

**PUBLIC RECORD SUMMARY — NOT AN OFFICIAL REPORT**

This document recreates the Colorado DR3447 Investigator's Traffic Crash Report format using publicly available crash data. It is not a legal document. To obtain the official report, contact the investigating agency. PII fields are redacted per CRS 24-72-204.

Data Coverage: 14%  17/120 fields

**COLORADO CRASH REPORT SUMMARY**

DR3447 Format — Public Record Data — Generated by CrashStory

**PAGE A — CRASH SCENE INFORMATION**

Page 1

|                             |                        |                |                      |                     |                    |                                                     |                                 |                   |               |               |
|-----------------------------|------------------------|----------------|----------------------|---------------------|--------------------|-----------------------------------------------------|---------------------------------|-------------------|---------------|---------------|
| CASE NUMBER<br>445683       |                        | CRASH ID<br>-- |                      | AGENCY ORI<br>LDPS  |                    | AGENCY NAME<br>Longmont Department of Public Safety |                                 | FORM VERSION<br>— |               |               |
| DATE OF CRASH<br>03/30/2024 | TIME OF CRASH<br>07:27 |                | OFFICER ARRIVED<br>— |                     | SCENE CLEARED<br>— |                                                     | CRASH SEVERITY<br>O — Broadside |                   |               |               |
| CDOT REGION<br>—            | TPR<br>—               | DISTRICT<br>—  |                      | DATA SOURCE<br>CDOT |                    | RECORD STATUS<br>NEW                                |                                 | PROCESSING<br>—   |               |               |
| NUMBER KILLED<br>0          | NUMBER INJURED<br>0    |                | TOTAL VEHICLES<br>2  |                     | NON-MOTORISTS<br>0 |                                                     | INJURY K<br>0                   | INJURY A<br>0     | INJURY B<br>0 | INJURY C<br>0 |
| Secondary Crash             | Construction Zone      | School Zone    | Alcohol              | Drug                | Marijuana          | Speed Related                                       | Hit & Run                       | Juveniles         |               |               |

**CRASH LOCATION**

|                               |  |                         |  |                                          |  |                             |  |                      |                   |                       |
|-------------------------------|--|-------------------------|--|------------------------------------------|--|-----------------------------|--|----------------------|-------------------|-----------------------|
| LATITUDE<br>40.17412          |  | LONGITUDE<br>-105.07413 |  | COUNTY<br>BOULDER                        |  | CITY/TOWN<br>LONGMONT       |  | URBAN/RURAL<br>—     |                   |                       |
| ON ROAD / STREET<br>E 9TH AVE |  |                         |  | INTERSECTING / REFERENCE ROAD<br>PACE ST |  |                             |  | MILEPOINT<br>—       | HIGHWAY #<br>0820 |                       |
| ROADWAY TYPE<br>—             |  | SPEED LIMIT (MPH)<br>—  |  | TRAFFIC CONTROL<br>—                     |  | LOCATION<br>AT_INTERSECTION |  | LANE POSITION<br>W02 |                   | ROAD SECTION<br>9THAV |

**HARMFUL EVENT SEQUENCE**

|                         |                        |                          |                        |
|-------------------------|------------------------|--------------------------|------------------------|
| 1ST HARMFUL EVENT<br>—  | 2ND HARMFUL EVENT<br>— | 3RD HARMFUL EVENT<br>—   | 4TH HARMFUL EVENT<br>— |
| MOST HARMFUL EVENT<br>— |                        | TOP TRAFFIC OFFENSE<br>— |                        |

**ROAD CHARACTERISTICS**

|                            |  |                           |  |                       |  |                          |  |
|----------------------------|--|---------------------------|--|-----------------------|--|--------------------------|--|
| ROAD CONTOUR (CURVES)<br>— |  | ROAD CONTOUR (GRADE)<br>— |  | ROAD DESCRIPTION<br>— |  | APPROACH/OVERTAKING<br>— |  |
| SYSTEM CODE<br>—           |  | RR CROSSING<br>—          |  | CRASH TYPE GROUP<br>— |  | COMMON CODE<br>—         |  |

**ENVIRONMENTAL CONDITIONS**

|               |  |                     |  |                        |  |                          |  |
|---------------|--|---------------------|--|------------------------|--|--------------------------|--|
| LIGHTING<br>— |  | ROAD CONDITION<br>— |  | WEATHER (PRIMARY)<br>— |  | WEATHER (SECONDARY)<br>— |  |
|---------------|--|---------------------|--|------------------------|--|--------------------------|--|

