


STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND PAGE 1 OF 9 PAGES

Case # 13CN23001734		Agency ORI CO0010300				Agency Name Commerce City PD									
Date of Report (MM/DD/YYYY) 02/24/2023		Date of Crash (MM/DD/YYYY) 02/23/2023		Time of Crash (24 Hour) 17:53		Officer Name RODRIGUEZ, JOSE		Officer Number 1306027							
Date Arrived 02/23/2023		Date Roadway Cleared 02/23/2023		Date Last Responder Left 02/23/2023		Signature			Detail CCPD - PATROL						
Time Arrived 18:11		Time Roadway Cleared 18:58		Time Last Responder Left 19:00		Agency Code C060040		Investigated at Scene <input checked="" type="checkbox"/>		District Number 1					
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"/>		School Zone <input type="checkbox"/>	
Latitude 39.807870 °N				Longitude -104.940174 °W				County ADAMS				City COMMERCE CITY			
On Road/Street: BRIGHTON BLVD						Intersection Offset Distance Unit 0 3		01. Miles 03. At the Intersection		02. Feet					
Reference Intersecting Road/Street: E 60TH AVE						Intersection Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>							
HWY NUMBER BRIGHTON BLVD				MILEPOINT				Milepoint Offset Distance Unit		01. Miles 03. At the Milepoint		02. Feet			
<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" 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 0 1		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 0 1		LANE POSITION W 0 1					
HARMFUL EVENT SEQUENCE		1st 0 8		2nd 0 6		3rd		4th		Most Harmful Event 0 8					
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 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		0 1		01. Straight 02. Curve Left 03. Curve Right 04. Unknown		ROAD CONTOUR - GRADE		0 1		01. Level 02. Uphill 03. Hill Crest		04. Downhill 05. Sag/Bottom 06. Unknown			
APPROACH/OVERTAKING TURN		0 3		01. Approach Turn 02. Overtaking Turn 03. Not Applicable		LIGHTING CONDITION		0 3		01. Daylight 02. Dawn or Dusk		03. Dark-lighted 04. Dark-Unlighted			
ROAD DESCRIPTION		0 1		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 16. Railroad Crossing Related					
ROAD CONDITION		0 1		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 0 0		2nd		00. Clear 01. Rain 02. Sleet or Hail 03. Fog 04. Dust 05. Wind 06. Cloudy 07. Freezing Rain or Freezing Drizzle 08. Snow 09. Blowing Snow	
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 VANDERMEER, BRYAN						I.D. Number 1302574				Date 02/26/2023					

Case # 13CN23001734	Agency ORI CO0010300	Agency Name Commerce City PD
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Describe Crash

REPORTING OFFICER NARRATIVE

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

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">0</div> </div>	VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)	TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 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 </div> <div style="width: 48%;"> 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) </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> CRASH AVOIDANCE MANEUVER <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto;"></div> 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) </div> <div style="width: 48%;"> FIRE/HAZARDOUS MATERIALS INVOLVEMENT <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto;"></div> 01. 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 </div> </div>

DRIVER/OCCUPANT DETAILS												
	A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE	AA	Expired Date
	0 1	0 0	0 0	0 0	0 0	B	0 1	A	5 7			
G1	G2	H	I	J	K	L	M	N	SEX		BB	Expired Time
0 1	A	0 0	0 8	0 0	0 0	0 0	0 7	0 0	F	EMS Trip #	Taken To	
	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX		BB	Expired Time
										EMS Trip #	Taken To	
	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX		BB	Expired Time
										EMS Trip #	Taken To	
	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address	AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX		BB	Expired Time
										EMS Trip #	Taken To	

