


# STATE OF COLORADO TRAFFIC CRASH REPORT

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

Case # 2024-202406		Agency ORI CODPD0000				Agency Name DENVER POLICE DEPARTMENT			
Date of Report (MM/DD/YYYY) 04/15/2024		Date of Crash (MM/DD/YYYY) 04/15/2024		Time of Crash (24 Hour) 1828		Officer Name BOBOWICZ, JOSEPH		Officer Number P21060	
Date Arrived 04/15/2024		Date Roadway Cleared 04/15/2024		Date Last Responder Left 04/15/2024		Signature BOBOWICZ, JOSEPH			Detail 2/132D
Time Arrived 1835		Time Roadway Cleared 1900		Time Last Responder Left 1900		Agency Code		Investigated at Scene <input checked="" type="checkbox"/>	District Number 1/112
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 3 9 7 8 5 5 7 °N		Longitude - 1 0 4 9 8 7 5 9 °W		County Denver		City DENVER			
On Road/Street: N BROADWAY ST				Intersection Offset Distance Unit 0 3		01. Miles 03. At the Intersection		02. Feet	
Reference Intersecting Road/Street: E 49TH AVE				Intersection Offset Distance .00		Offset Direction N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			
HWY NUMBER		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				Milepoint Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			
LOCATION <input type="checkbox"/> 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 <input type="checkbox"/> 0 1	
LANE POSITION <input type="checkbox"/> N 0 1									
HARMFUL EVENT SEQUENCE		1st <input type="checkbox"/> 0 6		2nd <input type="checkbox"/>		3rd <input type="checkbox"/>		4th <input type="checkbox"/>	
Most Harmful Event <input type="checkbox"/> 0 6									
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 <input type="checkbox"/> 0 1		01. Straight 02. Curve Left 03. Curve Right 04. Unknown		ROAD CONTOUR - GRADE <input type="checkbox"/> 0 1		01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag/Bottom 06. Unknown			
APPROACH/OVERTAKING TURN <input type="checkbox"/> 0 3		01. Approach Turn 02. Overtaking Turn 03. Not Applicable		LIGHTING CONDITION <input type="checkbox"/> 0 1		01. Daylight 02. Dawn or Dusk 03. Dark-lighted 04. Dark-Unlighted			
ROAD DESCRIPTION <input type="checkbox"/> 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			
ROAD CONDITION <input type="checkbox"/> 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 <input type="checkbox"/> 0 0 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			
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		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 P06124					I.D. Number P06124			Date 04/15/2024	

Case # <b>2024-202406</b>	Agency ORI <b>CODPD0000</b>	Agency Name <b>DENVER POLICE DEPARTMENT</b>
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TU#1 (Gray Nissan) was traveling northbound on N Broadway St and attempting to make a left turn onto westbound E 49th Ave. TU#2 (Gold Nissan) was traveling southbound on N Broadway St and was proceeding through the intersection with E 49th Ave. TU#1 failed to yield to TU#2 and caused a front to front collision.


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

Traffic Unit # 01	Case # 2024-202406	Agency ORI CODPD0000	Agency Name DENVER POLICE DEPARTMENT		
Hit & Run <input type="checkbox"/>	(Driver) Last Name WRIGHT	First Name KAYLA	MI	Phone 262-748-7758	
Non-Contact Vehicle <input type="checkbox"/>	(Driver) Street Address 5066 S PACKARD AVE	City CUDAHY	State WI	ZIP	DOB 11/24/1995
Driver License Number		Unlicensed Driver <input checked="" type="checkbox"/>	CDL	State	Sex F
Primary Violation TAKING ROW ON LEFT TURN[025631]		DUI <input type="checkbox"/>	Violation Code 54-179		Citation Number 72027
Same Name <input type="checkbox"/>	Vehicle Owner Last Name WRIGHT		First Name KAYLA		MI
Same Addr. <input type="checkbox"/>	Vehicle Owner Street Address 5066 S PACKARD AVE		City CUDAHY	State WI	ZIP
Insurance Company		<input checked="" type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date		Policy Number
License Plate No. ASE3767		State or Country Wisconsin		Number of Trailers: 0	
Vehicle Identification Number 1N4BL4DV6MN367819		Year		Trailer 1: VIN#	
Make NISS		Model ALT		License Plate: Disabling Damage <input type="checkbox"/>	
Body Type 4D		Color GRY		Trailer 2: VIN#	
Towed 01		No Damage <input type="checkbox"/>		License Plate: Disabling Damage <input type="checkbox"/>	
By:		Undercarriage		Trailer 3: VIN#	
To:		1. Slight 2. Moderate 3. Severe		License Plate: Disabling Damage <input type="checkbox"/>	

