

Region 3 Intersection Analysis and Prioritization
Intersection Application

Requesting Agency

Agency Name	City of Montrose
Contact Person	Kerwin Jensen
Title	Community Development Director
Email	kjensen@ci.montrose.co.us
Phone Number	(970) 240-1478
Mailing Address	P.O. Box 790 Montrose, CO 81402

Intersection Location

Highway (example, US 50)	U.S. Highway 50		
Highway Milepost	91.878 to 92.169		
Local Cross Street name	San Juan Avenue (now U.S. Highway 50) and North Grand Avenue		
Is the Cross Street (check one)	Public ROW <input checked="" type="checkbox"/>	Private Drive <input type="checkbox"/>	Other <input type="checkbox"/>

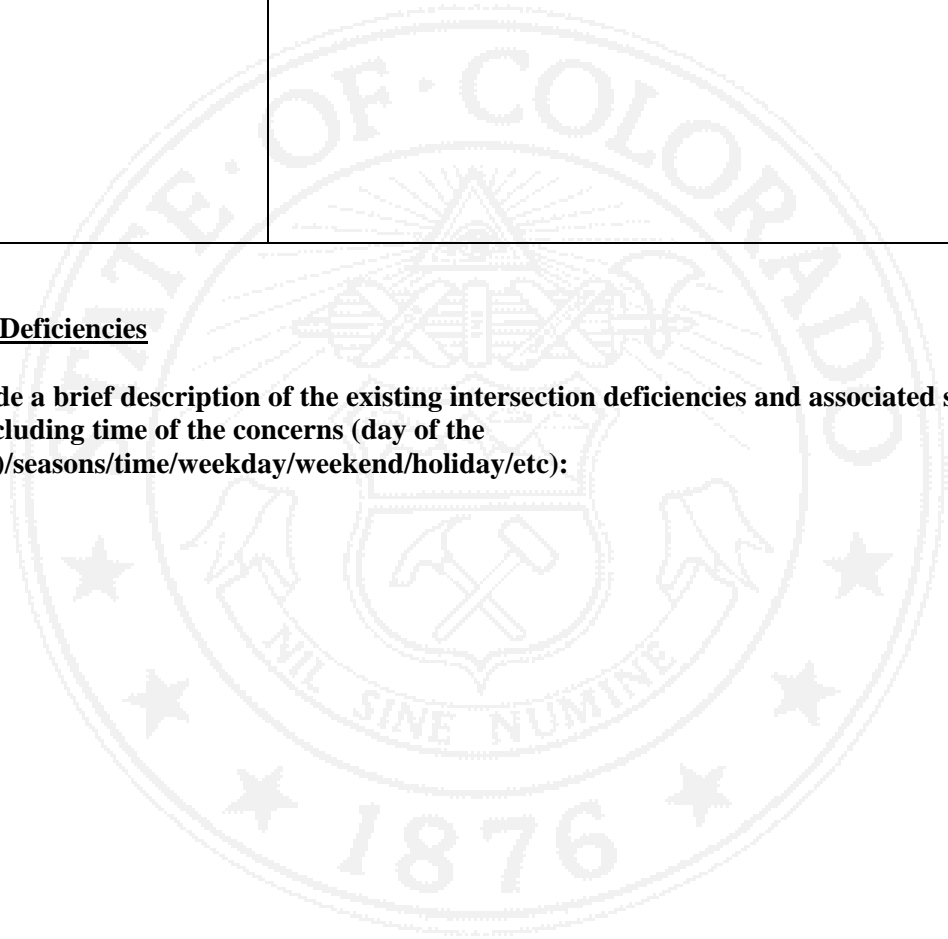
Intersection Information

Type of Intersection (check one)	Signal X	Minor St Stop	All Way Stop	Other:
Nearby Driveways	Yes: Sportsman's Depot and Pawn; Blue Sky Inn; Damiano's Cowboy Ciao; Auto Body Shop			No
Traffic Mix (check all that apply)	Trucks X	Pedestrians X	Bicycles X	Other:
Intersection Issues	Please describe the types of safety or operational issues at the intersection.			
Safety Issues:	<p>This intersection has a large number of rear-end crashes that occur as drivers west-bound on San Juan Avenue (U.S. Highway 50) attempt to turn north onto U.S. Highway 50. (Twenty-three of the total 34, or 68 percent, of crashes at this intersection between January 1, 2007, and December 9, 2010, have been westbound rear-end crashes as described above. The 34 crashes during this time period at the intersection resulted in 19 injuries (no fatalities.))</p> <p>It appears these rear-end crashes occur because of the skewed nature of the intersection; as drivers turn their heads left to watch north-bound traffic approaching from the south, they rear-end the car ahead of them that is also watching for and stopping for north-bound traffic.</p>			

Operational Issues:	None.
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Intersection Deficiencies

Please provide a brief description of the existing intersection deficiencies and associated safety concerns, including time of the concerns (day of the week/hour(s)/seasons/time/weekday/weekend/holiday/etc):



Please see crash information and police reports in **Exhibit 1** and photos attached as **Exhibit 4**.

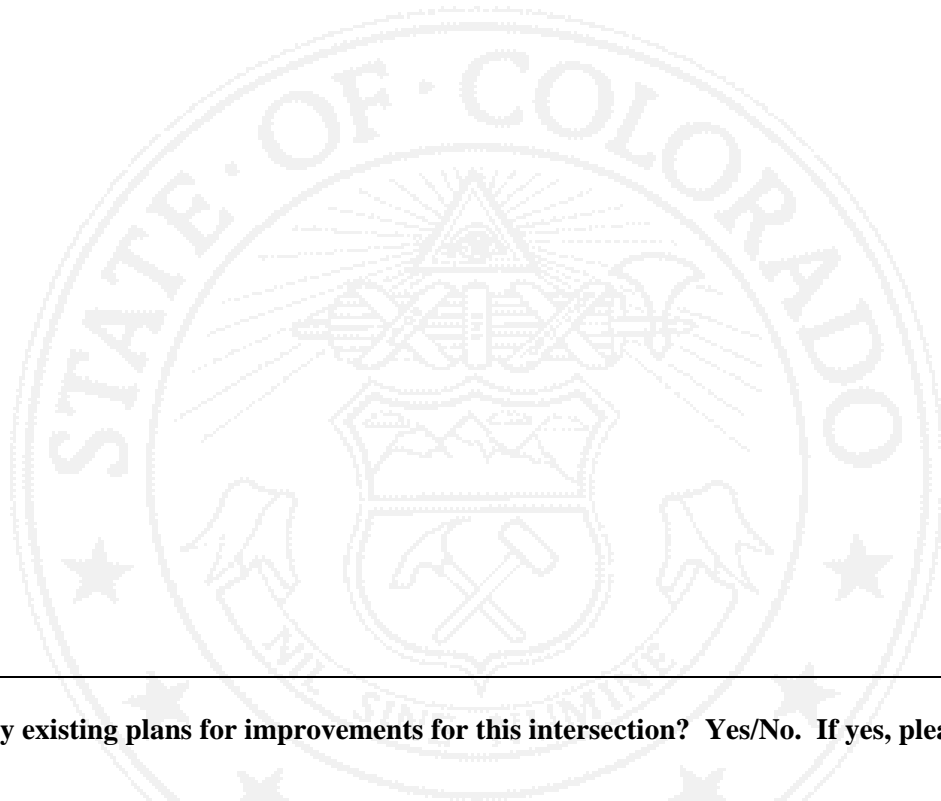
This intersection is skewed, possibly contributing to rear-end crashes.



Mitigation

Please provide a brief description of possible mitigations, improvements, and/or projects to mitigate the safety concerns at the intersection:

On the eastern leg of the intersection, to create a right turn from San Juan Avenue onto North Townsend Avenue closer to a 90 degree angle; improve turners' visibility of northbound traffic approaching the intersection from the south; and slow the right turns, the City of Montrose suggests narrowing the existing roadway on San Juan to one right turn lane (from the existing road width that is effectively two right turn lanes) by extending curb and gutter into the lane or widening the sidewalk to a bulb-out.



Are there any existing plans for improvements for this intersection? Yes/No. If yes, please explain:

No.

Are any additional funding sources available for this project? Yes/No. If yes, please explain:

Yes. This intersection may be eligible for Hazard Elimination funds.

Does this intersection have impacts to adjacent intersections, roadways, etc? If yes, please explain:

Additional Information

To assist in analyzing the intersection please attach the following information if available/applicable:

- **Accident data, including police reports if available** (See attached in Exhibit 1.)
- **Traffic Volumes, such as AADT/ADT, peak hour volumes, peak hour turning movement counts** (See attached in Exhibit 2.)
- **Traffic Studies**
- **Pedestrian Counts**
- **Bicycle Counts**
- **Existing signal timing or Synchro files**
- **Existing construction plans**
- **Survey data**
- **Aerial photos** (See attached in Exhibit 3.)
- **Photographs of the intersection** (See attached in Exhibit 4.)
- **Right of Way maps** (See attached in Exhibit 3.)
- **Any other data/documentation to assist in analyzing the intersection**

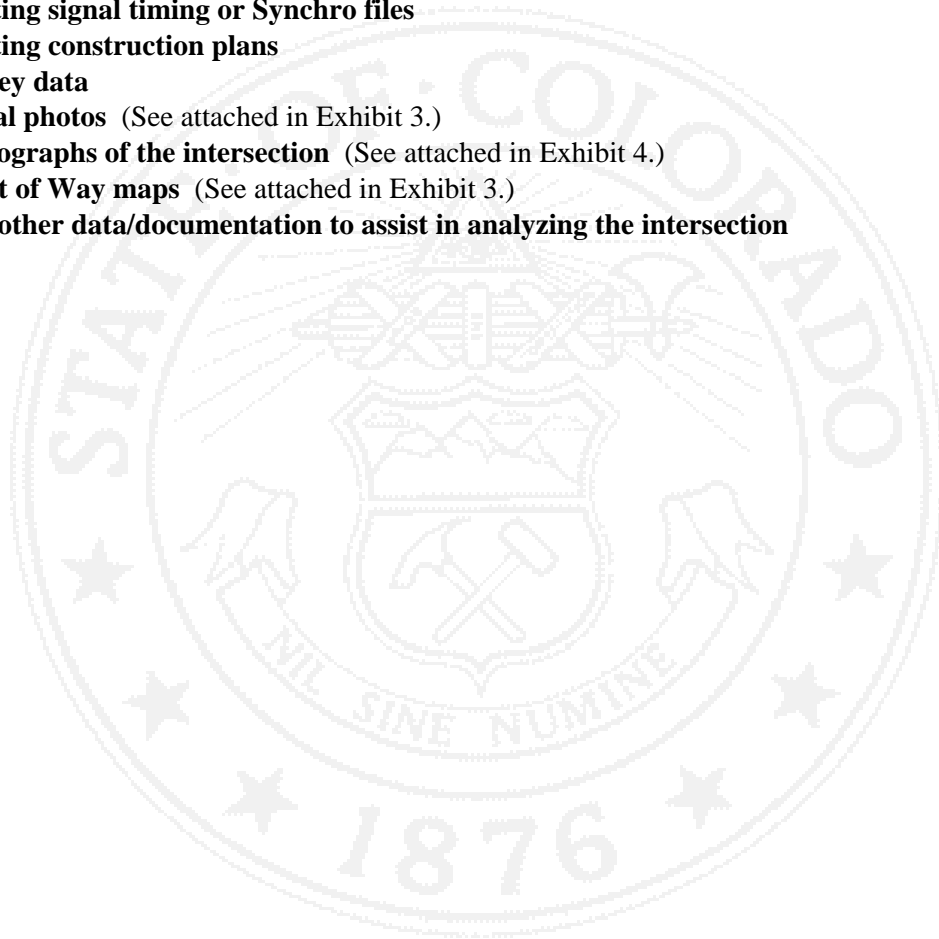
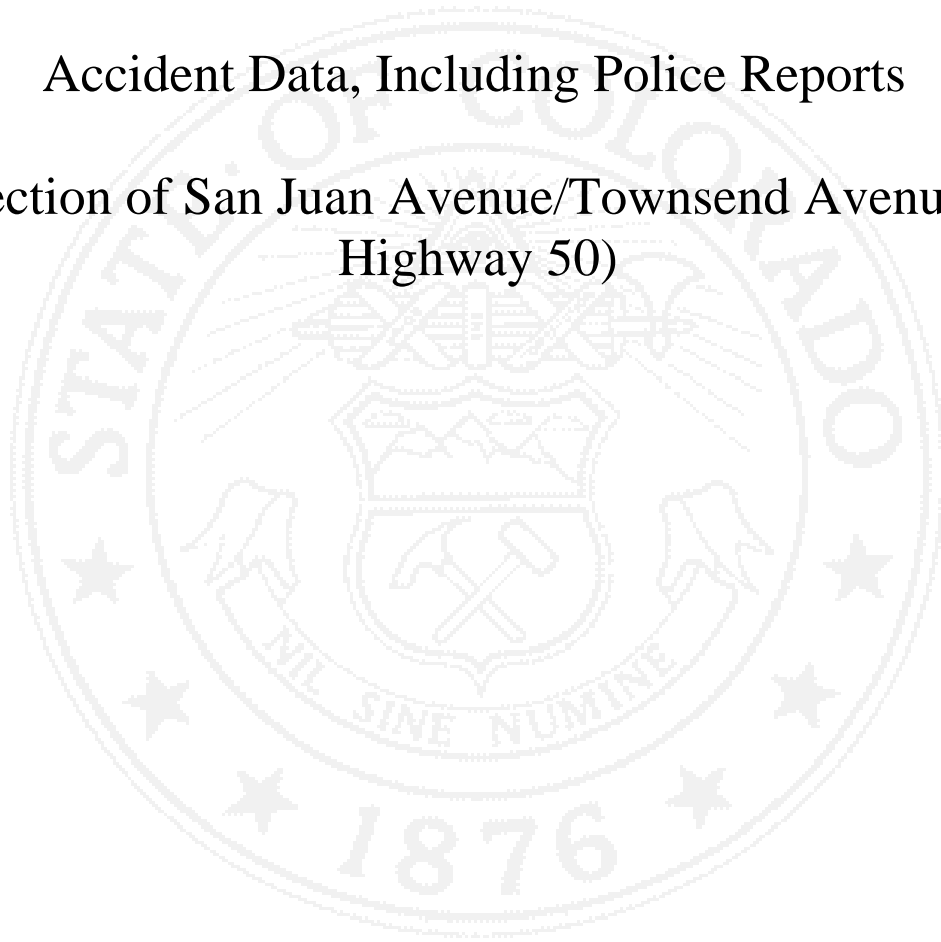


