingu	way	(pily)	sicai	Daili	er nu	σι μαι	inteu	median) nat half.	, only 🖆										
						DEV		02. 03. 04. 05.	No Contr Not Function Function Function Unknow	ctioning ling Imp ling Pro	roperly perly			-	ificant Types o BUS/RAILWAY P.		ntrol Devi	ces	
(A)					•				ber as on			VOLVLD,			DUG/RAIEWAT P	ASSENGENS			
	(B) I	Posit	ion lı	n Veh	nicle				14	1									
		<	:	03	3	06	6	09	10/	11				01 02 10 11 12	Driver - 09 Passengers Other ENCLOSED Other UNENCLOS Sleeper section o	ED passenger/c	o area argo area		
		<	:	02	-	05		08 07	12				13	13 14 15		exterior			
			 	ian D		Not	Figst	ad/Nation	nliaahla	04 Thr		window				00 Other per	h (ag haal	k of piele	(m)
		(0)1	-ject	ion P	01 02	1 Thro 2 Thro	ough : ough :	ed/Not ap Side Doo Side Wind Windshie	r Opening dow	05 Thro 06 Thro	ough Roof	Door/Ta Opening	ail Gate Op g (sun roof, tible top up	convertible	e top down)	08 Other pat 09 Unknown		к ог ріскі	(קנ
							cted Only)	0	1 Prelimin 2 SFST 3 Observe				ve Alcohol Method	Sensor	No > 06 Prelim 07 SFST 08 Obser	•		Passive A Other Me	
				(E) 1				01 Bl 02 Bl	reath		03 Urine 04 Urine 05 Refus			By Corone					
								g/Impairn on Only)	nent Susp	ected	Yes >	01 Drug 02 SFS 03 Obs 04 Othe	erved	ion Expert	06 S	bserved	tion Expert		
						(G) <sup>.</sup>			ner Drugs		00 Not Tes 01 Blood	03	2 Breath 3 Urine	04 Oth 05 Re		y Coroner			
							(П) 1	Dead at S	scene		00 No 01 Ye								
											Name				Tak	en To	D	Exp ate	ired Time
2	1	0	8	6	7	6	[								ROGER'S	FUNERAI	5/13/	/2016	1300
															HOME				

	. )			16056296		
	DR 2147 (01/06/06) COLORADO DEPARTMENT OF REVENUE		6-066		TE OF COLORADO FOR VEHICLE	٦
2+	STATE OF COLORADO 1	RAFFIC A	CCIDENT RE		FFIC RECORDS IVER, CO 80261-0016	
	AMENDED/SUPPL. UNDER \$1,000				1_OF_2_PAGES	
		ERSTATE HWY	HWY NUMBER ROAD CODE		· · · · · · · · · · · · · · · ·	. 01 <sup>K</sup>
^ 03	A	TE HWY	4 9 1 MILEPOINT			ĸ
03	101-16-1275	ST/CNTY RD			AFR 111 \$11001 A11  1001	
	Date of Accident City 06/24/2016 Cortez		Agency Cortez PD	County	County# 1a 32	1
	Time (24 Hr.) Officer Number Officer Name		Signature	alkin	Detail PTRL	. L
в	Number Killed Number Injured Location Route, Street, I		280 Feet N X		OF:	01
05	Date of Report	.Broadway		Empire Street	·····	
в 29	Agency Code Investigated Total Vehicles	District Number Public	Property/ Photos Taken Railr	oad Crossing Const Zone		. M.
8	M23 @ Scene 12 1 Traffic Unit # Count Count of C	001 Emplo		ted Related X	Interchg.	01
05	anacom # Diven. □ Parked □ Bicycle □ Pedestrian □ No (Last Name First	n-venide ∐Non-Contact ven MI	2 orLIVeh. {Parked Last Name	Bicycle Pedestrian N	kon-Vehide ∐Non-ContactVeh. Mi	M
	Strat Address	Personal Phone	Street Address		Personal Phone	l ŧ
	; State ZIP	Unknown Bus. Phone		Časta 710		N
	Congress AZ 85332	Unknown	City	State ZIP	Bus. Phone	1 35
	AZ	Sex DOB	Driver License Number	CDL State	Sex DOB	N
с 03	Primary Violation		Primary Violation			1. '
03	Violation Code Citation Number	Common Code	Violation Code	Citation Number	Common Code	P
	Year Make Model 2000 FORD F550	Body Type Pick Up	Year Make	`Model	Body Type	10
D	License Plate Number State or Country CH17431 AZ		License Plate Number	State or Country	Color	{ ·
04	Vehicle Identification Number		Vehicle Identification Number			
	verlice Owner Last Name Las Same First	MI	Vehicle Owner Last Name 🔲 S	ame First	MI	i ÷ E
е 02	Address LX Same	State ZIP	Address 🗌 Same	City	State ZIP	
•••	30870 Vagabond Trail         Congress           Towed Due to Damage [] By:	AZ 85332	Towed Due to Damage 🗌 By:			00
F	'To: 		To:			, Q
໌ 02	Trailer VIN#		Trailer VIN#	· ·		:
		<u>'</u> =}		<u>ا المار المار</u>	<u>1  </u>	-
	(() ( (()) ))() ( ( ())					!
		i 1- Slight 2- Moderate			1- Slight	•
G	Undercarriage Undercarriage		Undercarriage	Undercarriag		;
01	Insurance Company None No Proof Trumbull Insurance	Exp. Date 01/31/2017	Insurance Company None	No Proof	Exp. Date	06 R
н			Policy Number			R ,
01	Owner Damaged Prop. Last Name First	MI	Address	City	State ZIP	
J	Owner Damaged Prop. Last Name First	MI	Address	City	State ZIP	
00	I.U. DOG DEGT ENDO SAFEIT AND DAG CHEAT	Suspected Inj. Age se Alco drug sev.	X NAME / ADDRESS			, s
ł	01 14 00 00 A 00 A 00 A 00		M			s
1 [						
						,
L	_ !					!
 }						00 T
ـــــــــــــــــــــــــــــــــــــ	1					т.
ĺ						
	Approved By Alimon, Dave		I.D. # 010	ŧ 9	Date 06/26/2016	-
	The second se		010	<b>v</b>	00/20/2010	