Traffic Unit #	1	Case #	13CN23001734		Agency ORI	CO0010300		Agency Name	Commerce City PD	
GENERAL VEHICLE FIELDS										
0 5 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"/> 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.) GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input type="text"/> Enter number of pounds. TOTAL NUMBER OF AXLES Enter the total number of axles including truck and trailer. <input type="text"/>				
0 0 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"/> 01. Passenger Car (only if HM placarded) <input type="checkbox"/> 02. Light Truck (only if HM placarded) <input type="checkbox"/> 03. Bus/Limousine <input type="checkbox"/> 04. Single-unit Truck (2 axles) <input type="checkbox"/> 05. Single-unit Truck (3 or more axles) <input type="checkbox"/> 06. Truck and Trailer <input type="checkbox"/> 07. Truck Tractor (Bobtail) <input type="checkbox"/> 08. Truck Tractor and Semi-Trailer <input type="checkbox"/> 09. Truck Tractor and Double Trailers <input type="checkbox"/> 10. Truck Tractor and Triple Trailers <input type="checkbox"/> 11. Other (Describe in Narrative) CARGO BODY TYPE <input type="checkbox"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) <input type="checkbox"/> 02. Bus/Limousine (seats 16 or more occupants, including the driver) <input type="checkbox"/> 03. Van/Enclosed Box <input type="checkbox"/> 04. Cargo Tank <input type="checkbox"/> 05. Flatbed/Pickup <input type="checkbox"/> 06. Dump Bed <input type="checkbox"/> 07. Concrete Mixer <input type="checkbox"/> 08. Auto Transporter <input type="checkbox"/> 09. Garbage Refuse <input type="checkbox"/> 10. Grain, Chips, Gravel <input type="checkbox"/> 11. Pole <input type="checkbox"/> 12. Intermodal Container <input type="checkbox"/> 13. Vehicle Towing another Vehicle <input type="checkbox"/> 14. Fire Apparatus <input type="checkbox"/> 15. Ambulance <input type="checkbox"/> 16. No Cargo Body <input type="checkbox"/> 17. Other (Describe in Narrative)				
0 3 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										
0 1 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)		SEQUENCE OF CRASH EVENTS <input type="text"/> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th				
ROADWAY SPEED LIMIT 35 MPH		ESTIMATED VEHICLE SPEED 20 MPH		DRIVER'S STATED SPEED 20 MPH		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)				
0 4 DRIVER ACTIONS (OFFICER OPINION ONLY) 1st 2nd 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)		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 19. Other Movable Object 20. Other (Describe in Narrative)				
1 1 DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 1st 2nd 3rd 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		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). <div style="text-align: center;">  </div> HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard. <div style="text-align: center;">  </div>				
0 0 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					LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at 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					
Address				Dot #						
Over Height	Over Weight	Over Length	Over Width	Permitted						

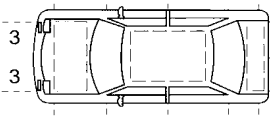
Traffic Unit #	2	Case #	13CN23001734	Agency ORI	CO0010300	Agency Name	Commerce City PD
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	PARRA	First Name	BRIAN	MI	Phone
Parked	<input type="checkbox"/>	(Driver) Street Address	7731 LOCUST ST	City	ADAMS COUNTY	State	CO
Non-Contact Vehicle	<input type="checkbox"/>			ZIP	80022	DOB	04/13/2003
Driver License Number	171234164	Unlicensed Driver	<input checked="" type="checkbox"/>	CDL		State	CO
		Sex	M	Email			
Primary Violation		DUI	<input type="checkbox"/>	Violation Code		Citation Number	Common Code
Same Name	<input type="checkbox"/>	Vehicle Owner Last Name	PARRA	First Name	JOSE	MI	
Same Addr.	<input type="checkbox"/>	Vehicle Owner Street Address	7731 LOCUST ST	City	COMMERCE CITY	State	CO
				ZIP	80022		
Insurance Company	LOYA INSURANCE COMPANY	<input type="checkbox"/> None		Expiration Date	12/14/2022	Policy Number	68573876087
		<input type="checkbox"/> No Proof					
License Plate No.	4807540	State or Country	COLORADO	Number of Trailers:			
Vehicle Identification Number	1J4FF68SXXL575792	Year	1999	Trailer 1: VIN#		Disabling Damage	<input type="checkbox"/>
Make	Jeep	Model	Cherokee	License Plate:			
Body Type	UP	Color	WHI	Trailer 2: VIN#		Disabling Damage	<input type="checkbox"/>
				License Plate:			
				Trailer 3: VIN#		Disabling Damage	<input type="checkbox"/>
				License Plate:			
				Trailer 4: VIN#		Disabling Damage	<input type="checkbox"/>
				License Plate:			
				Trailer 5: VIN#		Disabling Damage	<input type="checkbox"/>
				License Plate:			
Towed	00	00: Not towed 01: Towed Due to Disabling Damage 02: Towed, But Not Due to Disabling Damage					
By:							
To:							