00	<b>VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)</b>	<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b>	
		<b>CRASH AVOIDANCE MANEUVER</b> <input type="checkbox"/>	<b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> <input type="checkbox"/>
00. No Vehicle Defects		00. No Avoidance Maneuver	
01. Defective Head Light(s)		01. No Fire/Haz-Mat Cargo	
02. Defective Brake/Tail Light(s)		02. No Fire/Haz-Mat Cargo Not Involved	
03. Defective Signaling Device		03. Vehicle Fire/No Haz-Mat Cargo	
04. Brakes Defective/Out of Adjustment		04. Vehicle Fire/Haz-Mat Cargo Not Involved	
05. Defective Tires		05. Vehicle Fire/Haz-Mat Incident	
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)			

DRIVER/OCCUPANT DETAILS									
DRIVER NAME AND ADDRESS ARE ABOVE									
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 #	01	Case #	2024-202406		Agency ORI	CODPD0000		Agency Name	DENVER POLICE DEPARTMENT	
<b>GENERAL VEHICLE FIELDS</b>										
05		<b>VEHICLE TYPE</b>		03. Non-School Bus (9 occupants or more including driver) in commerce	15. Farm Equipment	<b>CARRIER TYPE</b> <input type="checkbox"/> 01. Interstate <input type="checkbox"/> 02. Intrastate <input type="checkbox"/> 03. Government Vehicle <input type="checkbox"/> 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)				
<b>CMV SECTIONS REQUIRED</b> 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)		04. Transit Bus		20. Working Vehicle/Equipment						
		<b>VEHICLES UNDER THE GVWR/GCWR THRESHOLD</b> 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle		<b>OTHER VEHICLE</b> 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)						
<b>SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b>										
00		00. No Special Function		09. Ambulance	18. Public Utility	<b>VEHICLE CONFIGURATION</b> <input type="checkbox"/>				
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		10. Police		19. Military						
		11. Fire Truck		20. Rental Truck		21. Taxi				
12. Non-Transport Emergency Services Vehicle		22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.)		23. Other (Describe in Narrative)		<b>CARGO BODY TYPE</b> <input type="checkbox"/>				
13. Safety Service Patrols – Incident Response		16. Highway/Maintenance		Emergency Lights Activated <input type="checkbox"/>						
14. Towing – Incident Response		17. Truck Acting as Crash Attenuator				<b>SEQUENCE OF CRASH EVENTS</b>				
15. Other Incident Response										
16. Highways/Maintenance						1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>				
17. Truck Acting as Crash Attenuator										
<b>DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)</b>										
01		01. North		03. East	05. South	07. West				
01		02. Northeast		04. Southeast	06. Southwest	08. Northwest				
<b>VEHICLE MOVEMENT - PRIOR TO IMPACT</b>										
01		01. Going Straight		06. Making U-Turn	12. Swerve/Avoidance	<b>NON-COLLISION</b> 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)				
02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn		07. Passing		13. Weaving						
		08. Backing		14. Out of Control		<b>COLLISION</b> 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)				
09. Entering/Leaving Parked Position		15. Traveled Wrong Way		17. Entering Traffic Way/Merge						
10. Parked		18. Negotiating a Curve		16. Other (Describe in Narrative)		<b>HAZARDOUS MATERIALS - RELEASE</b> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes				
11. Changing Lanes										
						<b>HAZARDOUS MATERIALS - CLASS</b> Enter the one digit number taken from the bottom of the placard.				
						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				
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						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				
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Traffic Unit #		02		Case #		2024-202406		Agency Name		CODPD0000		DENVER POLICE DEPARTMENT			
Hit & Run		<input type="checkbox"/>		(Driver) Last Name		ALVARADOTORRES		First Name		NOEL		MI Phone			
Non-Contact Vehicle		<input type="checkbox"/>		(Driver) Street Address		5030 BROADWAY ST		City		DENVER		State ZIP DOB CO 802160000 08/25/1957			
Driver License Number				920051140		Unlicensed Driver		<input type="checkbox"/>		CDL B		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				First Name				MI			
Same Addr.		<input type="checkbox"/>		Vehicle Owner Street Address				City				State ZIP			
Insurance Company				PROGRESSIVE		<input type="checkbox"/> None <input type="checkbox"/> No Proof		Expiration Date		08/16/2024		Policy Number 960712633			
License Plate No.				ALVB44		State or Country		Colorado		Number of Trailers: 0					
Vehicle Identification Number				1N4AL21E09N489801		Year				Trailer 1: VIN#					
Make				NISS		Model		ALT		License Plate: Disabling Damage <input type="checkbox"/>					
Body Type				4D		Color		GLD		Trailer 2: VIN#					
Towed				<input type="checkbox"/> 00		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:						Undercarriage				Trailer 3: VIN#					
To:						1. Slight 2. Moderate 3. Severe				License Plate: Disabling Damage <input type="checkbox"/>					
00				VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)		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)		TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY					
										CRASH AVOIDANCE MANEUVER		FIRE/HAZARDOUS MATERIALS INVOLVEMENT			
										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 01 00 00 00 00 B 01 A 66										DRIVER NAME AND ADDRESS ARE ABOVE		AA Expired Date			
G1 G2 H I J K L M N SEX 02 F 02 08 00 00 00 07 00 M										EMS Trip # DHMC 61		Taken To Lutheran		BB Expired Time	
A B C D E F1 F2 F3 AGE G1 G2 H I J K L M N SEX										(Passenger) Name/Address		AA Expired Date			
A B C D E F1 F2 F3 AGE G1 G2 H I J K L M N SEX										EMS Trip #		Taken To		BB Expired Time	
A B C D E F1 F2 F3 AGE G1 G2 H I J K L M N SEX										(Passenger) Name/Address		AA Expired Date			
A B C D E F1 F2 F3 AGE G1 G2 H I J K L M N SEX										EMS Trip #		Taken To		BB Expired Time	
A B C D E F1 F2 F3 AGE G1 G2 H I J K L M N SEX										(Passenger) Name/Address		AA Expired Date			
A B C D E F1 F2 F3 AGE G1 G2 H I J K L M N SEX										EMS Trip #		Taken To		BB Expired Time	



