



# DENVER POLICE DEPARTMENT

GO# 2022-337517  
ARREST/CITATION - NOT  
PRESENTED/REFUSED  
BY DA

## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

### RELATED ATTACHMENTS

#### 1. ACCIDENT REPORT V3

Description CRASH REPORT AMENDMENT

DR 3447 (08/16/19)  
COLORADO DEPARTMENT OF REVENUE  
Division of Motor Vehicles  
Colorado.gov/Revenue

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

### STATE OF COLORADO TRAFFIC CRASH REPORT

AMENDED/SUPPL.  COUNTER REPORT  PRIVATE PROPERTY  PUBLIC LAND PAGE 1 OF 4 PAGES

Case # 2022-337517		Agency ORI COPPD0000		Agency Name DENVER POLICE DEPARTMENT	
Date of Report (MM/DD/YYYY) 07/03/2022	Date of Crash (MM/DD/YYYY) 07/03/2022	Time of Crash (24 Hour) 2200	Officer Name JACOBS, MATTHEW		Officer Number P21028
Date Arrived 07/03/2022	Date Roadway Cleared 07/04/2022	Date Last Responder Left 07/04/2022	Signature JACOBS, MATTHEW		Detail 2/532C
Time Arrived 2211	Time Roadway Cleared 0124	Time Last Responder Left 0124	Agency Code	Investigated at Scene <input checked="" type="checkbox"/>	District Number 5/512
Number Killed 0	Number Injured 0	Total Vehicles 1	Total Non-Motorists 0	Juvenile(s) Involved <input type="checkbox"/>	Secondary Crash <input type="checkbox"/>
Construction Zone Related <input type="checkbox"/>	School Zone <input type="checkbox"/>				
Latitude 39° 7' 6" N	Longitude -104° 9' 0" W	County Denver		City DENVER	
On Road/Street: E 36TH AVE		Intersection Offset Distance Unit 03	01. Miles 02. Feet 03. At the Intersection		
Reference Intersecting Road/Street: N QUEBEC ST		Intersection Offset Distance	Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		
HWY NUMBER		MILEPOINT	Milepoint Offset Distance Unit	01. Miles 02. Feet 03. At the Milepoint	
<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD		Milepoint Offset Distance	Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		
<input type="checkbox"/> OTHER RDWY					
LOCATION <input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	Number of Lanes Blocked <input type="checkbox"/> 04	LANE POSITION <input type="checkbox"/> N <input type="checkbox"/> 0 <input type="checkbox"/> 1
<b>HARMFUL EVENT SEQUENCE</b>					
1st <input type="checkbox"/> 05      2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Most Harmful Event <input type="checkbox"/> 05					
<b>NON-COLLISION CRASH</b> 01. Overtaking/Rollover 02. Immersion, Full or Partial 03. Fell from Motor Vehicle 04. Other Non-Collision <b>COLLISION WITH NON-MOTORIST</b> 05. School Age To/From School 06. Pedestrian 07. Bicycle/Motorized Bicycle <b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b> 08. Front to Front 09. Front to Rear 10. Side to Side 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction 13. Parked Motor Vehicle <b>COLLISION WITH ANIMAL</b> 14. Domestic Animal 15. Wild Animal <b>COLLISION WITH OBJECT</b> 16. Light Pole/Utility Pole 17. Traffic Signal Pole 18. Electrical/Utility Box 19. Sign 20. Guardrail Face 21. Guardrail End 22. Cable Rail 23. Concrete Highway Barrier 24. Overhead Structure (Bridge) 25. Overhead Structure (Not Bridge) 26. Bridge Structure (Not Overhead) 27. Vehicle Debris or Cargo 28. Culvert or Headwall 29. Embankment 30. Ditch 31. Ground 32. Curb 33. Delmeator/Milepost 34. Fence 35. Tree 36. Large Rocks or Boulder 37. Railroad Crossing Equipment 38. Barricade 39. Wall or Building 40. Crash Cushion/Traffic Barrel 41. Mailbox 42. Other Fixed Object (Describe in Narrative) 43. Other Non-Fixed Object (Describe in Narrative)					
<b>ROAD CONTOUR - CURVES</b> <input type="checkbox"/> 01		<input type="checkbox"/> 01. Straight	<input type="checkbox"/> 02. Curve Left	<input type="checkbox"/> 03. Curve Right	<input type="checkbox"/> 04. Unknown
<b>APPROACH/OVERTAKING TURN</b> <input type="checkbox"/> 03		<input type="checkbox"/> 01. Approach Turn	<input type="checkbox"/> 02. Overtaking Turn	<input type="checkbox"/> 03. Not Applicable	
<b>ROAD DESCRIPTION</b> <input type="checkbox"/> 01		<input type="checkbox"/> 01. At Intersection	<input type="checkbox"/> 02. Driveway Access Related	<input type="checkbox"/> 03. Intersection Related	<input type="checkbox"/> 04. Non-Intersection
<b>ROAD CONDITION</b> <input type="checkbox"/> 01		<input type="checkbox"/> 01. Dry	<input type="checkbox"/> 02. Wet	<input type="checkbox"/> 03. Muddy	<input type="checkbox"/> 04. Snowy
<b>WEATHER CONDITION</b> <input type="checkbox"/> 00		<input type="checkbox"/> 01. Clear	<input type="checkbox"/> 02. Sleet or Hail	<input type="checkbox"/> 03. Fog	<input type="checkbox"/> 04. Dust
<b>ROAD CONDITION</b> <input type="checkbox"/> 01		<input type="checkbox"/> 05. Dry W/Visible Icy Road Treatment	<input type="checkbox"/> 06. Wet W/Visible Icy Road Treatment	<input type="checkbox"/> 07. Snowy W/Visible Icy Road Treatment	<input type="checkbox"/> 08. Icy W/Visible Icy Road Treatment
<b>WEATHER CONDITION</b> <input type="checkbox"/> 00		<input type="checkbox"/> 05. Wind	<input type="checkbox"/> 06. Cloudy	<input type="checkbox"/> 07. Freezing Rain or Freezing Drizzle	<input type="checkbox"/> 08. Snow
<b>ROAD CONDITION</b> <input type="checkbox"/> 01		<input type="checkbox"/> 09. Slushy	<input type="checkbox"/> 10. Sand/Gravel	<input type="checkbox"/> 11. Roto-Milled	<input type="checkbox"/> 12. Foreign Material
<b>WEATHER CONDITION</b> <input type="checkbox"/> 00		<input type="checkbox"/> 09. Blowing Snow			
<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b>					
<b>EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)</b>			<b>TRAFFIC CONTROL DEVICE FUNCTIONING</b>		
Time Notified	Time Arrived @ Scene	Time Arrived @ Hospital	<input type="checkbox"/> 01. No Controls	<input type="checkbox"/> 02. Not Functioning	<input type="checkbox"/> 03. Functioning Improperly
			<input type="checkbox"/> 04. Functioning Properly	<input type="checkbox"/> 05. Not Visible	<input type="checkbox"/> 06. Unknown
If times are unknown provide name of responding services:					
Approved By P14025		I.D. Number P14025		Date 07/04/2022	



