

HOW TO READ YOUR COLORADO CAR ACCIDENT REPORT

DR 3447 (11/09/18)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Colorado.gov/Revenue

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

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND PAGE 1 OF 1 PAGES

Case #	Agency ORI	Barcode		Agency Name	
Date of Crash (MM/DD/YYYY)	Time of Crash (24 Hour)	Officer Name		Officer Number	
Date Roadway Cleared	Date Last Responder Left	Signature		Detail	
Time Roadway Cleared	Time Last Responder Left	Agency Code		Investigated at Scene <input type="checkbox"/>	District Number
Number injured	Total Vehicles	Total Non-Motorists	Juvenile(s) Involved <input type="checkbox"/>	Secondary Crash <input type="checkbox"/>	Construction Zone Related <input type="checkbox"/>
	Longitude	County		City	
Intersection Offset Distance Unit		01. Miles 02. Feet		03. At the Intersection	
Intersecting Road/Street:		Intersection Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
HWY NUMBER	MILEPOINT	Milepoint Offset Distance Unit		01. Miles 02. Feet	
		Milepoint Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
01. On Roadway		04. Ran Off 'T' Intersection		06. On Private Property	
02. Ran Off Left Side		05. Vehicle Crossed Center Median Into Opposing Lanes		07. Center Median/Island	
03. Ran Off Right Side		Number of Lanes Blocked		LANE POSITION	
EVENT SEQUENCE		1st		2nd	
CRASH		3rd		4th	
Most Harmful Event					
08. Front to Side		47. Electrical/Utility Box		46. Ground	
09. Rear to Side		21. Sign		29. Curb	
10. Rear to Rear		41. Guardrail Face		30. Delineator/Milepost	
11. Side to Side-Same Direction		42. Guardrail End		31. Fence	
12. Side to Side-Opposite Direction		23. Cable Rail		32. Tree	
13. Parked Motor Vehicle		24. Concrete Highway Barrier		33. Large Rocks or Boulder	
COLLISION WITH OTHER VEHICLE		48. Overhead Structure (Bridge)		34. Railroad Crossing Equipment	
COLLISION WITH ANIMAL		49. Overhead Structure (Not Bridge)		35. Barricade	
17. Domestic Animal		50. Bridge Structure (Not Overhead)		36. Wall or Building	
18. Wild Animal		26. Vehicle Debris or Cargo		37. Crash Cushion/Traffic Barrel	
COLLISION WITH OBJECT		27. Culvert or Headwall		38. Mailbox	
19. Light Pole/Utility Pole		28. Embankment		39. Other Fixed Object (Describe in Narrative)	
20. Traffic Signal Pole		43. Ditch		40. Other Non-Fixed Object (Describe in Narrative)	
ROAD CONTOUR - CURVES		ROAD CONTOUR - GRADE		LIGHTING CONDITION	
01. Straight		01. Level		01. Daylight	
02. Curve Left		02. Uphill		02. Dawn or Dusk	
03. Curve Right		03. Hill Crest		03. Dark-Lighted	
04. Unknown		04. Downhill		04. Dark-Unlighted	
OVERTAKING TURN		01. Approach Turn			
02. Overtaking Turn		03. Not Applicable			
DESCRIPTION		01. At Intersection		05. Crossover-Related	
		02. Driveway Access Related		06. Roundabout	
		03. Intersection Related		07. Parking Lot	
		04. Non-Intersection		08. Ramp	
		10. Ramp-related		14. Mid-Block Crosswalk	
		11. Alley Related		15. Express/Managed/HOV Lane	
		12. Share-Use Path or Trail			
		13. Auxiliary Lane			
ROAD CONDITION		WEATHER CONDITION			
01. Dry		01. Clear		01. 1st	
02. Wet		04. Dust		02. 2nd	
03. Muddy		01. Rain		03. Snow	
04. Snowy		05. Wind		04. Blowing Snow	
05. Icy		02. Sleet or Hail			
06. Slushy		06. Cloudy			
07. Foreign Material		03. Fog			
		07. Freezing Rain or Freezing Drizzle			
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY					
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)			TRAFFIC CONTROL DEVICE FUNCTIONING		
Time Notified	Time Arrived @ Scene	Time Arrived @ Hospital			
If times are unknown provide name of responding services:					
Approved By			I.D. Number		Date


The top part of the first page contains important information documenting exactly when and where your accident took place in Colorado. The investigating police officer's name is listed here, along with the number of people injured or killed in the accident. Carefully verify this information. Insurance companies do the same thing. If there's any discrepancy between the officer's report and what actually happened, the at-fault driver's insurance company could use such differences to deny your injury claim.

