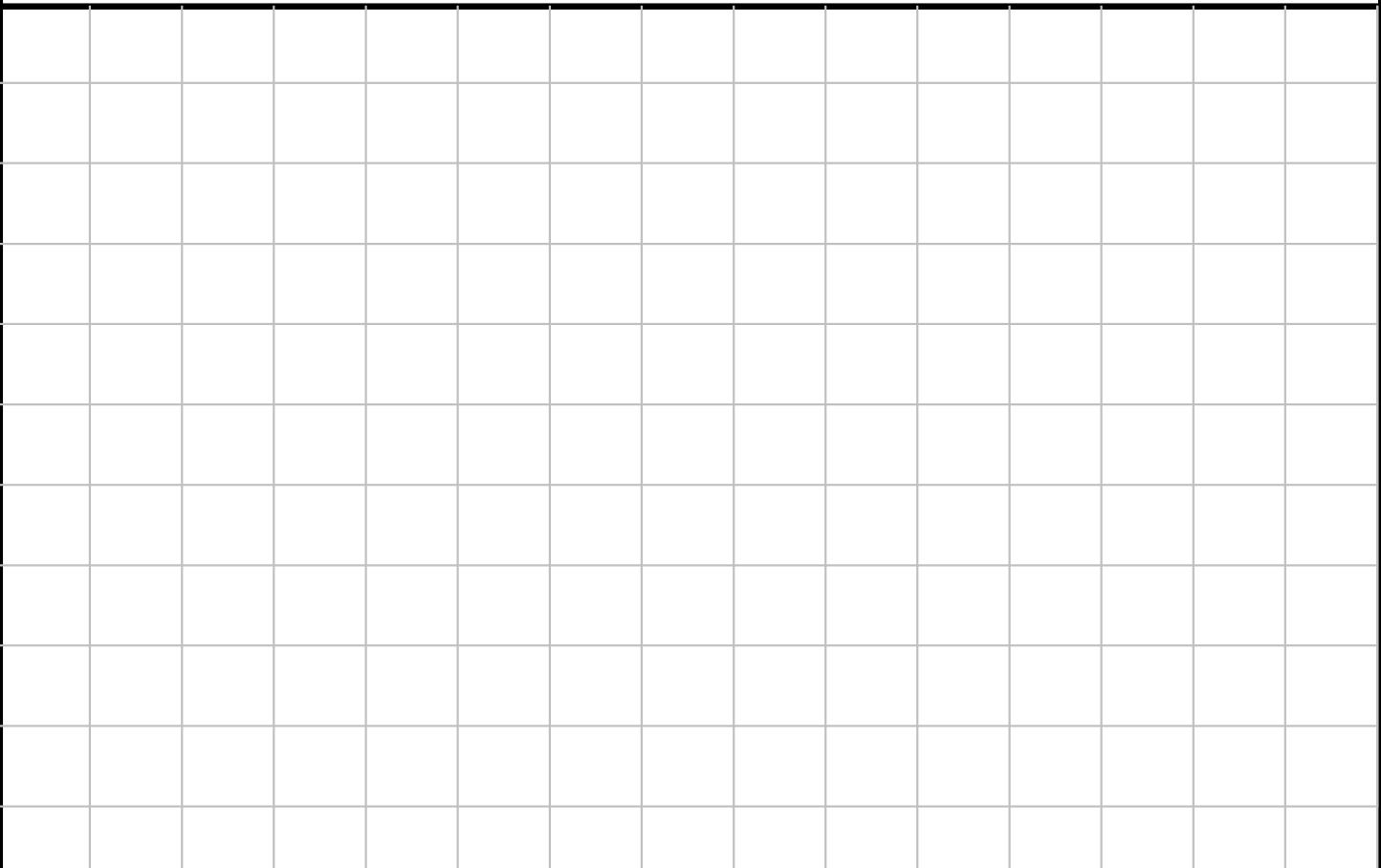


STATE OF COLORADO TRAFFIC CRASH REPORT

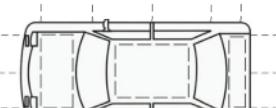
AMENDED/SUPPL. COUNTER REPORT PRIVATE PROPERTY PUBLIC LAND PAGE 1 OF 8 PAGES

Case # 2B232664		Agency ORI COCSP0000				Agency Name Colorado State Patrol		
Date of Report (MM/DD/YYYY) 09/27/2023		Date of Crash (MM/DD/YYYY) 09/21/2023		Time of crash (24 Hour) 16:57		Officer Name ACUNA, A.		
Date Arrived 09/21/2023		Date Roadway Cleared 09/21/2023		Date Last Responder Left 09/21/2023		Signature		
Time Arrived 17:27		Time Roadway Cleared 17:38		Time Last Responder Left 18:36		Investigated at Scene <input checked="" type="checkbox"/>		
Number Killed 0	Number Injured 0	Total Vehicles 3	Total Non-Motorists 0		Juvenile(s) Involved <input type="checkbox"/>	Secondary Crash <input type="checkbox"/>	Construction Zone Related <input type="checkbox"/>	
Latitude 38.838 ° N		Longitude -104.55 ° W		County EI PASO		City		
On Road/Street: HIGHWAY 94				Intersection Offset Distance Unit 02	01. Miles 02. Feet 03. At the Intersection			
Reference Intersecting Road/Street: HOUSEMAN RD				Intersection Offset Distance 300	Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>			
HWY NUMBER 94		MILEPOINT 8.2		Milepoint Offset Distance Unit 03	01. Miles 02. Feet 03. At the Milepoint			
<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD <input type="checkbox"/> OTHER RDWY				Milepoint Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		
LOCATION 01	01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side			04. Ran Off T Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes 06. On Private Property 07. Center Median/Island			Number of Lanes Blocked 01	LANE POSITION E01
HARMFUL EVENT SEQUENCE		1st 07	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	Most Harmful Event 07		
NON-COLLISION CRASH		08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction 13. Parked Motor Vehicle 14. Domestic Animal 15. Wild Animal 16. Vehicle Debris or Cargo 17. Culvert or Headwall 18. Embankment 19. Ditch						
COLLISION WITH NON-MOTORIST		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)						
