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 1/97)

SHEET____OF____SHEETS

CDOT CODE	AGENCY CODE	DOR CODE

A

DATE OF ACCIDENT	CITY	AGENCY	COUNTY

TIME	OFFICER NUMBER	OFFICER NAME	SIGNATURE	DETAIL

B

NUMBER KILLED	NUMBER INJURED	LOCATION ROUTE, STREET, ROAD ____MILES ____FEET ❑ N ❑ E ❑ S ❑ W OF:
DATE OF REPORT		❑ AT:

B

INVESTIGATED @ SCENE	TOTAL VEHICLES	DISTRICT NUMBER	PUBLIC PROPERTY EMPLOYEE	PHOTOS TAKEN	RAILROAD CROSSING	CONST. ZONE	ON BRIDGE	INCOMPLETE REPORT

B

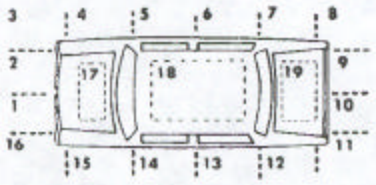
VEH #1 OR____ BICYCLE #____ PEDESTRIAN #____ PARKED____				VEH #2 OR____ BICYCLE #____ PEDESTRIAN #____ PARKED____			
LAST NAME	FIRST		MI	LAST NAME	FIRST		MI
STREET ADDRESS		RES. PHONE ( )		STREET ADDRESS		RES. PHONE ( )	
CITY	STATE ZIP	BUS. PHONE ( )		CITY	STATE ZIP	BUS. PHONE ( )	
DRIVERS LIC. NUMBER	STATE	SEX	DOB	DRIVERS LIC. NUMBER	STATE	SEX	DOB
PRIMARY VIOLATION				PRIMARY VIOLATION			
VIOLATION CODE	CITATION NUMBER	COMMON CODE		VIOLATION CODE	CITATION NUMBER	COMMON CODE	
YEAR	MAKE	MODEL	BODY TYPE	YEAR	MAKE	MODEL	BODY TYPE
LIC. PLATE NO.	STATE	COLOR		LIC. PLATE NO.	STATE	COLOR	
VEHICLE ID NO.				VEHICLE ID NO.			
VEHICLE OWNER LAST NAME	FIRST		MI	VEHICLE OWNER LAST NAME	FIRST		MI
ADDRESS	CITY	STATE ZIP		ADDRESS	CITY	STATE ZIP	
TOWED DUE TO DAMAGE ❑ BY/TO:				TOWED DUE TO DAMAGE ❑ BY/TO:			

D

E

F

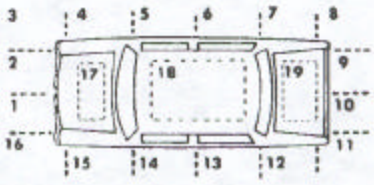
1 - SLIGHT
2 - MODERATE
3 - EXTREME



G

____20 UNDERCARRIAGE

1 - SLIGHT
2 - MODERATE
3 - EXTREME



____20 UNDERCARRIAGE

H

INSURANCE CO.	EXP. DATE	INSURANCE CO.	EXP. DATE
POLICY NO.		POLICY NO.	

J

OWNER DAMAGED PROP. LAST NAME	FIRST	MI	OWNER DAMAGED PROP. LAST NAME	FIRST	MI
ADDRESS	CITY	STATE ZIP	ADDRESS	CITY	STATE ZIP

VEH#	POS.	RESTR.	EJECT.	M/C PROT.	INJ. SEV.	AGE	SEX	NAME/ADDRESS