The middle part of the first page lists the contributing factors that caused your accident. This section is called the "harmful event sequence" section. The investigating officer can list up to four harmful events that contributed to your crash. Just below this section, there's additional information about other contributing factors, including the condition of the road and weather conditions at the time of your crash.

If a fatality occurred in your accident, the investigating officer will list such information on the bottom of the first page.

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DR 3447 (11/09/16) NARRATIVE/DIAGRAM PAGE 2 OF 2 PAGES

Case #	Agency ORI		Agency Name	
Describe Crash				
Owner 1				
Public Property Damaged <input type="checkbox"/>		Damaged Prop. Last Name		First Name
Address		City		State ZIP
Damaged Prop. Description				
Property Damaged <input type="checkbox"/>				
Damaged Prop. Last Name		First Name		MI
City		State		ZIP
Damaged Prop. Description				

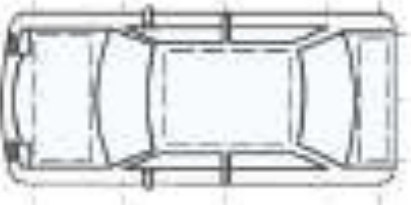
The top part of the second page, officially called the “narrative/diagram” page, contains space for the investigating officer to describe the accident. Carefully review every single word in the officer’s description. Make sure the narrative for your accident accurately describes what actually happened.

The middle part of the second page contains space for a diagram of your accident. Make sure the drawing shows exactly where the vehicles were located when they crashed into each other. If you believe the picture is not accurate, your lawyer can work with you to set the record straight.

If any property was damaged in the accident, such information can be found on the bottom of this page.

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DR 3447 (11/09/18) **MOTORIZED TRAFFIC UNIT/OCCUPANT** PAGE ____ OF ____ PAGES

Traffic Unit # <input type="checkbox"/>	Case #	Agency ORI		Agency Name	
(Driver) Last Name	First Name	MI	Phone		
(Driver) Street Address	City	State	ZIP	DOB	
Number	Unlicensed Driver <input type="checkbox"/>	CDL	State	Sex	Email
	DUI <input type="checkbox"/>	Violation Code		Citation Number	Common Code
Vehicle Owner Last Name	First Name			MI	
Vehicle Owner Street Address	City		State	ZIP	
Insurance Company	<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date		Policy Number	
License Plate No.	State or Country		Number of Trailers:		
Vehicle Identification Number	Year		Trailer 1: VIN#		
Make	Model	No Damage <input type="checkbox"/>	License Plate: Disabling Damage <input type="checkbox"/>		
Color			Trailer 2: VIN#		
License Plate: Disabling Damage <input type="checkbox"/>					
Trailer 3: VIN#					
License Plate: Disabling Damage <input type="checkbox"/>					
Trailer 4: VIN#					
Towed Due to Disabling Damage <input type="checkbox"/> Not Towed Due to Disabling Damage <input type="checkbox"/>		Undercarriage		License Plate: Disabling Damage <input type="checkbox"/>	
1. Slight 2. Moderate 3. Severe				License Plate: Disabling Damage <input type="checkbox"/>	
VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)					
01. Defective Head Light(s) 08. Mechanical Failure 02. Defective Brake/Tail Light(s) 09. Obstructed Window(s) 03. Defective Signaling Device 10. Improper Load 04. Brakes Defective/Out of Adjustment 16. Cargo/Equipment Loss or Spill 05. Defective Tires 17. Cargo/Equipment Shift 06. Sudden Tire Failure 14. Parking Violation 07. Improper Tires for Conditions 15. Other Defect(s) (Describe in Narrative)					
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY					
CRASH AVOIDANCE MANEUVER <input type="checkbox"/> FIRE/HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/>					
00. No Avoidance Maneuver 00. No Fire/No Haz-Mat Cargo 07. Braking 01. No Fire/Haz-Mat Cargo Not Involved 08. Steering 02. No Fire/Haz-Mat Incident 09. Steering and Braking 03. Vehicle Fire/No Haz-Mat Cargo 10. Accelerating 04. Vehicle Fire/Haz-Mat Cargo Not Involved 11. Steering and Accelerating 05. Vehicle Fire/Haz-Mat Incident 05. Other Avoidance Maneuver (Describe in Narrative)					
DRIVER/OCCUPANT DETAILS					
DRIVER NAME AND ADDRESS ARE ABOVE					
EMS Trip # Taken To					
(Passenger) Name/Address					
EMS Trip # Taken To					
(Passenger) Name/Address					
EMS Trip # Taken To					
(Passenger) Name/Address					
EMS Trip # Taken To					
(Passenger) Name/Address					
EMS Trip # Taken To					
(Passenger) Name/Address					

The top part of this page, officially called the “motorized traffic unit/occupant” page, contains information about each driver involved in your accident. In addition, there’s information about whether the driver was under the influence of alcohol and if the investigating officer issued any traffic citations.