<u> </u>	•			1605	6296	
• 	Case #	DOR CODE	Accident Date	Agency	PAGE _ 2 OF _ 2 P/	AGES 
AA	01-16-1275		06/24/2016	Cortez PD		
ĀA	Describe Accident		,,,,,		· ·· · · · · · · · · · · · · · · · · ·	
<u> </u>	Traffic unit #1(Thorpe	) was traveling n	orth near the intersed	tion of N. Broadway and En	pire Street. Traffic unit #1	Н
	pulled onto the right si	noulder of the roa	adway and the driver	exited the vehicle. Traffic u #1 collided with the curb on	nit # 1 began rolling north	
88	and the driver fell, bei	ng dragged unde	rneath the vehicle. T	raffic unit #1 continued rollin	a off the right side of the	
	roadway and came to	rest a short dista	ance away. Traffic un	it #1 sustained minor damag	ge to the driver's side front	J
88	wheel.					_00_
cc						
	-					
cc						кк
	۲ ۲	·····			······································	
DD		Ì				ן קן
						КК
					$\mathbf{\wedge}$	
DD						
					Not to Scale	*
EE	1					
EE ···				2		
				× 1 - 31 -		1
				-31.8-		
FF	-					l i
		,				
				ຍ   ຍ		
FF	•			ind L		м
				280.1' N. of Empire		
		N. Broadway	,			
			•			-1
					W. Empire	-
GG					Street	
	4			I I		∥—
GG	Carrier Name					<u>_</u> ] 
	<b>←</b>		· · · · · · · · · · · · · · · · · · ·			
GĞ	Address			Carrier Identifica	tion #	Ň
			· · - · · · · - · · · · - · · · · · · ·	+		"
ĞG	Carrier Name				ICC State DOT	N
	address			Carrier Identifica	 tion #	
1	F.					
_				· · · · · · · · · · · · · · · · · · ·		

16056296

## COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

. ..

Cas	ie #	10 -	12	IR	DO	RC	ODE		Acc	ident 184		וח					;у Р-те	<b>7</b> (	Dout	ED	<u> </u>	12-5-		
EM					SER	IVIC	:FS		<u>. v</u>		$\underline{P}$		2						run			11/11	<u>IIE</u>	<u>,                                     </u>
(Red Time O{	cord a Notifie 312 nes are	all tim d e unkna	e usiną Tim O own pro	g 24 Hr. e Arrived 8 20 ovide nar	time) @ Scei	ne T	ime Ar	rived @ H 29 g services			00 01 02 03 04 05 06	. No A . Braki Braki . Braki . Stee . Stee . Othe	voldar ing (Sl ing (Pe ing (Pe ring (E ring & er Avoid	nce Ma kid ma er driv er witr viden Brakin dance	aneuve arks evi er, no s ness, no ce or si ng (Evid Maneu	dent) skid ma o skid n tated) dence d	arks evi marks e or state	evider ed)	ıt)	Traffic Unit #1 or	Un	affic it #2	Traffic Unit #3 or	Traffic Unit #4 or
			02. 03. 04.	Not Divi Divided Divided One Wa	, Media , Media iy	an V an V	V/O B	arrier 🛄	2	r (r	00 01 02 03	No F No F No F Vehic	ire/No ire/Ha ire/Ha cle Fire	Haz-I z-Mat z-Mat e/No H	Mat Ca Cargo Incider Haz-Ma	rgo Not Im	volved		•	Traffic Unit #1 or	Un	affic it #2	Traffic Unit #3 or	Traffic Unit #4 or
lf the high	e accid way (p	ent is hysica	totally c I barrie	VEL La contained r not pair el lanes	l on ha nted m	ulf of edia	n), on		ג						Mat In									
				OL DE'	VICE	02 03 04	. Not . Fun	Functioni ctioning li ctioning F	mprope		0	Lis	st the I	Most S	Significa	ant Typ	es of T	raffic	Control	Devices				
(A) T	Traffic	MU Unit N	IST B umber	E CON (list Traff	IPLE ic Unit	TE	D FC	R ALL	PER: 2447)	SON	S IN	VOL	VED	EXC	EPT	JNIN	JURE	DΒ	US/RA	ILWAY	PAS	SENG	ERS.	
	(B) F	osition	n in Vel	iicle			1	4					_		0									
			03	06	09					•			02	2-09. 10. 11.	Other U	NCLOSI	OSED p	basser	/cargo are nger/cargo					
			02	05	08			2			13			13. 14.	Trailer	langing			ot Vehicle	or Trailer				
				Path 00.	1		/ Not a		04 T	 hrough	Back	Mindou						01	as Dath (a					
		(0, 2)		01. 02.		h Sid h Sid	le Dooi le Wind	Opening low	05. T 06. T	hrough hrough	Back ( Roof C	Door/Ta Opening	ilgate C	oof/cor		top dow	09	. Unk		g. back of p	локирт	JUCK)		
				ohol Sus icer Opin	ion Or	ıly)		03.	SFST Observ	ved			4. Pass 5. Othe			nsor	No >	07. 3	Preliminar SFST Observed	y Breath Te		. Passiv . Other r	e Alcohol ! nethod	Sensor
				(E) Test	ed for <i>i</i>	Alco	0	<ol> <li>Not Tes</li> <li>Blood</li> <li>Breath</li> </ol>	04	i. Urine . Othei . Refu:	r	6. By C	Coroner											1
					F) Oth Office			npairmen Only)	t Susp	ected	Yes :	02. 1	SFST Observe	-	on Expe	n 1	06 07	5. SF: 7. Ob:		tion Expert				
					ſ	(G) <sup>-</sup>	Testeo	d for Othe	er Drug		). Not T 1. Blood	Fested d			04. Other 05. Refu		. By Con							
							(H) [	Dead at S	cene (	00. No 01. Yes	S													
01	14	n	08		7	$\overline{\mathfrak{O}}$	00					Nar	ne					50		en to EST			te Expire	
יי		~~	W		<u>, , (</u>	~	٣											m	Emori	est Al Ho	<u>sp</u>	6/28	116 0	1000
									·															
<u> </u>																								
					-									<del></del>										
					$\neg$																			
	<b></b>	<b>.</b> .		I																				