COLLISION WITH OTHER VEHICLE		51. Center Median/Island 52. Side-Of-Passenger Side 53. Side-Of-Driver Side 54. Center Line 55. Side Line 56. Side-Of-Curb 57. Side-Of-Shoulder 58. Side-Of-Lane 59. Side-Of-Intersection 60. Side-Of-Roadway 61. Side-Of-Brake Line 62. Side-Of-Stop Line 63. Side-Of-End Line 64. Side-Of-End Line 65. Side-Of-End Line 66. Side-Of-End Line 67. Side-Of-End Line 68. Side-Of-End Line 69. Side-Of-End Line 70. Side-Of-End Line 71. Side-Of-End Line 72. Side-Of-End Line 73. Side-Of-End Line 74. Side-Of-End Line 75. Side-Of-End Line 76. Side-Of-End Line 77. Side-Of-End Line 78. Side-Of-End Line 79. Side-Of-End Line 80. Side-Of-End Line 81. Side-Of-End Line 82. Side-Of-End Line 83. Side-Of-End Line 84. Side-Of-End Line 85. Side-Of-End Line 86. Side-Of-End Line 87. Side-Of-End Line 88. Side-Of-End Line 89. Side-Of-End Line 90. Side-Of-End Line 91. Side-Of-End Line 92. Side-Of-End Line 93. Side-Of-End Line 94. Side-Of-End Line 95. Side-Of-End Line 96. Side-Of-End Line 97. Side-Of-End Line 98. Side-Of-End Line 99. Side-Of-End Line						
COLLISION WITH ANIMAL		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)						
COLLISION WITH OBJECT								
COLLISION WITH MOTOR VEHICLE IN TRANSPORT								
06. Front to Front 07. Front to Rear								
ROAD CONTOUR - CURVES 01		01. Straight 02. Curve Left	03. Curve Right 04. Unknown	ROAD CONTOUR - GRADE 05		01. Level 02. Uphill 03. Hill Crest	04. Downhill 05. Sag/Bottom 06. Unknown	
APPROACH/OVERTAKING TURN 03		01. Approach Turn 02. Overtaking Turn	03. Not Applicable	LIGHTING CONDITION 01		01. Daylight 02. Dawn or Dusk	03. Dark-lighted 04. Dark-Unlighted	
ROAD DESCRIPTION 04		01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection	05. Crossover-Related 06. Roundabout 08. Parking Lot 09. Ramp	10. Ramp-related 11. Alley Related 12. Share-Use Path or Trail 13. Auxiliary Lane	14. Mid-Block Crosswalk 15. Express/Managed/HOV Lane			
ROAD CONDITION 01		01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 06. Slushy 07. Foreign Material	08. Dry W/Visible Icy Road Treatment 09. Wet W/Visible Icy Road Treatment 10. Snowy W/Visible Icy Road Treatment 11. Icy W/Visible Icy Road Treatment 12. Slushy W/Visible Icy Road Treatment 13. Sand/Gravel 14. Roto-Milled	WEATHER CONDITION	1st 00	2nd <input type="checkbox"/>		
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"/>		01. No Controls 02. Not Functioning 03. Functioning Improperly	04. Functioning Properly 06. Not Visible 05. Unknown		
If times are unknown provide name of responding services:								