**DENVER POLICE DEPARTMENT**  
**GENERAL OFFENSE HARDCOPY**  
 (TRAF - ACCIDENT - FATAL)

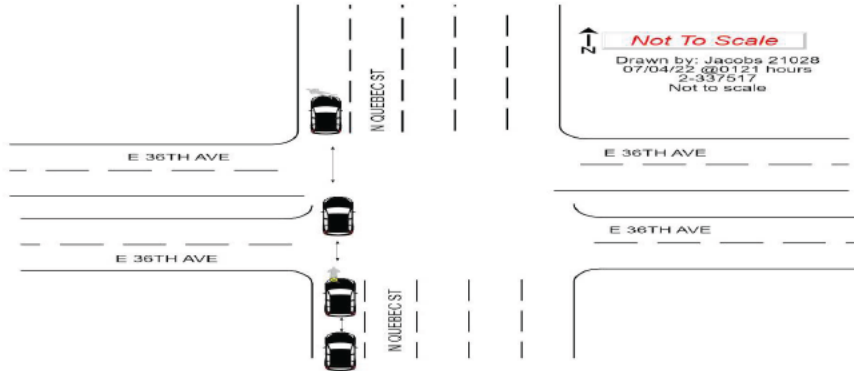
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DR 3447 (08/16/19)

NARRATIVE/DIAGRAM PAGE 2 OF 4 PAGES

Case # 2022-337517	Agency ORI CODPD0000	Agency Name DENVER POLICE DEPARTMENT
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TU#1 (Honda) was traveling NB on N Quebec St in lane #1 at an estimated speed of 45 mph and stuck TU#2 (Ped) who was crossing N Quebec St on foot on killing the victim.



Page 1 of 1

<b>Owner 1</b>	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name	First Name	MI
Address		City	State	ZIP
Damaged Prop. Description				
<b>Owner 2</b>	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name	First Name	MI
Address		City	State	ZIP
Damaged Prop. Description				



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GO# 2022-337517  
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## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

DR 3447 (08/16/19)

MOTORIZED TRAFFIC UNIT/OCCUPANT PAGE 3 OF 4 PAGES

Traffic Unit #	01	Case #	2022-337517	Agency ORI	COCPD0000	Agency Name	DENVER POLICE DEPARTMENT				
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	HERRERA	First Name	BRANDON	MI	Phone				
Non-Contact Vehicle	<input type="checkbox"/>	(Driver) Street Address	7401 E 26TH AVE UNIT 119	City	DENVER	State	CO				
Driver License Number		Unlicensed Driver	<input checked="" type="checkbox"/>	CDL		State					
Primary Violation	CARELESS DRIVING RESULTING IN DEATH[029656]		DUI	<input type="checkbox"/>	Violation Code	42-4-1402(1),(2)(c)	Citation Number				
Same Name	<input type="checkbox"/>	Vehicle Owner Last Name	MARTINEZ	First Name	KATHLEEN	MI	D				
Same Addr.	<input type="checkbox"/>	Vehicle Owner Street Address	7401 E 26TH AVE UNIT 119	City	DENVER	State	CO				
Insurance Company	<input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof		Expiration Date	Policy Number							
License Plate No.	BHMT00		State or Country	Colorado		Number of Trailers: 0					
Vehicle Identification Number	3CZR06H15NM751539		Year	2022		Trailer 1: VIN#					
Make	HOND		Model	HRV		License Plate: Disabling Damage <input type="checkbox"/>					
Body Type	4D		Color	BLK		Trailer 2: VIN#					
Towed	01		00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		No Damage <input type="checkbox"/>						
By:	extreme towing and recovery		To: 5160 N York St		Undercarriage						
00 VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)				TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY							
00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions				08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 11. Cargo/Equipment Loss or Spill 12. Cargo/Equipment Shift 13. Parking Violation 14. Other Defect(s) (Describe in Narrative)							
00. No Avoidance Maneuver 01. Braking 02. Steering 03. Steering and Braking 04. Accelerating 05. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative)				00. No Fire/Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident							
DRIVER/OCCUPANT DETAILS											
A	B	C	D	E	F1	F2	F3	AGE	AA	Expired Date	
01	02	00	00	00	B	03	A	19			
G1	G2	H	I	J	K	L	M	N	SEX	BB	Expired Time
03	B	00	08	00	00	00	07	00	M		
DRIVER NAME AND ADDRESS ARE ABOVE											
EMS Trip #										Taken To	
(Passenger) Name/Address										AA	Expired Date
(Passenger) Name/Address										BB	Expired Time
EMS Trip #										Taken To	
(Passenger) Name/Address										AA	Expired Date
(Passenger) Name/Address										BB	Expired Time
EMS Trip #										Taken To	
(Passenger) Name/Address										AA	Expired Date
(Passenger) Name/Address										BB	Expired Time
EMS Trip #										Taken To	



