

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND PAGE 1 OF 6 PAGES

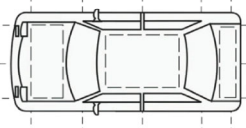
Case # 1C240396		Agency ORI COCSP0000		Agency Name Colorado State Patrol	
Date of Report (MM/DD/YYYY) 02/12/2024		Date of Crash (MM/DD/YYYY) 02/05/2024		Time of crash (24 Hour) 07:39	
Officer Name DAVEY, G.		Officer Number 1737			
Date Arrived 02/05/2024		Date Roadway Cleared 02/05/2024		Date Last Responder Left 02/05/2024	
Signature		Detail 125			
Time Arrived 07:52		Time Roadway Cleared 08:41		Time Last Responder Left 08:45	
Agency Code M12		Investigated at Scene <input checked="" type="checkbox"/>		District Number 1C	
Number Killed 0		Number Injured 1		Total Vehicles 2	
Total Non-Motorists 0		Juvenile(s) Involved <input type="checkbox"/>		Secondary Crash <input type="checkbox"/>	
Construction Zone Related <input type="checkbox"/>		School Zone <input type="checkbox"/>			
Latitude 39.44965° N		Longitude -104.87561° W		County Douglas	
City					
On Road/Street: INTERSTATE 25		Intersection Offset Distance Unit <input type="checkbox"/>		01. Miles 02. Feet 03. At the Intersection	
Reference 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 25		MILEPOINT 186.9		Milepoint Offset Distance Unit 01	
01. Miles 02. Feet 03. At the Milepoint					
<input checked="" type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD <input type="checkbox"/> OTHER RDWY		Milepoint Offset Distance 0.900		Offset Direction N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
LOCATION 01		01. On Roadway 04. Ran Off 'T' Intersection 06. On Private Property 02. Ran Off Left Side 05. Vehicle Crossed Center 07. Center Median/Island 03. Ran Off Right Side Median Into Opposing Lanes		Number of Lanes Blocked 01 LANE POSITION N01	
HARMFUL EVENT SEQUENCE		1st 07 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Most Harmful Event 07			
NON-COLLISION CRASH 01. Overturning/Rollover 44. Immersion, Full or Partial 45. Fell from Motor Vehicle 02. Other Non-Collision COLLISION WITH NON-MOTORIST 03. School Age To/From School 05. Pedestrian 15. Bicycle/Motorized Bicycle COLLISION WITH MOTOR VEHICLE IN TRANSPORT 06. Front to Front 07. Front to Rear		08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction COLLISION WITH OTHER VEHICLE 13. Parked Motor Vehicle COLLISION WITH ANIMAL 17. Domestic Animal 18. Wild Animal COLLISION WITH OBJECT 19. Light Pole/Utility Pole 20. Traffic Signal Pole		47. Electrical/Utility Box 21. Sign 41. Guardrail Face 42. Guardrail End 23. Cable Rail 24. Concrete Highway Barrier 48. Overhead Structure (Bridge) 49. Overhead Structure (Not Bridge) 50. Bridge Structure (Not Overhead) 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 43. Ditch	
46. Ground 29. Curb 30. Delineator/Milepost 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion/Traffic Barrel 38. Mailbox 39. Other Fixed Object (Describe in Narrative) 40. Other Non-Fixed Object (Describe in Narrative)					
ROAD CONTOUR - CURVES 01		01. Straight 03. Curve Right 02. Curve Left 04. Unknown		ROAD CONTOUR - GRADE 02	
01. Level 04. Downhill 02. Uphill 05. Sag/Bottom 03. Hill Crest 06. Unknown					
APPROACH/OVERTAKING TURN 03		01. Approach Turn 03. Not Applicable 02. Overtaking Turn		LIGHTING CONDITION 01	
01. Daylight 03. Dark-lighted 02. Dawn or Dusk 04. Dark-Unlighted					
ROAD DESCRIPTION 04		01. At Intersection 05. Crossover-Related 02. Driveway Access Related 06. Roundabout 03. Intersection Related 08. Parking Lot 04. Non-Intersection 09. 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 01		01. Dry 08. Dry W/Visible Icy Road Treatment 02. Wet 09. Wet W/Visible Icy Road Treatment 03. Muddy 10. Snowy W/Visible Icy Road Treatment 04. Snowy 11. Icy W/Visible Icy Road Treatment 05. Icy 12. Slushy W/Visible Icy Road Treatment 06. Slushy 13. Sand/Gravel 07. Foreign Material 14. Roto-Milled		WEATHER CONDITION 1st 00 2nd <input type="checkbox"/>	
00. Clear 04. Dust 08. Snow 01. Rain 05. Wind 09. Blowing Snow 02. Sleet or Hail 06. Cloudy 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 :	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
01. No Controls 04. Functioning Properly 02. Not Functioning 06. Not Visible 03. Functioning Improperly 05. Unknown					
If times are unknown provide name of responding services:					

Approved By
LIMBURG, A.