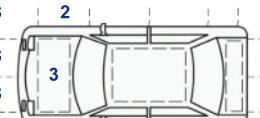
Approved By SOUKUP, S.	I.D. Number 8050	Date 10/06/2023
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Case # 2B232664	Agency ORI COCSP0000		Agency Name Colorado State Patrol
<p>Describe Crash</p> <p>Vehicle 1 was traveling eastbound on Highway 94 approximately 300 feet west of Houseman Rd. Vehicle 2 was traveling eastbound on Highway 94 approximately 300 feet west of Houseman Rd., two vehicles behind Vehicle 1 and directly behind Vehicle 3. Vehicle 3 was traveling eastbound on Highway 94 approximately 300 feet west of Houseman Rd directly behind Vehicle 1 and in front of Vehicle 2. Vehicle 1 abruptly applied its brakes which forced Vehicle 3 to abruptly apply its brakes to narrowly avoid a collision with Vehicle 1. Vehicle 2 then struck the rear of Vehicle 3 just west of Houseman Rd. Vehicle 1, Vehicle 2, and Vehicle 3 pulled off onto the right shoulder once safe. Vehicle 1 remained on scene for a brief moment and then left the scene eastbound, with no identifying information reported for that vehicle. Vehicle 2 and Vehicle 3 moved after impact and awaited for law enforcement to respond.</p>			
			

Owner 1	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name		Damaged Prop. First Name		MI
Address		City		State	Zip	
Damaged Prop. Description						
Owner 2	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name		Damaged Prop. First Name		MI
Address		City		State	Zip	
Damaged Prop. Description						

Traffic Unit #	01	Case # 2B232664	Agency ORI COCSP0000	Agency Name Colorado State Patrol					
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	First Name			MI	Phone		
Non-Contact Vehicle	<input type="checkbox"/>	(Driver) Street Address	City			State	ZIP		
Driver License Number		Unlicensed Driver <input type="checkbox"/>	CDL	State	Sex	Email			
Primary Violation		DUI <input type="checkbox"/>	Violation Code			Citation Number	Common Code		
Same Name	<input type="checkbox"/>	Vehicle Owner Last Name			First Name			MI	
Same Addr.	<input type="checkbox"/>	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 checked="" type="checkbox"/>		Trailer 2: VIN#				
Body Type		Color	 Undercarriage _____		License Plate: <input type="checkbox"/> Disabling Damage <input type="checkbox"/>				
Towed		00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage			Trailer 3: VIN#				
00					License Plate: <input type="checkbox"/> Disabling Damage <input type="checkbox"/>				
By:					Trailer 4: VIN#				
To:					License Plate: <input type="checkbox"/> Disabling Damage <input type="checkbox"/>				
					Trailer 5: VIN#				
			License Plate: <input type="checkbox"/> Disabling Damage <input type="checkbox"/>						
<input type="checkbox"/> 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					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)				
					CRASH AVOIDANCE MANEUVER <input type="checkbox"/>				
					FIRE/HAZARDOUS MATERIALS INVOLVEMENT <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)				
					05. Vehicle Fire/Haz-Mat Incident 00. No Fire/No 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				