Exhibit 1

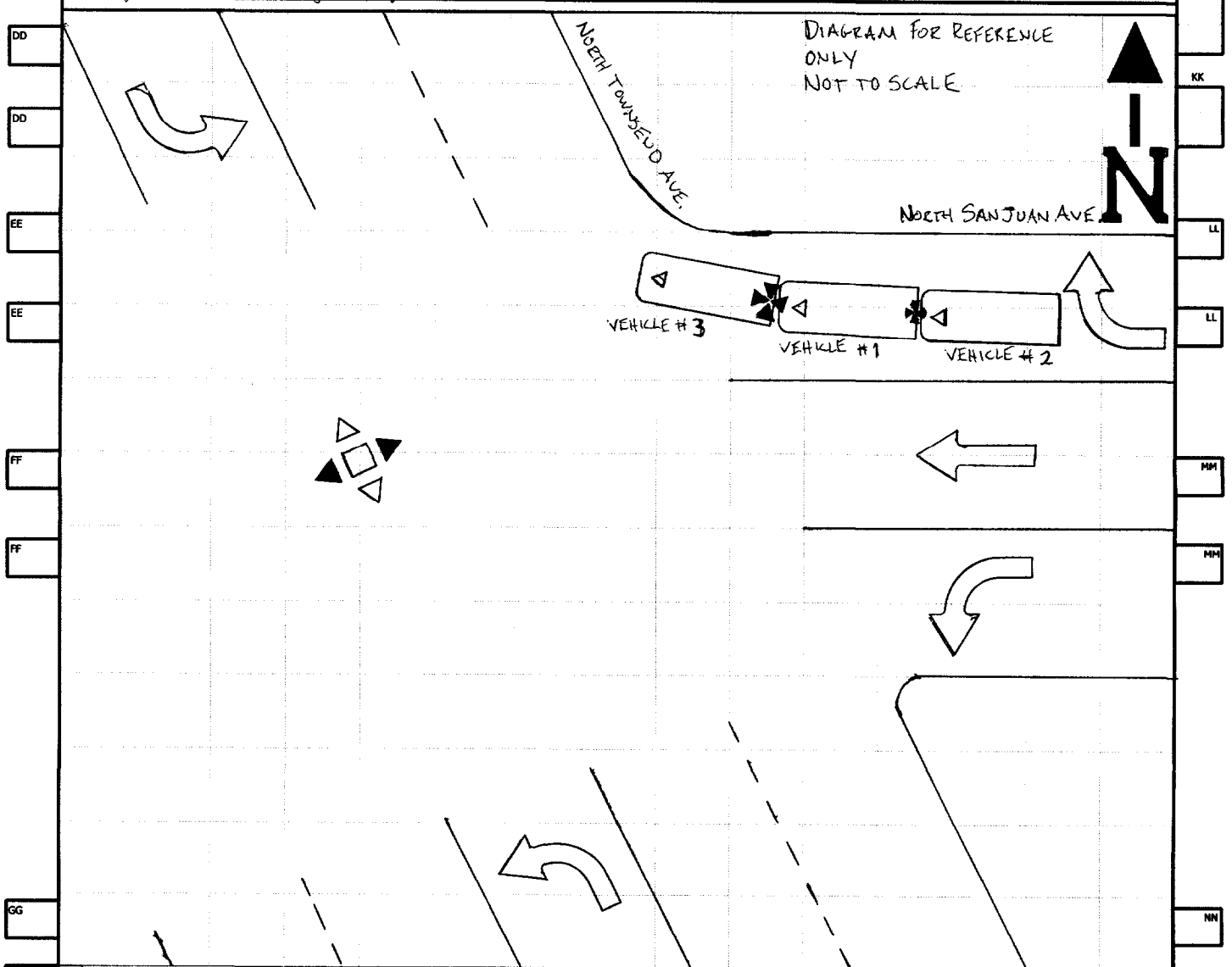
Accident Data, Including Police Reports

Intersection of San Juan Avenue/Townsend Avenue (U.S.
Highway 50)



AA	Case # 07-000943	DOR CODE	Accident Date 01/15/07	Agency Montrose Police Dept.
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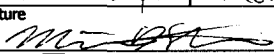
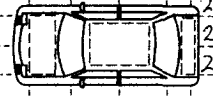
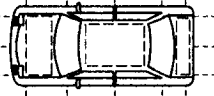
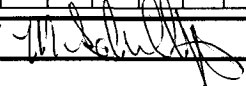
Describe Accident
 Vehicle # 3 was in the right turn lane on N San Juan Ave., at the intersection with N Townsend Ave. Vehicle # 1 was directly behind vehicle # 3 and vehicle # 2 was behind vehicle # 1. All vehicles were facing west, vehicle # 3 was yielding to No. bound traffic on N. Townsend Ave., attempting to make a right hand turn (traffic on Townsend had a green light). Vehicle # 1 struck the rear of vehicle # 3 causing moderate damage to the rear of vehicle # 3 and slight damage to the front of vehicle # 1. Vehicle # 2 then struck the rear of vehicle # 1, causing moderate damage to the rear of vehicle # 1 and slight damage to the front of vehicle # 2.
 No injuries and NO airbags deployed.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

A	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER MILEPOINT		DOR Code		05 K K			
	Case # 07-000943											
B	Date of Accident	City	Agency	County	County #					07 L L		
	01/15/07	Montrose	Montrose Police Dept.	Montrose	21							
B	Time (24 Hr.)	Officer Number	Officer Name	Signature	Detail					01 M M		
	0630	P22	Michael STROWE		PATROL							
B	Number Killed	Number Injured	Location Route, Street, Road		Miles	Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:		01 M M			
	0	0	North San Juan Ave.				<input checked="" type="checkbox"/> At: North Townsend Ave.					
B	Date of Report	Latitude		Longitude						01 M M		
	01/15/07											
B	Agency Code	Investigated @ Scene	Total Vehicles	District Number	Public Property/Employee	Photos Taken	Railroad Crossing Related	Const. Zone Related	Highway Interchg.	Bridge Related	01 M M	
		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B	Traffic Unit # 1 or 3	<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.				Traffic Unit # 2 or	<input 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 M M	
	3											
B	Last Name		First	MI	Last Name		First	MI				
	Hyle		Kevin	L								
B	Street Address		Personal Phone		Street Address		Personal Phone					
	146 North 2nd St.		() -				() -					
B	City	State	ZIP	Bus. Phone	City	State	ZIP	Bus. Phone				
				() 240-0786				() -				
B	Driver License Number	CDL	State	Sex	DOB	Driver License Number	CDL	State	Sex	DOB		
	05-353-0748 (10)	NO	CO	M	07/28/87							
C	Primary Violation					Primary Violation						
	<input type="checkbox"/> DUI Drive Motor Vehicle w/out Valid Drivers License					<input type="checkbox"/> DUI						
C	Violation Code		Citation Number		Common Code		Violation Code		Citation Number		Common Code	
	CBS 42-2-101(i)		A104302									
C	Year	Make	Model	Body Type		Year	Make	Model	Body Type			
	2002	FORD	ESCORT	SD								
D	License Plate Number		State or Country		Color		License Plate Number		State or Country		Color	
	478 OPH		CO		SILVER							
D	Vehicle Identification Number					Vehicle Identification Number						
	3FAFP11322R138622											
D	Vehicle Owner Last Name		First	MI	Vehicle Owner Last Name		First	MI				
	Hyle		KAY	E								
E	Address		City	State	ZIP	Address		City	State	ZIP	00 Q Q	
	1417 E. Main St. #148		Montrose	CO	81401							
F	Towed Due to Damage <input type="checkbox"/> By:					Towed Due to Damage <input type="checkbox"/> By:						
	TO:					TO:						
F	Trailer VIN#					Trailer VIN#						
												
G	Undercarriage					Undercarriage						
	1 - Slight 2 - Moderate 3 - Severe					1 - Slight 2 - Moderate 3 - Severe						
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof			Exp. Date		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof			Exp. Date		00 R R	
	Progressive (Drive)			8/3/07								
H	Policy Number					Policy Number						
	1299182-1											
H	Owner Damaged Prop. Last Name		First	MI	Address		City	State	ZIP			
J	Owner Damaged Prop. Last Name		First	MI	Address		City	State	ZIP			
J	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INI. SEV.	AGE	SEX	NAME / ADDRESS
J	Approved By 										I.D. #	Date
	Sgt M. Schelling										15882	01/15/2007

AA	Case # 07-000943	DOV CODE	Accident Date 01/15/07	Agency MONTROSE POLICE DEPT.	HH
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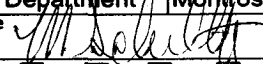
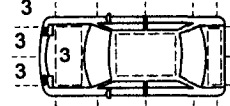

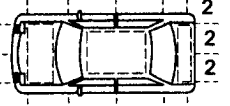
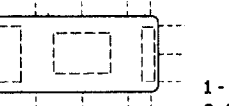
AA	Describe Accident SEE PAGE # 2	HH
BB		HH
BB		JJ
CC		JJ
CC		KK

DD	[Grid Area]	KK
DD		KK
EE		LL
EE		LL
FF		MM
FF		MM
GG		NN

GG	T.U. #	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	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U. #	Address	Carrier Identification #			NN

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

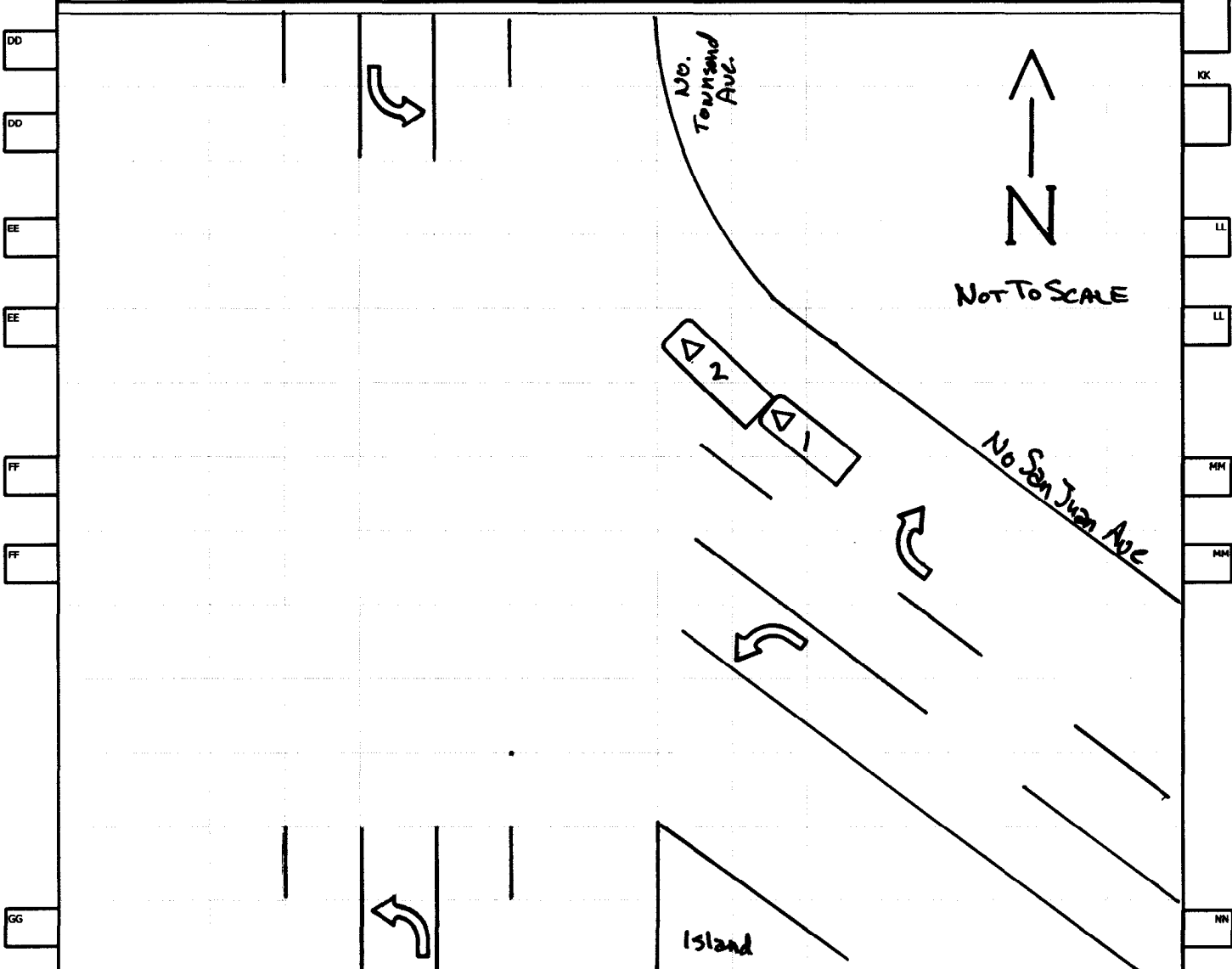
AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 01 OF 02 PAGES