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

DRIVER/OCCUPANT DETAILS									
	A	B	C	D	E	F1	F2	F3	AGE
	0	1	0	0	0	0	0	0	19
G1	G2	H	I	J	K	L	M	N	SEX
0	1	A	0	0	0	0	0	0	M
	A	B	C	D	E	F1	F2	F3	AGE
G1	G2	H	I	J	K	L	M	N	SEX
	A	B	C	D	E	F1	F2	F3	AGE
G1	G2	H	I	J	K	L	M	N	SEX
	A	B	C	D	E	F1	F2	F3	AGE
G1	G2	H	I	J	K	L	M	N	SEX



DRIVER NAME AND ADDRESS ARE ABOVE		AA	Expired Date
EMS Trip #	Taken To	BB	Expired Time
(Passenger) Name/Address		AA	Expired Date
EMS Trip #	Taken To	BB	Expired Time
(Passenger) Name/Address		AA	Expired Date
EMS Trip #	Taken To	BB	Expired Time
(Passenger) Name/Address		AA	Expired Date
EMS Trip #	Taken To	BB	Expired Time

Traffic Unit #	2	Case #	13CN23001734		Agency ORI	CO0010300		Agency Name	Commerce City PD		
GENERAL VEHICLE FIELDS											
0 5		VEHICLE TYPE		03. Non-School Bus (9 occupants or more including driver) in commerce	15. Farm Equipment	04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)					
		CMV SECTIONS REQUIRED		04. Transit Bus	20. Working Vehicle/Equipment						
		01. Medium/Heavy Trucks GVWR/GCWR between 10,001 and 16,000		OTHER VEHICLE							
		27. Medium/Heavy Trucks GVWR/GCWR 16,001 or over		17. Light Rail							
		02. School Bus (all school buses)		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)							
0 0		SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT		09. Ambulance	18. Public Utility						
		00. No Special Function		10. Police	19. Military						
		01. Vehicle Transporting Students To/From School		11. Fire Truck	20. Rental Truck						
		02. Bus – Transit		12. Non-Transport Emergency Services Vehicle	21. Taxi						
		03. Bus – Charter		13. Safety Service Patrols – Incident Response	22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.)						
		04. Bus – Shuttle		14. Towing – Incident Response	23. Other (Describe in Narrative)						
		05. Bus – Other		15. Other Incident Response							
		06. Construction Equipment		16. Highway/Maintenance							
		07. Farm Equipment		17. Truck Acting as Crash Attenuator							
		08. Farm Vehicle									
0 5		DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)		01. North	03. East	05. South	07. West				
		02. Northeast		04. Southeast	06. Southwest	08. Northwest					
0 1		VEHICLE MOVEMENT - PRIOR TO IMPACT		06. Making U-Turn	12. Swerve/Avoidance						
		01. Going Straight		07. Passing	13. Weaving						
		02. Slowing		08. Backing	14. Out of Control						
		03. Stopped in Traffic		09. Entering/Leaving Parked Position	15. Traveled Wrong Way						
		04. Making Right Turn		10. Parked	17. Entering Traffic Way/Merge						
		05. Making Left Turn		11. Changing Lanes	18. Negotiating a Curve						
					16. Other (Describe in Narrative)						
0 0		ROADWAY SPEED LIMIT		ESTIMATED VEHICLE SPEED		DRIVER'S STATED SPEED					
		35 MPH		35 MPH		35 MPH					
0 0		DRIVER ACTIONS (OFFICER OPINION ONLY)		07. Improper Turn	17. Careless Driving (if used, next field can not be coded "00")						
		1st 2nd		08. Turned from Wrong Lane or Position	18. Speeding						
		00. No Contributing Action		10. Lane Violation	19. Too Fast for Conditions						
		02. Impeded Traffic		11. Improper Passing on Left	20. Racing						
		03. Failed to Yield ROW		12. Improper Passing on Right	21. Over-Correcting/Over-Steering						
		04. Disregard Stop Sign		13. Followed Too Closely	22. Lacking Required Chains						
		05. Failed to Stop at Signal		14. Improper Backing	23. Other Contributing Action (Describe in Narrative)						
		06. Disregarded Other Device/Sign/Markings		15. Signaling Violation							
				16. Reckless Driving							
0 0		DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)		09. Physical Disability	23. Distracted/Manipulating Vehicle Control						
		1st 2nd 3rd		11. Distracted/Other Occupant	24. Distracted/Other Interior						
		00. No Apparent Contributing Factor		16. Age/Driver Ability	25. Distracted/Other Exterior						
		02. Asleep or Fatigued		17. Looked/Did Not See	26. Sun Glare						
		03. Medical		18. Talking on Phone/Holding	27. Not Observed						
		04. Driver Inexperience		19. Talking on Phone/Hands Free	15. Other Factor (Describe in Narrative)						
		05. Aggressive Driving		20. Manipulating Electronic Device	28. Illness						
		06. Driver Unfamiliar With Area		21. Distracted Eating/Drinking							
		07. Driver Emotionally Upset		22. Distracted/Smoking							
		08. Evading Law Enforcement Officer									
0 0		AUTONOMOUS VEHICLE CAPABILITY		03. Conditional Automation	Driver Ceded Control of Vehicle						
		00. No Automation		04. High Automation							
		01. Driver Assistance		05. Full Automation							
		02. Partial Automation		06. Unknown							
CMV FIELDS											
Carrier Name					LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at 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						
Address											
Dot #											
Over Height	Over Weight	Over Length	Over Width	Permitted							