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TRAFFIC UNIT/GENERAL VEHICLE AND CMV PAGE 4 OF 4 PAGES

Traffic Unit # <b>01</b>	Case # <b>2022-337517</b>	Agency ORI <b>COCPD0000</b>	Agency Name <b>DENVER POLICE DEPARTMENT</b>
<b>GENERAL VEHICLE FIELDS</b> <b>05 VEHICLE TYPE</b> 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/ GCWR 16,001 or over 02. School Bus (all school buses) 03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus <b>VEHICLES UNDER THE GVWR/ GCWR THRESHOLD</b> 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle 15. Farm Equipment 20. Working Vehicle/Equipment <b>OTHER VEHICLE</b> 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)			<b>CARRIER TYPE</b> <input type="checkbox"/> 01. Interstate <input type="checkbox"/> 02. Intra-state <input type="checkbox"/> 03. Government Vehicle <input type="checkbox"/> 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)  <b>GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING</b> Enter number of pounds.
<b>00 SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b> 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle 09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator 18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative) Emergency Lights Activated <input type="checkbox"/>			<b>VEHICLE CONFIGURATION</b> <input type="checkbox"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative)  <b>CARGO BODY TYPE</b> <input type="checkbox"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)
<b>01 DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)</b> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest			<b>SEQUENCE OF CRASH EVENTS</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
<b>01 VEHICLE MOVEMENT - PRIOR TO IMPACT</b> 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)			<b>NON-COLLISION</b> 01. Ran Off the Road 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/ Center Line 09. Equipment Failure 10. Other (Describe in Narrative)  <b>COLLISION</b> 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment (Tires, etc.) 19. Other Movable Object 20. Other (Describe in Narrative)
<b>ROADWAY SPEED LIMIT</b> <input type="checkbox"/> MPH <b>ESTIMATED VEHICLE SPEED</b> <input type="checkbox"/> 55 MPH <b>DRIVER'S STATED SPEED</b> <input type="checkbox"/> 45 MPH			<b>HAZARDOUS MATERIALS - PLACARDS</b> Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
<b>00 DRIVER ACTIONS (OFFICER OPINION ONLY)</b> 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/ Sign/Markings 07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving 17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)			<b>HAZARDOUS MATERIALS - RELEASE</b> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes
<b>27 DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)</b> 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer 09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking 23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness			<b>HAZARDOUS MATERIALS - CODE</b> Enter the four digit number from the placard, if no number on the placard enter the four digit identification number from the shipping paper(s). 
<b>00 AUTONOMOUS VEHICLE CAPABILITY</b> 00. No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown Driver Ceded Control of Vehicle <input type="checkbox"/>			<b>HAZARDOUS MATERIALS - CLASS</b> Enter the one digit number taken from the bottom of the placard. 
<b>CMV FIELDS</b> Carrier Name Address Dot # Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>			<b>LIQUID HAZARDOUS MATERIALS</b> Enter the amount of bulk liquid cargo at time of crash. 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over



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### 2. ACCIDENT REPORT V4 Description CRASH REPORT AMENDMENT

DR 3447 (08/16/19)  
COLORADO DEPARTMENT OF REVENUE  
Division of Motor Vehicles  
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MAIL TO: STATE OF COLORADO  
MOTOR VEHICLE  
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Time Arrived 2211	Time Roadway Cleared 0124	Time Last Responder Left 0124	Agency Code	Investigated at Scene <input checked="" type="checkbox"/>	District Number 5/512
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Reference Intersecting Road/Street: N QUEBEC ST			Intersection Offset Distance	Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
HWY NUMBER		MILEPOINT	Milepoint Offset Distance Unit	01. Miles 02. Feet 03. At the Milepoint	
<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD			Milepoint Offset Distance	Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
LOCATION <input type="checkbox"/> 01			01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side	04. Ran Off "T" Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes	06. On Private Property 07. Center Median/Island
HARMFUL EVENT SEQUENCE			Number of Lanes Blocked 04	LANE POSITION N 0 1	
1st <input type="checkbox"/> 05			2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/> Most Harmful Event <input type="checkbox"/> 05
NON-COLLISION CRASH 01. Overturning/Rollover 44. Immersion, Full or Partial 45. Fell from Motor Vehicle 02. Other Non-Collision COLLISION WITH NON-MOTORIST 03. School Age To/From School 05. Pedestrian 15. Bicycle/Motorized Bicycle COLLISION WITH MOTOR VEHICLE IN TRANSPORT 06. Front to Front 07. Front to Rear			08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction COLLISION WITH OTHER VEHICLE 13. Parked Motor Vehicle COLLISION WITH ANIMAL 17. Domestic Animal 18. Wild Animal COLLISION WITH OBJECT 19. Light Pole/Utility Pole 20. Traffic Signal Pole		
ROAD CONTOUR - CURVES <input type="checkbox"/> 01			ROAD CONTOUR - GRADE <input type="checkbox"/> 06		
APPROACH/OVERTAKING TURN <input type="checkbox"/> 03			LIGHTING CONDITION <input type="checkbox"/> 03		
ROAD DESCRIPTION <input type="checkbox"/> 01			ROAD CONDITION <input type="checkbox"/> 01		
WEATHER CONDITION 1st <input type="checkbox"/> 00			2nd <input type="checkbox"/>		
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY					
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)			TRAFFIC CONTROL DEVICE FUNCTIONING		
Time Notified 2203	Time Arrived @ Scene 2206	Time Arrived @ Hospital	<input type="checkbox"/> 01		
If times are unknown provide name of responding services:			01. No Controls 02. Not Functioning 03. Functioning Improperly		
04. Functioning Properly 06. Not Visible 05. Unknown					
Approved By P14025 - ZIWAK, ALEX		I.D. Number P14025		Date 07/04/2022	



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**GENERAL OFFENSE HARDCOPY**  
 (TRAF - ACCIDENT - FATAL)