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	Date of Accident 01-15-2007		City Montrose		Agency Montrose Police Department		County Montrose		County # 21	
B 06	Time (L/T/P) 0735		Officer Number 15882		Officer Name SGT Mark Schelling		Signature 		Detail Ptl Sup.	
	Number Killed 0		Number Injured 2		Location Route, Street, Road _____ Miles 20 Feet		N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> OF: No. San Juan Avenue		At: No. Townsend Avenue (Hwy 50) Latitude _____ Longitude _____	
B 06	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number West		Public Property/Employee <input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/>	
	Traffic Unit # 1 or		<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.		Traffic Unit # 2 or		<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.		Railroad Crossing Related <input type="checkbox"/> Const. Zone Related <input type="checkbox"/> Highway Interchg. <input type="checkbox"/> Bridge Related <input type="checkbox"/>	
B 06	Last Name HOLZMEISTER		First Robert		MI L.		Last Name STEWART		First Bambi	
	Street Address 1317 Manchester Drive		Personal Phone (970) 249 - 2619		Street Address 1022 Phillips Court, #G		Personal Phone (970) 596 - 7693			
C 03	City Montrose		State CO		ZIP 81401		Bus. Phone (970) 249 - 4348		City Montrose State CO ZIP 81401 Bus. Phone (970) 240 - 8464	
	Driver License Number 92-105-5142		CDL <input type="checkbox"/>		State CO		Sex M		DOB 28 Aug 1942	
D 03	Primary Violation <input type="checkbox"/> DUI Following too Closely		Violation Code MTC 1008.1		Citation Number A103778		Common Code		Primary Violation <input type="checkbox"/> DUI Violation Code Citation Number Common Code	
	Year 1997		Make Pontiac		Model Grand Am		Body Type 4dr		Year 2006 Make Lexus Model GX470 Body Type UT	
E 01	License Plate Number W1B161		State or Country CO		Color Whi		License Plate Number 6900PG		State or Country CO	
	Vehicle Identification Number 1G2NW52M6VC720785		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		Vehicle Identification Number JTJBT20XX60120659 Vehicle Owner Last Name <input checked="" type="checkbox"/> Same First MI	
F 02	Address <input type="checkbox"/> Same		City		State		ZIP		Address <input type="checkbox"/> Same City State ZIP	
	Towed Due to Damage <input type="checkbox"/> By:		TO:		Towed Due to Damage <input type="checkbox"/> By:		TO:			
G 11	Trailer VIN# 		Trailer VIN# 		Trailer VIN# 		Trailer VIN# 		1 - Slight 2 - Moderate 3 - Severe	
	Undercarriage		Undercarriage		Undercarriage		Undercarriage		Undercarriage	
H 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm		Exp. Date 4/7/07		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmer's Insurance Exchange		Exp. Date 4/20/07		15 00	
	Policy Number C61 4613-D07-06F (Ph #970-249-7688)		Policy Number 07-15864-51-66 (Ph #719-784-3434)		Owner Damaged Prop. Last Name		First		MI	
J 00	Owner Damaged Prop. Last Name		First		MI		Address		City	
	Owner Damaged Prop. Last Name		First		MI		Address		City	
K 01	T.U. #		POS.		REST.		ENDO.		SAFETY EQUIP.	
	01		01		01		00		B 01 A	
L 08	AIR BAG		EJECT		SUSPECTED ALCO		INJ. SEV.		AGE	
	00 A		00		00 00		02		64	
M 04	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		03 03	
	M		Same as Dvr #1		M		Same as Dvr #2		08 08	
N 03	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		04 04	
	F		Same as Dvr #2		F		Same as Dvr #2		03 03	
O 03	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		05 05	
	F		Same as Dvr #2		F		Same as Dvr #2		03 03	
P 10	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		06 06	
	F		Same as Dvr #2		F		Same as Dvr #2		10 10	
Q 13	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		07 07	
	F		Same as Dvr #2		F		Same as Dvr #2		13 13	
R 15	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		08 08	
	F		Same as Dvr #2		F		Same as Dvr #2		15 15	
S 00	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		09 09	
	F		Same as Dvr #2		F		Same as Dvr #2		00 00	
T 00	SEX		NAME / ADDRESS		SEX		NAME / ADDRESS		10 10	
	F		Same as Dvr #2		F		Same as Dvr #2		00 00	
Approved By		I.D. #		Date						

AA	Case # 07-000946	DOR CODE	Accident Date 1/14/07	Agency Montrose Police Department	HH
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Describe Accident

AA Veh #2 (STEWART) was heading northwest on San Juan Avenue at the intersection with No. Townsend Avenue. Veh #1 (HOLZMEISTER) was behind Veh #2; both drivers intended to turn right (north). Dvr #1 thought Veh #2 had already turned and was going forward while looking to the left (south) for oncoming traffic. He did not realize Veh #2 had stopped. The front of Veh #1 struck the rear of Veh #2 causing moderate to severe damage to both vehicles. BB Dvr #1 was preoccupied with getting to the Pepsi plant to the north. Dvr #1 complained of neck pain. Dvr #2 sustained a bloody nose; she thought she might have struck the steering wheel. Neither driver required immediate medical attention. Both vehicles were driven from the scene. *HA*



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER MILEPOINT		DOR Code		07 ^K
	Case # 07-002627		City Montrose		Agency Montrose Police Department		County Montrose		05 ^K
B 07	Date of Accident 02-08-2007		City Montrose		Agency Montrose Police Department		County Montrose		07 ^L
	Time (24 Hr.) 1459		Officer Number 12529		Officer Name G. MENDOZA		Signature 		07 ^L
B 07	Number Killed 0		Number Injured 0		Location Route, Street, Road N. San Juan Avenue		Miles N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: At: N. Townsend Avenue		07 ^L
	Date of Report 02/08/2007		Latitude		Longitude				
B 07	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number		04 ^M
	Traffic Unit # 1 or		<input 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.		Traffic Unit # 2 or		<input 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.		04 ^M
B 07	Last Name YATES		First ROBERT		MI B		Last Name LINVILLE		
	Street Address 425 W. 5th Avenue		Personal Phone (970)242 - 7491		Street Address 2350 Mesa Drive		Personal Phone (970)323 - 6788		
C 01	City Nucla		State CO		ZIP 81424		Bus. Phone () -		N
	Driver License Number 94-353-1273		CDL CO		Sex M		DOB 05-15-1979		N
C 01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Following Too Closely		Violation Code MTC 1008.1		Citation Number A104440		Common Code		P
	Year 2003		Make Ford		Model F250		Body Type PK		P
D 03	License Plate Number 250-GZM		State or Country CO		Color White		Year 1997		
	Make Ford		Model F250		Body Type PK		Year 1997		
E 01	Vehicle Identification Number 3FTNF21L73MB30755		Vehicle Identification Number 1P3ES22C7VD111924		Year 1997		Make Plymouth		
	Vehicle Owner Last Name UTE WATER		First MI		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First MI		
E 01	Address 560 25 Rd.		City Grand Junction		State CO		ZIP 81505		13 ^Q
	Towed Due to Damage <input type="checkbox"/> By:		Towed Due to Damage <input type="checkbox"/> By:						00 ^Q
F 02	Trailer VIN#		Trailer VIN#		Trailer VIN#		Trailer VIN#		
G 01	Insurance Company Colorado Specials Districts		Exp. Date 01-01-2008		Insurance Company Viking Insurance Company		Exp. Date 04-27-2007		00 ^R
	Policy Number 19C54610-474				Policy Number 065723349				00 ^R
H 01	Owner Damaged Prop. Last Name		First		MI		Address		
	Owner Damaged Prop. Last Name		First		MI		Address		
J 00	T.U. #		POS.		REST. ENDO.		SAFETY EQUIP.		S
	1		01		00		00		S
2		01		00		00			
								00 ^T	
								00 ^T	

Approved By: *[Signature]* I.D. # 06176 Date 2/7/07

AA	Case # 07-002627	DOR CODE	Accident Date 02-08-2007	Agency Montrose Police Department	HH
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Describe Accident

AA Vehicle #2 (LINVILLE) was stopped at the stop light (facing west bound) at the intersection of N. San Juan Avenue and Townsend Avenue. Vehicle #2 attempted to make a right turn (north bound) at the above intersection. Vehicle #2 stopped because of the oncoming traffic and was hit by vehicle #1. Vehicle #1 (YATES) was behind vehicle #2 at the above intersection. Driver vehicle #2 stated he observed vehicle #2 moving (attempting to make a right turn), he did not see when vehicle #2 stopped because he was watching the oncoming traffic hitting vehicle #2 in the rear end. Vehicle #1 had moderate damage to the front end and grill. Vehicle #2 had severe damage to the trunk, rear bumper, and tail lights.

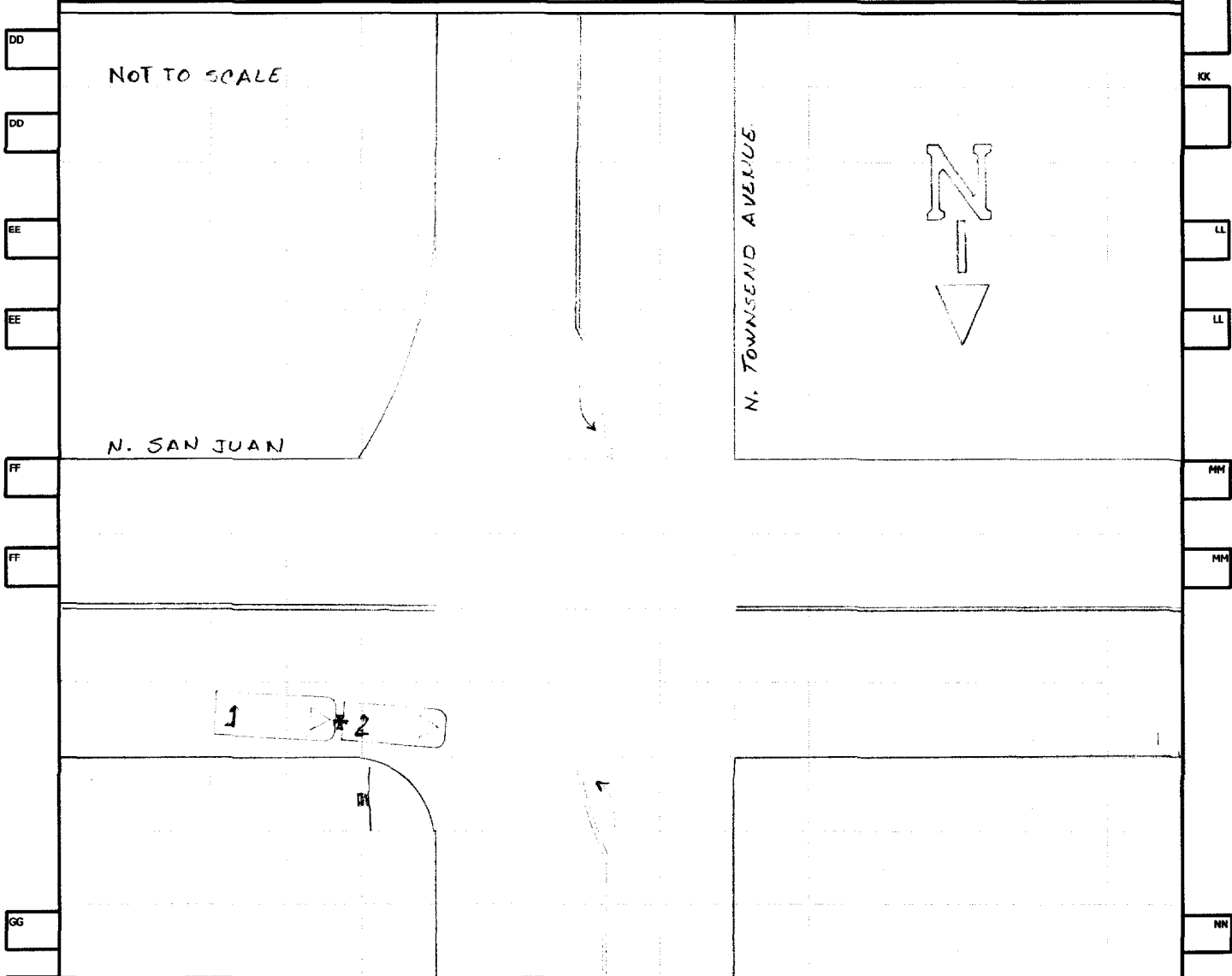
BB

BB

CC

CC



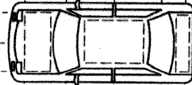

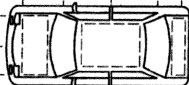

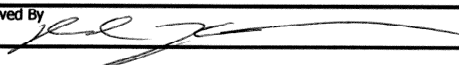
KK



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER [] [] [] MILEPOINT [] [] [] []		DOR Code 		07 ^K								
	Case # 07-002681								05 ^K								
B 07	Date of Accident 02-09-2007	City Montrose	Agency Montrose Police Department		County Montrose	County # 21											
	Time (24 Hr.) 1000	Officer Number 6492	Officer Name Thad Stahly		Signature 	Detail Patrol		08 ^L									
B 07	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: North San Juan Ave		At: North Townsend Ave		08 ^L								
	Date of Report 02/09/2007	Latitude		Longitude													
B 07	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/ Employee <input type="checkbox"/>	Photos Taken	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	01 ^M						
	Traffic Unit # 1 or <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.	Traffic Unit # 2 or <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.										03 ^M					
B 07	Last Name Unknown		First	MI	Last Name Burriss		First Oscar	MI F									
	Street Address		Personal Phone () -		Street Address 2901 Ivy Dr		Personal Phone (970) 240 - 8181										
C 03	City	State	ZIP	Bus. Phone () -	City Montrose	State CO	ZIP 81401	Bus. Phone () -		35 ^N							
	Driver License Number	CDL	State	Sex	DOB	Driver License Number 06-338-0656	CDL	State CO	Sex M	DOB 11-07-1934	35 ^N						
C 03	Primary Violation <input type="checkbox"/> DUI		Primary Violation <input type="checkbox"/> DUI		Violation Code		Citation Number		Common Code		0 ^P						
	Year 1997	Make GMC	Model	Body Type PK	Year 1997	Make Mit	Model Gal	Body Type SD									
D 03	License Plate Number		State or Country		Color Gray		License Plate Number 480OHR		State or Country CO		05 ^P						
	Vehicle Identification Number		Vehicle Identification Number 4A3AJ56G1VE099826		Vehicle Owner Last Name <input type="checkbox"/> Same		First		MI								
E 01	Address <input type="checkbox"/> Same		City		State		ZIP		Address <input type="checkbox"/> Same		City		State		ZIP		13 ^Q
	Towed Due to Damage <input type="checkbox"/> By:		Towed Due to Damage <input type="checkbox"/> By:		TO:		TO:										00 ^Q
F 02	Trailer VIN#		Trailer VIN#						1 - Slight 2 - Moderate 3 - Severe						1 - Slight 2 - Moderate 3 - Severe		
	Undercarriage		Undercarriage		Undercarriage		Undercarriage										
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof		Exp. Date		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm		Exp. Date 4-13-2007		00 ^R								
	Policy Number		Policy Number 123-8602-D13-06		00 ^R												
H 01	Owner Damaged Prop. Last Name		First		MI		Address		City		State		ZIP				
	Owner Damaged Prop. Last Name		First		MI		Address		City		State		ZIP				
J 00	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS				S
	02	01	00	00	B 01 A	04 B	00	00	00	00	72	M	Same as Vehicle #2				S
Approved By 											I.D. # 13425		Date 02/09/2007				00 ^T
																	00 ^T

AA	Case # 07-02681	DOR CODE	Accident Date 02-09-2007	Agency Montrose Police Department	HH
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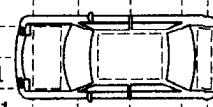

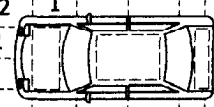


AA	Describe Accident				HH
BB	Veh #2 (Burris) was stopped facing Northwest on N. San Juan Ave at the intersection with N. Townsend Ave. Veh #1 (unknown) was traveling Northwest on N. San Juan Ave behind Veh #2. Veh #1 failed to notice Veh #2 and the front of Veh #1 struck the rear of Veh #2. The impact caused minor damage to both vehicles. Both vehicles pulled to the side of the road to inspect the damage. Driver #1 stated he did not have a driver's license and left the scene without providing any other information.				JJ
BB	Air bags did not deploy				JJ
CC	No injuries were reported.				JJ
CC					KK