Traffic Unit #	3	Case #	13CN23001734		Agency ORI	CO0010300		Agency Name	Commerce City PD	
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	SERNA		First Name	ALEJANDRO		MI	Phone (720) 877-4057	
Parked	<input type="checkbox"/>	(Driver) Street Address	9701 IRONTON ST		City	COMMERCE CITY		State	ZIP	DOB
Non-Contact Vehicle	<input type="checkbox"/>				CO	80022			04/24/1966	
Driver License Number			941080853		Unlicensed Driver	<input checked="" type="checkbox"/>	CDL		State	Sex
					CO	M		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
		OVIEDO-GONZALEZ				SAMUEL				
Same Addr.	<input type="checkbox"/>	Vehicle Owner Street Address				City		State	ZIP	
		8805 Q ST				OMAHA		NE	68127	
Insurance Company			SAFeway Insurance Company		<input type="checkbox"/> None <input type="checkbox"/> No Proof		Expiration Date		Policy Number	
							02/27/2023		3057877-CO-PP-008	
License Plate No.			WWU970		State or Country		NEBRASKA		Number of Trailers:	
Vehicle Identification Number			1G2ZG57N884156636		Year		2008		Trailer 1: VIN#	
									License Plate: Disabling Damage <input type="checkbox"/>	
Make		Model				Trailer 2: VIN#		License Plate: Disabling Damage <input type="checkbox"/>		
Pontiac		G6				Trailer 3: VIN#		License Plate: Disabling Damage <input type="checkbox"/>		
Body Type		Color				Trailer 4: VIN#		License Plate: Disabling Damage <input type="checkbox"/>		
CP		BLU				Trailer 5: VIN#		License Plate: Disabling Damage <input type="checkbox"/>		
Towed		00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage								
By: MIRAGE RECOVERY-CCPD										
To: 8051 ROSEMARY ST - COMMERCE CITY										

