

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



Triple Crown Accredited Agency.

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

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