DD					KK
DD					KK
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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

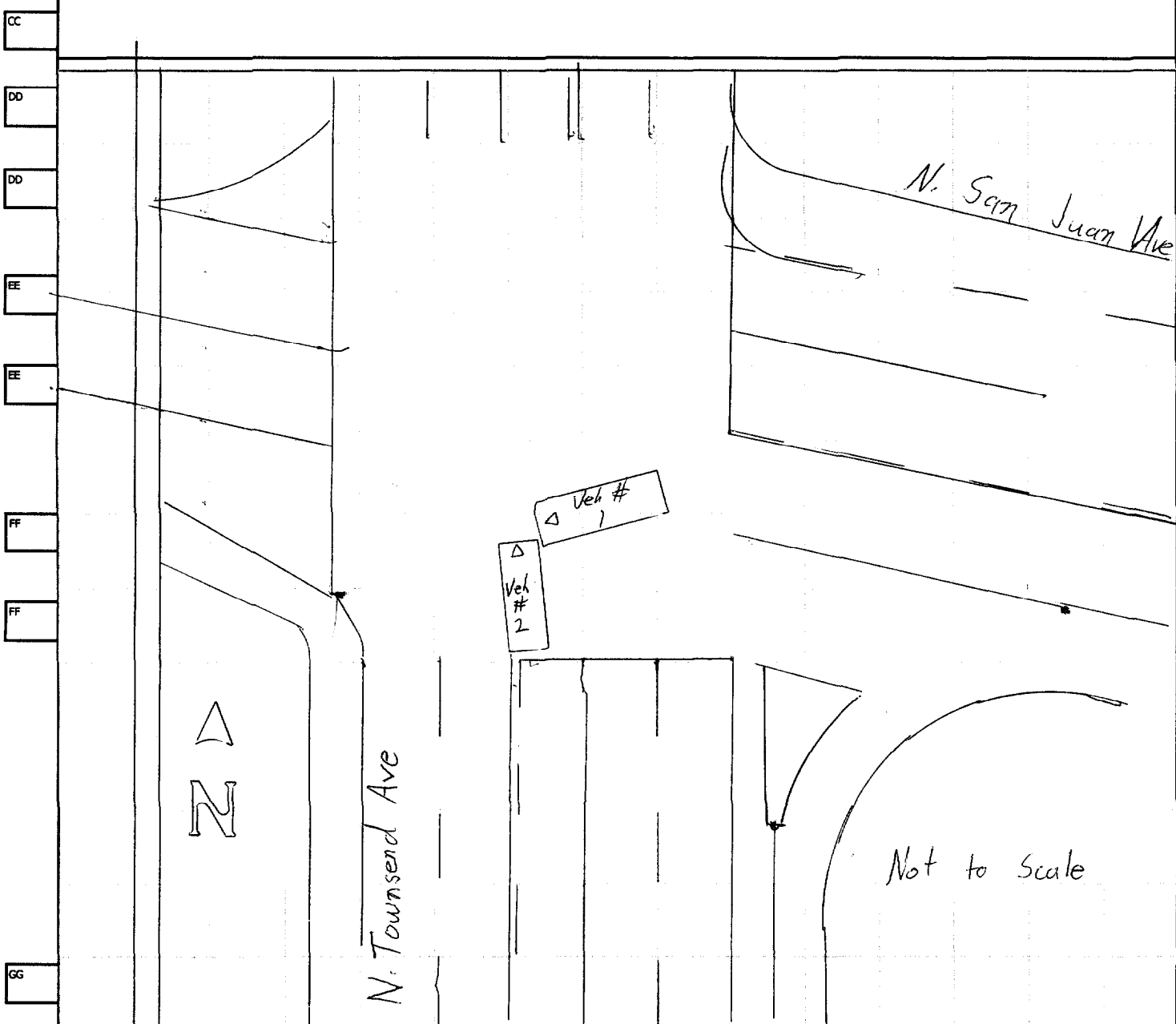
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	Case # 07-004702		City Montrose		Agency Montrose Police Department		County Montrose		County # 21					
Date of Accident 03-09-2007		Officer Number 6492		Officer Name Thad Stahly		Signature 		Detail Patrol						
B 08	Number Killed 0		Number Injured 0		Location Route, Street, Road _____ Miles _____ Feet		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:		07 01					
	Date of Report 3/9/2007		N. San Juan Ave		At: N. Townsend Ave		Latitude _____ Longitude _____							
B 08	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number		05 05					
	Traffic Unit # 1 or <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.		Public Property/Employee <input type="checkbox"/>		Photos Taken <input checked="" type="checkbox"/>		Railroad Crossing Related <input type="checkbox"/>		Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>			
B 08	Last Name Theis		First Robert		MI G		Last Name Perry		First Timothy		MI L			
	Street Address 60815 Hwy 50		Personal Phone (970) 323-6676		Street Address 14555 Marine Rd		Personal Phone (970) 252-1022		City Montrose		State CO	ZIP 81401		
C 03	Driver License Number 95-090-3591		CDL Y		State CO		Sex M		DOB 08-29-1955		05 05			
	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Disregard of Steady Red Light		Violation Code 604.1.c		Citation Number A104467		Common Code		Violation Code		Citation Number			
D 01	Year 2001		Make Chevy		Model K2500		Body Type PK		Year 1977		Make Buick			
	License Plate Number 525DAP		State or Country CO		Color Silver		License Plate Number 168JWV		State or Country CO		Color Silver			
E 01	Vehicle Identification Number 1GCHK29G01E191982		Vehicle Identification Number 4P69K7X149039		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		Address <input checked="" type="checkbox"/> Same			
	City		State		ZIP		City		State		ZIP			
F 02	Towed Due to Damage <input type="checkbox"/> By:		Towed Due to Damage <input type="checkbox"/> By:		TO:		TO:		Trailer VIN#		Trailer VIN#			
									1 - Slight 2 - Moderate 3 - Severe		1 - Slight 2 - Moderate 3 - Severe			
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof		State Farm		Exp. Date 07-26-2007		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof		Progressive		Exp. Date 06-04-2007			
	Policy Number C72-2054-F26-06E		Policy Number 70459585-1		Owner Damaged Prop. Last Name		First		MI		Address			
H 01	Owner Damaged Prop. Last Name		First		MI		Address		City		State			
	Owner Damaged Prop. Last Name		First		MI		Address		City		State			
J 00	T.U. # POS. REST. ENDO. SAFETY EQUIP. AIR BAG EJECT SUSPECTED ALCO/DRUG INJ. SEV. AGE SEX NAME / ADDRESS													
	01	01	00	00	B	01	A	01	B	00	00	00	51	M
02	01	00	00	B	01	A	00	A	00	00	00	35	M	Same as Driver #2
Approved By  I.D. # 13425 Date 03/09/2007														

AA	Case # 07-004702	DOR CODE	Accident Date 03-09-2007	Agency Montrose Police Department	HR
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Describe Accident
 Vehicle #2 was facing northbound in the left turn lane of N. Townsend Ave at the intersection with N. San Juan Ave. Vehicle #1 was traveling westbound in the left turn lane of N. San Juan Ave at the intersection with N. Townsend Ave.

The green arrow for left turns activated for Veh #2 and it proceeded to turn left. Veh #1 disregarded a steady red light for left turns from N. San Juan onto the southbound lanes of N. Townsend. The front left of Veh #1 struck the right front of Veh #2. The impact caused damage to both vehicles. No injuries were reported.


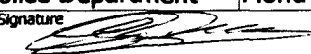
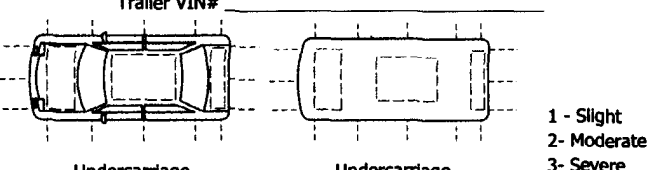
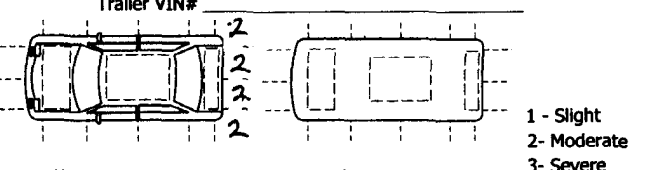
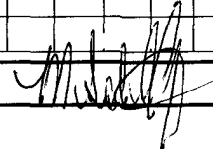
The incident was witnessed by John McCarty (DOB: 02171961) Address 150 W. 5th Olathe, CO 81425 Ph # 970-323-5626. He was in the left turn lane behind Veh #2 and confirmed that the Arrow was Green for N. Townsend Ave.



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Guide Case # 07-022192	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	01 07																																																						
	Date of Accident 10/15/07	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																						
	Time (24 Hr.) 1643	Officer Number 13132	Officer Name Luis Perez	Signature 	Detail# Patrol																																																						
B 07	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet North San Juan Avenue	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: North Townsend Avenue	07 07																																																						
	Date of Report 10/15/07	Latitude _____ Longitude _____																																																									
B 07	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	Public Property/Employee <input type="checkbox"/>																																																						
	Photos Taken _____	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>																																																						
B 07	Traffic Unit # 1 or 1 <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.	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 03																																																					
	Last Name First MI Hudelson	Last Name First MI Teinha																																																									
	Street Address City State ZIP 62880 W. Lasalle Rd Montrose CO 81401	Street Address City State ZIP Montrose CO 81401																																																									
	Driver License Number CDL State Sex DOB 07-218-0276 CO F 08/06/91	Driver License Number CDL State Sex DOB 07-218-0276 CO F 08/06/91																																																									
C 01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Hit & Run	Primary Violation <input type="checkbox"/> DUI				01 03																																																					
	Violation Code _____ Citation Number _____ Common Code _____	Violation Code _____ Citation Number _____ Common Code _____																																																									
	Year Make Model Body Type 02 GMC Sonoma TK	Year Make Model Body Type 02 GMC Sonoma TK																																																									
D 01	License Plate Number State or Country Color 806OFO CO Red	License Plate Number State or Country Color 806OFO CO Red				01 03																																																					
	Vehicle Identification Number 1GTDT13W52K216173	Vehicle Identification Number 1GTDT13W52K216173																																																									
E 01	Vehicle Owner Last Name <input type="checkbox"/> Same Address <input type="checkbox"/> Same City State ZIP Goodnight Montrose CO	Vehicle Owner Last Name <input type="checkbox"/> Same Address <input checked="" type="checkbox"/> Same City State ZIP Charlene Montrose CO				01 03																																																					
	Towed Due to Damage <input type="checkbox"/> By: TO:	Towed Due to Damage <input type="checkbox"/> By: TO:																																																									
F 02	Trailer VIN# 	Trailer VIN# 				02 00																																																					
	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe																																																									
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Exp. Date Farmers Insurance CO 10/13/07	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Exp. Date Farmers Insurance CO 10/13/07				01 03																																																					
	Policy Number 07-17907-83-48	Policy Number 07-17907-83-48																																																									
H 01	Owner Damaged Prop. Last Name First MI Address City State ZIP	Owner Damaged Prop. Last Name First MI Address City State ZIP				01 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>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>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Hit & Run</td> </tr> <tr> <td>2</td> <td>01</td> <td>01</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td>01</td> <td>16</td> <td>F</td> <td>Same as above</td> </tr> <tr> <td>2</td> <td>03</td> <td>03</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td></td> <td></td> <td>F</td> <td>Betsy Applehantz. (DOB 05/13/76) OLN 942132689/CO</td> </tr> </tbody> </table>										T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO/DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1											Hit & Run	2	01	01	00	B 01	A 01	B 00	00 00	01	16	F	Same as above	2	03	03	00	B 01	A 01	B 00	00 00			F	Betsy Applehantz. (DOB 05/13/76) OLN 942132689/CO	00 00
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO/DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																
1											Hit & Run																																																
2	01	01	00	B 01	A 01	B 00	00 00	01	16	F	Same as above																																																
2	03	03	00	B 01	A 01	B 00	00 00			F	Betsy Applehantz. (DOB 05/13/76) OLN 942132689/CO																																																
	Approved By 	I.D. # 15882	Date 10/15/2007																																																								

AA Case # 07-022192 **Don't Drink and Drive** Accident Date 10/15/07 Agency Montrose Police Department HH

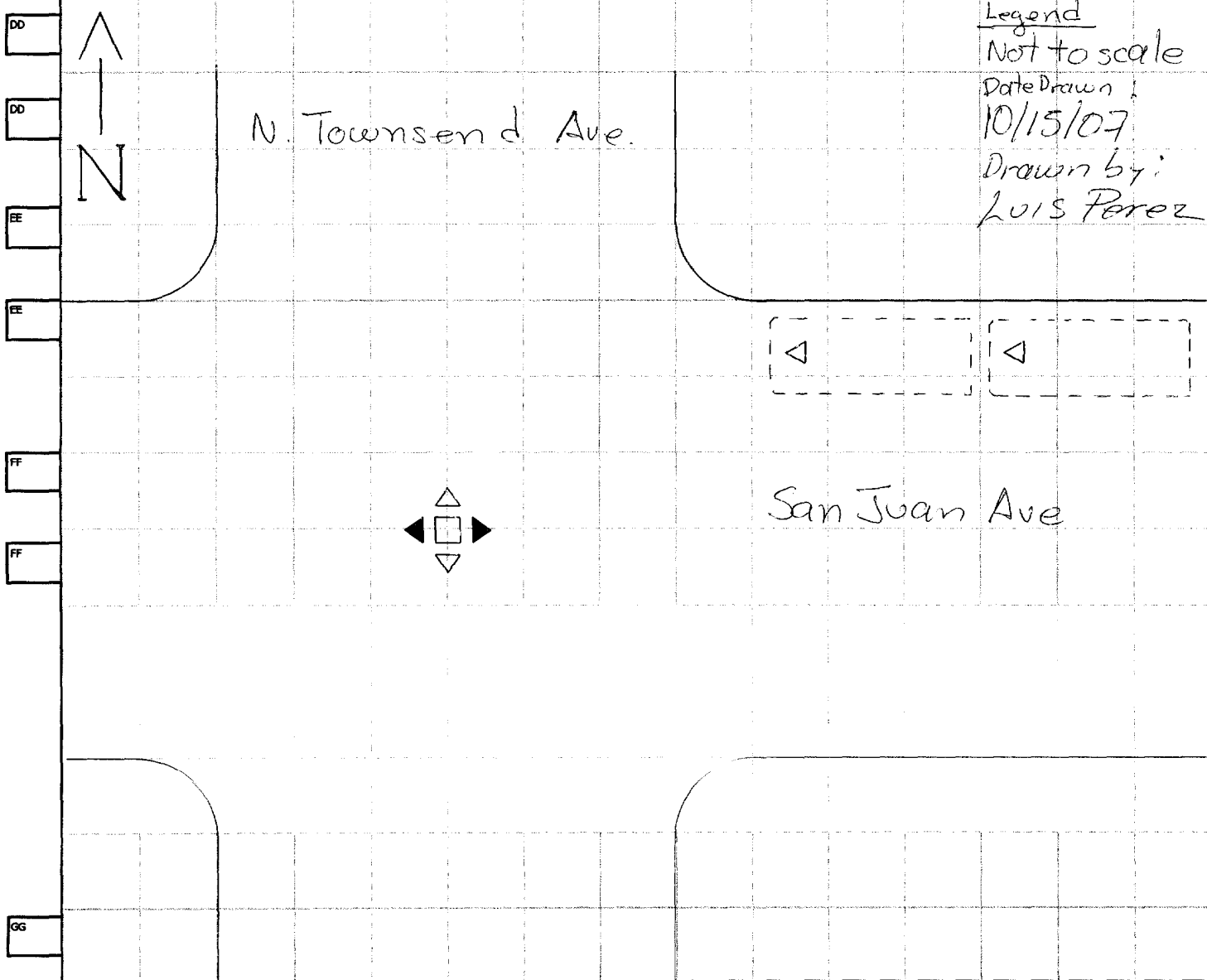
AA Describe Accident Vehicle # 2, (HUDELSON), was stopped in traffic on north San Juan Avenue at the intersection with north Townsend Avenue. HH