I.D. Number
5249



Date
02/14/2024

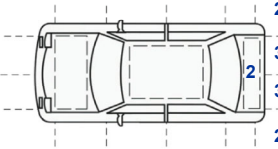
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Traffic Unit # 01	Case # 1C240396	Agency ORI COCSP0000	Agency Name Colorado State Patrol		
Hit & Run <input type="checkbox"/>	(Driver) Last Name LENG	First Name ASPEN	MI A	Phone (719) 458-7837	
Non-Contact Vehicle <input type="checkbox"/>	(Driver) Street Address 11 W SHADYVIEW DR	City Pueblo West	State CO	ZIP 81007	DOB 04/13/2005
Driver License Number 171789784		Unlicensed Driver <input type="checkbox"/>	CDL <input type="checkbox"/>	State CO	Sex F
Primary Violation Careless Driving Caused Bodily Injury		DUI <input type="checkbox"/>	Violation Code 42-4-1402 (2)(b)		Citation Number 6336666
					Common Code 139
Same Name <input type="checkbox"/>	Vehicle Owner Last Name LENG		First Name THAVY		MI
Same Addr. <input type="checkbox"/>	Vehicle Owner Street Address 198 S PURCELL BLVD Unit 170		City Pueblo West	State CO	ZIP 81007
Insurance Company CONNECT		<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date 07/01/2024		Policy Number A103421188
License Plate No. BKZB29		State or Country CO		Number of Trailers:	
Vehicle Identification Number JTDKN3DU6A5225679		Year 2010		Trailer 1: VIN#	
Make TOYOTA		Model PRIUS		License Plate: Disabling Damage <input type="checkbox"/>	
Body Type 4H		Color WHI		Trailer 2: VIN#	
Towed 01 00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		No Damage <input type="checkbox"/> 		License Plate: Disabling Damage <input type="checkbox"/>	
By: WESTSIDE TOWING		Undercarriage _____		Trailer 3: VIN#	
To: 1040 ATCHISON CT, Castle Rock, CO USA 80109		1. Slight 2. Moderate 3. Severe		License Plate: Disabling Damage <input type="checkbox"/>	
				Trailer 4: VIN#	
				License Plate: Disabling Damage <input type="checkbox"/>	
				Trailer 5: VIN#	
				License Plate: Disabling Damage <input type="checkbox"/>	

00 VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)	TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY
00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions	CRASH AVOIDANCE MANEUVER <input type="checkbox"/> 00. No Avoidance Maneuver 07. Braking 08. Steering 09. Steering and Braking 10. Accelerating 11. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative)
08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 16. Cargo/Equipment Loss or Spill 17. Cargo/Equipment Shift 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)	FIRE/HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/> 00. No Fire/Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/No Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident

DRIVER/OCCUPANT DETAILS											
DRIVER NAME AND ADDRESS ARE ABOVE										AA	Expired Date
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Traffic Unit # 01	Case # 1C240396	Agency ORI COCSP0000	Agency Name Colorado State Patrol
GENERAL VEHICLE FIELDS			CARRIER TYPE <input type="checkbox"/> 01. Interstate 04. Not in Commerce <input type="checkbox"/> 02. Intrastate (If #04 is chosen, complete only the underlined fields below.) <input type="checkbox"/> 03. Government Vehicle
05 VEHICLE TYPE	03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus	15. Farm Equipment 20. Working Vehicle/Equipment	GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter number of pounds
CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/ GCWR 16,001 or over 02. School Bus (all school buses)	VEHICLES UNDER THE GVWR/ GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle	OTHER VEHICLE 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)	TOTAL NUMBER OF AXLES Enter the total number of axles including truck and trailer. <input type="text"/> <input type="text"/>
00 SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT	09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service Patrols - Incident Response 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator	18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative)	VEHICLE CONFIGURATION <input type="checkbox"/> <input type="checkbox"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative)
01 DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)	01. North 02. Northeast	03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest	CARGO BODY TYPE <input type="checkbox"/> <input type="checkbox"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)
01 VEHICLE MOVEMENT - PRIOR TO IMPACT	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 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)	SEQUENCE OF CRASH EVENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1st 2nd 3rd 4th
ROADWAY SPEED LIMIT 75 MPH	ESTIMATED VEHICLE SPEED 75 MPH	DRIVER'S STATED SPEED MPH	NON-COLLISION 01. Ran Off the Road 02. Jackknifed 03. Overtaking 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/ Center Line 09. Equipment Failure (Tires, etc.) 10. Other (Describe in Narrative)
17 DRIVER ACTIONS (OFFICER OPINION ONLY)	07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving	17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)	COLLISION 01. Pedestrian 02. Motor Vehicle in Transport 03. Parked Motor Vehicle 04. Train 05. Pedal Cycle (Bicycle, Tricycle, etc.) 06. Animal 07. Fixed Object 08. Work Zone 09. Maintenance Equipment 10. Other Movable Object 20. Other (Describe in Narrative)
04 DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)	09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking	23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness	HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
00 AUTONOMOUS VEHICLE CAPABILITY	03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown	Driver Ceded Control of Vehicle <input type="checkbox"/>	HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes
CMV FIELDS			HAZARDOUS MATERIALS - CODE 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). 
Carrier Name	Address		HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard. 
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at the time of crash. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over
Over Width <input type="checkbox"/>	Permitted <input type="checkbox"/>		

