
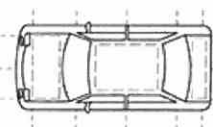

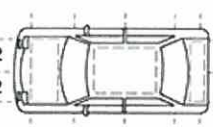
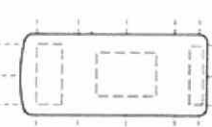


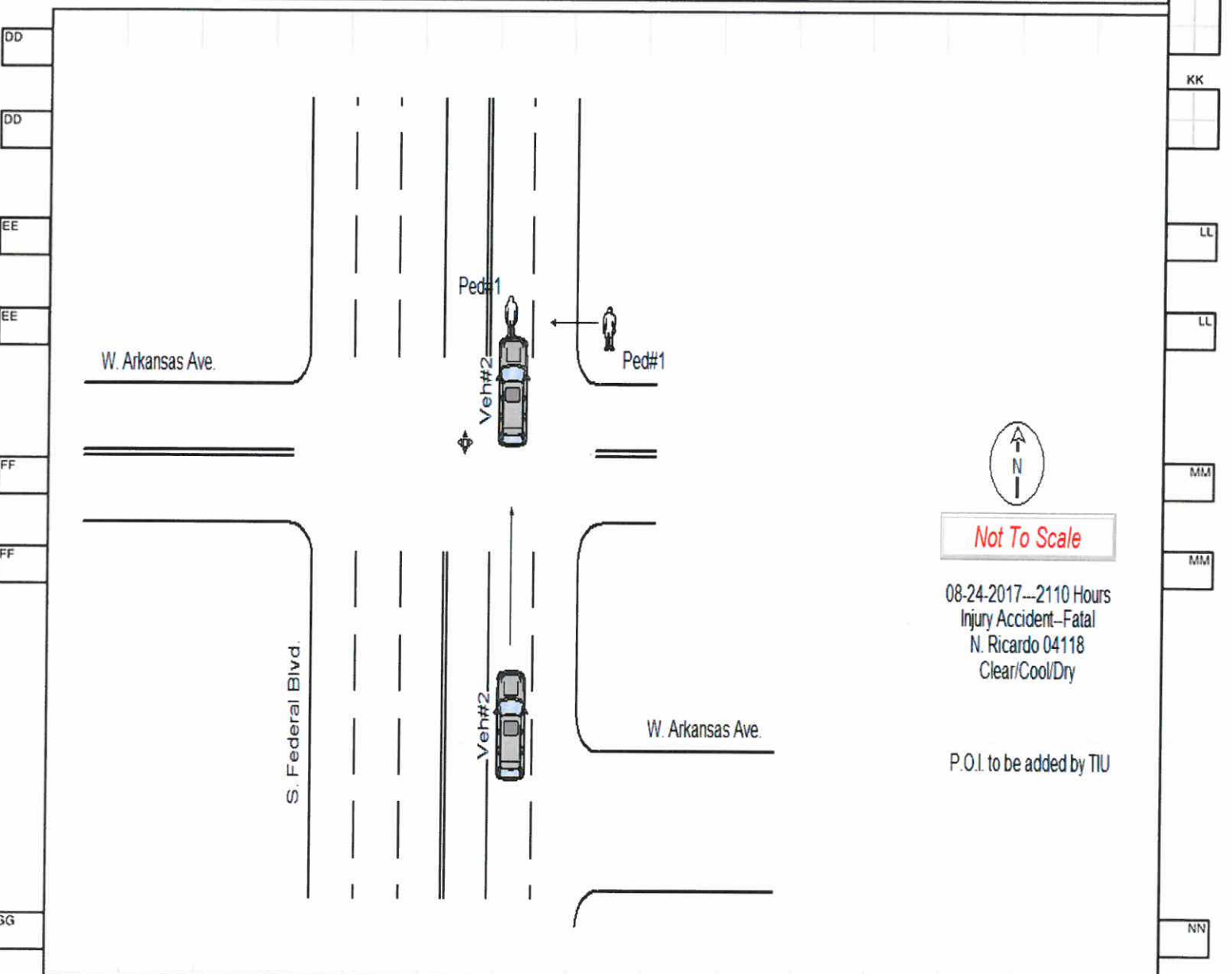
# STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

