

Colorado State Patrol

Instructions for completing a counter crash report

This reporting procedure cannot be used for any crash involving loss of human life, injuries which are evident at the scene, drugs, or alcohol use.*

Print the information using blue or black ink. You have been provided with a template and a blank report. Fill in the information on the blank form (you may make as many copies as you need); do not fill in the shaded areas -- complete only those numbered areas indicated below:

1. Date and time of your crash.
2. City (if applicable) and County in which the crash occurred.
3. Today's date.
4. Total vehicles involved in the crash, including your vehicle.
5. Place an "X" in this box if public property (a road sign, utility pole, etc.) was involved or if the accident occurred at a railroad crossing, in a construction zone, or on a bridge.
6. Enter the road on which the crash occurred, approximated distance (feet or miles) *from* the nearest town, intersection, road, street, or milepost. If it occurred at an intersection, first enter the road you were traveling on, then the intersecting road.
7. You are vehicle #1, the other driver is vehicle #2, 3, etc. If any of the vehicles were parked or a bicycle or pedestrian was involved, place an "X" by the word "Parked", "Bicycle", or "Pedestrian", as appropriate.
8. Fill out as much information as you have for all parties involved.
9. Vehicle information. Year, make, model, etc. If you are the driver as well as the owner, leave this portion blank for the vehicle owner.
10. The front of the vehicle points to the left of the page. Using the damage severity codes (1=slight, 2=moderate, 3=extreme), enter a 1, 2, or 3 in the area of the car diagram that corresponds to the damage each vehicle received as a result of this crash.
11. Provide complete insurance information for your vehicle and provide all the insurance information available to you on the other vehicle(s) involved.
12. Enter the owner of any property, other than a vehicle, that was damaged in the crash (e.g., lawn, fence, mailbox, horse, etc.).
13. Describe the crash in your own words. Refer to yourself as Vehicle #1, and the other party/parties as Vehicle #2, Vehicle #3, etc. You may draw a diagram if you wish, but it is not necessary.
14. Sign the report and send it in to the address at the top right of the form or drop it off at your nearest Colorado State Patrol office.

* *Law enforcement must be notified immediately whenever a crash involves drugs, alcohol, injuries, or the loss of human life.*

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

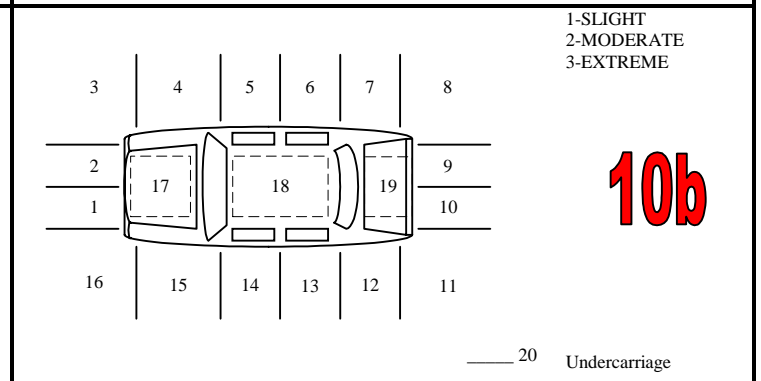
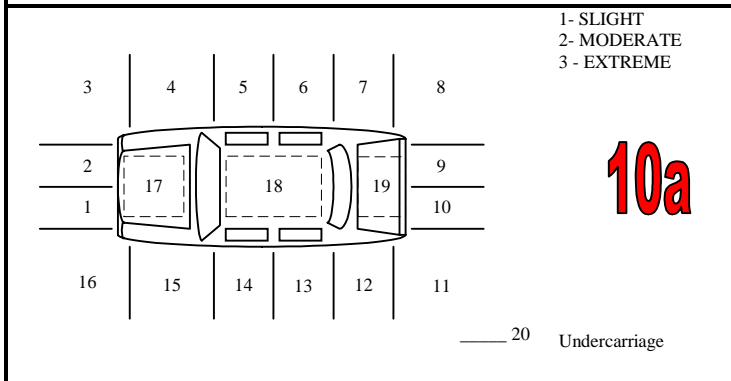
MAIL TO: State of Colorado
 Motor Vehicle Division
 Traffic Records
 Denver, CO 80261-0016

DR-447 (REV 2/01) - E

Sheet _____ of _____ sheets

DATE /TIME OF ACCIDENT 1	CITY 2	COUNTY 2	DATE OF REPORT 3
TOTAL VEHICLES 4	PUBLIC PROPERTY RAILROAD CROSSING CONSTRUCTION ZONE BRIDGE 5	LOCATION ROUTE, STREET ROAD _____ MILES _____ FEET <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W OF 6	<input type="checkbox"/> AT

