MAIL TO: STATE OF COLORADO MOTOR VEHICLE TRAFFIC RECORDS DENVER, CO 80261-0016

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

	☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY PAGE 1 OF 3 PA																			
	CDO	OT Co	de	li i					1		ITEF	RSTA	TE H	WY		HWY NUMBER DOR Code	К			
A 01	1 Case # [STATE HWY CITY ST/CNTY RD						MILEPOINT									
	Date of Accident O8-24-2017 City DENVER										Agency DENVER POLICE DEPARTMENT DENVER County # DENVER 01									
	Time (24 Hr.) Officer Number P04118 Officer Name RICARDO JR, NORBER					BERT	O J. (P0411	18)	Signature Detail 9/04118 3/450C										
8	Number Killed Number Injured Location Route, Street, Road Miles S FEDERAL BLVD														iles .					
02		of Re 24-20									Latitu		39		-	At: W ARKANSAS AVE 41 26.90 Longitude 105 01 30.21				
В	Age	icy Co	de			Inv	estig	ated	Total	Vehic	les D	istrict /422	Numt	per P	ublic	Property/ Photos Taken Railroad Crossing Const. Zone Highway Bridge	16 ^M			
B 02	Traffi 1 or	C Unit #		Veh.	Par			_		ian 🔲			□Nor			ree Related Related Interchg. Related	01 M			
	Last SA	Name	z						FIST	MON	D			¥	I	BORANE KENNETH MI				
	Stre	ANSI	ress ENT							Person (onal Phone		Street Address Personal Phone (729)				
	City	NVER	1				1	State CO	ZIP 8023	7-	B (us. Ph	one			City State ZIP Rus Phone	0 N			
	Drive 922	or Lice 0353	nse N 22	umber					CDL	State	S	ex C	OB 3-18-1	960		Driver License Number CDL State Sex DOB 07: 1960	0 N			
C 03	Primary Violation										Primary Violation									
	Viola	tion C	ode				Citatio	n Num	ber			C	ommor	n Code		Violation Code Citation Number Common Code	Р			
	Year		Make				1	Model				В	ody Ty	pe		Year Make 2017 MITSUBISHI Model OUTLANDER Body Type	0 P			
D 01	Licer	ise Pla	ate Nu	mber			5	State or	Coun	try			Color			License Plate Number State or Country COlor BLK/	0			
	Vehicle Identification Number Vehicle Owner Last Name ☐ Same First											Vehicle Identification Number JA4AP3AU6HZ026736								
-	Vehi	ile Ow	ner La	st Nar	ne 🗆	Same			First					M		Vehicle Owner Last Name Same First KENNETH				
01	Addr	ess 🗆	Sam	е					City			S	tate Z	IP		Address Same City State ZIP AVE DENVER CO 80229-	Q			
	Towed Due to Damage By: To:										Towed Due to Damage ☐ By: To:									
02	-			Traile	r VIN	1#					-					Trailer VIN#	00			
	Trailer VIN#																			
					-							2								
										1- Slight 2- Moderate					te	2 1- Slight 2- Moderate				
3 01	Undercarriage Undercarriage 2- Moderate 2- Moderate 3- Severe								nderc	arriaç	je					UndercarriageUndercarriage 3- Severe				
-	Insurance Company None No Proof																			
03		Num	250000							-						41018-48621-61	00 R			
03														- "		Address City State ZIP				
00	Owne	r Dam	aged	Prop.	Last	Name				Firs	1			M	SI .	Address City State ZIP				
	T.U.					EQUIP)				ALCO	DRUG		AGE	SEX	NAME / ADDRESS)1 S			
1	01	15	00		A					00			04	57	M		\$			
	02		-	-	_	-	^ 		-	00	-	-	-	5/	M	DURAN, KENNETH DEENVER CO 80229-				
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Part in									<u> </u>							0	0 T			
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ľ	Appr	oved	Ву	2- Moderate 2- Moderate 3- Severe Undercarriage Undercarriage 3- Severe Undercarriage Undercarriage 3- Severe Undercarriage Undercarriage 2- Moderate 3- Severe Undercarriage Undercarriage 2- Moderate 3- Severe Undercarriage Undercarriage Undercarriage 2- Moderate 3- Severe Undercarriage 2- Moderate 3- Severe 2- Moderate 3- S						I.D. # Date										