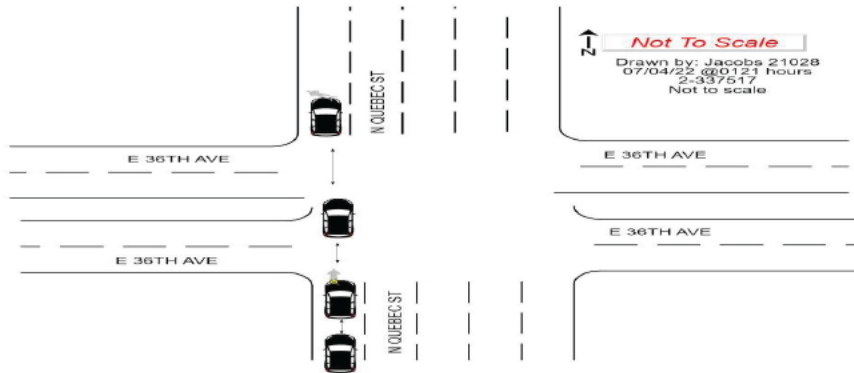
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DR 3447 (08/16/19)

NARRATIVE/DIAGRAM PAGE 2 OF 5 PAGES

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Address		City	State	ZIP
Damaged Prop. Description				
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Address		City	State	ZIP
Damaged Prop. Description				



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Primary Violation	CARELESS DRIVING RESULTING IN DEATH[029656]		DUI	<input type="checkbox"/>	Violation Code	42-4-1402(1),(2)(c)	Citation Number					
Same Name	<input type="checkbox"/>	Vehicle Owner Last Name	MARTINEZ	First Name	KATHLEEN	MI	DOB					
Same Addr.	<input type="checkbox"/>	Vehicle Owner Street Address	7401 E 26TH AVE	City	DENVER	State	ZIP					
Insurance Company	<input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof		Expiration Date	Policy Number								
License Plate No.	BHMT00		State or Country	Colorado		Number of Trailers: 0						
Vehicle Identification Number	3CZRU6H15NM751539		Year	2022		Trailer 1: VIN#						
Make	HOND	Model	HRV	No Damage <input type="checkbox"/>		License Plate: Disabling Damage <input type="checkbox"/>						
Body Type	4D	Color	BLK			Trailer 2: VIN#						
Towed	01	00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		Undercarriage		License Plate: Disabling Damage <input type="checkbox"/>						
By:	extreme towing and recovery		To: 5160 N York St		1. Slight 2. Moderate 3. Severe		Trailer 3: VIN#					
<b>00 VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)</b> 00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 16. Cargo/Equipment Loss or Spill 17. Cargo/Equipment Shift 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)				<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b> <b>CRASH AVOIDANCE MANEUVER</b> <input type="checkbox"/> 00. No Avoidance Maneuver 07. Braking 08. Steering 09. Steering and Braking 10. Accelerating 11. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative)				<b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> <input type="checkbox"/> 00. No Fire/Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident				
<b>DRIVER/OCCUPANT DETAILS</b>												
A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE		AA	Expired Date
01	02	00	00	00	B	03	A	19				
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
03	B	00	08	00	00	00	07	00	M	EMS Trip #	Taken To	
A	D		E	F1	F2	F3	AGE	(Passenger) Name/Address		AA	Expired Date	
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
EMS Trip #										Taken To		
A	D		E	F1	F2	F3	AGE	(Passenger) Name/Address		AA	Expired Date	
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
EMS Trip #										Taken To		
A	D		E	F1	F2	F3	AGE	(Passenger) Name/Address		AA	Expired Date	
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
EMS Trip #										Taken To		



# DENVER POLICE DEPARTMENT

ARREST/CITATION - NOT PRESENTED/REFUSED BY DA

## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

DR 3447 (08/16/19)

TRAFFIC UNIT/GENERAL VEHICLE AND CMV PAGE 4 OF 5 PAGES

Traffic Unit # <b>01</b>	Case # <b>2022-337517</b>	Agency ORI <b>COCPD0000</b>	Agency Name <b>DENVER POLICE DEPARTMENT</b>
<b>GENERAL VEHICLE FIELDS</b> <b>05 VEHICLE TYPE</b> 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/ GCWR 16,001 or over 02. School Bus (all school buses)			<b>CARRIER TYPE</b> <input type="checkbox"/> 01. Interstate <input type="checkbox"/> 02. Intrastate <input type="checkbox"/> 03. Government Vehicle <input type="checkbox"/> 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)
<b>VEHICLES UNDER THE GVWR/ GCWR THRESHOLD</b> 04. Transit Bus 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle			<b>GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING</b> <input type="text"/> Enter number of pounds.
<b>SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b> <b>00</b> 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle			<b>VEHICLE CONFIGURATION</b> <input type="checkbox"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail)
<b>DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)</b> <b>01</b> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest			<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse
<b>VEHICLE MOVEMENT - PRIOR TO IMPACT</b> <b>01</b> 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn			<b>SEQUENCE OF CRASH EVENTS</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
<b>ROADWAY SPEED LIMIT</b> <input type="text"/> MPH		<b>ESTIMATED VEHICLE SPEED</b> <input type="text"/> 55 MPH	<b>DRIVER'S STATED SPEED</b> <input type="text"/> 45 MPH
<b>DRIVER ACTIONS (OFFICER OPINION ONLY)</b> <b>00</b> 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/ Sign/Markings			<b>NON-COLLISION</b> 01. Ran Off the Road 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/ Center Line 09. Equipment Failure 10. Other (Describe in Narrative)
<b>DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)</b> <b>27</b> 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer			<b>COLLISION</b> 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment (Tires, etc.) 19. Other Movable Object 20. Other (Describe in Narrative)
<b>AUTONOMOUS VEHICLE CAPABILITY</b> <b>00</b> 00. No Automation 01. Driver Assistance 02. Partial Automation			<b>HAZARDOUS MATERIALS - PLACARDS</b> Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
<b>CMV FIELDS</b> Carrier Name Address Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>			<b>HAZARDOUS MATERIALS - RELEASE</b> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes
<b>LIQUID HAZARDOUS MATERIALS</b> Enter the amount of bulk liquid cargo at time of crash. 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons			<b>HAZARDOUS MATERIALS - CODE</b> Enter the four digit number from the placard, if no number on the placard enter the four digit identification number from the shipping paper(s). <input type="text"/> 1369
<b>HAZARDOUS MATERIALS - CLASS</b> Enter the one digit number taken from the bottom of the placard. <input type="text"/> 3			<b>HAZARDOUS MATERIALS - CLASS</b> <input type="text"/>