VEH #1 OR BICYCLE# 7a PEDESTRIAN# _____ PARKED _____ LAST NAME 8a FIRST MI	VEH #1 OR BICYCLE# 7b PEDESTRIAN# _____ PARKED _____ LAST NAME 8b FIRST MI
STREET ADDRESS 8a	RES. PHONE
CITY STATE ZIP	BUS. PHONE
DRIVERS LIC. NUMBER STATE SEX DOB	DRIVERS LIC. NUMBER STATE SEX DOB
YEAR MAKE MODEL BODY TYPE	YEAR MAKE MODEL BODY TYPE
LIC. PLATE NO. STATE COLOR	LIC. PLATE NO. STATE COLOR
VEHICLE ID NO 9a	VEHICLE ID NO 9b
VEHICLE OWNER LAST NAME FIRST MI	VEHICLE OWNER LAST NAME FIRST MI
ADDRESS CITY STATE ZIP	ADDRESS CITY STATE ZIP



INSURANCE CO. 11a	EXP. DATE	INSURANCE CO. 11b	EXP. DATE
POLICY NO. 11a		POLICY NO. 11b	
OWNER DAMAGED PROP. LAST NAME FIRST MI 12a		OWNER DAMAGED PROP LAST NAME FIRST MI 12b	
ADDRESS 12a	CITY STATE ZIP	ADDRESS 12b	CITY STATE ZIP

DESCRIBE ACCIDENT

13

Information contained on this report furnished in total by reporting parties. No on-scene investigation.

Report filed by: _____ **14**

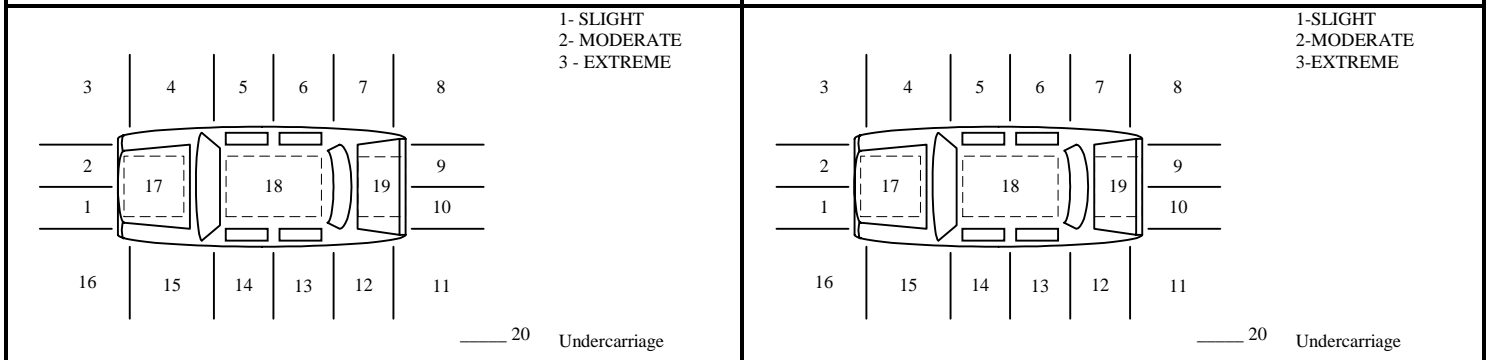
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

MAIL TO: State of Colorado
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 Sheet _____ of _____ sheets

DR-447 (REV 2/01) - E

DATE /TIME OF ACCIDENT		CITY		COUNTY		DATE OF REPORT	
TOTAL VEHICLES	PUBLIC PROPERTY <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> CONSTRUCTION ZONE <input type="checkbox"/> BRIDGE <input type="checkbox"/>		LOCATION ROUTE, STREET ROAD _____ MILES _____ FEET		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W OF		<input type="checkbox"/> AT _____

VEH #1 OR _____ BICYCLE# _____ PEDESTRIAN# _____ PARKED _____				VEH #1 OR _____ BICYCLE# _____ PEDESTRIAN# _____ PARKED _____															
LAST NAME		FIRST		MI		LAST NAME		FIRST		MI									
STREET ADDRESS				RES. PHONE				STREET ADDRESS				RES. PHONE							
CITY		STATE		ZIP		BUS. PHONE		CITY		STATE		ZIP		BUS. PHONE					
DRIVERS LIC. NUMBER		STATE	SEX	DOB			DRIVERS LIC. NUMBER		STATE	SEX	DOB								
YEAR	MAKE		MODEL		BODY TYPE			YEAR	MAKE		MODEL		BODY TYPE						
LIC. PLATE NO.		STATE		COLOR			LIC. PLATE NO.		STATE		COLOR								
VEHICLE ID NO						VEHICLE ID NO.													
VEHICLE OWNER LAST NAME				FIRST		MI		VEHICLE OWNER LAST NAME				FIRST		MI					
ADDRESS				CITY		STATE		ZIP		ADDRESS				CITY		STATE		ZIP	



INSURANCE CO.		EXP. DATE		INSURANCE CO.		EXP. DATE													
POLICY NO.				POLICY NO.															
OWNER DAMAGED PROP. LAST NAME		FIRST		MI		OWNER DAMAGED PROP LAST NAME		FIRST		MI									
ADDRESS				CITY		STATE		ZIP		ADDRESS				CITY		STATE		ZIP	

DESCRIBE ACCIDENT

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