BB Vehicle # 1, (Hit & Run) was traveling westbound on San Juan Avenue. HH

BB Vehicle # 1 struck Vehicle # 2 in the rear railgate and rear bumper causing severe damage to vehicle # 2. JJ

CC No airbags were deployed. HUDELSON drove herself to the Montrose Memorial hospital ER where she made the report of the accident. JJ



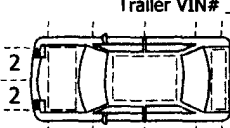
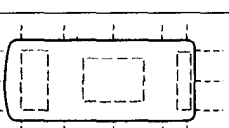
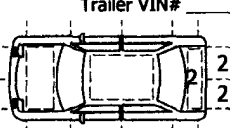
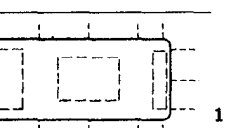
CC



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

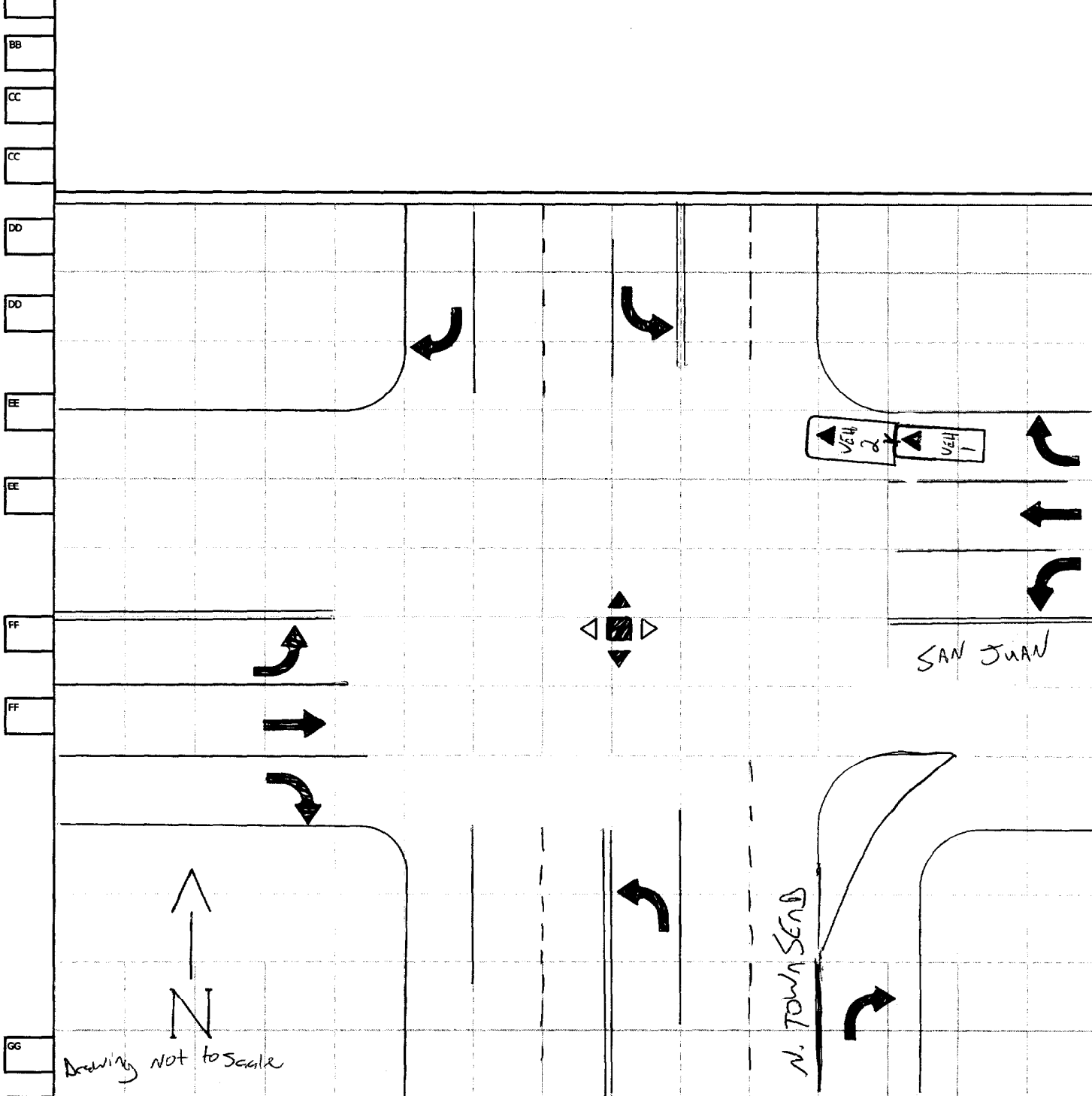
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	Case # 07-024787	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 0 5 0 MILEPOINT [] [] [] [] []	DOR Code 	07 05
	Date of Accident 11/24/2007	City Montrose	Agency Montrose Police Department	County Montrose	County # 21
	Time (24 Hr.) 1629	Officer Number 12029	Officer Name Billy Stroup	Signature 	Detail Patrol
B 07	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet San Juan	Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: N. Townsend	07 07
	Date of Report 11/24/07	Latitude _____ Longitude _____			
B 07	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	Public Property/Employee <input checked="" type="checkbox"/>
	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>
B 07	Traffic Unit # 1 or 1 <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.	Traffic Unit # 2 or <input 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.			04 04
	Last Name Brennan	First David	MI J	Last Name Duteil	First Dione
	Street Address 61151 Lobo Dr.	Personal Phone (970) 249-4450	Street Address 13382 L. Rd	Personal Phone (970) 249-8366	
	City Montrose	State CO	ZIP 81501	City Montrose	State CO
	Driver License Number 97-259-0211	CDL CO	Sex M	DOB 12/23/1964	Driver License Number 92-062-7909
	CDL CO	Sex F	DOB 08/20/1962		35 35
C 01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Careless Driving	Primary Violation <input type="checkbox"/> DUI			05 00
	Violation Code MTC 1402	Citation Number A109933	Common Code _____	Violation Code _____	Citation Number _____
	Year 2004	Make Chevrolet	Model Silverado	Body Type Pickup	Year 1995
	Make Chevrolet	Model Silverado	Body Type Pickup	Year 1995	Make Toyota
	Model Silverado	Body Type Pickup	Year 1995	Make Toyota	Model 4 Runner
	Body Type Pickup	Year 1995	Make Toyota	Model 4 Runner	Body Type SUV
D 01	License Plate Number 281-GYR	State or Country Colorado	Color White	License Plate Number 360-GOZ	State or Country Colorado
	Color White	License Plate Number 360-GOZ	State or Country Colorado	Color Red	
	Vehicle Identification Number 1GCEK19V54Z247102	Vehicle Identification Number JT3VN39W7S8086089			
	Vehicle Owner Last Name <input type="checkbox"/> Same ARI Fleet LT	First MI	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same First MI		
E 01	Address <input type="checkbox"/> Same 132 E. 5th St.	City Delta	State CO	ZIP 81416	Address <input checked="" type="checkbox"/> Same City State ZIP
	Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:			00 00
F 02	TO:		TO:		
	Trailer VIN# 	Trailer VIN# 	Trailer VIN# 	Trailer VIN# 	
	Undercarriage	Undercarriage	Undercarriage	Undercarriage	1 - Slight 2 - Moderate 3 - Severe
	Undercarriage	Undercarriage	Undercarriage	Undercarriage	1 - Slight 2 - Moderate 3 - Severe
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Old Republic Insurance Company	Exp. Date 01/01/2008	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Viking Insurance Company of Wisconsin	Exp. Date 11/26/2007	00 00
H 01	Policy Number MWTB19718	Policy Number 065731753			
	Owner Damaged Prop. Last Name First MI	Address City State ZIP	Owner Damaged Prop. Last Name First MI	Address City State ZIP	
J 00	T.U. # 1	POS. 01	REST. 00	ENDO. 00	SAFETY EQUIP. B 01
	AIR BAG A 00	EJECT A 00	SUSPECTED ALCO 00	DRUG 00	INJ. SEV. 00
	AGE 42	SEX M	NAME / ADDRESS SAME		S S
	T.U. # 2	POS. 01	REST. 01	ENDO. 00	SAFETY EQUIP. B 01
	AIR BAG A 00	EJECT A 00	SUSPECTED ALCO 00	DRUG 00	INJ. SEV. 00
	AGE 45	SEX F	NAME / ADDRESS SAME		00 00
	Approved By PBF	I.D. # 00176	Date 11/25/07		

AA	Case # 07-024787	Accident Date 11/24/2007	Agency Montrose Police Department
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Describe Accident
 Veh2(Duteil) was stopped in the right hand turn lane on San Juan at N. Townsend, facing westbound with the intentions of turning right onto N. Townsend (Northbound). Veh1(Brennan) was also in the right had turn lane waiting for traffic to clear. The front of Veh1 struck the rear of Veh2 causing moderate damage to both vehicles.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

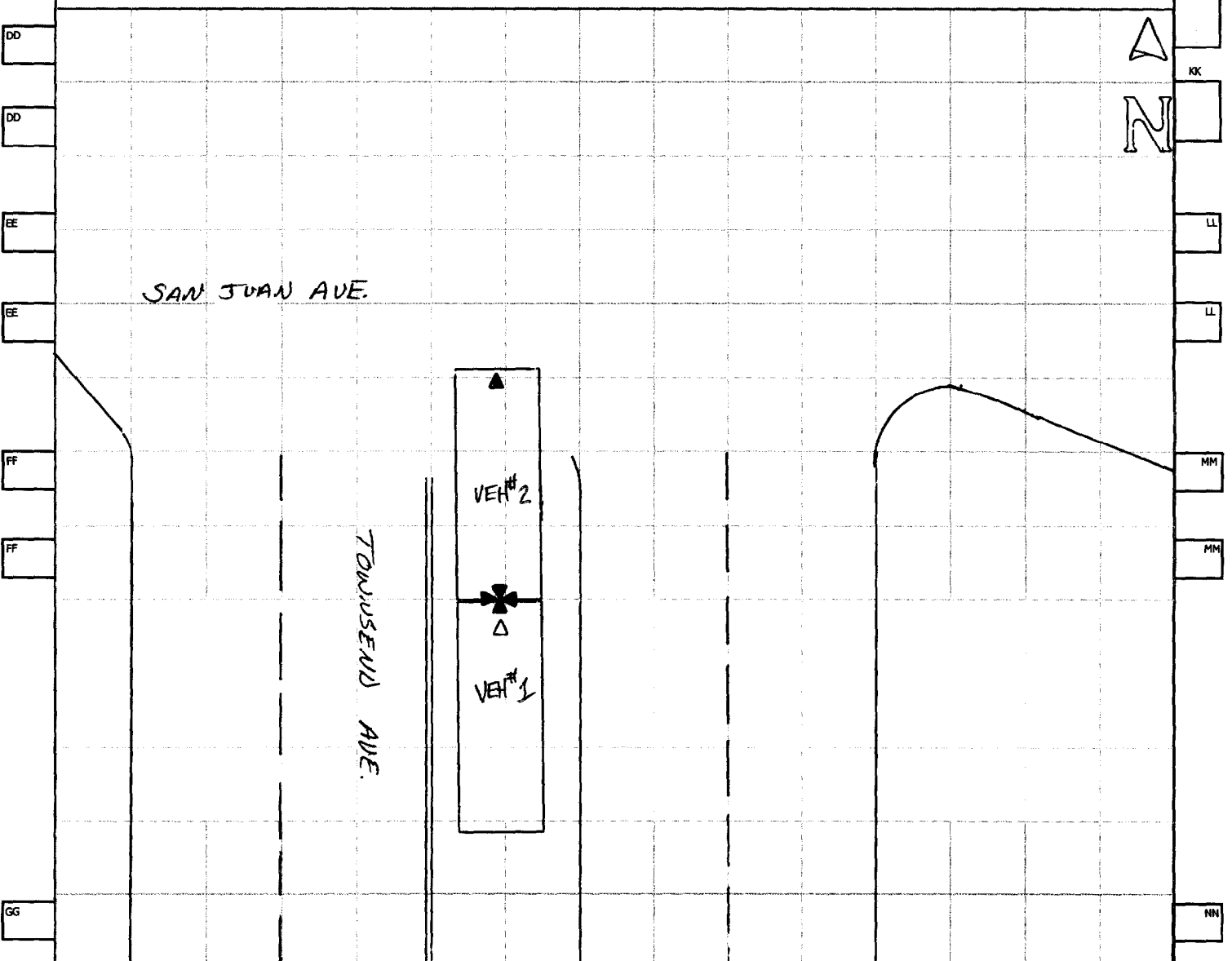
A 01	Case # 07-025464	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER 0 5 0 MILEPOINT . . .		DOR Code 		07 ^K											
	Date of Accident 12-4-2007		City Montrose		Agency Montrose Police Department		County Montrose		07 ^K										
B 07	Time (24 Hr.) 0917	Officer Number 10476	Officer Name Chris M. Worthington			Signature 		Detail Traffic	05 ^L										
	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet North Townsend Avenue				N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: San Juan Avenue		05 ^L										
B 07	Date of Report 12/4/07	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number West	Public Property/ Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	05 ^M							
	Traffic Unit # 1 or 1	<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.					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.					03 ^M						
B 07	Last Name Swezey		First Norman		MI E.	Last Name Meeks		First Chad		MI W.	Street Address 511 29.5 Road	Personal Phone (970) 245-4804	45 ^N						
	City Grand Junction		State Co	ZIP 81504	Bus. Phone (502) 263-9179		City Montrose		State Co	ZIP 81401	Bus. Phone (970) 323-5572		45 ^N						
C 01	Driver License Number 05-206-0740	CDL CO	Sex M	DOB 8-9-63	Primary Violation <input type="checkbox"/> DUI Careless Driving MTC 1402	Citation Number A-110112		Common Code		Driver License Number 04-161-0722	CDL CO	Sex M	DOB 1-6-66	30 ^P					
	Primary Violation <input type="checkbox"/> DUI none	Violation Code		Citation Number		Common Code		Year 2006	Make Ford	Model F-250	Body Type Van	Year 1998	Make Dodge	Model 2500	Body Type PK	0 ^P			
D 01	License Plate Number 146974	State or Country Kentucky		Color White	Vehicle Identification Number 1FTSE34P16DA51138	Vehicle Owner Last Name <input type="checkbox"/> Same Medastat USA	First	MI	License Plate Number 990-HUO	State or Country Colorado		Color Blue	Vehicle Identification Number 1B7KF23Z1WJ171405	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First	MI	17 ^Q		
	Address <input type="checkbox"/> Same 1920 Stanley Gault Way	City Louisville	State KT	ZIP 40223	Address <input type="checkbox"/> Same	City	State	ZIP									00 ^Q		
F 01	Towed Due to Damage <input type="checkbox"/> By:	TO:	Trailer VIN#			1 - Slight 2 - Moderate 3 - Severe	Towed Due to Damage <input type="checkbox"/> By:	TO:	Trailer VIN#			1 - Slight 2 - Moderate 3 - Severe							
	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Travelers Property Insurance	Exp. Date 7-29-08		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Amco Insurance Company	Exp. Date 4-5-08												15 ^R		
H 01	Policy Number 8109290A834	Owner Damaged Prop. Last Name	First		MI	Address	City	State	ZIP	Policy Number PPAM00189357880	Owner Damaged Prop. Last Name	First		MI	Address	City	State	ZIP	00 ^R
	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS						
1	01	00	00	B 01	B 01	B 01	B 01	00	00	00	44	M	SAME AS #1						
2	01	00	00	B 01	B 01	B 01	B 01	00	00	00	01	41	M	SAME AS #2					
00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00 ^T
00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00 ^T
Approved By 	I.D. # 12177	Date 12-5-07																	