Traffic Unit # 01	Case # 2B232664	Agency ORI COCSPO000	Agency Name Colorado State Patrol		
GENERAL VEHICLE FIELDS					
<input type="checkbox"/> VEHICLE TYPE	03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus	15. Farm Equipment 20. Working Vehicle/Equipment	CARRIER TYPE <input type="checkbox"/> 01. Interstate 02. Intrastate 03. Government Vehicle	01. Interstate 02. Intrastate 03. Government Vehicle	04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)
CMV SECTIONS REQUIRED		OTHER VEHICLE		GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING	
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)	05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle	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)	<input type="checkbox"/> WEIGHT RATING		Enter number of pounds
SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT		TOTAL NUMBER OF AXLES		VEHICLE CONFIGURATION	
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)	Enter the total number of axles including truck and trailer.	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 (Boat tail)	08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative)
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNINNG MOVEMENT)		Emergency Lights Activated <input type="checkbox"/>		CARGO BODY TYPE	
01. North 02. Northeast	03. East 04. Southeast	05. South 06. Southwest	07. West 08. Northwest	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)
VEHICLE MOVEMENT - PRIOR TO IMPACT		SEQUENCE OF CRASH EVENTS		NON-COLLISION	
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. Negotiating a Curve 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	01. Ran Off the Road 02. Jackknifed 03. Overturning 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)	11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment 19. Other Movable Object 20. Other (Describe in Narrative)
ROADWAY SPEED LIMIT		ESTIMATED VEHICLE SPEED		DRIVER'S STATED SPEED	
MPH	MPH	MPH	MPH		
DRIVER ACTIONS (OFFICER OPINION ONLY)				COLLISION	
1st <input type="checkbox"/> 2nd <input type="checkbox"/>	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)	01. No 02. Yes	01. Yes 02. Required but Missing	01. Ran Off the Road 02. Jackknifed 03. Overturning 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)
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)				HAZARDOUS MATERIALS - PLACARDS	
1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	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	Did the vehicle have a hazardous material placard?	01. Yes 02. Required but Missing	
AUTONOMOUS VEHICLE CAPABILITY				HAZARDOUS MATERIALS - RELEASE	
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"/>	Was hazardous cargo from the placarded truck released?	00. No 01. Yes	
CMV FIELDS				HAZARDOUS MATERIALS - CODE	
Carrier Name				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).	
Address		Dot #			
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	Over Width <input type="checkbox"/>	Permitted <input type="checkbox"/>	LIQUID HAZARDOUS MATERIALS
				Enter the amount of bulk liquid cargo at the time of crash.	
				01. 0 to 1,000 gallons	06. 5,001 to 6,000 gallons
				02. 1,001 to 2,000 gallons	07. 6,001 to 7,000 gallons
				03. 2,001 to 3,000 gallons	08. 7,001 to 8,000 gallons
				04. 3,001 to 4,000 gallons	09. 8,001 gallons and over
				05. 4,001 to 5,000 gallons	

Traffic Unit #	02	Case # 2B232664	Agency ORI COCSP0000	Agency Name Colorado State Patrol		
Hit & Run	<input type="checkbox"/>	(Driver) Last Name STEADMON	First Name DEBBIE	MI K	Phone (719) 683-9430	
Non-Contact Vehicle	<input type="checkbox"/>	(Driver) Street Address 23755 FLEET ST	City Colorado Springs	State CO	ZIP 80928	DOB 12/28/1959
Driver License Number 952640367		Unlicensed Driver <input type="checkbox"/>	CDL <input type="checkbox"/>	State CO	Sex F	Email
Primary Violation		DUI <input type="checkbox"/>	Violation Code		Citation Number	Common Code
Same Name <input checked="" type="checkbox"/>	Vehicle Owner Last Name			First Name		
Same Addr. <input checked="" type="checkbox"/>	Vehicle Owner Street Address			City		State ZIP
Insurance Company USAA		<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date 04/10/2024		Policy Number 030321326G7101	
License Plate No. CFSU86		State or Country CO	Number of Trailers:			
Vehicle Identification Number 1FADP3K21EL173454		Year 2014	Trailer 1: VIN#			
Make FORD	Model FOCUS	No Damage <input type="checkbox"/>	Trailer 2: VIN#			
Body Type SD	Color RED		License Plate: Disabling Damage <input type="checkbox"/>			
Towed 01	00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage	Undercarriage 1. Slight 2. Moderate 3. Severe	Trailer 3: VIN#			
By: SPIRIT TOWING To: 3310 TACKHOUSE RD, FALCON, CO USA 80831			License Plate: Disabling Damage <input type="checkbox"/>			
VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)		TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY				
00. No Vehicle Defects		CRASH AVOIDANCE MANEUVER <input type="checkbox"/>				
01. Defective Head Light(s)		FIRE/HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/>				
02. Defective Brake/Tail Light(s)		00. No Fire/No Haz-Mat Cargo				
03. Defective Signaling Device		01. No Fire/Haz-Mat Cargo Not Involved				
04. Brakes Defective/Out of Adjustment		02. No Fire/Haz-Mat Incident				
05. Defective Tires		03. Vehicle Fire/No Haz-Mat Cargo				
06. Sudden Tire Failure		04. Vehicle Fire/Haz-Mat Cargo Not Involved				
07. Improper Tires for Conditions		05. Vehicle Fire/Haz-Mat Incident				
08. Mechanical Failure		06. Other Avoidance Maneuver (Describe in Narrative)				
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)						