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AA	Case # 17-566543	DOR CODE	Accident Date 08-24-2017	Agency DENVER POLICE DEPARTM	MENT	нн					
AA	Describe Accident Pedestrian #1(Sanchez) traveling from the East side of S. Federal Blvd. at										
BB	W. Arkansas Ave. to the West side, was struck by Vehicle #2(Duran) who was traveling N/B S. Federal Blvd. in lane #1 at 40MPH.										
BB		Diva. III laile #1 at 40Mi 11.				JJ JJ					
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CC						кк					
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			Ped 1								
EE	W. Arkansas Ave.		Pedi	¥1		ıı					
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FF			♦ ´♥	:	(A)	- 200					
			4		Ü	ММ					
FF				•	Not To Scale	MM					
					08-24-20172110 Hours						
		- I			Injury Accident—Fatal N. Ricardo 04118						
		Federal Blvd			Clear/Cool/Dry						
		<u> </u>	Neh#2	V. Arkansas Ave.							
		Fed			P.O.I. to be added by TIU						
		σ									
		1 1 1									
GG			1			NN					
GG	Carrier Name				NO. 7	NN					
	# Address			US DOT Carrier Identification #	State DOT	\vdash					
GG	F			James Identification #		NN					
GG	Carrier Name				CC State DOT	NN					
\neg	Address			Carrier Identification #		\vdash					

COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT

PAGE 3 OF 3 PAGES Case # DOR CODE Accident Date Agency 17-566543 08-24-2017 DENVER POLICE DEPARTMENT **EMERGENCY MEDICAL SERVICES** (Record all time using 24 Hr. time) **ACCIDENT AVOIDANCE MANEUVER** Traffic Traffic Traffic Traffic Time Notified [Time Arrived @ Scene |Time Arrived @ Hospital 00. No Avoidance Maneuver Unit #1 Unit #2 Unit #3 Unit #4 01. Braking (Skid marks evident) or 1 or 2 or _ or 02. Braking (Per driver, no skid marks evident) If times are unknown provide name of responding services 03. Braking (Per witness, no skid marks evident) 04. Steering (Evidence or stated) 05. Steering & Braking (Evidence or stated) 06. Other Avoidance Maneuver FIRE/HAZARDOUS MATERIALS INVOLVEMENT TRAFFICWAY FLOW 00. No Fire/No Haz-Mat Cargo Traffic Traffic 01. Not Divided (Two Way) Traffic Traffic 01. No Fire/Haz-Mat Cargo Not Involved 02. Divided, Median W/O Barrier Unit #1 Unit #2 Unit #3 Unit #4 or 1 or 2 03. Divided, Median W/Barrier 02. No Fire/Haz-Mat Incident or ___ or_ 04. One Way 03. Vehicle Fire/No Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved NUMBER OF TRAVEL LANES 05. Vehicle Fire/Haz-Mat Incident If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half. TRAFFIC CONTROL DEVICE 01. No Controls List the Most Significant Types of Traffic Control Devices 02. Not Functioning **FUNCTIONING** 03. Functioning Improperly 04. Functioning Properly 05. Unknown MUST BE COMPLETED FOR ALL PERSONS INVOLVED EXCEPT UNINJURED BUS/RAILWAY PASSENGERS. (A) Traffic Unit Number (list Traffic Unit Number as on DR 2447) (B) Position in Vehicle 14 01. Driver 02-09. Passengers 03 06 09 Other ENCLOSED passenger/cargo area Other UN-ENCLOSED passenger/cargo area Sleeper Section of Truck 10/11 12 **(** 02 05 08 13 12 Riding/Hanging on to Exterior of Vehicle or Trailer 14 Pedestrian 15. 01 04 07 (C) Ejection Path 00. Not Ejected/ Not applicable 04. Through Back Window 05. Through Back Door/Tailgate Opening 08. Other Path (e.g. back of pickup truck) Through Side Door Opening 01. 09. Unknown 02. Through Side Window Through Roof Opening (sun roof/convertible top down) 03. Through Windshield 07. Through Roof (convertible top up) (D) Alcohol Suspected Proliminary Breath Test 04. Passive Alcohol Sensor Yes > 01. 06. Preliminary Breath Test 09. Passive Alcohol Sensor 02. SFST 05. Other method 07. SFST (Officer Opinion Only) 10. Other method 03. Observed Observed (E) Tested for Alcohol 00. Not Tested 03. Urine 06. By Coroner 01. Blood 02 Breath 05 Refusal Yes > 01. Drug Recognition Expert 05. Drug Recognition Expert (F) Other Drug/Impairment Suspected 02. SFST 06. SFST (Officer Opinion Only) 03. Observed 07. Observed Other 08. Other Method (G) Tested for Other Drugs 00. Not Tested 02. Breath 04. Other 06. By Coroner 01. Blood 03. Urine 05. Refusal (H) Dead at Scene 00. No 01. Yes Name Taken to Date Expired Time 01 15 SANCHEZ, RAYMOND PAUL 01 02 **DURAN, KENNETH**