Traffic Unit #	02	Case #	1C240396	Agency ORI	COCSP0000	Agency Name	Colorado State Patrol								
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	TILTON	First Name	CATHERINE	MI	R	Phone	(303) 718-9375						
Non-Contact Vehicle	<input type="checkbox"/>	(Driver) Street Address	23920 BROADMOOR PL	City	Parker	State	CO	ZIP	80138	DOB	08/26/1970				
Driver License Number	922327198			Unlicensed Driver	<input type="checkbox"/>	CDL		State	CO	Sex	F	Email			
Primary Violation				DUI	<input type="checkbox"/>	Violation Code			Citation Number			Common Code			
Same Name	<input type="checkbox"/>	Vehicle Owner Last Name	ANDERSON	First Name	TAMARA	MI									
Same Addr.	<input type="checkbox"/>	Vehicle Owner Street Address	6730 TULLAMORE ST	City	Colorado Springs	State	CO	ZIP	80923						
Insurance Company	DAIRYLAND			<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date	08/15/2024		Policy Number	11407577081						
License Plate No.	CPQR15			State or Country	CO		Number of Trailers:								
Vehicle Identification Number	KNAFK4A66F5401754			Year	2015		Trailer 1: VIN#								
Make	KIA		Model	FRT		No Damage		<input type="checkbox"/>	License Plate:				Disabling Damage	<input type="checkbox"/>	
Body Type	4D		Color	BLK				Trailer 2: VIN#							
Towed		00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		License Plate:				Disabling Damage	<input type="checkbox"/>						
By:		To:		Undercarriage				Trailer 3: VIN#							
				1. Slight 2. Moderate 3. Severe				License Plate:				Disabling Damage	<input type="checkbox"/>		
								Trailer 4: VIN#							
								License Plate:				Disabling Damage	<input type="checkbox"/>		
								Trailer 5: VIN#							
								License Plate:				Disabling Damage	<input type="checkbox"/>		

00	VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)
00. No Vehicle Defects	08. Mechanical Failure
01. Defective Head Light(s)	09. Obstructed Window(s)
02. Defective Brake/Tail Light(s)	10. Improper Load
03. Defective Signaling Device	16. Cargo/Equipment Loss or Spill
04. Brakes Defective/Out of Adjustment	17. Cargo/Equipment Shift
05. Defective Tires	14. Parking Violation
06. Sudden Tire Failure	15. Other Defect(s) (Describe in Narrative)
07. Improper Tires for Conditions	

TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY	
CRASH AVOIDANCE MANEUVER	FIRE/HAZARDOUS MATERIALS INVOLVEMENT
00. No Avoidance Maneuver	00. No Fire/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/Haz-Mat Cargo
10. Accelerating	04. Vehicle Fire/Haz-Mat Cargo Not Involved
11. Steering and Accelerating	05. Vehicle Fire/Haz-Mat Incident
06. Other Avoidance Maneuver (Describe in Narrative)	

DRIVER/OCCUPANT DETAILS												
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24-SM-05300										SKYRIDGE MEDICAL CENTER		
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Traffic Unit #	02	Case #	1C240396		Agency ORI	COCSP0000		Agency Name	Colorado State Patrol	
GENERAL VEHICLE FIELDS										
05 VEHICLE TYPE CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/ GCWR 16,001 or over 02. School Bus (all school buses)		03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus VEHICLES UNDER THE GVWR/ GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle		15. Farm Equipment 20. Working Vehicle/Equipment OTHER VEHICLE 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)		CARRIER TYPE <input type="checkbox"/> <input type="checkbox"/> 01. Interstate 02. Intrastate 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)				
						GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter number of pounds				
						TOTAL NUMBER OF AXLES Enter the total number of axles including truck and trailer. <input type="text"/> <input type="text"/>				
00 SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle		09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service Patrols - Incident Response 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator		18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative)		VEHICLE CONFIGURATION <input type="checkbox"/> <input type="checkbox"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse				
						CARGO BODY TYPE <input type="checkbox"/> <input type="checkbox"/> 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)				
01 DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT) 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest										
03 VEHICLE MOVEMENT - PRIOR TO IMPACT 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 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)						
ROADWAY SPEED LIMIT 75 MPH		ESTIMATED VEHICLE SPEED 0 MPH		DRIVER'S STATED SPEED 0 MPH						
00 DRIVER ACTIONS (OFFICER OPINION ONLY) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/ Sign/Markings		07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving		17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)						
00 DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer		09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking		23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness						
00 AUTONOMOUS VEHICLE CAPABILITY 00. No Automation 01. Driver Assistance 02. Partial Automation		03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown		Driver Ceded Control of Vehicle <input type="checkbox"/>						
CMV FIELDS										
Carrier Name										
Address						Dot #				
Over Height	Over Weight	Over Length	Over Width	Permitted						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing						HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes				
HAZARDOUS MATERIALS - CODE 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).						HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard.				
LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at the time of crash.						01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over				