A	01	CDOT Code Case # 17-566543	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	K																																																																																																																												
		Date of Accident 08-24-2017 Time (24 Hr.) 2110 Officer Number P04118 Officer Name RICARDO JR, NORBERTO J. (P04118) Signature P04118 Detail 3/450C	City DENVER Agency DENVER POLICE DEPARTMENT County DENVER County # 01			05																																																																																																																												
	B	02	Number Killed 1 Number Injured 0 Date of Report 08-24-2017	Location Route, Street, Road _____ Miles _____ Feet S FEDERAL BLVD At: W ARKANSAS AVE	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: Latitude 39 41 26.90 Longitude 105 01 30.21	07																																																																																																																												
		B	Agency Code Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 1 District Number 4/422	Public Property/Employee <input type="checkbox"/>	16																																																																																																																												
	B	02	Traffic Unit # 1 or 1 <input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input checked="" 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																																																																																																																												
			Last Name SANCHEZ Street Address TRANSIENT City DENVER State CO ZIP 80237- Driver License Number 922035322 CDL State CO Sex M DOB 03-18-1960	First RAYMOND MI P Personal Phone ( ) Bus. Phone ( ) Driver License Number CDL State CO Sex M DOB 07-1960	Last Name DURAN Street Address City DENVER State CO ZIP 80229- Driver License Number CDL State CO Sex M DOB 07-1960	40																																																																																																																												
	C	03	Primary Violation <input type="checkbox"/> DUI Violation Code Citation Number Common Code	Primary Violation <input type="checkbox"/> DUI Violation Code Citation Number Common Code		P																																																																																																																												
			Year Make Model Body Type Year 2017 Make MITSUBISHI Model OUTLANDER Body Type			40																																																																																																																												
	D	01	License Plate Number State or Country Color	License Plate Number State or Country CO Color BLK/		P																																																																																																																												
			Vehicle Identification Number Vehicle Owner Last Name <input type="checkbox"/> Same First MI	Vehicle Identification Number JA4AP3AU6HZ026736 Vehicle Owner Last Name <input type="checkbox"/> Same First KENNETH MI																																																																																																																														
	E	01	Address <input type="checkbox"/> Same City State ZIP	Address <input type="checkbox"/> Same City DENVER State CO ZIP 80229-		Q																																																																																																																												
			Towed Due to Damage <input type="checkbox"/> By: To:	Towed Due to Damage <input type="checkbox"/> By: To:		00																																																																																																																												
	F	02	Trailer VIN#  Undercarriage  Undercarriage 1- Slight 2- Moderate 3- Severe	Trailer VIN#  Undercarriage  Undercarriage 1- Slight 2- Moderate 3- Severe																																																																																																																														
	G	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Exp. Date	Insurance Company AMERICAN FAMILY INSURANCE Exp. Date 12-15-2017		R																																																																																																																												
			Policy Number	Policy Number 41018-48621-61		00																																																																																																																												
	H	03	Owner Damaged Prop. Last Name First MI Address City State ZIP																																																																																																																															
			Owner Damaged Prop. Last Name First MI Address City State ZIP																																																																																																																															
	J	00	<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 colspan="2">SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO/DRUG</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>15</td> <td>00</td> <td>00</td> <td>A</td> <td>00</td> <td>B</td> <td>00</td> <td>A</td> <td>00</td> <td>00</td> <td>00</td> <td>04</td> <td>57</td> <td>M</td> <td>SANCHEZ, RAYMOND PAUL TRANSIENT DENVER CO 80237-</td> </tr> <tr> <td>02</td> <td>01</td> <td>01</td> <td>00</td> <td>B</td> <td>01</td> <td>A</td> <td>01</td> <td>B</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>57</td> <td>M</td> <td>DURAN, KENNETH DENVER CO 80229-</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> <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> <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> <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> <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> <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	15	00	00	A	00	B	00	A	00	00	00	04	57	M	SANCHEZ, RAYMOND PAUL TRANSIENT DENVER CO 80237-	02	01	01	00	B	01	A	01	B	00	00	00	00	57	M	DURAN, KENNETH DENVER CO 80229-																																																																																		01
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.		AIR BAG	EJECT	SUSPECTED ALCO/DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																																																																																						
01	15	00	00	A	00	B	00	A	00	00	00	04	57	M	SANCHEZ, RAYMOND PAUL TRANSIENT DENVER CO 80237-																																																																																																																			
02	01	01	00	B	01	A	01	B	00	00	00	00	57	M	DURAN, KENNETH DENVER CO 80229-																																																																																																																			
																S																																																																																																																		
																00																																																																																																																		
																T																																																																																																																		
																00																																																																																																																		
																T																																																																																																																		

Approved By \_\_\_\_\_ I.D. # \_\_\_\_\_ Date \_\_\_\_\_

AA	Case # 17-566543	DOR CODE	Accident Date 08-24-2017	Agency DENVER POLICE DEPARTMENT	HH
AA	Describe Accident Pedestrian #1(Sanchez) traveling from the East side of S. Federal Blvd. at 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.				HH
BB					JJ
BB					JJ
CC					KK
CC					KK



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