**PAGE B — NARRATIVE**

Broadside

## VEHICLE / OCCUPANT INFORMATION

Case: 445683 — 03/30/2024 — E 9TH AVE

## PAGE C — MOTORIZED TRAFFIC UNITS

## TRAFFIC UNIT #1

|                                                                                                      |                                    |                                |                        |                                    |                                 |                       |
|------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|------------------------|------------------------------------|---------------------------------|-----------------------|
| VEHICLE TYPE<br>PASSENGER_CAR                                                                        | YEAR<br>—                          | MAKE<br>—                      | MODEL<br>—             | COLOR<br>—                         | BODY TYPE<br>—                  | SPECIAL FUNCTION<br>— |
| VEHICLE CONDITION<br>—                                                                               | DAMAGE DESCRIPTION<br>—            | TOWED<br>No                    | TRAILERS<br>—          | PERMITTED<br>—                     |                                 |                       |
| DRIVER NAME<br>REDACTED — PII                                                                        | DRIVER ADDRESS<br>REDACTED — PII   | DRIVER AGE<br>63               | DRIVER GEND...<br>MALE | DRIVER LICENSE #<br>REDACTED — PII | INSURANCE CO.<br>REDACTED — PII |                       |
| DIRECTION OF TRAVEL<br>WEST                                                                          | VEHICLE MOVEMENT<br>GOING_STRAIGHT | SPEED LIMIT (MPH)<br>45        | EST. SPEED (MPH)<br>40 | STATED SPEED<br>—                  |                                 |                       |
| DRIVER ACTION<br>—                                                                                   | DRIVER ACTION 2<br>—               | HUMAN CONTRIBUTING FACTOR<br>— |                        |                                    | AUTONOMOUS LEVEL<br>—           |                       |
| CONTRIBUTING FACTOR 1<br>—                                                                           |                                    | CONTRIBUTING FACTOR 2<br>—     |                        |                                    | CONTRIBUTING FACTOR 3<br>—      |                       |
| SAFETY EQUIP AVAILABLE<br>—                                                                          | SAFETY EQUIP USED<br>—             | SAFETY EQUIP DETAIL<br>—       |                        |                                    |                                 |                       |
| Alcohol Suspected   Marijuana Suspected   Other Drugs Suspected   DUI   Hit & Run   Emergency Lights |                                    |                                |                        |                                    |                                 |                       |

## TRAFFIC UNIT #2

|                                                                                                      |                                    |                                |                        |                                    |                                 |                       |
|------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|------------------------|------------------------------------|---------------------------------|-----------------------|
| VEHICLE TYPE<br>PASSENGER_CAR                                                                        | YEAR<br>—                          | MAKE<br>—                      | MODEL<br>—             | COLOR<br>—                         | BODY TYPE<br>—                  | SPECIAL FUNCTION<br>— |
| VEHICLE CONDITION<br>—                                                                               | DAMAGE DESCRIPTION<br>—            | TOWED<br>No                    | TRAILERS<br>—          | PERMITTED<br>—                     |                                 |                       |
| DRIVER NAME<br>REDACTED — PII                                                                        | DRIVER ADDRESS<br>REDACTED — PII   | DRIVER AGE<br>60               | DRIVER GEND...<br>MALE | DRIVER LICENSE #<br>REDACTED — PII | INSURANCE CO.<br>REDACTED — PII |                       |
| DIRECTION OF TRAVEL<br>SOUTH                                                                         | VEHICLE MOVEMENT<br>GOING_STRAIGHT | SPEED LIMIT (MPH)<br>45        | EST. SPEED (MPH)<br>40 | STATED SPEED<br>—                  |                                 |                       |
| DRIVER ACTION<br>—                                                                                   | DRIVER ACTION 2<br>—               | HUMAN CONTRIBUTING FACTOR<br>— |                        |                                    | AUTONOMOUS LEVEL<br>—           |                       |
| CONTRIBUTING FACTOR 1<br>—                                                                           |                                    | CONTRIBUTING FACTOR 2<br>—     |                        |                                    | CONTRIBUTING FACTOR 3<br>—      |                       |
| SAFETY EQUIP AVAILABLE<br>—                                                                          | SAFETY EQUIP USED<br>—             | SAFETY EQUIP DETAIL<br>—       |                        |                                    |                                 |                       |
| Alcohol Suspected   Marijuana Suspected   Other Drugs Suspected   DUI   Hit & Run   Emergency Lights |                                    |                                |                        |                                    |                                 |                       |