This middle part of this page contains a space for the investigating officer to note the exact location and severity of any damage to the vehicle. Verify this information, especially if the officer wrote that the damage to your vehicle was “slight” instead of “severe.”

The bottom of the page contains information about every driver and passenger in all vehicles involved in the crash. There are specific codes in this section to indicate where the person was in a vehicle at the time of the crash, if they were wearing a seatbelt, and if an airbag deployed, as well as the severity of a person’s injury. Information about these codes can be found on the “Involved Person Overlay” page.

HOW TO READ YOUR COLORADO CAR ACCIDENT REPORT

This page, officially called the “traffic unit/general vehicle and CMV” page, contains information about commercial vehicles involved in your collision. Commercial vehicles can include tractor-trailers, 18-wheelers, delivery trucks and buses. This page includes specific information about these vehicles, including vehicle type, the special function of the vehicle, the direction the vehicle was traveling before the crash and if the commercial truck driver took any actions before the accident to prevent the collision. Any “human contributing factors” (including driver inexperience) that may have contributed to the cause of your accident will be noted on this page.

DR 3447 (11/09/18)		TRAFFIC UNIT/GENERAL VEHICLE AND CMV		PAGE ____ OF ____ PAGES	
Traffic Unit #	Case #	Agency ORI	Agency Name		
GENERAL VEHICLE FIELDS			CARRIER TYPE		
03. Non-School Bus (9 occupants or more including driver) in commerce			01. Interstate		
04. Transit Bus			02. Intrastate		
05. Passenger Car/Passenger Van			03. Government Vehicle		
06. Pickup Truck/Utility Van			04. Not In Commerce (If #04 is chosen, complete only the underlined fields below.)		
07. SUV			GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING		
08. Motor Home			Enter number of pounds.		
09. Motorcycle			TOTAL NUMBER OF AXLES		
10. Autocycle			Enter the total number of axles including truck and trailer.		
FUNCTION OF MOTOR VEHICLE IN TRANSPORT			VEHICLE CONFIGURATION		
01. Ambulance			01. Passenger Car (only if HM placarded)		
02. Police			02. Light Truck (only if HM placarded)		
03. Fire Truck			03. Bus/Limousine		
04. Non-Transport Emergency Services Vehicle			04. Single-unit Truck (2 axes)		
05. Safety Service			05. Single-unit Truck (3 or more axes)		
06. Patrols – Incident Response			06. Truck and Trailer		
07. Towing – Incident Response			07. Truck Tractor (Bobtail)		
08. Other Incident Response			08. Truck Tractor and Semi-Trailer		
09. Highway/Maintenance			09. Truck Tractor and Double Trailers		
10. Truck Acting as Crash Attenuator			10. Truck Tractor and Triple Trailers		
11. Public Utility			11. Other (Describe in Narrative)		
12. Military			CARGO BODY TYPE		
13. Rental Truck			01. Bus/Limousine (seats 9-15 occupants, including the driver)		
14. Taxi			02. Bus/Limousine (seats 16 or more occupants, including the driver)		
15. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.)			03. Van/Enclosed Box		
16. Other (Describe in Narrative)			04. Cargo Tank		
Emergency Lights Activated			05. Flatbed/Pickup		
<input type="checkbox"/>			06. Dump Bed		
Direction of Travel - Prior to Impact (Prior to Turning Movement)			07. Concrete Mixer		
01. East			08. Auto Transporter		
02. Northeast			09. Garbage Refuse		
03. Southeast			10. Grain, Chips, Gravel		