# DENVER POLICE DEPARTMENT

GO# 2022-337517  
ARREST/CITATION - NOT  
PRESENTED/REFUSED  
BY DA

## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

DR 3447 (08/16/19)

TRAFFIC UNIT/NON-MOTORIST PAGE 5 OF 5 PAGES

Traffic Unit #	02	Case #	2022-337517	Agency ORI	COCPD0000	Agency Name	DENVER POLICE DEPARTMENT	
Last Name	ROBINSON			First Name	GREGORY		MI	L
Street Address	3345 N PONTIAC ST				Phone	303-320-1497		
City	DENVER		State	CO	ZIP	80207		Email
Hit & Run /Left Scene	<input type="checkbox"/>	Non-Contact Non-Motorist	<input type="checkbox"/>	Driver License Number	[REDACTED]		State	CO
					Sex	M	DOB	04/12/1962
Primary Violation	01		DUI	<input type="checkbox"/>	Violation Code	Citation Number	Common Code	
NON-MOTORIST TYPE				TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH				
01. Pedestrian 02. Wheelchair 03. Scooter 04. Personal Conveyance 05. Other Pedestrian 06. Bicyclist 07. Other Bicyclist/Cyclist 08. Other Non-Motorist				01. Sidewalk 02. Crosswalk 03. Marked Bicycle Lane 04. Shared Travelway 05. Protected Bicycle Lane 06. Unmarked Paved Shoulder 07. Separate Bicycle Path/Trail 08. No Specific Facility 09. Other (Describe in Narrative)				
NON-MOTORIST MOVEMENT - PRIOR TO IMPACT				NON-MOTORIST ACTIONS (OFFICER OPINION ONLY)				
01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)				00. No Contributing Action 01. Failure to Obey Traffic Signs, Signals, or Officer 02. Cross/Enter at Intersection 03. Cross/Enter NOT at Intersection 06. Soliciting Rides 07. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane) 08. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 09. Entering/Exiting Parked/Standing Vehicle 10. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 13. Traveling on Sidewalk With Traffic 14. Traveling on Sidewalk Against Traffic 15. Working in Trafficway (Incident Response) 16. Working in Trafficway (Maintenance Activities) 17. Improper Passing 18. Failure to Yield Right-Of-Way 19. Improper Turn/Merge 20. Dart/Dash 21. In Roadway Improperly (Standing, Lying, Working, Playing) 22. Panhandling 12. Other (Describe in Narrative)				
NON-MOTORIST LOCATION AT TIME OF CRASH				NON-MOTORIST MOST APPARENT CONTRIBUTING FACTORS (OFFICER OPINION ONLY)				
01. Intersection - Marked Crosswalk 02. Intersection - Unmarked Crosswalk 03. Intersection - Other 04. Midblock - Marked Crosswalk 05. Midblock - Non-Crosswalk 06. Travel Lane - Other Location 07. Marked Bicycle Lane 08. Protected Bicycle Lane 09. Shoulder/Roadside 10. Sidewalk 11. Median/Crossing Island 12. Driveway Access 13. Shared-Use Path or Trail 14. Non-Trafficway Area 15. Other Location (Describe in Narrative)				00. No Apparent Contributing Factor 01. Not Visible (Dark Clothing, No Lighting, etc.) 02. Emotionally Upset 03. Asleep or Fatigued 04. Illness/Medical 05. Inexperience 06. Aggressive 07. Unfamiliar With Area 08. Evading Law Enforcement Officer 09. Physical Disability 10. Distracted/Passenger 11. Distracted/Headphones 12. Distracted/Cell Phone 13. Distracted - Manipulating Electronic Device 14. Distracted/Other Le. Food, Objects, Pet, etc. 15. Looked/Did Not See 16. Age/Ability 17. Sun Glare 18. Under The Influence of Alcohol or Drugs 19. Other Factor (Describe in Narrative)				
NON-MOTORIST LEG OF INTERSECTION				PROTECTIVE/REFLECTIVE DEVICES/CLOTHING				
01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest				01. Reflector(s) 02. Front Light 03. Rear Light 04. Reflective Clothing				

NON-MOTORIST DETAILS																											
<table border="1"> <tr><td>F3</td></tr> <tr><td>A</td></tr> </table>							F3	A	<table border="1"> <tr><td>AA</td><td>Expired Date</td></tr> <tr><td>01</td><td>07/03/2022</td></tr> </table>			AA	Expired Date	01	07/03/2022												
F3																											
A																											
AA	Expired Date																										
01	07/03/2022																										
<table border="1"> <tr><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td></tr> <tr><td>04</td><td>08</td><td>07</td><td>00</td><td>07</td><td>08</td><td>07</td></tr> </table>							H	I	J	K	L	M	N	04	08	07	00	07	08	07	<table border="1"> <tr><td>BB</td><td>Expired Time</td></tr> <tr><td>03</td><td>2011</td></tr> </table>			BB	Expired Time	03	2011
H	I	J	K	L	M	N																					
04	08	07	00	07	08	07																					
BB	Expired Time																										
03	2011																										
EMS Trip #				Taken To																							



# DENVER POLICE DEPARTMENT

GO# 2022-337517  
ARREST/CITATION - NOT  
PRESENTED/REFUSED  
BY DA

## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

### 3. ACCIDENT REPORT V5 Description DR3447 ACCIDENT FORM

DR 3447 (08/16/19)  
COLORADO DEPARTMENT OF REVENUE  
Division of Motor Vehicles  
Colorado.gov/Revenue