**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

- 00. No Avoidance Maneuver
 - 07. Braking
 - 08. Steering
 - 09. Steering and Braking
 - 10. Accelerating
 - 11. Steering and Accelerating
 - 06. Other Avoidance Maneuver

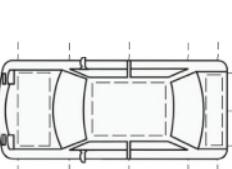
FIRE/HAZARDOUS

- 00. No Fire/No 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
		BB	Expired Time
EMS Trip #	Taken To	<input type="checkbox"/>	
(Passenger) Name/Address		AA	Expired Date
		BB	Expired Time
EMS Trip #	Taken To	<input type="checkbox"/>	
(Passenger) Name/Address		AA	Expired Date
		BB	Expired Time
EMS Trip #	Taken To	<input type="checkbox"/>	
(Passenger) Name/Address		AA	Expired Date
		BB	Expired Time
EMS Trip #	Taken To	<input type="checkbox"/>	

Traffic Unit # 02	Case # 2B232664	Agency ORI COCSP0000	Agency Name Colorado State Patrol	
GENERAL VEHICLE FIELDS				
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	CARRIER TYPE <input type="checkbox"/> 01. Interstate <input type="checkbox"/> 02. Intrastate <input type="checkbox"/> 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)	
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)	05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle	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)	GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Enter number of pounds	
VEHICLES UNDER THE GVWR/GCWR THRESHOLD				
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"/>	
Emergency Lights Activated <input type="checkbox"/>				
00 DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNINNG MOVEMENT)	01. North 02. Northeast	03. East 04. Southeast	05. South 06. Southwest	07. West 08. Northwest
01 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 65 MPH	ESTIMATED VEHICLE SPEED 55 MPH	DRIVER'S STATED SPEED 55 MPH		
13 <input type="checkbox"/> <input type="checkbox"/> DRIVER ACTIONS (OFFICER OPINION ONLY) 1st 2nd	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)	SEQUENCE OF CRASH EVENTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st 2nd 3rd 4th	
17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 1st 2nd 3rd	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	NON-COLLISION 01. Ran Off the Road 02. Jackknifed 03. Overturning 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)	
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? 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. 				
CMV FIELDS				
Carrier Name		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		
Address		Dot #		
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>	