#### STATE OF COLORADO TRAFFIC ACCIDENT - OFFICER NOTES

#### ACCIDENT DATA

Accident Report ID# : VDIRFYSCVS	
Officer Name/ID :	
Date/Time Of Accident : 06/24/2016@08	- 12
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	of Empire Street
Latitude :	Longitude :

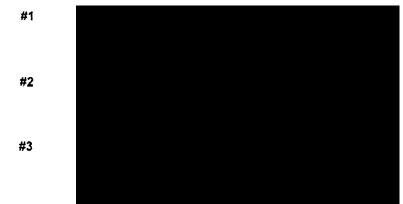
#### DRIVERS

#1						
	Height 6'4"	Weight 225	Hair <b>GRY</b>	Eyes <b>BRO</b>	Class D	Endorsements
	Statemen Medically		proivde a state	ement.		
PEDESTRIA	NS					

N/A						
	Height	Weight	Hair	Eyes	Class	Endorsements

Statements

#### WITNESSES



#### **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.

l 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. 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. Was also bleeding from what appeared to be his nose and mouth. I told was that medics were getting close and would be with him shortly. To my surprise, was very calm and responded to my statements.

Medics arrived a short time later and began tending to while medics were tending to medicate the second sec

I began contacting witnesses on scene. I first contacted a second who stated that he observed a male subject s

After speaking with the incident. The incident of the incident said she just saw him lying just off of the roadway bleeding.

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. white Ford F-550 was pulling an American brand 30' 5th wheel travel trailer.

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 place into evidence at the Cortez Police Department.

	AME	NDE	D/Sl	JPP	L.		UND	ER	\$1,0	000		COL	JNTI	ER F	REPORT	PR			RTY Page	e <u>1 of 5</u>	Pages
CDOT	Code									INT	ERS	ГАТ	E HV	WY	HWY NUN 160	ABER	E	OOR Code	165247	700	
Case	#		D 1/		97				<b>·</b>	STA	TE I	łWY	7		MILEPOI	NT			105247	70	
Date o	of Accide	nt	5B-16	5-098	87		City			CIT	Y ST	/CN	FY R	RD Agen	су			0	County		County #
	/15/2	016	Office	er Numt	er		10	Officer I	Name						Colo	rado Stat	e Patrol		MINERA		62 Detail
	1755 er Killed			16 Der Injur	36													Tto Luc	05		CSP
	1			0	eu					ute, St ADO					Miles <u>2640</u>			Xs⊡w	OF:		
07/	OF REF													Latit	ude ::		Longitu	ude ::			
	y Code	N	107			ln Sc	vestigat ene	ed @ X	Total	Vehicles 2		District	Numbe	r	Public Property Employee	Photos Take	n Railroad Related	Crossing Co Re	elated X Interd	way change	Bridge Related
Traffic 1 or	1	Xv	eh	Parke	ed E	Bicycle	Pe			lon-Veł	nicle	Non-C	Contact	t Veh	Traffic Unit 1 or 2	XVeh	Parked E	Bicycle Peo	destrian Non-Ve	ehicle N	Ion-Contact Ve
Last N								Firs	t				M		Last Name				First		MI
	Address											al Phone	e		Street Address					Personal F	
City			RRIS	SON			State CO		8046	65	Bus. Ph					RMING	ΓΟΝ	State NM		Bus. Phor	
	s Licens		er					CDL			Sex D M	OB			Drivers License				CDL State	M Sex DO	3
D															Primary Violatic	'n					
	on Code						n Numbe	r				Commor			Violation Code			Citation Number			nmon Code
Year 20			RLF	EY D	AVI	ID				ING					2011		DGE		AM 1500 (Pl	[ ]	у Туре РК
	se Plate I						State or		<sup>y</sup> CO			Color	BLK		License Plate N			State or 0	NM	Col	WHI
	e Identifi			Mo				5							Vehicle Identific		10				MI
	ss XS		ame [	XSa	me			Firs				State Zi	MI		Vehicle Owner I	-	Same		First	l Cha	te Zip
			0 17	D				'					Þ		Address XS						
To:	d Due To		™ XII YST		R &	D T (	owi	NG							10:	VASHINO			G [MONTE	VISTA	4
																		1			
		Traile	er VIN													Trailer VIN#					
3	3	3	3 	3	3 3		-1 ,								2 2	2 2	22				
3	3		IJ		3	[i	<u> </u>		jį	<u> </u>		1 01	abt					- <u>[]</u>	<u>ij</u>		Clickt
3	3	3	-	-	3	1						1 - Sli 2 - Mo 3 - Se	derat	e						2 -	- Slight - Moderate - Severe
3 Insura			arriag		V No	Proof	_	lerca	riage	•	Exp.		vere			ndercarriage	_		ercarriage	Exp. Da	
Policy	Number			NO	PRO	OOF									Policy Number	A	LL ST	ATE			/25/2016
Owner	r Damag	ed Prop	. Last N	ame					F	irst			MI		Address			9363518	41	Sta	te Zip
Owner	r Damag	ed Prop	. Last N	ame					F	irst			MI		Address				City	Sta	te Zip
TU	POS.	REST	ENDO.		SAFET	ŕ	AIRE	BAG	EJCT	SUSP	ECTED	INJ	AGE	SEX	Name			Addre	200		
#					EQUIP					SUSP ALCO	DRUG	SEV.						/ dure			
1	1	0	1	A	0	E	0	A	2	0	0	4	62	M							
2	1	0	0	B	1	A	1	A	0	0	0	0	45								
2	3	0	0	B	1	A	1	A	0	0	0	0	42	F							
	-																				
										-				_							
										-				-							
	-									-				-							
4.0.0	-																			Det	
<sup>l</sup> ~hb	roveo	, DY							546	54							I.D.#	540	54	Date	<sup>e</sup> 7/19/2016