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

### STATE OF COLORADO TRAFFIC CRASH REPORT

AMENDED/SUPPL.  COUNTER REPORT  PRIVATE PROPERTY  PUBLIC LAND PAGE 1 OF 5 PAGES

Case # 2022-337517		Agency ORI COPD0000		Agency Name DENVER POLICE DEPARTMENT	
Date of Report (MM/DD/YYYY) 07/03/2022	Date of Crash (MM/DD/YYYY) 07/03/2022	Time of Crash (24 Hour) 2200	Officer Name BIENEMANN, BRIAN		Officer Number P13042
Date Arrived 07/03/2022	Date Roadway Cleared 07/04/2022	Date Last Responder Left 07/04/2022	Signature BIENEMANN, BRIAN		Detail 2/TOM23
Time Arrived 2211	Time Roadway Cleared 0124	Time Last Responder Left 0124	Agency Code	Investigated at Scene <input checked="" type="checkbox"/>	District Number 9/512
Number Killed 1	Number Injured 0	Total Vehicles 1	Total Non-Motorists 1	Juvenile(s) Involved <input type="checkbox"/>	Secondary Crash <input type="checkbox"/>
Latitude 39.7638°N		Longitude -104.9024°W		County Denver	City DENVER
On Road/Street: 3500 BLOCK N QUEBEC ST			Intersection Offset Distance Unit 02	01. Miles 02. Feet 03. At the Intersection	
Reference Intersecting Road/Street: E 36TH AVE			Intersection Offset Distance 120.00	Offset Direction N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
HWY NUMBER		MILEPOINT	Milepoint Offset Distance Unit	01. Miles 02. Feet 03. At the Milepoint	
<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD			Milepoint Offset Distance	Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
<input type="checkbox"/> OTHER RDWY					
LOCATION	01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side		04. Ran Off "T" Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes		06. On Private Property 07. Center Median/Island
01	05		04		LANE POSITION N 0 1
HARMFUL EVENT SEQUENCE					
1st 05 2nd 3rd 4th Most Harmful Event 05					
<b>NON-COLLISION CRASH</b> 01. Overturning/Rollover 44. Immersion, Full or Partial 45. Fell from Motor Vehicle 02. Other Non-Collision <b>COLLISION WITH NON-MOTORIST</b> 03. School Age To/From School 05. Pedestrian 15. Bicycle/Motorized Bicycle <b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b> 06. Front to Front 07. Front to Rear 08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction <b>COLLISION WITH OTHER VEHICLE</b> 13. Parked Motor Vehicle <b>COLLISION WITH ANIMAL</b> 17. Domestic Animal 18. Wild Animal <b>COLLISION WITH OBJECT</b> 19. Light Pole/Utility Pole 20. Traffic Signal Pole 47. Electrical/Utility Box 21. Sign 41. Guardrail Face 42. Guardrail End 23. Cable Rail 24. Concrete Highway Barrier 48. Overhead Structure (Bridge) 49. Overhead Structure (Not Bridge) 50. Bridge Structure (Not Overhead) 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 43. Ditch 46. Ground 29. Curb 30. Delineator/Milepost 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion/Traffic Barrel 38. Mailbox 39. Other Fixed Object (Describe in Narrative) 40. Other Non-Fixed Object (Describe in Narrative)					
ROAD CONTOUR - CURVES		ROAD CONTOUR - GRADE		WEATHER CONDITION	
01		01		1st 00 2nd	
APPROACH/OVERTAKING TURN		LIGHTING CONDITION		01. Level 04. Downhill 02. Uphill 05. Sag/Bottom 03. Hill Crest 06. Unknown	
03		03		01. Daylight 03. Dark-lighted 02. Dawn or Dusk 04. Dark-Unlighted	
ROAD DESCRIPTION		ROAD DESCRIPTION		ROAD DESCRIPTION	
14		01. At Intersection 05. Crossover-Related 02. Driveway Access Related 06. Roundabout 03. Intersection Related 08. Parking Lot 04. Non-Intersection 09. Ramp		10. Ramp-related 14. Mid-Block Crosswalk 11. Alley Related 15. Express/Managed/HOV Lane 12. Share-Use Path or Trail 13. Auxiliary Lane	
ROAD CONDITION		ROAD CONDITION		ROAD CONDITION	
01		01		00. Clear 04. Dust 08. Snow 01. Rain 05. Wind 09. Blowing Snow 02. Sleet or Hail 06. Cloudy 03. Fog 07. Freezing Rain or Freezing Drizzle	
<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b>					
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)			TRAFFIC CONTROL DEVICE FUNCTIONING		
Time Notified 2203	Time Arrived @ Scene 2206	Time Arrived @ Hospital	04		
If times are unknown provide name of responding services: Denver Health Paramedics			01. No Controls 04. Functioning Properly 02. Not Functioning 06. Not Visible 03. Functioning Improperly 05. Unknown		
Approved By P88033 - FARR, MICHAEL W.		I.D. Number P88033	Date 07/04/2022		



# DENVER POLICE DEPARTMENT

## GENERAL OFFENSE HARDCOPY

(TRAF - ACCIDENT - FATAL)

GO# 2022-337517  
ARREST/CITATION - NOT  
PRESENTED/REFUSED  
BY DA

DR 3447 (08/16/19)

NARRATIVE/DIAGRAM PAGE 2 OF 5 PAGES

Case # <b>2022-337517</b>	Agency ORI <b>CODPD0000</b>	Agency Name <b>DENVER POLICE DEPARTMENT</b>
<p>TU#1 (SEDAN) WAS TRAVELING NORTHBOUND ON N QUEBEC ST AT A HIGH RATE OF SPEED IN THE NUMBER 1 LANE OF TRAFFIC. TU#2 (PEDESTRIAN) WAS CROSSING MID-BLOCK FROM EAST TO WEST WHEN TU#1 COLLIDED WITH TU#2 CAUSING FATAL INJURIES.</p>		
<b>Owner 1</b> Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name _____ First Name _____ MI _____	
Address _____		City _____ State _____ ZIP _____
Damaged Prop. Description _____		
<b>Owner 2</b> Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name _____ First Name _____ MI _____	
Address _____		City _____ State _____ ZIP _____
Damaged Prop. Description _____		