Traffic Unit #	02	Case #	2024-202406		Agency ORI	CODPD0000		Agency Name	DENVER POLICE DEPARTMENT	
<b>GENERAL VEHICLE FIELDS</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> <b>VEHICLE TYPE</b> <b>CMV SECTIONS REQUIRED</b> 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 <b>VEHICLES UNDER THE GVWR/ GCWR THRESHOLD</b> 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 <b>OTHER VEHICLE</b> 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)				
<b>SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> 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 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) <b>Emergency Lights Activated</b> <input type="checkbox"/>				
<b>DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> 01. North 02. Northeast		03. East 04. Southeast		05. South 06. Southwest		07. West 08. Northwest				
<b>VEHICLE MOVEMENT - PRIOR TO IMPACT</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> 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)				
<b>ROADWAY SPEED LIMIT</b>		<b>ESTIMATED VEHICLE SPEED</b>		<b>DRIVER'S STATED SPEED</b>						
30 MPH		30 MPH		30 MPH						
<b>DRIVER ACTIONS (OFFICER OPINION ONLY)</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> 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)				
<b>DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> 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				
<b>AUTONOMOUS VEHICLE CAPABILITY</b>										
<div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> 00. No Automation 01. Driver Assistance 02. Partial Automation		03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown				<b>Driver Ceded Control of Vehicle</b> <input type="checkbox"/>				
<b>CMV FIELDS</b>										
Carrier Name					<b>LIQUID HAZARDOUS MATERIALS</b> 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						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

CARRIER TYPE	01. Interstate 02. Intrastate 03. Government Vehicle	04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)
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GROSS VEHICLE WEIGHT	RATING/GROSS COMBINATION	WEIGHT RATING	Enter number of pounds.
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TOTAL NUMBER OF AXLES	Enter the total number of axles including truck and trailer.
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VEHICLE CONFIGURATION	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)
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CARGO BODY TYPE	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)
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SEQUENCE OF CRASH EVENTS	1st	2nd	3rd	4th
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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)	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)
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HAZARDOUS MATERIALS - PLACARDS	Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
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HAZARDOUS MATERIALS - RELEASE	Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes
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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).
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HAZARDOUS MATERIALS - CLASS	Enter the one digit number taken from the bottom of the placard.
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