AA	5B-16-0987	16524790	07/15/2016	Colorado St	ate Patrol	HH
AA		VAS WESTBOUN	ND ON COLORADO HIG	HIGHWAY 160 IN THE HWAY 160 IN THE INSII	DE LANE. VEHICLE #2	НН
BB	COLLIDED WITH THI ROLLED ONTO IT SII	E RIGHT SIDE O DE AND BECAMI	F VEHICLE #2 IN THE I E ENTANGLED WITH V	INSIDE LANE. VEHICLI NSIDE WESTBOUND LA EHICLE #2. THE DRIVEI	NE. VEHICLE #1 R OF THE VEHICLE	L
cc				BOUND LANE. VEHICL CLE #2 WAS DRIVEN TO		IJ
cc	-					кк
DD						
DD	-					кк
	-					
EE	-					LL
EE	-		POI to Pickup (driven to final rest) 163.	5 ft 9 Motorcycle 210.5 ft	•	LL
	South Fork		+	POI to Body 163.5 ft	2007 2007 45	
FF	4.5 ft 11.8 ft	1!	5.5 ft 16.4 ft 20.3		Veh #1	ММ
FF	13.0 ft		Veh #1 Driver	#1 (	Veh #2	MM
	\$.6 ft	Motorcycle came to r Facing	est on its Right Side	1		
	Colorado Highwa Within Consi	y 160 Dry Asphalt ruction Zone		Guardrail	Not To Scale	
GG	-					NN
GG	T Carrier Name U				State DOT	NN
GG	Address	,,		Carrier Identification #		NN
GG	T Carrier Name U				State DOT	NN
	Address	,,		Carrier Identification #		

#### COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

				Page <u>2 of 2 Pages</u>
Case #	DOR CODE	Accident Date	Agency	CI ISTERI

1		<b>эв-</b> 1	10-09	181				1052479	v		0//15/2	010			Colo	rado State	Patrol		
EM	ERO	GEN	CY	MEI	DIC	ALS	SER	VICES											
1.	Notified		ne us	-	Arrive	. time ad @ So 815	cene		ived @ Hospita 1855				ANCE M/ Maneuver		R	Traffic Unit #1	Traffic Unit #2	Traffic Unit #3	
IF TIM			NOWN	PROV						_			kid marks		arks evident)	or <u>1</u>	or <u>1</u>	or <u>2</u>	or <u>2</u>
								CE SEF		-	03. Bra 04. Ste 05. Ste	king (Pe ering (Ev ering & I	er witness vidence o Braking (B	, no skid ı r stated) Evidence (	marks evident) or stated)	0	0	4	4
				<b>FI</b> (	<b>N</b> 4/						06. Oth	er Avoid	dance Mar	neuver					
	AFF	ICW	0	1. No 2. Di	ot Div video	d, Me	dian	o Way) W/O Bar W/Barrie		FIR	00. No	Fire/No	Haz-Mat C	argo	OLVEMENT	Traffic Unit #1	Traffic Unit #2	Traffic Unit #3	Traffic Unit #4
				4. 0			ulan	W/Dame					-Mat Carg -Mat Incic		olved	or <u>1</u>	or <u>1</u>	or <u>2</u>	or <u>2</u>
If the high	e acc way	ident (phys	is to sical	otally barri	con er no	taine ot pai	inteu	<b>5</b> half of a median), nat half.	divided <sub>3</sub>		04. Veh	nicle Fire	e/No Haz-I e/Haz-Mat e/Haz-Mat	Cargo Ño	t Involved	00	0		
TR	ΔFF		:ON	TRO	ר וכ	DEV	ICF	01.	No Contro	ols			List the	Most Sign	ificant Types o	f Traffic C	ontrol De	vices	
	NCT							02. 03. 04.	Not Funct Functionin Functionin Unknown	ioning ng Imp		01			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(A)	Traf	ic Ur	nit Nu	umbe	er (lis				LETED FOR ber as on D			VOLVED,	EXCEPT UI	INJURED	BUS/RAILWAY P	ASSENGERS	S		
	(B) F	Positi	on Ir	ı Veh	nicle				14										
			ſ						14		1			01	Driver				
		<	:	03	3	06	6	09						10	- 09 Passengers Other ENCLOSED				
			ł		_		_	00	10/1	1	1		13	11 12			/cargo area		
				02	2	05	5	08	12				13	13 14	Riding/hanging to	exterior			
		<	: [	0′	1	04	4	07						15	Pedestrian				
		(C) 6	L	ion P	ath	Not	Fiect	ed/Not ap	plicable (	14 Thro	J ugh back	window				08 Other pa	ath (eq. b)	ack of nick	(ID)
		(0) [	Jecu		01 02	1 Thro 2 Thro	ough : ough :		r Opening ( dow (	05 Thro 06 Thro	ugh Back ugh Roof	Door/Ta Opening		convertible		09 Unknow			up)
							cted Only)	0	1 Prelimina 2 SFST 3 Observed			)4 Passiv )5 Other		Sensor	No > 06 Prelimi 07 SFST 08 Observ	•		9 Passive / 0 Other Me	
				(E) 1	Feste	d for	Alco	o <b>hol</b> 00 No 01 Bl 02 Br			03 Urine 04 Urine 05 Refus	al	06 E	By Corone	r				
									nent Suspe	cted	Yes >		Recogniti	on Expert		rug Recogr	nition Expe	ert	
					(Off	icer (	Opini	on Only)				02 SFS 03 Obse 04 Othe	erved			bserved			
						(G) <sup>.</sup>	Teste	d for Oth	ner Drugs		0 Not Tes 1 Blood		Breath Urine	04 Ott 05 Re		y Coroner			
							(H) [	Dead at S	icene		00 No 01 Ye								
											Name				Tak	en To		Exp Date	oired Time
1	1	8	8	6	7	6									RIO GRAN		7/1	5/2016	1858
															HUSPITAL	1			
						1											1		
	1	8	8	6	Öff	(G)	Opini Teste	g/Impairn on Only) ed for Oth	nent Suspe ner Drugs	0	Yes > 0 Not Tes 1 Blood 00 No 01 Ye	01 Drug 02 SFS 03 Obse 04 Othe ted 02 03	T erved er Breath	04 Oth	06 S 07 O 08 O fusal Tak	FST bserved ther y Coroner en To DE		Exp Date	