AA	Case # 07-025464	Accident Date 12-4-2007	Agency Montrose Police Department
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Describe Accident
 Veh. #1 was traveling SB in the 1200 Blk of North Townsend Avenue and attempted to use the left turn lane to turn EB onto San Juan Avenue. Veh. #1 struck the rear of Veh. #2 which was stopped in the turn lane waiting for traffic to clear. Both vehicles sustained moderate damage.

BB	
BB	
CC	
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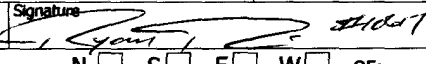
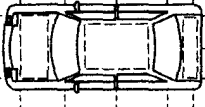

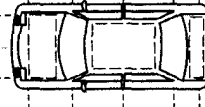


NOTE: Diagram not to scale for reference only.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

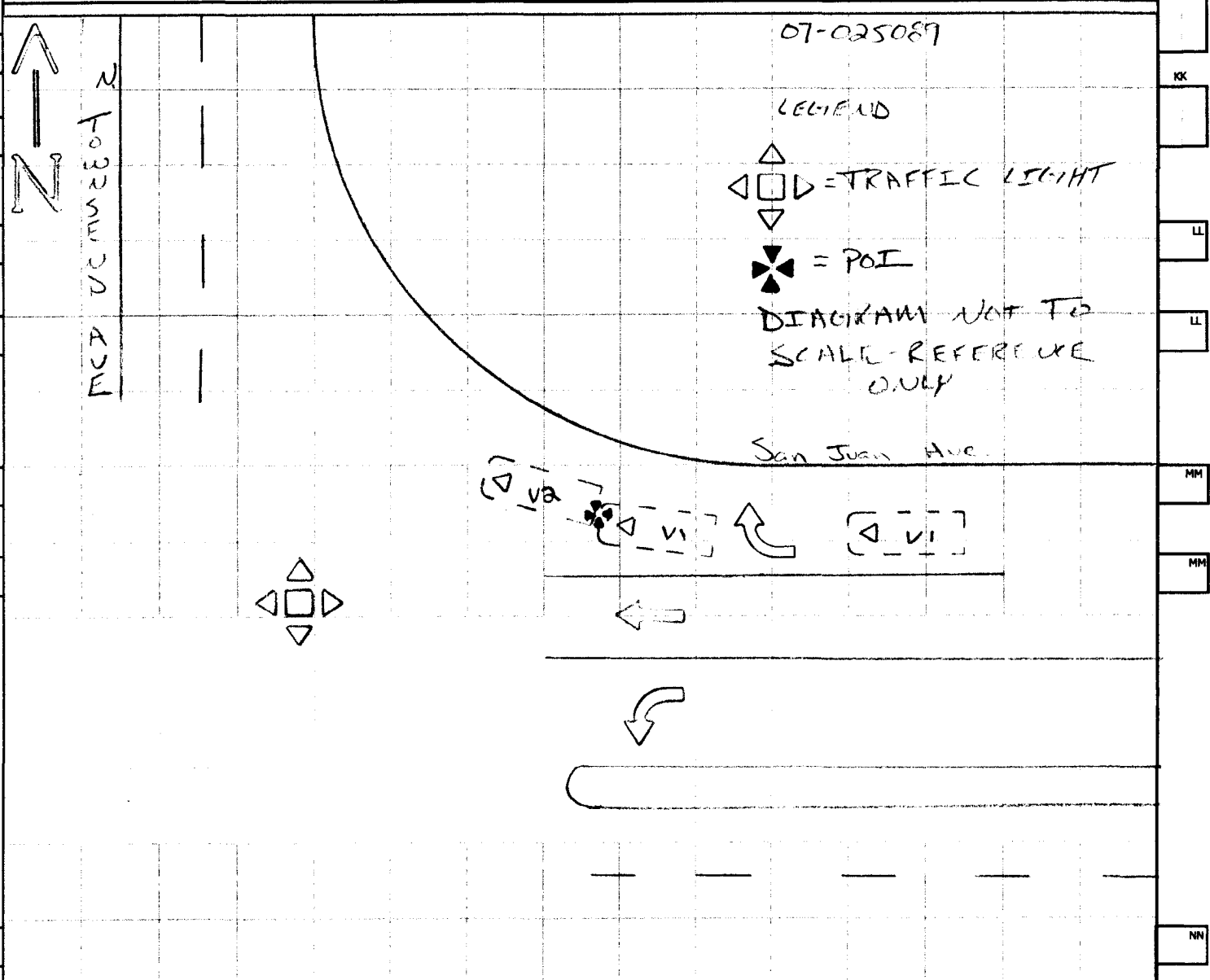
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	DOT Code Case # 07-025809	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 5 0 MILEPOINT . . .	DOR Code 	09 07																																																																														
		Date of Accident 12-08-07	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																																														
		Time (24 Hr.) 1223	Officer Number 10617	Officer Name R. Pierce	Signature 	Detail Patrol																																																																														
B	07	Number Killed 0	Number Injured 3	Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: N. San Juan Avenue <input type="checkbox"/> At: N. Townsend Avenue		07 07																																																																														
		Date of Report 12/8/07	Latitude _____ Longitude _____																																																																																	
B		Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	Public Property/ Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	01 02																																																																								
B		Traffic Unit # 1 or <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.	Traffic Unit # 2 or <input 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.																																																																																	
		Last Name Garrison	First Sheryl	MI L.	Last Name Hansen	First Teresa	MI C.																																																																													
		Street Address 60300 Herman Rd.	Personal Phone (970) 323-5846	Street Address 689 Hwy 50 #19	Personal Phone (970) 209-7105																																																																															
		City Montrose	State CO	ZIP 81401	City Delta	State CO	ZIP 81416																																																																													
		Driver License Number 92-099-2628	CDL CO	Sex F	DOB 12-11-61	Driver License Number 03-156-0588	CDL CO	Sex F	DOB 06-11-65	35 35																																																																										
C	03	Primary Violation <input type="checkbox"/> DUI Following to Closely				Primary Violation <input type="checkbox"/> DUI None				05 05																																																																										
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		License Plate Number 171-OFO	State or Country CO	Color Black	License Plate Number 424-MZW	State or Country CO	Color Blue																																																																													
D	01	Vehicle Identification Number 2S3TA52C7X6104504	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First _____ MI _____	Vehicle Identification Number 1D7HL48X33S374636	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First _____ MI _____																																																																													
E	01	Address <input checked="" type="checkbox"/> Same	City _____ State _____ ZIP _____	Address <input checked="" type="checkbox"/> Same	City _____ State _____ ZIP _____																																																																															
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G	02	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Viking Insurance Company	Exp. Date 01-03-08	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmers Insurance Company	Exp. Date 03-16-08																																																																															
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H	01	Owner Damaged Prop. Last Name _____	First _____ MI _____	Address _____	City _____ State _____ ZIP _____																																																																															
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J	01	<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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01 A</td> <td>00 B</td> <td>00</td> <td>00 00 00</td> <td>00</td> <td>45</td> <td>F</td> <td>Same as Above</td> </tr> <tr> <td>2</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01 A</td> <td>00 B</td> <td>00</td> <td>00 00 00</td> <td>00</td> <td>42</td> <td>F</td> <td>Same as Above</td> </tr> <tr> <td>2</td> <td>3</td> <td>--</td> <td>--</td> <td>B 01 A</td> <td>00 B</td> <td>00</td> <td>00 00 01</td> <td>01</td> <td>8</td> <td>M</td> <td>Justin Hansen, 689 Hwy 50 #19, Delta CO. 81416</td> </tr> <tr> <td>2</td> <td>4</td> <td>--</td> <td>--</td> <td>B 01 A</td> <td>00 B</td> <td>00</td> <td>00 00 01</td> <td>01</td> <td>11</td> <td>F</td> <td>Catherine Hansen, 689 Hwy 50 #19 Delta CO. 81416</td> </tr> <tr> <td>2</td> <td>6</td> <td>--</td> <td>--</td> <td>B 01 A</td> <td>00 B</td> <td>00</td> <td>00 00 01</td> <td>01</td> <td>12</td> <td>F</td> <td>Rachel Hansen, 689 Hwy 50 #19, Delta CO. 81416</td> </tr> </tbody> </table>										T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	1	00	00	B 01 A	00 B	00	00 00 00	00	45	F	Same as Above	2	1	00	00	B 01 A	00 B	00	00 00 00	00	42	F	Same as Above	2	3	--	--	B 01 A	00 B	00	00 00 01	01	8	M	Justin Hansen, 689 Hwy 50 #19, Delta CO. 81416	2	4	--	--	B 01 A	00 B	00	00 00 01	01	11	F	Catherine Hansen, 689 Hwy 50 #19 Delta CO. 81416	2	6	--	--	B 01 A	00 B	00	00 00 01	01	12	F	Rachel Hansen, 689 Hwy 50 #19, Delta CO. 81416	S S T T
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		Approved By 	I.D. # 7698	Date 12-8-07																																																																																

Case # 07-025809 **DR CODE** Accident Date 12-08-07 Agency Montrose Police Department



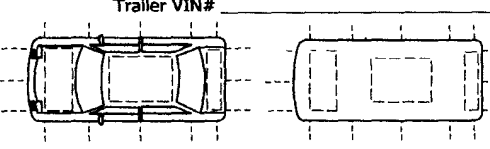
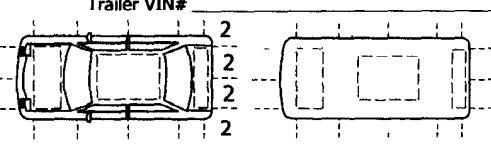
Describe Accident
 Vehicle #2 was westbound on North San Juan Avenue directly in front of Vehicle #1. Both vehicles were approaching the intersection of North Townsend Avenue, preparing to make a right hand turn on North Townsend Avenue on a red light. Vehicle #2 began moving forward and then stopped, yielding to traffic. The driver of vehicle #1 (Garrison) failed to allow enough distance between the vehicles, and was unable to stop in the distance allowed. The front of vehicle #1 struck the rear of vehicle #2. Vehicle #2 sustained minor damage to the rear bumper. Vehicle #1 did not sustain any visible damage. Three passengers in vehicle #2 complained of minor neck and/or head pain, but refused EMS. Both vehicles had been moved prior to my arrival. No measurements could be taken due to aclement weather conditions.



Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
T.U. # Address	Carrier Identification #		
Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
T.U. # Address	Carrier Identification #		

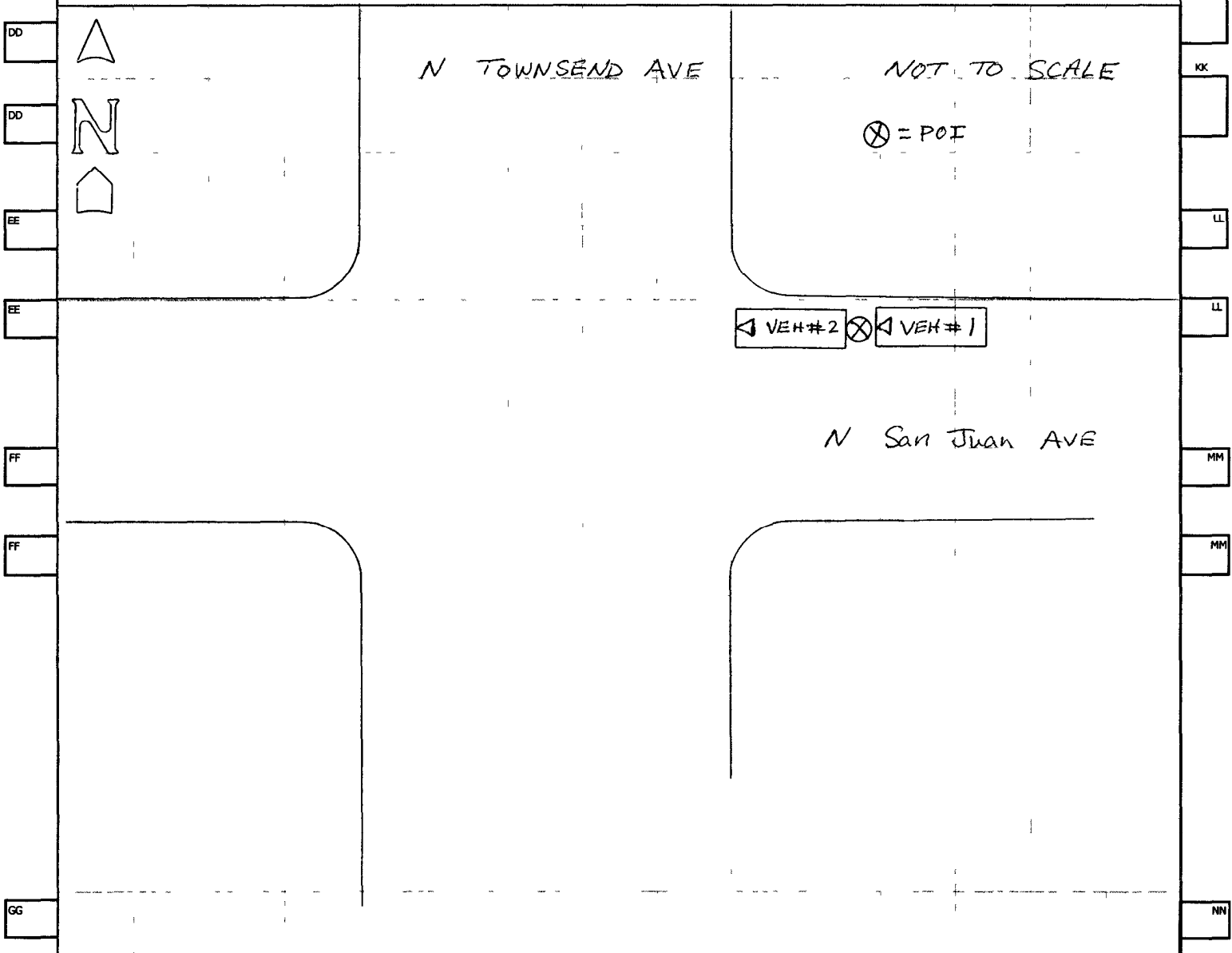
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	Case # 07-026840	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	07 05																																																																																																									
		Date of Accident 12-23-07	City Montrose	Agency Montrose PD	County Montrose	County # 21																																																																																																									
		Time (24 Hr) 1750	Officer Number 9619	Officer Name Tim R Cox	Signature 	Detail Patrol																																																																																																									
B	07	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet N San Juan Avenue		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF <input checked="" type="checkbox"/> At N. Townsend Avenue																																																																																																									
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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 P																																																																																																									
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F	02	Trailer VIN# _____ 	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Trailer VIN# _____ 	Undercarriage 1 - Slight 2 - Moderate 3 - Severe																																																																																																										
G	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof _____ Exp Date _____	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof SAFECO INS.	Exp Date 02-22-08		00 00																																																																																																									
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J	00	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TU #</th> <th>POS</th> <th>REST</th> <th>ENDO</th> <th>SAFETY EQUIP</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ SEV</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>01</td> <td>00</td> <td>00</td> <td>B</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>74</td> <td>M</td> <td>SAA</td> </tr> <tr> <td>01</td> <td>03</td> <td>00</td> <td>00</td> <td>B</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>01</td> <td>67</td> <td>F</td> <td>Lorraine Seaman/ 704 6350 Road Montrose, CO 81401</td> </tr> <tr> <td>01</td> <td>06</td> <td>00</td> <td>00</td> <td>B</td> <td>01</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>09</td> <td>F</td> <td>Savannah Dodson/ 704 6350 Road Montrose, CO 81401</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> </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> </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> </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> </tr> </tbody> </table>	TU #	POS	REST	ENDO	SAFETY EQUIP	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ SEV	AGE	SEX	NAME / ADDRESS	01	01	00	00	B	00	00	00	00	00	74	M	SAA	01	03	00	00	B	00	00	00	00	01	67	F	Lorraine Seaman/ 704 6350 Road Montrose, CO 81401	01	06	00	00	B	01	00	00	00	00	09	F	Savannah Dodson/ 704 6350 Road Montrose, CO 81401																																																									S S 00 00
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		Approved By PBF	ID # 00176	Date 12/29/07																																																																																																											

AA	Case # 07-026840	ICR CODE	Accident Date 12-23-07	Agency Montrose PD	HH
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Describe Accident
 Veh #2 (Seaman) was stopped in the right hand turn lane at the stop light on N. San Juan Avenue at the intersection with N. Townsend Avenue, when it was rear ended by Veh#1 (Unknown). Veh #1 was traveling west bound right behind Veh#2 before it rear ended Veh#2 The driver of Veh#1 got out of the vehicle and wanted to exchange insurance information with Mr Seaman, but when Mr. Seaman told him he was going to call the Police the driver of Veh#1 left the scene of the accident. Veh#1 was described as a white 1980's or 1990's model Ford truck(regular cab). There was moderate damage to the rear bumper of Veh#2 Mrs Seaman complained of neck pain, but did not want EMS to respond



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
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GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
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STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

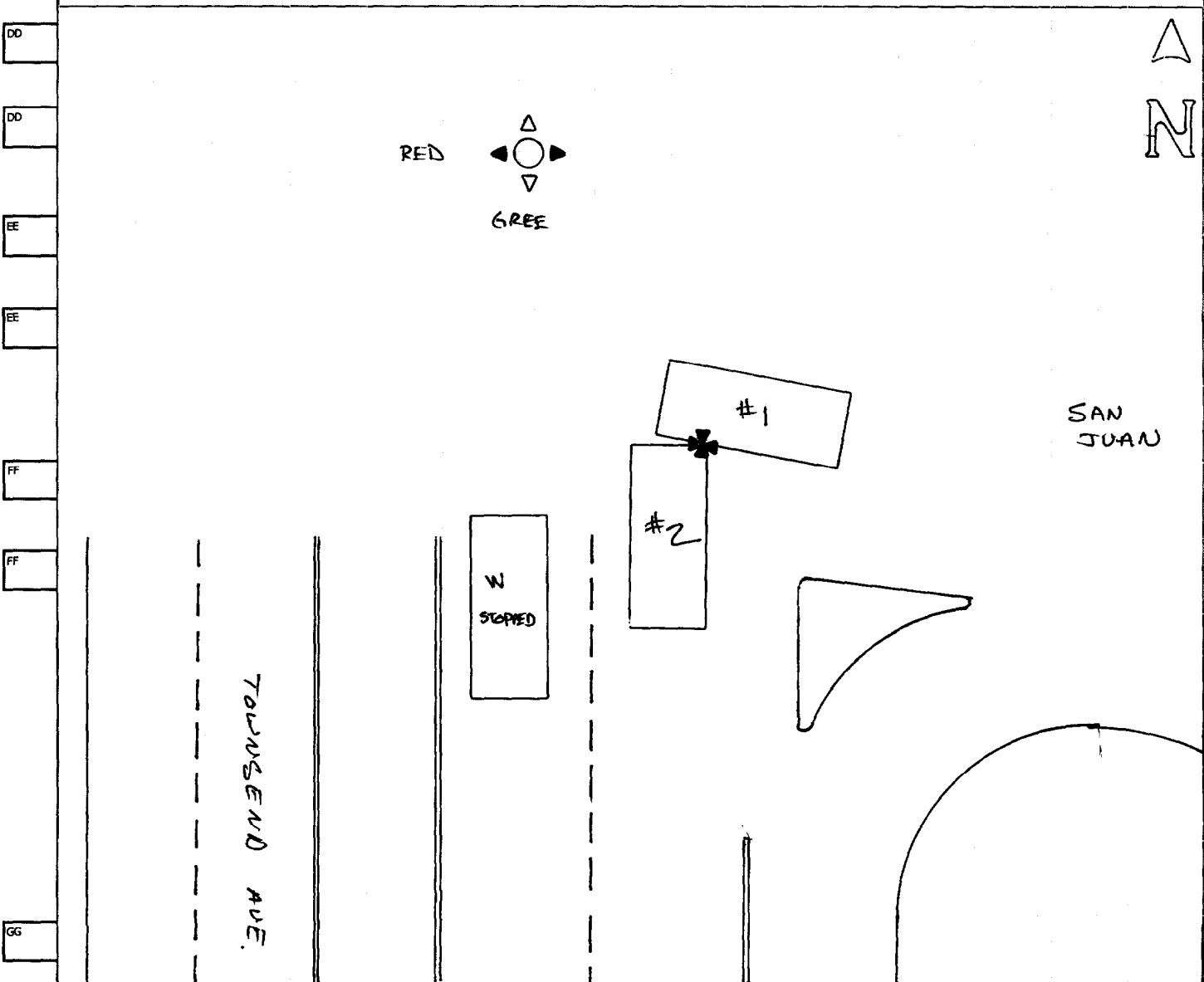
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AA	Case # 08-005442	DOR CODE	Accident Date 3-17-2008	Agency Montrose Police Department
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Describe Accident
 Veh. #2 was sitting at the red traffic light on Townsend Avenue at a San Juan Avenue facing north in the outside lane of travel. The light turned green and the vehicle proceeded to cross the intersection. As Veh. #2 entered the intersection it was struck by an EB vehicle which did not stop at the red light on Grand Avenue. The driver of Veh. #1, QUINTANA, stated that he saw the green light for the railroad crossing and did not see the red light at Townsend Avenue until his vehicle was already into the intersection.

CC WITNESS: Steven Woody (970) 252-7099

CC NOTE: Diagram is for reference only.



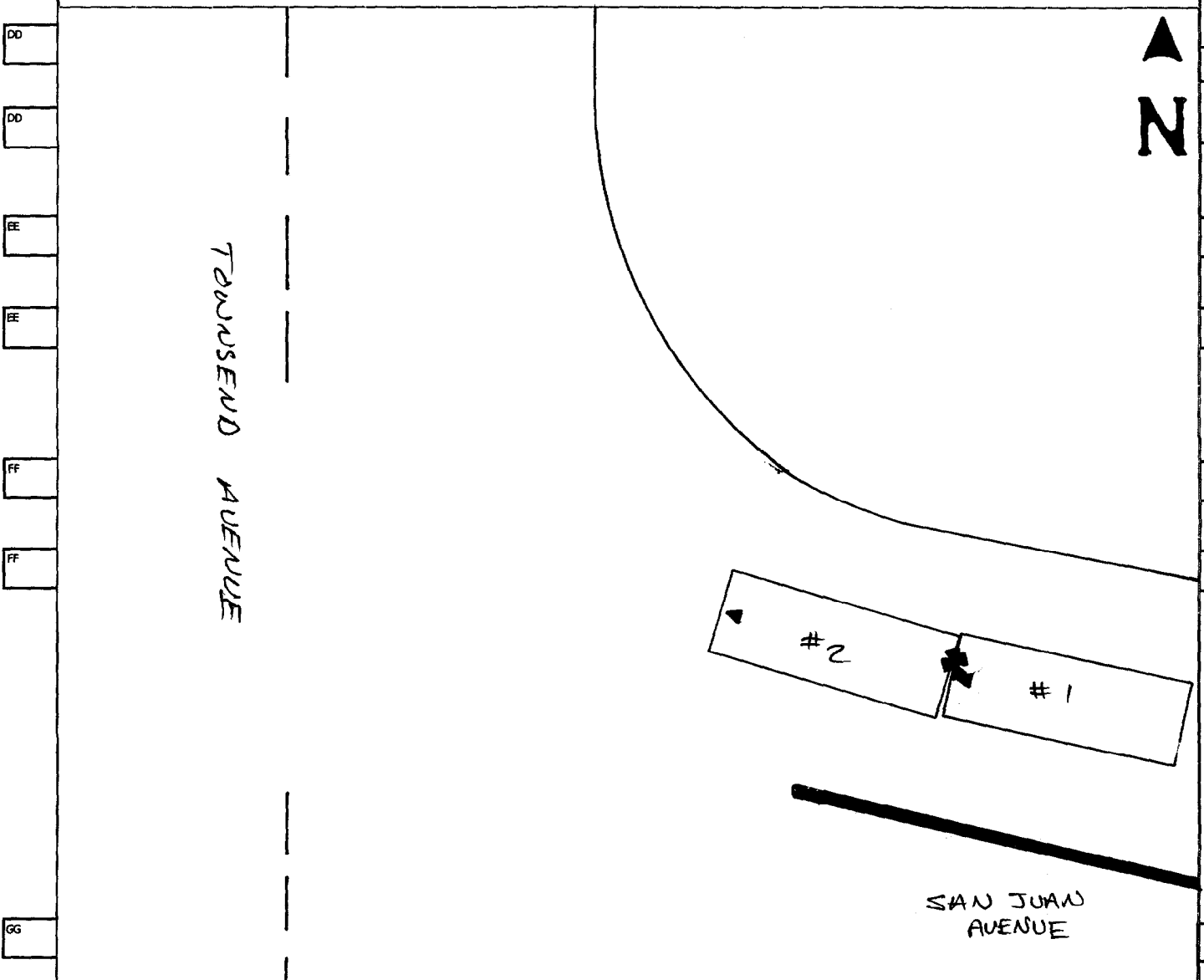
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AA	Case # 08-005718	DOR CODE	Accident Date 3-20-2008	Agency Montrose Police Department
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Describe Accident
 AA Both Vehicles #1 and #2 were traveling west on San Juan Avenue and approached the intersection at Townsend Avenue on a red light. Both vehicles stopped. Veh. #2 began to make a right turn, stopped for traffic and was struck from the rear by Veh. #1. The driver of Vehicle #1 stated, "Its all my fault, I was not looking."