# DENVER POLICE DEPARTMENT

GO# 2022-337517  
ARREST/CITATION - NOT  
PRESENTED/REFUSED  
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## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

DR 3447 (08/16/19)

MOTORIZED TRAFFIC UNIT/OCCUPANT PAGE 3 OF 5 PAGES

Traffic Unit #	01	Case #	2022-337517	Agency ORI	COCPD0000	Agency Name	DENVER POLICE DEPARTMENT					
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	HERRERA	First Name	BRANDON	MI	Phone					
Non-Contact Vehicle	<input type="checkbox"/>	(Driver) Street Address	7401 E 26TH AVE #119	City	DENVER	State	CO					
Driver License Number		Unlicensed Driver	<input checked="" type="checkbox"/>	CDL		State						
Primary Violation	CARELESS DRIVING RESULTING IN DEATH[029656]		DUI	<input type="checkbox"/>	Violation Code	42-4-1402(1),(2)(c)	Citation Number					
Same Name	<input type="checkbox"/>	Vehicle Owner Last Name	MARTINEZ	First Name	KATHLEEN	MI	D					
Same Addr.	<input type="checkbox"/>	Vehicle Owner Street Address	7401 E 26TH AVE	City	DENVER	State	CO					
Insurance Company	<input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof		Expiration Date	Policy Number								
License Plate No.	BHMT00		State or Country	Colorado		Number of Trailers: 0						
Vehicle Identification Number	3CZRU6H15NM751539		Year	2022		Trailer 1: VIN#						
Make	HOND	Model	HRV	No Damage <input type="checkbox"/>		License Plate: Disabling Damage <input type="checkbox"/>						
Body Type	4D	Color	BLK			Trailer 2: VIN#						
Towed	01	00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		Undercarriage		License Plate: Disabling Damage <input type="checkbox"/>						
By:	EXTREME TOWING		To: 5160 N York St		1. Slight 2. Moderate 3. Severe		Trailer 3: VIN#					
<b>00 VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)</b> 00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 16. Cargo/Equipment Loss or Spill 17. Cargo/Equipment Shift 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)				<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b> <b>CRASH AVOIDANCE MANEUVER</b> <input type="checkbox"/> 00. No Avoidance Maneuver 07. Braking 08. Steering 09. Steering and Braking 10. Accelerating 11. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative)				<b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> <input type="checkbox"/> 00. No Fire/Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident				
<b>DRIVER/OCCUPANT DETAILS</b>												
A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE		AA	Expired Date
01	02	00	00	00	B	01	A	20				
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
02	B	00	08	00	00	00	07	00	M	EMS Trip #	Taken To	
A	D		E	F1	F2	F3	AGE	(Passenger) Name/Address		AA	Expired Date	
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
										EMS Trip #	Taken To	
A	D		E	F1	F2	F3	AGE	(Passenger) Name/Address		AA	Expired Date	
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
										EMS Trip #	Taken To	
A	D		E	F1	F2	F3	AGE	(Passenger) Name/Address		AA	Expired Date	
G1	G2	H	I	J	K	L	M	N	SEX	BB		Expired Time
										EMS Trip #	Taken To	



# DENVER POLICE DEPARTMENT

GO# 2022-337517

## GENERAL OFFENSE HARDCOPY

ARREST/CITATION - NOT



(TRAF - ACCIDENT - FATAL)

PRESENTED/REFUSED

BY DA

DR 3447 (08/16/19)

TRAFFIC UNIT/GENERAL VEHICLE AND CMV PAGE 4 OF 5 PAGES

Traffic Unit # <b>01</b>	Case # <b>2022-337517</b>	Agency ORI <b>CODPD0000</b>	Agency Name <b>DENVER POLICE DEPARTMENT</b>
<b>GENERAL VEHICLE FIELDS</b> <b>05 VEHICLE TYPE</b> 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 02. School Bus (all school buses) 03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus <b>VEHICLES UNDER THE GVWR/ GCWR THRESHOLD</b> 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle 15. Farm Equipment 20. Working Vehicle/Equipment <b>OTHER VEHICLE</b> 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)			<b>CARRIER TYPE</b> <input type="checkbox"/> 01. Interstate <input type="checkbox"/> 02. Intrastate <input type="checkbox"/> 03. Government Vehicle <input type="checkbox"/> 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)  <b>GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING</b> <input type="text"/> Enter number of pounds.  <b>TOTAL NUMBER OF AXLES</b> <input type="text"/> Enter the total number of axles including truck and trailer.
<b>00 SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b> 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle 09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator 18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative)  <b>Emergency Lights Activated</b> <input type="checkbox"/>			<b>VEHICLE CONFIGURATION</b> <input type="checkbox"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative)  <b>CARGO BODY TYPE</b> <input type="checkbox"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)
<b>01 DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)</b> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest			<b>SEQUENCE OF CRASH EVENTS</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
<b>01 VEHICLE MOVEMENT - PRIOR TO IMPACT</b> 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)			<b>NON-COLLISION</b> 01. Ran Off the Road 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/ Center Line 09. Equipment Failure 10. Other (Describe in Narrative)  <b>COLLISION</b> 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment (Tires, etc.) 19. Other Movable Object 20. Other (Describe in Narrative)
<b>ROADWAY SPEED LIMIT</b> <b>ESTIMATED VEHICLE SPEED</b> <b>DRIVER'S STATED SPEED</b> 45 MPH 76 MPH 45 MPH			<b>HAZARDOUS MATERIALS - PLACARDS</b> Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
<b>18 DRIVER ACTIONS (OFFICER OPINION ONLY)</b> 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/ Sign/Markings 07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving 17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)			<b>HAZARDOUS MATERIALS - RELEASE</b> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes
<b>27 DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)</b> 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer 09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking 23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness			<b>HAZARDOUS MATERIALS - CODE</b> Enter the four digit number from the placard, if no number on the placard enter the four digit identification number from the shipping paper(s). 
<b>00 AUTONOMOUS VEHICLE CAPABILITY</b> 00. No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown <b>Driver Ceded Control of Vehicle</b> <input type="checkbox"/>			<b>HAZARDOUS MATERIALS - CLASS</b> Enter the one digit number taken from the bottom of the placard. 
<b>CMV FIELDS</b> Carrier Name Address Dot # Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>			<b>LIQUID HAZARDOUS MATERIALS</b> Enter the amount of bulk liquid cargo at time of crash. 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over