																			<u>160</u>	) <u>47</u>	<u>963</u>	3				
Г		RAD	O DE	PÁRT												- 05	Ŭ					мото	R VE			٦
	ST		ΓE	0	F C	CO	LC	)R	AC	0	TF	<b>R</b>	FF		A	CCIE	DEN	IT RE	EPC	)R1	ſ				1-0016	
		ME	NDE	D/S	UPP	ւ.	Πu	IND	ER \$	1,00	0 [	] C	OUN	ITEF	R RE	EPORT	🗌 Pf	RIVATE F	PROP	ERT	Y PA	GE	1_o	₀ <sub>F</sub> _3	PAGES	;
	CDO	T Code	Э	•••••						ראו 🕻	rers	тат	ΕHV	٧Y					DOR	ode						к
<sup>^</sup> 01									<u> </u>	ST.	ATE	HWY	(				ц <b>і</b> п									01 <sup>K</sup>
	Case	<u> </u>		16	FI0	<u>645(</u>	)		Ľ	] Cn	ry s	T/CN	ITY F	٦D			1.	5								
	Date	of Acci		8/26	5/16		Çity			Fi	irest	one		-		Agency	Fi	restone	PD		County	Wel	d	C	County #	
		(24 Hr 700	.) (	Officer I				Office	r Nam									nature 7	1	1	In		~	Þ	vetail	
la.		er Kill		Numbe	r Injur		Locati	ion R	oute, S	Street	Road	1		Mil	es	Fe	eet		S 🗆	ΕΓ	] w[		F:			
05	Date	1 of Rep	ort			-							Н	ighv		119		_ 🔀 At: .			eld Co			ad 5		07
Ð	Agen	ov Coc		/22/1	16		ationt		Total		atitud		lumb		-			Lor Iken Railro	ngitude					<u> </u>	<b>D</b>	
		.,					estigat Scene	E		1	35 DR	anca i	NUTTUR	En	plic F	ee		5 Relate							Bridge Related 🗖	м
<sup>₿</sup> 05	Traffic 1 or	Unst#		/eh. [	Park	ed 🗆	Bicycle	۲P	edestria	<b>س ال</b>	Von-Veh	icle	Non	-Contac	t Veh.	Traffic Unit # 2 or	X Veh.	Parked	Bicyc	e 🗆 P	edestrian	Non	-Vehicle		n-Contact Ver	05
	Last	Name	<b>.</b>						First					м		Last Name				-	First				MI	
	Stree	t Addr	ess			-					-    110	لمممم	Dinad			Street Add							Perso	inal Pho	<u>г</u> пе	
	City						St	ate [	ŽIP			s. Pho	ne			City			1	State	ZIP		Bus. F	<sup>о</sup> hoле		N
	Drive	Col r Licer		do S	prin	gs		20		0903 State		) x D6	פר			Driver Licen		ORA		co	80 CDL St	016	( Sex			
										l CC	)   N	1										ŐŐ	M			35 <sup>№</sup>
<sup>C</sup> 03			Č	ROS	SSIN	NG A	TO	THE	RT	HAN		os	sw/	ALK	s	Primary Viol										
<b>ـــــ</b>	Viola			4-80			Sitation	Numl				Co	mmon	Code		Violation Co	de		Citati	on Num	ber			Comme	on Code	Р
	Year	1	Aake				M	odel				Bo	dy Typ	xe		Year Ma 2014		WORT	н	Model	SE	MI		Body T	<sup>ype</sup> SEMI	
Pad	Licen	se Pla	te Nur	nber			St	ate or	Count	ry			Color			License Pla				State or	Country			Color	RED	05
01	Vehic	le Ider	ntificat	ion Nur	mber										-	Vehicle Iden	ntification I	Number			Ľ	.0			RED	-
	Vehic	le Ow	ner La	st Nam		Same		I	First					м		Vehicle Our	nen i net bi		-		First				MI	4
<sup>E</sup> 01	Addre	ss 🗖	Same	8					City			Ist	ate ZI			Address	Samo			_	City			State	71P	-
<u> </u>				mage [												Towed Due		. <b>(~1</b> )			ČEN	TENN	IAL	ČÕ	80111	°
	To:			inayo L	_ Dy.										ŀ	To:	to Damay	е 🔲 ру.								000
<sup>F</sup> 02	İ		7	Frailer	VIN	#									-		Trai	ler VIN#	-							
·	1	ł	- 1.	ļ	1	_!		: ;			!					!	1.			1		4		-		
		f	71				[		 !	<u>i</u>		-				<u>f</u>	7				 	i	<b>d</b>			
		. U	ΛĮ		4				_ L		IJ.		1- Sli	ght		{[]; (ulma				([]	L	¦ ¦		1- S	light	
<u> </u>		1	; Unde	¦ ercarri	; iacie	ł		l l Un	derca	arriag	e	:	2-Mo 3-Se	dera vere	te	1	Underca			1	Idercar	riane	Ĩ		loderate evere	
<b>0</b> 1	Insur			ny 🗆	-		o Proof	_		3		Ex	p. Date	•					No Pro					Exp. Da	te	R R
	Policy	Num	ber												_	Policy Numb	Tra Per	avelers F	Prop	Casu	alty			12	/31/16	B
<sup>H</sup> 01				Prop.	Loet	lama				Firs											25D9	449	10.	1 715		00 <sup>P</sup>
	1		_													Address			Cit					e ZIP		]
00	Owne	r Dam	aged	Ртор.	Last M	Name				First	t i			N	N  .	Address			Cit	1			State	e ZIP		
<u> </u>	T.U. #	POS.	REST	ENDO.		SAFET EQUIP	(	AIR	BAG	EJECT	SUSPE		INJ.	AGE	SEX	NAME / AL	DDRESS							1		04 <sup>\$</sup>
	01	15	00	00		00		00				00	04	30	м					SAM	E			<b>.</b>	• •	04
	02	01	00	00	В	01	Α	01	A	00	00	00	00	29	м					SAM	E					
									1						1											
													_													1
																		· · · · ·								T
																										00 <sup>T</sup>
						μļ																				
			<u> </u>					_								<u> </u>										]
	Appr	oved	ву		-		_											I.D. #						Date		] .
																					-	_	_	_		
			·				-																	-		

i

,

į

!