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

DRIVER/OCCUPANT DETAILS									
G1	A	B	C	D	E	F1	F2	F3	AGE
01	00	00	00	00	00	B	01	A	56
DRIVER NAME AND ADDRESS ARE ABOVE									
G1	G2	H	I	J	K	L	M	N	SEX
01	A	00							M
EMS Trip # Taken To									
(Passenger) Name/Address									
G1	G2	H	I	J	K	L	M	N	SEX
EMS Trip # Taken To									
(Passenger) Name/Address									
G1	G2	H	I	J	K	L	M	N	SEX
EMS Trip # Taken To									
(Passenger) Name/Address									
G1	G2	H	I	J	K	L	M	N	SEX
EMS Trip # Taken To									
(Passenger) Name/Address									

Traffic Unit #	3	Case #	13CN23001734		Agency ORI	CO0010300		Agency Name	Commerce City PD	
GENERAL VEHICLE FIELDS										
0 5		VEHICLE TYPE		03. Non-School Bus (9 occupants or more including driver) in commerce	15. Farm Equipment	20. Working Vehicle/Equipment		CARRIER TYPE		
		04. Transit Bus		04. Other Vehicle Type (Describe in Narrative)	16. Unknown (Hit and Run Only)			01. Interstate 02. Intrastate 03. Government Vehicle (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		17. Light Rail				Enter number of pounds.		
		27. Medium/Heavy Trucks GVWR/GCWR 16,001 or over		21. Heavy Train				TOTAL NUMBER OF AXLES		
		02. School Bus (all school buses)		23. Off Highway Vehicle/ATV				Enter the total number of axles including truck and trailer.		
		05. Passenger Car/Passenger Van		24. Snowmobile				VEHICLE CONFIGURATION		
		07. Pickup Truck/Utility Van		25. Low Speed Vehicle				01. Passenger Car (only if HM placarded)		
		09. SUV		18. Other Vehicle Type (Describe in Narrative)				02. Light Truck (only if HM placarded)		
		11. Motor Home		16. Unknown (Hit and Run Only)				03. Bus/Limousine		
		12. Motorcycle						04. Single-unit Truck (2 axles)		
		28. Autocycle						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)		
								CARGO BODY TYPE		
								01. Bus/ Limousine (seats 9-15 occupants, including the driver)		
								02. Bus/Limousine (seats 16 or more occupants, including the driver)		
								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)		
								SEQUENCE OF CRASH EVENTS		
								1st 2nd 3rd 4th		
								NON-COLLISION		
								01. Ran Off the Road		
								11. Pedestrian		
								02. Jackknifed		
								12. Motor Vehicle in Transport		
								13. Parked Motor Vehicle		
								14. Train		
								15. Pedal Cycle		
								16. Animal		
								17. Fixed Object		
								18. Work Zone		
								19. Other Movable Object		
								20. 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?		
								(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.		
										
CMV FIELDS										
Carrier Name					Liquid Hazardous Materials					
Address					Enter the amount of bulk liquid cargo at time of crash.					
Dot #					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					
Over Height		Over Weight		Over Length		Over Width		Permitted		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

Case # 13CN23001734	Agency ORI CO0010300	Agency Name Commerce City PD
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Describe Crash

V1 WAS DRIVING EB ON COLORADO BLVD AND DISREGARDED CLEAR AND VISIBLE STOP SIGN AT INTERSECTION OF COLORADO BLVD/BRIGHTON BLVD/E 60TH AVE. VEHICLE 2 WAS TRAVELLING SB ON 6000 BLOCK OF BRIGHTON BLVD. V1 STRUCK VEHICLE 2 FRONT TO RIGHT SIDE. V3 WAS STOPPED AT INTERSECTION OF E 60TH AVE/BRIGHTON BLVD FACING WB AT STOP SIGN. V2 WAS PUSHED BY IMPACT OF V1 AND STRUCK VEHICLE 3 IN A FRONT-TO-FRONT CRASH.Â

V1 WAS AT FAULT VEHICLE FOR DISREGARDING STOP SIGN. V1 HAD ADULT MALE PASSENGER IN REAR PASSENGER SEAT. ADULT MALE PASSENGER WAS TAKEN BY MEDICAL BEFORE OFFICERS COULD GET HIS INFORMATION.