# DENVER POLICE DEPARTMENT

GO# 2022-337517  
ARREST/CITATION - NOT  
PRESENTED/REFUSED  
BY DA

## GENERAL OFFENSE HARDCOPY (TRAF - ACCIDENT - FATAL)

DR 3447 (08/16/19)

TRAFFIC UNIT/NON-MOTORIST PAGE 5 OF 5 PAGES

Traffic Unit #	02	Case #	2022-337517	Agency ORI	COCPD0000	Agency Name	DENVER POLICE DEPARTMENT	
Last Name	ROBINSON			First Name	GREGORY		MI	L
Street Address	3345 N PONTIAC ST				Phone	303-320-1497		
City	DENVER		State	CO	ZIP	80207		Email
Hit & Run /Left Scene	<input type="checkbox"/>	Non-Contact Non-Motorist	<input type="checkbox"/>	Driver License Number	[REDACTED]		State	CO
					Sex	M	DOB	04/12/1962
Primary Violation	DUI		<input type="checkbox"/>	Violation Code	Citation Number	Common Code		
01	NON-MOTORIST TYPE			TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH				
	01. Pedestrian	05. Other Pedestrian		01. Sidewalk	06. Unmarked Paved Shoulder			
	02. Wheelchair	06. Bicyclist		02. Crosswalk	07. Separate Bicycle Path/Trail			
	03. Scooter	07. Other Bicyclist/Cyclist		03. Marked Bicycle Lane	08. No Specific Facility			
	04. Personal Conveyance	08. Other Non-Motorist		04. Shared Travelway	09. Other (Describe in Narrative)			
				05. Protected Bicycle Lane				
01	NON-MOTORIST MOVEMENT - PRIOR TO IMPACT			NON-MOTORIST ACTIONS (OFFICER OPINION ONLY)				
	01. Going Straight	10. Parked		00. No Contributing Action	13. Traveling on Sidewalk With Traffic	03		
	02. Slowing	11. Changing Lanes		01. Failure to Obey Traffic Signs, Signals, or Officer	14. Traveling on Sidewalk Against Traffic	1st	2nd	
	03. Stopped in Traffic	12. Swerve/Avoidance		02. Cross/Enter at Intersection	15. Working in Trafficway (Incident Response)			
	04. Making Right Turn	13. Weaving		03. Cross/Enter NOT at Intersection	16. Working in Trafficway (Maintenance Activities)			
	05. Making Left Turn	14. Out of Control		06. Soliciting Rides	17. Improper Passing			
	06. Making U-Turn	15. Traveled Wrong Way		07. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane)	18. Failure to Yield Right-Of-Way			
	07. Passing	17. Entering Traffic Way/Merge		08. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane)	19. Improper Turn/Merge			
	08. Backing	18. Negotiating a Curve		09. Entering/Exiting Parked/Standing Vehicle	20. Dart/Dash			
	09. Entering/Leaving Parked Position	16. Other (Describe in Narrative)		10. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching)	21. In Roadway Improperly (Standing, Lying, Working, Playing)			
					22. Panhandling			
					12. Other (Describe in Narrative)			
05	NON-MOTORIST LOCATION AT TIME OF CRASH			NON-MOTORIST MOST APPARENT CONTRIBUTING FACTORS (OFFICER OPINION ONLY)				
	01. Intersection - Marked Crosswalk	09. Shoulder/Roadside		00. No Apparent Contributing Factor	11. Distracted/Headphones	16		
	02. Intersection - Unmarked Crosswalk	10. Sidewalk		01. Not Visible (Dark Clothing, No Lighting, etc.)	12. Distracted/Cell Phone	1st	2nd	3rd
	03. Intersection - Other	11. Median/Crossing Island		02. Emotionally Upset	13. Distracted - Manipulating Electronic Device			
	04. Midblock - Marked Crosswalk	12. Driveway Access		03. Asleep or Fatigued	14. Distracted/Other Le. Food, Objects, Pet, etc.			
	05. Midblock - Non-Crosswalk	13. Shared-Use Path or Trail		04. Illness/Medical	15. Looked/Did Not See			
	06. Travel Lane - Other Location	14. Non-Trafficway Area		05. Inexperience	16. Age/Ability			
	07. Marked Bicycle Lane	15. Other Location (Describe in Narrative)		06. Aggressive	17. Sun Glare			
	08. Protected Bicycle Lane			07. Unfamiliar With Area	18. Under The Influence of Alcohol or Drugs			
				08. Evading Law Enforcement Officer	19. Other Factor (Describe in Narrative)			
				09. Physical Disability				
				10. Distracted/Passenger				
	NON-MOTORIST LEG OF INTERSECTION			PROTECTIVE/REFLECTIVE DEVICES/CLOTHING				
	01. North	05. South		01. Reflector(s)				
	02. Northeast	06. Southwest		02. Front Light				
	03. East	07. West		03. Rear Light				
	04. Southeast	08. Northwest		04. Reflective Clothing				

NON-MOTORIST DETAILS										
							F3	AA	Expired Date	
							A	01	07/03/2022	
								BB	Expired Time	
H	I	J	K	L	M	N	EMS Trip #	Taken To	03	2211
04	08	07	00	07	08	07				