ì

#### 

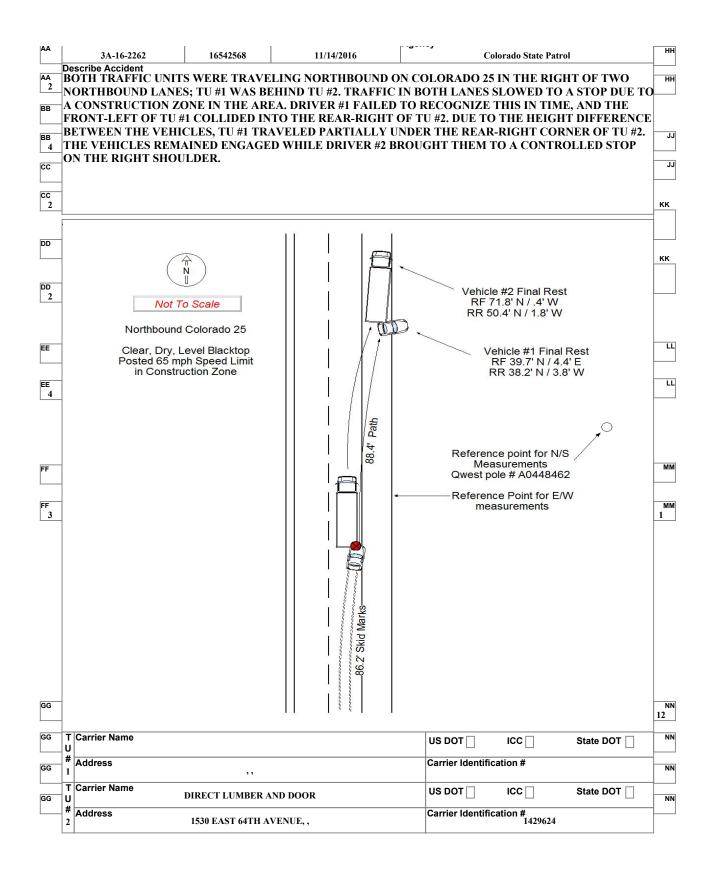
	. · .				PAGE OF PA	GES
AA	Case # D 16FI06450	OR CODE	Accident Date 08/26/16	Agency Firesto	one PD	нн
<sup>^</sup> 02 вв	intersection of Hwy119 ar Vehicle #2 through the int	nd Weld County F ersection. The fla	I in the construction dead la Road 5. The flagger for the agger failed to move from t icle #2 came to a stop in th	intersection stopped traffi he roadway. The driver's	c and waved side trailer tires	00
<sup>68</sup> 04	The flagger came to rest of					L. L
CC						~ 00
<sup>cc</sup> 03						кк
00			, , , , , , , , , , , , , , , , , , ,			кк
<sup>00</sup> 05						
EE			Hu	JY 119	· ·	
<sup>EE</sup> 08		, Kanur )	SEB SO	17 119 TO SCALLE CALE DIAGRAM FOR REMENTS		
FF FF 06			0 0 0	ланат 200ат О О О	õ õ	01 <sup>MM</sup>
			Ve produce	NAREALANCE FIRE	CENTRE LAW	
GG	••• · • • •		:		••	11 <sup>NN</sup>
GG	Carrier Name	······································				. NN
ĞĞ	Address			Carrier Identification #		
GG	Carrier Name				State DOT	
	⊃ Address H			Carrier Identification #		
L						Ē [

16047963

### COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT PAGE \_\_\_\_\_\_ OF \_\_\_\_\_ PAGES

Case		r _	<i></i>	<b>c</b> _	D	OR (	CODE		Acc	cident	Date	1.				A	genc	y		570			20				
	ot J	L0	644	50						08	/zG	$\underline{\prime}$	6					<u>/(</u> P	463	<sup>ر م</sup> اد	~~	۲ 	-0-				
EME (Reco Time N If time AT TRA TRA NUM If the a highwa count	FFI	ENC all tim d e unkn d c w A C W A R OI ent is hysica umbe	Y ME e usin Tin own pr FIF 01 02 03 03 03 04 04 04 04 04 04 04 04 04 04 04 04 04	OW Not D OW Not D Divide Divide Divide Divide OW Not D Divide Divide COW COW COW COW COW COW COW COW	arne of arne of arne of arne of arne of arne of arne of arne of ainted r as on th	ene [] i resp 2 (Two Jian V Jian V Jian V SS Salf of media at ha	Fime A ondin ESC Way) N/O B N/Bar A div r f a div r	rrived @ Hu g services .u E Barrier rier	2	A	CCIDEN 00.1 01.1 02.1 04.1 05.1 06.4 05.1 06.4 01.4 01.4 01.4 01.4 01.4 01.4 01.4 01	NT No Bra Bra Ste Oth No No Ver Ver Ver	AVOI Avoid: aking ( aking ( aking ( aering ( aering ( aering (	ance I Skid n Per dr Per wi (Evide & Brał bidanc IS MA lo Haz łaz-Ma łaz-Ma łaz-Ma iire/Na	Mane narks iver, i itness ence (c king ( ce Ma <b>ATER</b> z-Mat at Inc ) Haz- b Haz- Ma z-Ma	ANEI uver evide no ski s, no s evide nneuve (IALS Carg rgo N ident -Mat ( t Carg t Incic	UVEF ent) id ma skid m ted) nnce c er i INV( o o t Inv Cargo go No dent	R narks ev narks or stat OLVE rolved	vident evide ed) EMEN i	) nt) IT		raffic nit #1 r <b>&gt;O</b> raffic nit #1 r		Traffic Jnit #2 or Jnit #2 or Traffic Jnit #2 or  Traffic Jnit #2	Traff Unit or Traff Unit or	#3	Traffic Unit #4 or Unit #4 or
FUN		ONII	1G			02 03 04 05	2. Not 3. Fun 4. Fun 5. Unk	Functioning In Inctioning In Inctioning P	roperly	erly <b>i</b> y	03	c	ON	ST P.	uc	τιο.	بر	20	NE	FI	LAG	GER					
l r		Unit N	ISTE lumber	r (list Tra	affic Un	EIE nit Nu	mber	DR ALL I as on DR	PER: 2447)	SON	5 INV		LVED		CEP	U I'	NIN.	JURE	ED E	3US/F	HAIL	WAY	' PA	SSEN(	GERS	•	
			03	3 06		9		14 D/11			13			02-09. 10. 11. 12.	Othe Othe Slee	senger er ENC er UN-l eper Se	LOSE	OSED	passo	r/cargo nger/ca		a					
			01			7		12						13. 14. 15.	Ridi			on to E	xterior	of Vehi	cle or	Trailer					
		(C) E		01 02	i. Throu 2. Throu 3. Throu	igh Sid igh Sid igh Wi	de Doo de Win		05. T 06. T 07. T	hrough hrough hrough	Back Wi Back Do Roof Op Roof (co eath Tes	noc/ Denin Denic Denic	Tailgate ing (sun ertible to 04. Pa	op up) ssive A	Alcoho			0 n)	9. Un	er Path known Prelimi				ip truck) 09. Pass	ive Alcoh	ol Sen	sor
				ficer Op	oinion C	Only)	hol <sup>0</sup>	03. 0. Not Test	SFST Observ ed 03		06.		05. Otl		rthod					SFST Observ	red			10. Othe			
					r —		0	1. Blood 2. Breath mpairment	04	. Othe 5. Refu	r sal	01.	Drug f	Recogn	nition E	Ineqx	N	10 > 0	05. Dr	ug Reco	gnitior	Experi	1				
					(Offic	er Op	inion	Only)	·		1	03. 04.		ved				0	)6. SF )7. Ot								
						(G)		d for Othe Dead at So	cene (	01 00. No	). Not Tes i. Blood	sted		Breath Urine				Ву Со	roner		-						
										01. Yes		Na	âme						1	т	aken	to		- F	ate Exp	ired -	Time
01	15	00	08	06	07	06	$\infty$												-	NG/ NIT		UT			6/16		142
02	01	00	08	03	<i>0</i> 7	03	æ												1	N/1	4				A	N	/ <u>A</u>
																			-								
						<u> </u>																					

