STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPLEMENTAL REPORT ☐ UNDER $1,000 ACCIDENT

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

DR 447 (REV 12/97)

Line up to upper left corner of CDOT code "block"

A. LOCATION

1 On-roadway
2 Ran off left side
3 Ran off right side
4 Ran off "T" intersection
5 Divided highway - on other roadway

B. FIRST HARMFUL EVENT

NON-COLLISION ACCIDENT
1 Overturning
2 Other non-collision

COLLISION WITH PEDESTRIAN
3 School age to/from school
4 All others

COLLISION WITH OTHER VEHICLE
12 Parked motor vehicle
13 Railway vehicle
14 Bicycle
15 Motorized bicycle
40 Road maintenance equipment

COLLISION WITH MOTOR VEHICLE IN TRANSPORT
5 Broadside
6 Full impact - opposite direction (head-on)
7 Full impact - same direction (rear end)
8 Partial impact - same dir. (sideswipe)
9 Partial impact - opposite dir. (sideswipe)
10 Approach turn
11 Overtaking turn

COLLISION WITH ANIMAL
16 Domestic
17 Wild

COLLISION WITH OTHER OBJECT
18 Light pole/utility pole
19 Traffic signal pole
20 Sign
21 Bridge rail
22 Guard rail
23 Median barrier
24 Bridge abutment
25 Column or pier
26 Culvert or headwall
27 Embankment
28 Curb
29 Delineator post
30 Fence
31 Tree
32 Large boulder
33 Rocks in roadway
34 Barricade
35 Wall/building
36 Crash cushion
37 Mailbox
38 Other fixed object (specify in narrative)
39 Other object (specify in narrative)

D. ROAD DESCRIPTION

1 At intersection
2 At driveway access
3 Intersection related
4 Non-intersection URBAN
5 In alley
6 Non-intersection RURAL
7 Highway interchange

E. ROAD CONTOUR

1 Straight on-level
2 Straight on-grade
3 Curve on-level
4 Curve on-grade
5 Hillcrest

F. ROAD SURFACE

1 Concrete
2 Blacktop (bituminous)
3 Brick or block
4 Gravel, slag or stone
5 Dirt
6 Other
7 Unknown

G. ROAD CONDITION

1 Dry
2 Wet
3 Muddy
4 Snowy
5 Icy
6 Slushy
7 Foreign material
18 Dry w/visible icy road treatment
28 Wet w/visible icy road treatment
48 Snowy w/visible icy road treatment
58 Icy w/visible icy road treatment
68 Slushy w/visible icy road treatment

H. LIGHTING CONDITION

1 Daylight
2 Dawn or dusk
3 Dark - lighted
4 Dark - unlighted

J. ADVERSE WEATHER CONDITION

1 None
2 Rain
3 Snow/sleet/hail
4 Fog
5 Dust
6 Wind

K. VEHICLE TYPE

1 Passenger car/Passenger van
2 Passenger car/passenger van w/trailer
3 Pickup truck/utility van
4 Pickup truck/utility van w/trailer
5 Truck - self contained (gross vehicle weight 10,000 lbs or less)
6 Trucks over 10,000 lbs & buses over 15 passengers (complete DR 447A)
7 Motor home
8 School bus (less than 15 people)
9 Non-school bus (less than 15 people)
10 Motorcycle
11 Bicycle
12 Motorized bicycle
13 Farm equipment
14 Hit & run - unknown
15 Other (describe in narrative)

L. DIRECTION OF TRAVEL

1 North
2 Northeast
3 East
4 Southeast
5 South
6 Southwest
7 West
8 Northwest

M. VEHICLE MOVEMENT

1 Going straight
2 Slowing
3 Stopped in traffic
4 Making right turn
5 Making left turn
6 Making U-turn
7 Passing
8 Backing
9 Entering/leaving parked position
10 Starting in traffic
11 Parked
12 Changing lanes
13 Avoiding object in roadway
14 Weaving
15 Other (describe in narrative)

N. N/A

P. N/A

Q. SPEED DATA

Speed limit/estimated driving speed

R. DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTOR (Officer opinion only)

1 No apparent contributing factor
2 Asleep at the wheel
3 Illness
4 Distracted by passenger
5 Driver inexperience
6 Driver fatigue
7 Driver preoccupied
8 Driver unfamiliar with area
9 Driver emotionally upset
10 Evading law enforcement officer
11 Physical disability

S. BY PEDESTRIAN ACTION

1 Cross against signal
2 Cross/enter at intersection
3 Cross/enter NOT at intersection
4 Standing in roadway
5 Playing in roadway
6 Soliciting rides
7 Walking in roadway with traffic
8 Walking in roadway against traffic
9 Entering/exiting vehicle
10 Pushing/working on vehicle
11 Lying in roadway
12 Other (describe in narrative)

T. BY CONDITION OF DRIVER/PEDESTRIAN (Officer opinion only)

1 No impairment suspected
2 Alcohol involved
3 RX drugs or medication involved
4 Illegal drugs involved
5 Alcohol and drugs involved
6 Driver/pedestrian not observed

Line up to VEH # "block"

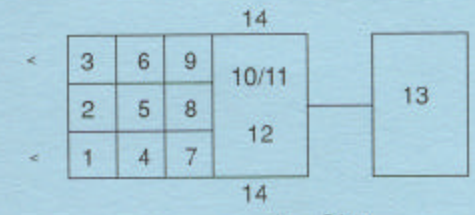
AA - Vehicle # (as listed above)

BB - Position in/on vehicle See diagram

CC - Occupant restraint use
1 Yes 2 No 3 Child safety

DD - Ejection
1 Yes 2 No 3 Extricated

EE - Cycle protection
1 None 2 Helmet and eye protection
3 Helmet only 4 Eye protection only
5 Bicycle helmet (bicycle only)



1 Driver
2 - 9 Passengers
10 Other ENCLOSED passenger/cargo area