

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 3 PAGES

A	CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" 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"/> <input type="checkbox"/>	DOR Code 	05 09																																																																																			
	Case # 2019-00031939																																																																																								
B	Date of Accident 06/04/2019	City GRAND JUNCTION		Agency GRAND JUNCTION POLICE DEPARTMENT		County TMSA	County # 08																																																																																		
	Time (24 Hr.) 17:20	Officer Number GJ010888	Officer Name DAVID KEECH		Signature		Detail																																																																																		
B	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:																																																																																						
	Date of Report 06/04/2019		S RIM DR <input checked="" type="checkbox"/> At: 23 RD Latitude _____ Longitude _____																																																																																						
B	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	03 07																																																																														
	Traffic Unit # 1 or 1	<input checked="" 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 2	<input checked="" 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					01 05																																																																													
B	Last Name PRICE			First TED	MI S	Last Name SCHWENKE			First DIANE	MI M	30 30																																																																														
	Street Address 2500 KENSINGTON AVE			Personal Phone (804)869-2015		Street Address 528 GREENBELT CT			Personal Phone (970)250-6461																																																																																
C	City RICHMOND	State VA	ZIP 23220	Bus. Phone ()		City GRAND JUNCTION	State CO	ZIP 81507	Bus. Phone ()																																																																																
	Driver License Number	CDL	State VA	Sex M	DOB	Driver License Number	CDL	State CO	Sex F	DOB																																																																															
C	Primary Violation <input type="checkbox"/> DUI FAILED TO YIELD RIGHT OF WAY AT STOP SIG					Primary Violation <input type="checkbox"/> DUI																																																																																			
	Violation Code 10.04.703(3)#A	Citation Number G188712		Common Code 373		Violation Code	Citation Number	Common Code																																																																																	
D	Year 2019	Make FORD	Model Fusion	Body Type		Year 2017	Make GENERAL MOTORS CORPORATION	Model	Body Type																																																																																
	License Plate Number CN2M1W	State or Country MO	Color GRY			License Plate Number ZEQ293	State or Country CO	Color WHI																																																																																	
E	Vehicle Identification Number 3FA6POLU6JR172982					Vehicle Identification Number 1GKKNWLS6HZ212648																																																																																			
	Vehicle Owner Last Name <input type="checkbox"/> Same BUDGET RENTAL					Vehicle Owner Last Name <input checked="" type="checkbox"/> Same																																																																																			
F	Address <input type="checkbox"/> Same					Address <input type="checkbox"/> Same																																																																																			
	Towed Due to Damage <input type="checkbox"/> By:					Towed Due to Damage <input type="checkbox"/> By: PLATINUM TOWING																																																																																			
F	To:					To: FUOCO MOTOR COMPANY																																																																																			
	Trailer VIN# _____ 1- Slight 2- Moderate 3- Severe Undercarriage _____					Trailer VIN# _____ 1- Slight 2- Moderate 3- Severe Undercarriage _____																																																																																			
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof NATIONWIDE			Exp. Date 10/12/2019		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof STATE FARM			Exp. Date 9/15/2019																																																																																
	Policy Number 345J036939					Policy Number 033 2701-C15-06K																																																																																			
H	Owner Damaged Prop. Last Name			First	MI	Address			City	State	ZIP																																																																														
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J	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>T.U. #</th> <th>POS.</th> <th>REST.</th> <th>ENDO.</th> <th>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>F 00</td> <td>00</td> <td>00</td> <td>00</td> <td></td> <td></td> <td>Same As Driver</td> </tr> <tr> <td>02</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>F 00</td> <td>00</td> <td>00</td> <td>00</td> <td></td> <td></td> <td>Same As Driver</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>											T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	01	01	00	00	B 01	A 01	F 00	00	00	00			Same As Driver	02	01	00	00	B 01	A 01	F 00	00	00	00			Same As Driver																																							
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Approved By _____ I.D. # _____ Date _____																																																																																									

AA	Case #	DOR CODE	Accident Date	Agency	HH
	2019-00031939		06/04/2019	GRAND JUNCTION POLICE DEPARTMENT	

AA	Describe Accident	HH
	TU1 AND TU2 WERE BOTH APPROACHING THE INTERSECTION OF 23 ROAD AND S RIM DRIVE. TU1 FROM THE WEST	
	AND TU2 FROM THE SOUTH. BOTH DRIVERS CLAIM TO HAVE STOPPED AT THE INTERSECTION, WHICH IS A	

BB	FOUR-WAY STOP.	
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BB	TU1 DRIVER STATED HE STARTED TO ENTER THE INTERSECTION, HE DID NOT SEE TU2 UNTIL IT WAS RIGHT IN	JJ
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CC	FRONT OF HIM. TU1 WAS ABOUT 6FT INTO THE INTERSECTION PASSED THE SOLID STOP LINE. HE LATER STATED	JJ
	THAT TU2 DID NOT STOP FOR THE STOP SIGN.	

CC		KK
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DD		KK
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DD		KK
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DD		KK
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DD		KK
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EE		LL
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EE		LL
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EE		LL
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EE		LL
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FF		MM
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FF		MM
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FF		MM
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FF		MM
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GG		NN
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GG	Carrier Name	US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/>	NN
	T.U.# Address	Carrier Identification #	NN

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

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