	٩ME	NDE	D/SI	JPP	L.		UND	ER	\$1,0	000		COI	JNTI	ER I	REPORT	r 🗌 I	PRIVA			TY F	Page	<u>1 of 5</u>	Pages
CDOT	Code								☑	INTI	ERS	ГАТ	E HV	WΥ	HWY NU 25	MBER		DOR C	Code	1654	175	68	
Case	#									STA	TE F	IWY			MILEPO	INT				1034	423	00	
Date o	of Accide		3A-10	6-220	62		City			CITY	Y ST	/CN	FY R	RD Agen	cv				0	ounty			County #
11/	/14/2	016	01	er Numb				Officer 1							, Col	orado S	signature			W	ELD		03 Detail
	1139			79	43			JTTICET I	vame														CSP
Numb	er Killed 1		Numt	oer Injur 0	ed		Lo	catio	n Rou THF	ute, St	reet, F	Road	) )RA	) DO:	Miles <u>264</u> 25 <sub>AT:</sub> MI	0Feet	N	EES		OF:			
	OF REF											01			TAT:MI	LE POI		ongitude					
Agenc	cy Code	1	M10			In Sc	vestigate ene	ed @ X	Total \	Vehicles 2		District	Numbe 3A		Public Proper Employee	rty Photos T	aken R	ailroad Cross elated	sing ICo	nst. Zone ated X	Highw Interch		Bridge Related
Traffic 1 or	: Unit 1	X		Parke	ad E	Bicycle			un N	on-Veh	vicle	Non (	Contact	t Veb	Traffic Unit 1 or $2$	XVeh	Parke	d Bicycl			Non-Ver	nicle N	Ion-Contact Ve
Last N	-			Faint	50 E	bicycle	re	Firs		UII-VEI	licie	NOII-C	M	l ven	Last Name	Aven	Faiked		e reu	First	NUII-VEI		
Street	Address	,									Persona	al Phone	•		Street Addres	s						Personal F	PHone
City			TE A I				State	Zip	0.54		Bus. Ph	one			City	DENI	/FD		State	Zip		Bus. Phon	e
Driver	s Licens		IEAI	J	_		C0	CDL		tate		OB		_	Drivers Licens	DENV se Number	EK		CO		State	Sex DOI	3
	ry Violati	on								CO	M				Primary Violat	ion					CO	M	
D Violati	UI ion Code	:				Citation	n Numbe	r			0	Commor	Code		DUI Violation Code	9		Citatio	n Number			Con	nmon Code
Year		Make					Model				E	Body Ty			Year	Make			Model	1200		Bod	у Туре
	96 se Plate I	Nu	(	JEO		_	State or	Countr		0	- 0	Color	HB		2011 License Plate		RNATI	ONA	State or C			Colo	
Vehicl	le Identifi	cation	Number						CO				WHI		Vehicle Identi	fication Numb	er			CO	_		WHI
Vehicl	le Owner	Last N	ame	XSa	me			Firs	t				м		Vehicle Owne					First			М
Addre	ss XS	Same						City			:	State Zi			MUL Address	TI FAM Same	ILY B	UILDI	NGI	City		Sta	te Zip
Towed	d Due To	Dama	ge 🗙	By: •	SUP	FRI	T 9C	<u> </u>	INC	1					Towed Due To	Damage		AVE.		DEI	NVEF	R CO	D 80229
To:			T AV		5011		JKI	0.0	III	J					To:	L							
			er VIN													Trailer VI	N#						
,																							
3	3	2	2 – ന	-		   [	-1 ,		l l										-1 -		_  		
3	3	Ļ	3]]	3		[i	<u> </u>		ιį	<u> </u>		1 - Sli	abt			Ų		į	L		<u>i (</u>	1	Slight
3	3	3	3	3		1		l	l	1	1	2 - Mo	derat	e				l	l			2 -	- Slight - Moderate
Insura			carria	·	No	Proof	_	ercar	riage		Exp.	3 - Se	vere			Jndercarri	-	No Proc		ercarriage	9	Exp. Dat	- Severe
	Number				RA								/201	7	PENNS Policy Number	YLVAN	IA LU	MBER	MEN	5 MUT	UAL	10	01/2017
	r Damag		Loct N	0000	F	PAC	0656	7218		irst			MI		Address			05N	101302			Sta	te Zip
	r Damag									First			MI							City			
	-														Address					City		Sta	te Zip
TU #	POS.	REST	. ENDO.		SAFET EQUIP	ŕ	AIRE	BAG	EJCT	SUSPI ALCO	DRUG	INJ SEV.	AGE	SEX	Name				Addre	SS			
1	1	1	0	B	1	A	3	B	0	0	0	4	56	M									
2	1	0	0	B	1	A	0	A	0	0	0	0	32	M									
2	3	0	0	В	1	A	0	A	0	0	0	0	19										
	1		1							1													
Арр	roveo	d By	1	1	1				755	52	1	1		1	1		I.D.	#	755	2		Date	<sup>e</sup> 11/22/2016
										-													



#### COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

				Page <u>2 of 2 Pages</u>
Case #	DOR CODE	Accident Date	Agency	01 104 m 4 1

1		JA-I	0-22	202		1	10042008		11/14/20	10		Color	rado State P	atroi	
							VICES								
Time	Notifie	d		Time	Arrived (	) Scene	Time Arrived @ He		00. Avoi 01. Braki	VOIDANCE dance Maneu ing (Skid mar ing (Per drive	ver ks evident)		Unit #1	Traffic     Traffic       Jnit #2     Unit #3       or 1     or 2	
	1	ΜΟΙ	JNT	AIN	VIEV	V FIR	E RESCUE		04. Steer 05. Steer	ing (Per witne ring (Evidenco ring & Braking r Avoidance M	e or stated) g (Evidence o	narks evident) or stated)	5	5 4	4
			0 0 0 0	1. No 2. Di 3. Di 4. Or	ot Divid vided,	Mediar Mediar	o Way) W/O Barrier W/Barrier	01 FIR	00. No Fi 01. No Fi 02. No Fi 03. Vehic	ire/No Haz-Ma ire/Haz-Mat C ire/Haz-Mat In cle Fire/No Ha	at Cargo argo Not Invo cident uz-Mat Cargo		Unit #1	Traffic Traffic Jnit #2 Unit #3 or <u>1</u> or <u>2</u>	
lf th high	e acc way	ident (phys	is to sical	otally barri	contai er not	ned on painted	half of a divide I median), only hat half.	<sup>1</sup> 2		cle Fire/Haz-N cle Fire/Haz-N		t mvolved	00	0	
					DL DE		02. Not Fi 03. Funct	unctioning ioning Imp ioning Pro own	properly perly	04	-	ificant Types o BUS/RAILWAY PA		ntrol Devices	
(A)					•		Jnit Number as			,					
	(B) I	Positi	on Ir	1 Veh	icle			14							
		<	: [	03	3	06	09	0/44			01 02 - 10 11 12	Driver 09 Passengers Other ENCLOSED Other UNENCLOS Sleeper section of	ED passenger/ca		
		<	:	02		05 04	08	12	_	13	13 14 15	Trailer Riding/hanging to Pedestrian			
			l												
		(C) E	jecti	ion P	01 T 02 T	hrough hrough	ted/Not applicabl Side Door Openi Side Window Windshield	ng 05 Thro 06 Thro	ough Roof O		of/convertible		08 Other pat 09 Unknown	h (eg. back of pic	kup)
			(D) /	Alcoh			Voc > 01 Brolin	ninarv Brea		Passive Alcoh					
			(Óf	ficer	iol Sus Opinio	pected n Only	02 SFST 03 Obse			Other Method		No > 06 Prelimi 07 SFST 08 Observ		Test 09 Passive 10 Other M	Alcohol Sensor ethod
			(Óf	ficer	Opinio <sup>-</sup> ested	n Only	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath	rved	05 03 Urine 04 Urine 05 Refusal	Other Method	06 By Corone	07 SFST 08 Observ	ved	10 Other M	
			(Of	ficer	Opinio ested (F) Otl	n Only for Alc	02 SFST 03 Obse ohol 00 Not Test 01 Blood	rved	05 03 Urine 04 Urine 05 Refusal Yes > 0 0	Other Method	06 By Corone	07 SFST 08 Observ r No > 05 D 06 Sl	rug Recognit FST bserved	10 Other M	
			(Óf	ficer	Opinio Tested (F) Oti (Office	for Alc ner Dru er Opin G) Test	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > 0 0 00 Not Teste 01 Blood	0 Other Method 0 01 Drug Recog 02 SFST 03 Observed 04 Other	06 By Corone	07 SFST 08 Observ r No > 05 Di 06 Si 07 O 08 O ner 06 B	rug Recognit FST bserved	10 Other M	
			Ófi	ficer	Opinio Tested (F) Oti (Office	for Alc ner Dru er Opin G) Test	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only)	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > 0 0 00 Not Teste	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 Di 06 Si 07 O 08 O ner 06 By fusal	rug Recognit FST bserved ther	10 Other M	
			(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time
1	1	0	8	ficer	Opinio ested (F) Oti (Office	for Alc ner Dru er Opin G) Test	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 Di 06 Si 07 O 08 O ner 06 By fusal	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired
1	1	0	(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time
1	1	0	(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time
	1	0	(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time
	1	0	(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( ) 1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time
	1	0	(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( )1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time
	1	0	(Off	(E) 1	Opinio ested (F) Oti (Office	n Only for Alc ner Dru er Opin G) Test (H)	02 SFST 03 Obse ohol 00 Not Test 01 Blood 02 Breath g/Impairment St ion Only) ed for Other Dru	rved ed ispected gs C	03 Urine 04 Urine 05 Refusal Yes > C 0 00 Not Teste 01 Blood 00 No 01 Yes	0 Other Method ( )1 Drug Recog )2 SFST )3 Observed )4 Other ed 02 Breath	06 By Coroner nition Expert 04 Oth	07 SFST 08 Observ r No > 05 D 06 S 07 O 08 O 08 O her 06 B fusal <b>Tak</b>	rug Recognit FST bserved ther y Coroner en To	10 Other M	pired Time