



ARAPAHOE COUNTY
COLORADO'S FIRST

David C. Walcher
Sheriff

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INSTRUCTIONS FOR COMPLETING A COUNTER ACCIDENT REPORT

This reporting procedure cannot be used for any accident (s) involving loss of human life moderate to severe injuries that require medical attention, drug or alcohol use!

Using the sample report pages as a guide, fill in the following information on the blank report form:

1. If the accident occurred on private property, check this box.
2. Enter the Date and Time of your accident.
3. Enter the City (if applicable) and County in which the accident occurred.
4. Enter the number of persons injured. If none, enter 0.
5. This would be today's date.
6. Enter the road on which the accident happened and the approximate distance from the nearest intersection.
7. Enter the total number of vehicles involved in the accident, including your vehicle.
8. Check this box if a road sign, utility pole, highway maintenance worker or other public property was involved.
9. You are "Traffic Unit #1"; the other driver is "Traffic Unit #2". Check the "Veh." box unless the "Traffic Unit" was a Parked vehicle, Bicycle, Pedestrian, Non-vehicle or Non-contact vehicle.
10. Fill out all of your information and as much information as you have for the other party(s) involved.
11. Enter the vehicle information (Year, make, model, etc.). Check the boxes for "Vehicle Owner Last Name Same" and "Address Same" if applicable. Enter Towed information if known.
12. The front of the vehicle points toward the left side of the form. The 2nd figure is for a trailer or other unit pulled behind the vehicle. Using the damage severity codes (1 = Slight, 2 = Moderate, 3 = Extreme) enter a 1, 2 or 3 in the area of the diagram that corresponds to the damage each vehicle sustained as a result of this accident.
13. Provide full insurance information for each vehicle.
14. Enter the name of the owner of any property, other than a vehicle or property in a vehicle that was damaged during the accident. (For example: items such as mailboxes, fences, lawns or a domesticated animal).
15. On the second page of the report, you will need to describe the accident in your own words. Refer to yourself as Traffic Unit #1 and the other party(s) as Traffic Unit #2, etc. You can draw a diagram if you wish, but it is not necessary.

IMPORTANT:

Please type or print the items listed above in black or blue ink only and sign the report (where indicated on the sample form). Your signature releases the Arapahoe County Sheriff's Office from responsibility for any missing or erroneous information on the report and indicates that the Sheriff's Office did not perform an on-scene investigation of the accident. Return the completed (and signed) State of Colorado Traffic Accident Report DR 2447 to:

Arapahoe County Sheriff's Office
Driver Services – Traffic Records
13101 East Broncos Parkway
Centennial, CO 80112

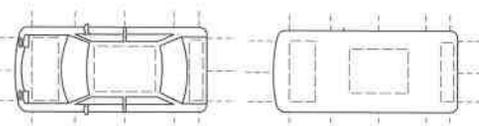
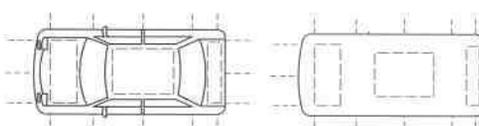


An Internationally Accredited Agency

Committed to Quality Service with an Emphasis on Integrity, Professionalism and Community Spirit.

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE ____ OF ____ PAGES

A	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DOR Code				K																							
	Case #												K																							
Date of Accident			City			Agency			County		County #																									
Time (24 Hr.)		Officer Number		Officer Name			Signature			Detail			L																							
Number Killed		Number Injured		Location Route, Street, Road			Miles		Feet		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:			L																						
Date of Report		<input type="checkbox"/> At: _____ Latitude _____ Longitude _____																																		
Agency Code		Investigated @ Scene <input type="checkbox"/>		Total Vehicles		District Number		Public Property/Employee <input type="checkbox"/>		Photos Taken		Railroad Crossing Related <input type="checkbox"/> Const. Zone Related <input type="checkbox"/> Highway Interchg. <input type="checkbox"/> Bridge Related <input type="checkbox"/>		M																						
Traffic Unit # 1 or _____		<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.		Traffic Unit # 2 or _____		<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.								M																						
Last Name			First			MI	Last Name			First			MI																							
Street Address				Personal Phone ()				Street Address				Personal Phone ()																								
City		State	ZIP		Bus. Phone ()		City		State	ZIP		Bus. Phone ()		N																						
Driver License Number			CDL	State	Sex	DOB		Driver License Number			CDL	State	Sex	DOB		N																				
Primary Violation <input type="checkbox"/> DUI						Primary Violation <input type="checkbox"/> DUI																														
Violation Code			Citation Number			Common Code			Violation Code			Citation Number			Common Code			P																		
Year		Make		Model		Body Type			Year		Make		Model		Body Type			P																		
License Plate Number			State or Country			Color			License Plate Number			State or Country			Color																					
Vehicle Identification Number																																				
Vehicle Owner Last Name <input type="checkbox"/> Same			First			MI	Vehicle Owner Last Name <input type="checkbox"/> Same			First			MI																							
Address <input type="checkbox"/> Same			City			State	ZIP		Address <input type="checkbox"/> Same			City			State	ZIP		Q																		
Towed Due to Damage <input type="checkbox"/> By: To:						Towed Due to Damage <input type="checkbox"/> By: To:										Q																				
Trailer VIN# _____ 												Trailer VIN# _____ 																								
Undercarriage						Undercarriage						Undercarriage						Undercarriage																		
1- Slight						2- Moderate						3- Severe						1- Slight						2- Moderate						3- Severe						
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof				Exp. Date				Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof				Exp. Date								R																
Policy Number																R																				
Owner Damaged Prop. Last Name			First			MI	Address			City			State	ZIP																						
Owner Damaged Prop. Last Name			First			MI	Address			City			State	ZIP																						
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS				S																				
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Approved By										I.D. #				Date																						

AA	Case #	DOR CODE	Accident Date	Agency	HH
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AA	Describe Accident				HH
BB					
BB					JJ
CC					JJ
CC					KK

DD					KK
DD					
EE					LL
EE					LL
FF					MM
FF					MM
GG					NN

GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U. # Address	Carrier Identification #			NN
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U. # Address	Carrier Identification #			NN