Arapahoe County
Colorado's First

J. Grayson Robinson
Sheriff

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Centennial, Colorado 80112
Phone: 720-874-4165
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www.arapahoesheriff.org
sheriff@co.arapahoe.co.us

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 as "SIGN IN THIS SPACE"). 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

DR 2447 (03/03/06)
COLORADO DEPARTMENT OF REVENUE

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 ☒ 1 PRIVATE PROPERTY PAGE ____ OF ____ PAGES

CDOT Code	☐ INTERSTATE HWY ☐ STATE HWY ☐ CITY ST/CNTY RD	HWY NUMBER ☐☐☐ MILEPOINT ☐☐☐.☐☐	DOR Code
Case #			

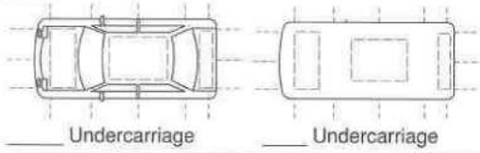
Date of Accident 2	City 3	Agency	County 3	County #
Time (24 Hr.) 2	Officer Number	Officer Name	Signature	Detail
Number Killed	Number Injured 4	Location Route, Street, Road ____ Miles ____ Feet N☐ S☐ E☐ W☐ OF: ☐ At:		
Date of Report 5	6	Latitude ____ Longitude ____		

Agency Code	Investigated @ Scene ☐	Total Vehicles 7	District Number	Public Property/ Employee ☐ 8	Photos Taken ☐	Railroad Crossing Related ☐	Const. Zone Related ☐	Highway Interchg. ☐	Bridge Related ☐

Traffic Unit # 1 or ____ 9 ☐ Veh. ☐ Parked ☐ Bicycle ☐ Pedestrian ☐ Non-Vehicle ☐ Non-Contact Veh.

Last Name 10	First	MI
Street Address	Personal Phone ( )	
City	State	ZIP	Bus. Phone ( )
Driver License Number	CDL	State	Sex	DOB
Primary Violation ☐ DUI		
Violation Code	Citation Number	Common Code
Year	Make 11	Model	Body Type
License Plate Number	State or Country	Color
Vehicle Identification Number		
Vehicle Owner Last Name ☐ Same	First	MI
Address ☐ Same	City	State	ZIP
Towed Due to Damage ☐ By: To:		

12 Trailer VIN# ____



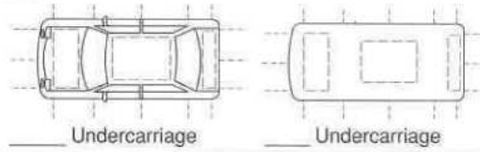
____ Undercarriage ____ Undercarriage

1- Slight
2- Moderate
3- Severe

Traffic Unit # 2 or ____ 9 ☐ Veh. ☐ Parked ☐ Bicycle ☐ Pedestrian ☐ Non-Vehicle ☐ Non-Contact Veh.

Last Name 10	First	MI
Street Address	Personal Phone ( )	
City	State	ZIP	Bus. Phone ( )
Driver License Number	CDL	State	Sex	DOB
Primary Violation ☐ DUI		
Violation Code	Citation Number	Common Code
Year	Make 11	Model	Body Type
License Plate Number	State or Country	Color
Vehicle Identification Number		
Vehicle Owner Last Name ☐ Same	First	MI
Address ☐ Same	City	State	ZIP
Towed Due to Damage ☐ By: To:		

12 Trailer VIN# ____



____ Undercarriage ____ Undercarriage

1- Slight
2- Moderate
3- Severe

Insurance Company ☐ None ☐ No Proof 13	Exp. Date
Policy Number	
Owner Damaged Prop. Last Name 14	First	MI	Address	City	State	ZIP
Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP

Insurance Company ☐ None ☐ No Proof 13	Exp. Date
Policy Number	

T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	SUSPECTED DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS
												SIGN IN THIS SPACE

Approved By	I.D. #	Date

Case #	DOR CODE	Accident Date 1	Agency

Describe Accident 15

T.U. #			
	Carrier Name	US DOT ☐ ICC ☐ State DOT ☐	
	Address	Carrier Identification #	
T.U. #			
	Carrier Name	US DOT ☐ ICC ☐ State DOT ☐	
	Address	Carrier Identification #	

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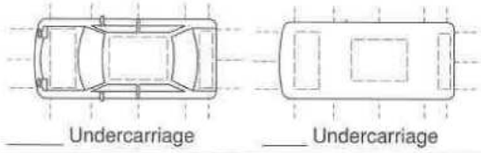
Case #				

Date of Accident	City	Agency	County	County #
Time (24 Hr.) / Officer Number	Officer Name	Signature	Detail	
Number Killed / Number Injured	Location Route, Street, Road ____ Miles ____ Feet N☐ S☐ E☐ W☐ OF: ☐ At:			B
Date of Report	Latitude ____ Longitude ____			
Agency Code	Investigated @ Scene ☐ / Total Vehicles / District Number / Public Property/ Employee ☐ / Photos Taken ☐ / Railroad Crossing Related ☐ / Const. Zone Related ☐ / Highway Interchg. ☐ / Bridge Related ☐			B

Traffic Unit # 1 or ____ ☐ Veh. ☐ Parked ☐ Bicycle ☐ Pedestrian ☐ Non-Vehicle ☐ Non-Contact Veh.	Traffic Unit # 2 or ____ ☐ Veh. ☐ Parked ☐ Bicycle ☐ Pedestrian ☐ Non-Vehicle ☐ Non-Contact Veh.	B
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 ( )	
Driver License Number / CDL / State / Sex / DOB	Driver License Number / CDL / State / Sex / DOB	
Primary Violation ☐ DUI	Primary Violation ☐ DUI	C
Violation Code / Citation Number / Common Code	Violation Code / Citation Number / Common Code	
Year / Make / Model / Body Type	Year / Make / Model / Body Type	
License Plate Number / State or Country / Color	License Plate Number / State or Country / Color	D
Vehicle Identification Number	Vehicle Identification Number	
Vehicle Owner Last Name ☐ Same / First / MI	Vehicle Owner Last Name ☐ Same / First / MI	E
Address ☐ Same / City / State / ZIP	Address ☐ Same / City / State / ZIP	
Towed Due to Damage ☐ By: To:	Towed Due to Damage ☐ By: To:	F
Trailer VIN# ____	Trailer VIN# ____	



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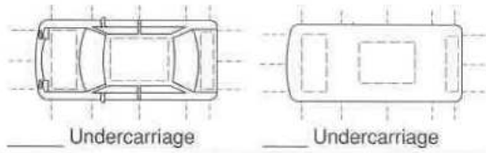

____ Undercarriage ____ Undercarriage

1- Slight
2- Moderate
3- Severe

Insurance Company ☐ None ☐ No Proof / Exp. Date	Insurance Company ☐ None ☐ No Proof / Exp. Date	G
Policy Number	Policy Number	
Owner Damaged Prop. Last Name / First / MI	Address / City / State / ZIP	H
Owner Damaged Prop. Last Name / First / MI	Address / City / State / ZIP	J

T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	SUSPECTED DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS

Approved By	I.D. #	Date

AA

Case #	DOR CODE	Accident Date	Agency

HH

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

T.U. #	Carrier Name	US DOT ☐ ICC ☐ State DOT ☐
	Address	Carrier Identification #

NN

GG

T.U. #	Carrier Name	US DOT ☐ ICC ☐ State DOT ☐
	Address	Carrier Identification #

NN

GG