

## Colorado State Patrol

### Instructions for Completing a Counter Crash Report

This reporting procedure cannot be used for any crash involving loss of human life, injuries which are evident at the scene, drugs, or alcohol use.\*

Print the information using blue or black ink. You have been provided with a template and a blank report. Fill in the information on the blank form (you may make as many copies as you need); do not fill in the shaded areas -- complete only those numbered areas indicated below:

1. Date and time of your crash.
2. City (if applicable) and County in which the crash occurred.
3. Today's date.
4. Total vehicles involved in the crash, including your vehicle.
5. Place an "X" in this box if public property (a road sign, utility pole, etc.) was involved or if the accident occurred at a railroad crossing, in a construction zone, or on a bridge.
6. Enter the road on which the crash occurred, approximated distance (feet or miles) *from* the nearest town, intersection, road, street, or milepost. If it occurred at an intersection, first enter the road you were traveling on, then the intersecting road.
7. You are vehicle #1, the other driver is vehicle #2, 3, etc. If any of the vehicles were parked or a bicycle or pedestrian was involved, place an "X" by the word "Parked", "Bicycle", or "Pedestrian", as appropriate.
8. Fill out as much information as you have for all parties involved.
9. Vehicle information. Year, make, model, etc. If you are the driver as well as the owner, leave this portion blank for the vehicle owner.
10. The front of the vehicle points to the left of the page. Using the damage severity codes (1=slight, 2=moderate, 3=extreme), enter a 1, 2, or 3 in the area of the car diagram that corresponds to the damage each vehicle received as a result of this crash.
11. Provide complete insurance information for your vehicle and provide all the insurance information available to you on the other vehicle(s) involved.
12. Enter the owner of any property, other than a vehicle, that was damaged in the crash (e.g., lawn, fence, mailbox, horse, etc.).
13. Describe the crash in your own words. Refer to yourself as Vehicle #1, and the other party/parties as Vehicle #2, Vehicle #3, etc. You may draw a diagram if you wish, but it is not necessary.
14. Sign the report and send it in to the address at the top right of the form.

\* *Law enforcement must be notified immediately whenever a crash involves drugs, alcohol, injuries, or the loss of human life.*

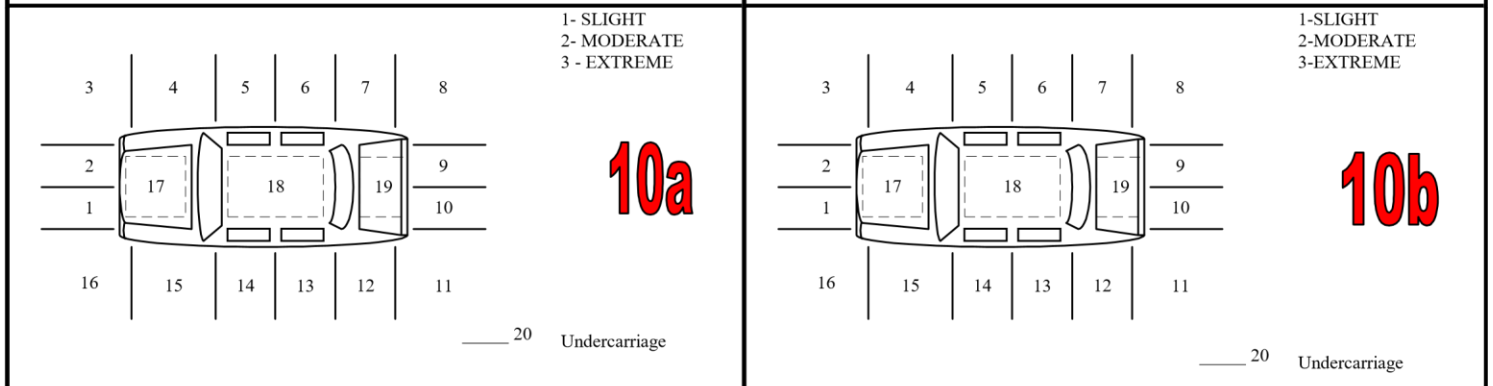
# STATE OF COLORADO TRAFFIC ACCIDENT REPORT

MAIL TO: State of Colorado  
 Motor Vehicle Division  
 Traffic Records  
 Denver, CO 80261-0016  
 Sheet of sheets

DR-447 (REV 2/01) - E

DATE /TIME OF ACCIDENT <b>1</b>	CITY <b>2</b> COUNTY	DATE OF REPORT <b>3</b>
TOTAL VEHICLES <b>4</b>	PUBLIC PROPERTY RAILROAD CROSSING CONSTRUCTION ZONE BRIDGE <b>5</b> <input type="checkbox"/>	LOCATION ROUTE, STREET ROAD _____ MILES _____ FEET <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W OF <b>6</b> <input type="checkbox"/> AT

VEH #1 OR BICYCLE# <b>7a</b> PEDESTRIAN# _____ PARKED _____ LAST NAME _____ FIRST _____ MI _____ STREET ADDRESS <b>8a</b> _____ RES. PHONE _____ CITY _____ STATE _____ ZIP _____ BUS. PHONE _____ DRIVERS LIC. NUMBER _____ STATE _____ SEX _____ DOB _____ YEAR _____ MAKE _____ MODEL _____ BODY TYPE _____ LIC. PLATE NO. _____ STATE _____ COLOR _____ VEHICLE ID NO. <b>9a</b> _____ VEHICLE OWNER LAST NAME _____ FIRST _____ MI _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	VEH #1 OR BICYCLE# <b>7b</b> PEDESTRIAN# _____ PARKED _____ LAST NAME _____ FIRST _____ MI _____ STREET ADDRESS <b>8b</b> _____ RES. PHONE _____ CITY _____ STATE _____ ZIP _____ BUS. PHONE _____ DRIVERS LIC. NUMBER _____ STATE _____ SEX _____ DOB _____ YEAR _____ MAKE _____ MODEL _____ BODY TYPE _____ LIC. PLATE NO. _____ STATE _____ COLOR _____ VEHICLE ID NO. <b>9b</b> _____ VEHICLE OWNER LAST NAME _____ FIRST _____ MI _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
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INSURANCE CO. <b>11a</b> EXP. DATE _____	INSURANCE CO. <b>11b</b> EXP. DATE _____
POLICY NO. <b>12a</b>	POLICY NO. <b>12b</b>
OWNER DAMAGED PROP. LAST NAME _____ FIRST _____ MI _____	OWNER DAMAGED PROP LAST NAME _____ FIRST _____ MI _____
ADDRESS <b>12a</b> _____ CITY _____ STATE _____ ZIP _____	ADDRESS <b>12b</b> _____ CITY _____ STATE _____ ZIP _____

DESCRIBE ACCIDENT

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Information contained on this report furnished in total by reporting parties. No on-scene investigation.

Report filed by: \_\_\_\_\_ **14**

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 Motor Vehicle Division  
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 Denver, CO 80261-0016

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ADDRESS CITY STATE ZIP	ADDRESS CITY STATE ZIP

DESCRIBE ACCIDENT
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Report filed by: \_\_\_\_\_