04. Southwest			11. Pole		
05. West			12. Intermodal Container		
06. Northwest			13. Vehicle Towing another Vehicle		
VEHICLE MOVEMENT - PRIOR TO IMPACT			14. Fire Apparatus		
01. Going Straight			15. Ambulance		
02. Slowing			16. No Cargo Body		
03. Stopped in Traffic			17. Other (Describe in Narrative)		
04. Making Right Turn			SEQUENCE OF CRASH EVENTS		
05. Making Left Turn			1st 2nd 3rd 4th		
ROADWAY SPEED LIMIT			NON-COLLISION		
MPH			01. Ran Off the Road		
ESTIMATED VEHICLE SPEED			02. Jackknifed		
MPH			03. Overturning		
DRIVER'S STATED SPEED			04. Downhill Runaway		
MPH			05. Cargo Loss or Shift		
DRIVER ACTIONS (OFFICER OPINION ONLY)			06. Explosion or Fire		
01. No Contributing Action			07. Separation of Units		
02. Impeded Traffic			08. Crossed the Median/Center Line		
03. Failed to Yield ROW			09. Equipment Failure (Tires, etc.)		
04. Disregard Stop Sign			10. Other (Describe in Narrative)		
05. Failed to Stop at Signal			COLLISION		
06. Disregarded Other Device/Sign/Markings			11. Pedestrian		
07. Improper Turn			12. Motor Vehicle In Transport		
08. Turned from Wrong Lane or Position			13. Parked Motor Vehicle		
09. Lane Violation			14. Train		
10. Improper Passing on Left			15. Pedal Cycle (Bicycle, Tricycle, etc.)		
11. Improper Passing on Right			16. Animal		
12. Followed Too Closely			17. Fixed Object		
13. Improper Backing			18. Work Zone		
14. Signaling Violation			19. Other Movable Object		
15. Reckless Driving			20. Other (Describe in Narrative)		
16. Careless Driving (If used, next field can not be coded "00")			HAZARDOUS MATERIALS - PLACARDS		
17. Speeding			Did the vehicle have a hazardous material placard?		
18. Too Fast for Conditions			00. No 01. Yes 02. Required but Missing		
19. Racing			HAZARDOUS MATERIALS - RELEASE		
20. Over-Correcting/Over-Steering			Was hazardous cargo from the placarded truck released?		
21. Lacking Required Chains			(Do not count fuel from the vehicle fuel tank)		
22. Other Contributing Action (Describe in Narrative)			00. No 01. Yes		
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)			HAZARDOUS MATERIALS - CODE		
01. Physical Disability			Enter the four digit number from the placard. If no number on the placard enter the four digit identification number from the shipping paper(s).		
02. Distracted/Other Occupant			1369		
03. Age/Driver Ability			HAZARDOUS MATERIALS - CLASS		
04. Looked/Did Not See			Enter the one digit number taken from the bottom of the placard.		
05. Talking on Phone/Holding			1369		
06. Talking on Phone/Hands Free					
07. Manipulating Electronic Device					
08. Distracted Eating/Drinking					
09. Distracted/Smoking					
10. Other Factor (Describe in Narrative)					
11. Illness					
AUTONOMOUS VEHICLE CAPABILITY			LIQUID HAZARDOUS MATERIALS		
01. No Automation			Enter the amount of bulk liquid cargo at time of crash.		
02. Driver Assistance			01. 0 to 1,000 gallons		
03. Conditional Automation			02. 1,001 to 2,000 gallons		
04. High Automation			03. 2,001 to 3,000 gallons		
05. Full Automation			04. 3,001 to 4,000 gallons		
06. Unknown			05. 4,001 to 5,000 gallons		
07. 5,001 to 6,000 gallons			08. 6,001 to 7,000 gallons		
08. 7,001 to 8,000 gallons			09. 8,001 gallons and over		
09. 8,001 gallons and over					
CMV FIELDS					
Carrier Name					
Address			Dot #		
Over Height			Over Weight		
Over Length			Over Width		
Permitted					

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TRAFFIC UNIT/NON-MOTORIST PAGE ____ OF ____ PAGES

Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>
		First Name <input type="text"/>	MI <input type="text"/>
		Phone <input type="text"/>	
		State <input type="text"/>	ZIP <input type="text"/>
		Email <input type="text"/>	
Contact Motorist <input type="checkbox"/>	Driver License Number <input type="text"/>	State <input type="text"/>	Sex <input type="text"/>
		DOB <input type="text"/>	
		DUI <input type="checkbox"/>	Violation Code <input type="text"/>
		Citation Number <input type="text"/>	Common Code <input type="text"/>
TYPE <input type="text"/>		TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH <input type="text"/>	
05. Other Pedestrian 06. Bicyclist 07. Other Bicyclist/Cyclist 08. Other Non-Motorist		01. Sidewalk 02. Crosswalk 03. Marked Bicycle Lane 04. Shared Travelway 05. Protected Bicycle Lane 06. Unmarked Paved Shoulder 07. Separate Bicycle Path/Trail 08. No Specific Facility 09. Other (Describe in Narrative)	
NON-MOTORIST MOVEMENT - PRIOR TO IMPACT <input type="text"/>		NON-MOTORIST ACTIONS (OFFICER OPINION ONLY) <input type="text"/>	
01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 16. Entering Traffic Way/Merge 17. Negotiating a Curve 18. Other (Describe in Narrative)		00. No Contributing Action 01. Failure to Obey Traffic Signs, Signals, or Officer 02. Cross/Enter at Intersection 03. Cross/Enter NOT at Intersection 04. Soliciting Rides 05. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane) 06. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 07. Entering/Exiting Parked/Standing Vehicle 08. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 09. Other (Describe in Narrative) 10. Other (Describe in Narrative)	
NON-MOTORIST LOCATION AT TIME OF CRASH <input type="text"/>		NON-MOTORIST MOST APPARENT CONTRIBUTING FACTORS (OFFICER OPINION ONLY) <input type="text"/>	
01. Intersection - Marked Crosswalk 02. Intersection - Unmarked Crosswalk 03. Intersection - Other 04. Midblock - Marked Crosswalk 05. Midblock - Non-Crosswalk 06. Travel Lane - Other Location 07. Marked Bicycle Lane 08. Protected Bicycle Lane 09. Shoulder/Roadside 10. Sidewalk 11. Median/Crossing Island 12. Driveway Access 13. Shared-Use Path or Trail 14. Non-Trafficway Area 15. Other Location (Describe in Narrative)		00. No Apparent Contributing Factor 01. Not Visible (Dark Clothing, No Lighting, etc.) 02. Emotionally Upset 03. Asleep or Fatigued 04. Illness/Medical 05. Inexperience 06. Aggressive 07. Unfamiliar With Area 08. Evading Law Enforcement Officer 09. Physical Disability 10. Distracted/Passenger 11. Distracted/Headphones 12. Distracted/Cell Phone 13. Distracted - Manipulating Electronic Device 14. Distracted/Other i.e. Food, Objects, Pet, etc. 15. Looked/Did Not See 16. Age/Ability 17. Sun Glare 18. Under The Influence of Alcohol or Drugs 19. Other Factor (Describe in Narrative)	
NON-MOTORIST LEG OF INTERSECTION <input type="text"/>		PROTECTIVE/REFLECTIVE DEVICES/CLOTHING <input type="text"/>	
01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest		01. Reflector(s) 02. Front Light 03. Rear Light 04. Reflective Clothing	

NON-MOTORIST DETAILS										
						F3			AA	Expired Date
						<input type="text"/>			<input type="text"/>	
H	I	J	K	L	M	N			BB	Expired Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	
							EMS Trip #	Taken To		

This page, officially called the "traffic unit/non-motorist" page, contains information about all non-motorists involved in your accident. This includes any injured pedestrians and bicyclists. Their names and contact information can be found here. Any actions taken by non-motorists before the accident, as well as their location at the time of the accident, will be noted on this page. Like page three, this page contains specific codes for all non-motorists involved in the accident. These codes can be found on the "Involved Person Overlay" page.

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DR 3447 (11/09/18) **ADDITIONAL MOTOR VEHICLE OCCUPANTS** PAGE ____ OF ____ PAGES

Traffic Unit #	Case #	Agency ORI	Agency Name										
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time

Notes:

- For multiple vehicle cases involving more than four occupants, additional occupants page, which is called "Occupants" page.

Some accidents involve multiple vehicle passengers, especially in cases involving bus crashes. If one of the vehicles involved in your crash had more than four occupants, information about the additional occupants will be found on this page, which is called the “additional occupants” page.

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Traffic Unit #		Case #		Agency ORI				Agency Name					
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time
				D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date	
				J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time

DR 3447 (11/09/18) ADDITIONAL DAMAGED PROPERTIES PAGE ____ OF ____ PAGES

Traffic Unit #	Case #	Agency ORI	Agency Name
Owner 3	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 4	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 5	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 6	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 7	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 8	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 9	Damaged Prop. Last Name		First Name
Address			
City		State	ZIP
Damaged Property Description			
Owner 10	Damaged Prop. Last Name		First Name
Address			

HOW TO READ YOUR COLORADO CAR ACCIDENT REPORT

DR 3447 (11/09/18)						ADDITIONAL MOTOR VEHICLE OCCUPANTS										PAGE ____ OF ____ PAGES					
Traffic Unit #	Case #					Agency ORI					Agency Name										
	D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date			
I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time			
	D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
	D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
	D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
	D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
	D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date			
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
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G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
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G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
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G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # Taken To										BB	Expired Time
TU#	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address										AA	Expired Date
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