Traffic Unit # 03	Case # 2B232664			Agency ORI COCSP0000				Agency Name Colorado State Patrol							
Hit & Run <input type="checkbox"/>	(Driver) Last Name ALVAREZ			First Name GUSTAVO				MI	Phone (720) 788-9052						
Non-Contact Vehicle <input type="checkbox"/>	(Driver) Street Address			City				State	ZIP	DOB 05/01/1993					
Driver License Number 092331122				Unlicensed Driver <input type="checkbox"/>	CDL	State CO	Sex M	Email							
Primary Violation Drove (Motor/Off-highway) Vehicle When License Under Restraint (Suspended)				DUI <input type="checkbox"/>	Violation Code 42-2-138 (1)(a)			Citation Number Pending	Common Code 076						
Same Name <input checked="" type="checkbox"/>	Vehicle Owner Last Name				First Name					MI					
Same Addr. <input type="checkbox"/>	Vehicle Owner Street Address				City					State	ZIP				
Insurance Company KEMPER AUTO				<input type="checkbox"/> None	Expiration Date 03/02/2024			Policy Number 505600003282001							
License Plate No. DEJ073			State or Country CO			Number of Trailers:									
Vehicle Identification Number 1FT7W2BTXHEC07719				Year 2017		Trailer 1: VIN#									
Make FORD		Model F250		No Damage <input type="checkbox"/>		License Plate: Disabling Damage <input type="checkbox"/>									
Body Type PK		Color RED				Trailer 2: VIN# License Plate: Disabling Damage <input type="checkbox"/>									
Towed <input type="checkbox"/> 00		00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		Undercarriage _____ 1. Slight 2. Moderate 3. Severe		Trailer 3: VIN# License Plate: Disabling Damage <input type="checkbox"/>									
By: To:						Trailer 4: VIN# License Plate: Disabling Damage <input type="checkbox"/>									
						Trailer 5: VIN# License Plate: Disabling Damage <input type="checkbox"/>									
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								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)							
CRASH AVOIDANCE MANEUVER <input type="checkbox"/>								FIRE/HAZARDOUS MATERIALS INVOLVEMENT <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)								00. No Fire/No 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											
	A	B	C	D	E	F1	F2	F3	AGE	AA	Expired Date
	01	00	00	00	00	B	01	A	30	BB	Expired Time
G1	G2	H	I	J	K	L	M	N	SEX		
01	A	00	08	00	00	00	07	00	M	EMS Trip #	Taken To
	A			D	E	F1	F2	F3	AGE	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time
	A			D	E	F1	F2	F3	AGE	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time
	A			D	E	F1	F2	F3	AGE	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time
	A			D	E	F1	F2	F3	AGE	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time
	A			D	E	F1	F2	F3	AGE	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time
	A			D	E	F1	F2	F3	AGE	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time

DRIVER NAME AND ADDRESS ARE ABOVE

(Passenger) Name/Address	AA	Expired Date
	BB	Expired Time
EMS Trip #	Taken To	
(Passenger) Name/Address	AA	Expired Date
	BB	Expired Time
EMS Trip #	Taken To	
(Passenger) Name/Address	AA	Expired Date
	BB	Expired Time
EMS Trip #	Taken To	
(Passenger) Name/Address	AA	Expired Date
	BB	Expired Time
EMS Trip #	Taken To	
(Passenger) Name/Address	AA	Expired Date
	BB	Expired Time
EMS Trip #	Taken To	

Traffic Unit # 03	Case # 2B232664	Agency ORI COCSP0000	Agency Name Colorado State Patrol
GENERAL VEHICLE FIELDS			
07 VEHICLE TYPE	03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus	15. Farm Equipment 20. Working Vehicle/Equipment	CARRIER TYPE <input type="checkbox"/> 01. Interstate <input type="checkbox"/> 02. Intrastate <input type="checkbox"/> 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)
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)	05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle	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)	GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Enter number of pounds
VEHICLES UNDER THE GVWR/GCWR THRESHOLD			
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"/>
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	Emergency Lights Activated <input type="checkbox"/>		
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNINNG MOVEMENT)			
03	01. North 02. Northeast	03. East 04. Southeast	05. South 06. Southwest 07. West 08. Northwest
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)	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
ROADWAY SPEED LIMIT 65 MPH	ESTIMATED VEHICLE SPEED 30 MPH	DRIVER'S STATED SPEED 40 MPH	SEQUENCE OF CRASH EVENTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st 2nd 3rd 4th
DRIVER ACTIONS (OFFICER OPINION ONLY)			
00 <input type="checkbox"/> <input type="checkbox"/> 1st 2nd 3rd	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)	NON-COLLISION 01. Ran Off the Road 02. Jackknifed 03. Overturning 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)
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)			
00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st 2nd 3rd	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	COLLISION 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment 19. Other Movable Object 20. Other (Describe in Narrative)
AUTONOMOUS VEHICLE CAPABILITY			
00	03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown	Driver Ceded Control of Vehicle <input type="checkbox"/>	HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
CMV FIELDS			
Carrier Name		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? 00. No 01. Yes	
Address		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).	
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>
		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	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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	