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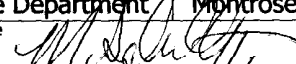
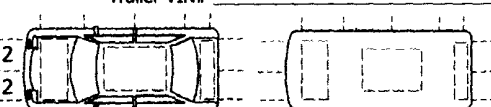
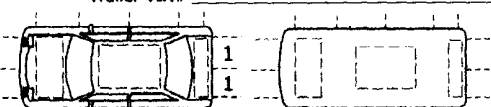
NOTE: Diagram not to scale for reference only. (no injuries)



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

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		Date of Accident 05/09/2008	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																														
		Time (24 Hr.) 1000	Officer Number 15882	Officer Name SGT Mark Schelling	Signature 	Detail Ptl Sup																																																														
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02	03			D 01	A 00	A 00	00 00	00 00	21	M	David Stanford, 06 Dec 86, 1103 So 3rd St, Montrose, 596-7262																																																									
		Approved By _____ I.D. # _____ Date _____																																																																		

AA	Case # 08-009543	DOR CODE	Accident Date 05/09/2008	Agency Montrose Police Department	HH
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Describe Accident
 Veh #2 (WRIGHT) was stopped facing northwest on San Juan Avenue at a red light at the intersection with Townsend Avenue. Veh #1 (UNKNOWN) was behind Veh #2 and for reasons unknown drove into the back of Veh #2. Veh #1 then fled the scene at a high rate of speed heading north on Townsend Avenue. Veh #1 sustained substantial hood damage from striking the heavy steel flatbed frame of Veh #2, which sustained minor damage. WRIGHT and his passenger, STANFORD, identified Veh #1 by license number. Attempts to locate it were unsuccessful.


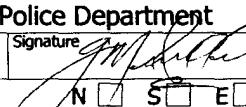
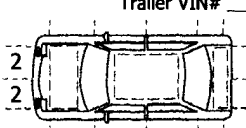

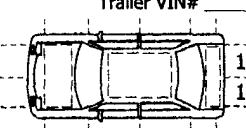
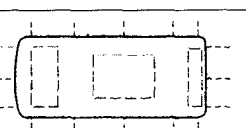

CC No diagram submitted.

DD					KK
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EE					LL
EE					MM
EE					MM
FF					NN
FF					NN
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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

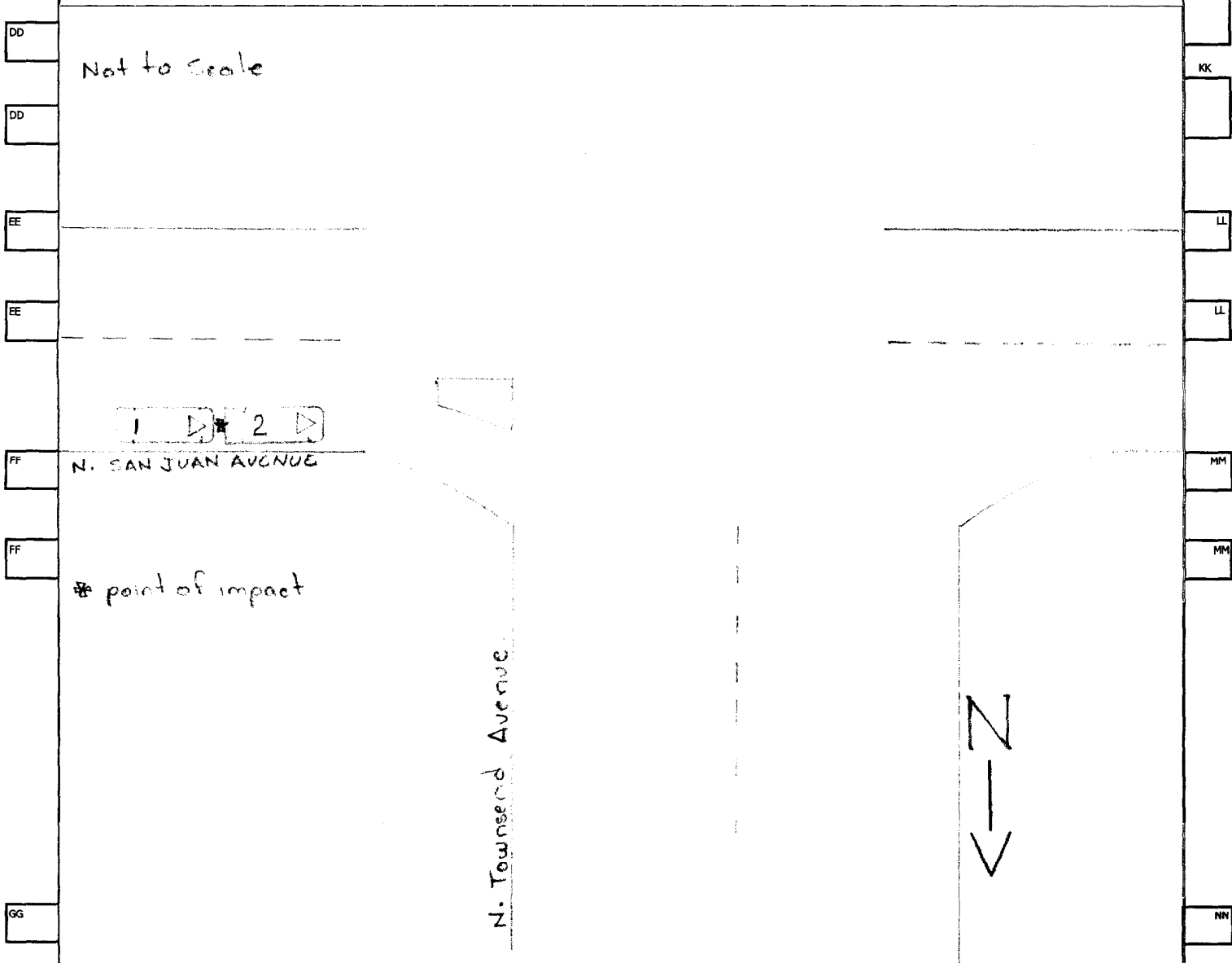
AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code <input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOR Code 	07 09																																						
	Case # 08-010021																																									
	Date of Accident 05-14-2008	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																					
	Time (24 Hr.) 1706	Officer Number 12529	Officer Name G. MENDOZA	Signature 	Detail Patrol																																					
B 07	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet N. San Juan Avenue	Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input type="checkbox"/> At: N. Townsend Avenue	07 07																																					
	Date of Report 05-14-2008	Latitude _____ Longitude _____																																								
B 07	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	Public Property/Employee <input type="checkbox"/>																																					
	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>																																					
B 07	Traffic Unit # 1 or 1 <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.	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 03																																				
	Last Name JADWIN	First KORTNI	MI G	Last Name HARDMAN	First DAVID																																					
	Street Address 4622 6000 Road	Personal Phone () - () - ()	Street Address 8950 6095 Road	Personal Phone (970) 596-4560																																						
	City Olathe	State CO	ZIP 81401	City Montrose	State CO																																					
	Driver License Number 95-076-1408	CDL CO	Sex F	DOB 09-17-1979	Driver License Number 92-094-5786																																					
	CDL CO	Sex M	DOB 03-14-1972																																							
C 01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Following Too Closely	Primary Violation <input type="checkbox"/> DUI				N N																																				
	Violation Code MTC 1008.1	Citation Number A111680	Common Code _____	Violation Code _____	Citation Number _____																																					
	Year 2005	Make Ford	Model F150	Year 2001	Make Dodge																																					
	Body Type PK	Model Durango	Body Type UP																																							
D 01	License Plate Number 250-PNO	State or Country Colorado	Color White	License Plate Number 885-NHT	State or Country Colorado																																					
	Color Red																																									
	Vehicle Identification Number 1FTRX14W05NB54144	Vehicle Identification Number 1B4HS28N91F8505815																																								
	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First _____	MI _____	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First _____																																					
E 01	Address <input checked="" type="checkbox"/> Same	City _____	State _____	Address <input checked="" type="checkbox"/> Same	City _____																																					
	State _____	ZIP _____	State _____	ZIP _____	00 00																																					
F 02	Towed Due to Damage <input type="checkbox"/> By: _____ TO: _____		Towed Due to Damage <input type="checkbox"/> By: _____ TO: _____																																							
	Trailer VIN# 	Trailer VIN# 	Trailer VIN# 	Trailer VIN# 	00 00																																					
	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe																																						
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm	Exp. Date 07-18-2008	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Esurance	Exp. Date 10-02-2008	00 00																																					
H 01	Policy Number 146-6193 A18-06	Policy Number PAC03023134																																								
	Owner Damaged Prop. Last Name _____	First _____	MI _____	Address _____	City _____																																					
	State _____	ZIP _____	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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>IND. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01</td> <td>00</td> <td>00</td> <td>B 00</td> <td>A 01</td> <td>A 00</td> <td>00 00</td> <td>00 00</td> <td>28</td> <td>F</td> <td>SAA</td> </tr> <tr> <td>2</td> <td>01</td> <td>00</td> <td>00</td> <td>B 00</td> <td>A 01</td> <td>A 00</td> <td>00 00</td> <td>00 00</td> <td>36</td> <td>M</td> <td>SAA</td> </tr> </tbody> </table>					T.U. #	POS.	REST.	ENDO	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	IND. SEV.	AGE	SEX	NAME / ADDRESS	1	01	00	00	B 00	A 01	A 00	00 00	00 00	28	F	SAA	2	01	00	00	B 00	A 01	A 00	00 00	00 00	36	M	SAA	S S 00 00
T.U. #	POS.	REST.	ENDO	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	IND. SEV.	AGE	SEX	NAME / ADDRESS																															
1	01	00	00	B 00	A 01	A 00	00 00	00 00	28	F	SAA																															
2	01	00	00	B 00	A 01	A 00	00 00	00 00	36	M	SAA																															
	Approved By 				I.D. # 13425																																					
					Date 05/15/2008																																					

AA	Case # 08-010021	DOR CODE	Accident Date 05-14-2008	Agency Montrose Police Department	HH
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Describe Accident
 AA Vehicle #2 (HARDMAN) was stopped at the intersection of North San Juan Avenue, and North Townsend Avenue attempting to make a right turn (northbound) onto N. Townsend Avenue, when it was hit by vehicle #1. Vehicle #1 (JADWIN) was behind vehicle #2 attempting to turn right onto N. Townsend Avenue. Driver vehicle #1 stated she thought vehicle #2 was moving, she left her stopping position, hitting vehicle #2.

BB Vehicle #1 had moderate damage to the front grill, and severe damage to the transmission pressure hose.
 BB Vehicle #2 had slight damage to the rear bumper.



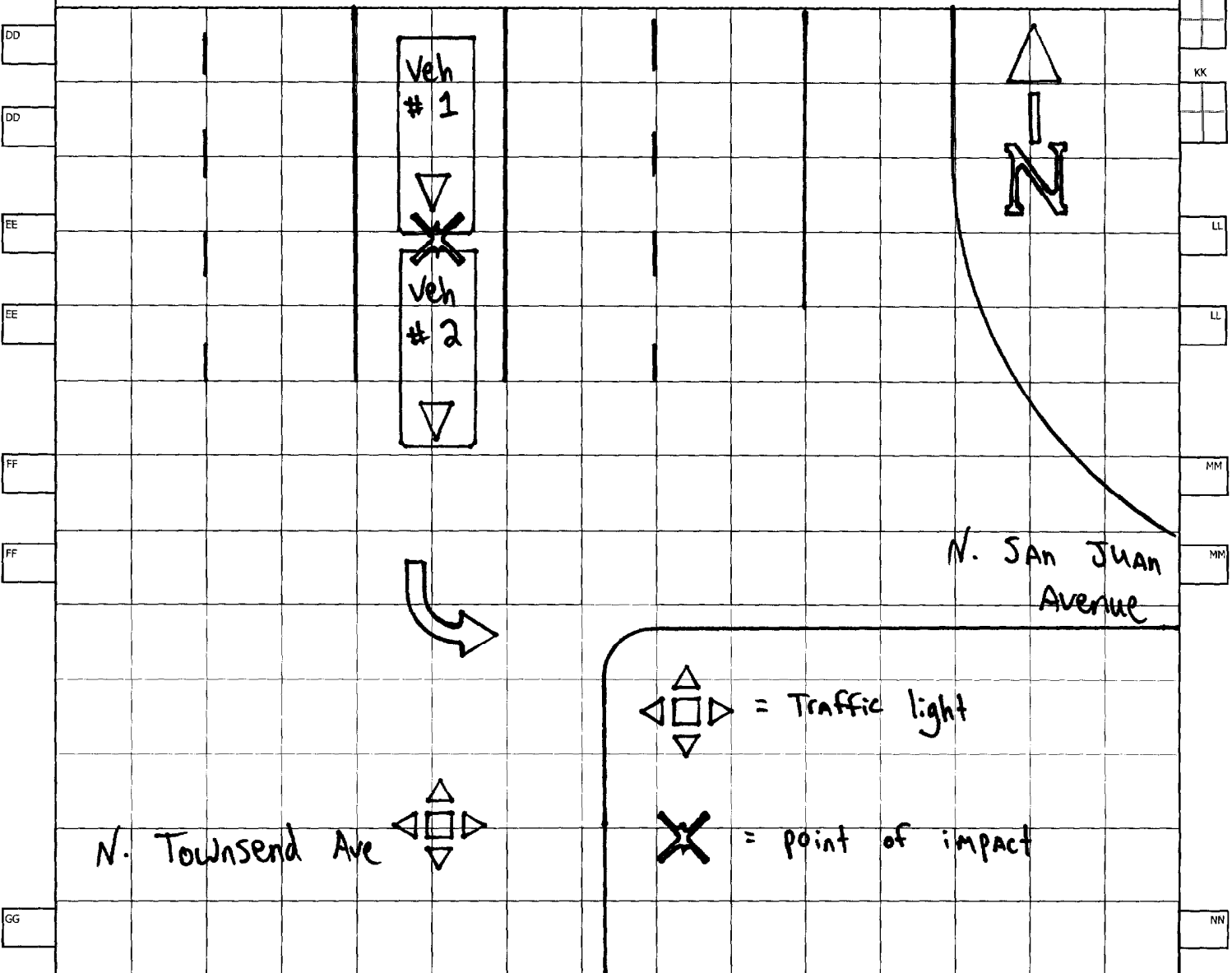
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GG	T.U. # Address	Carrier Identification #			NN
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GG	T.U. # Address	Carrier Identification #			NN

AA	Case # 08-012893	DOR CODE	Accident Date 06-18-08	Agency Montrose Police Department
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Describe Accident
 Veh #2 (HEBEIN) was traveling S/B on N Townsend Avenue, in the turn lane to turn E/B onto N San Juan Avenue. Veh #1 (DERUIZ) was directly behind Veh #2, also attempting to turn E/B. As Veh #2 was approaching the turn, the traffic light turned yellow, and Veh #2 came to a stop. Veh #1 failed to come to a stop behind Veh #2, and struck Veh #2, causing minor to moderate damage to the front bumper of Veh #1, and moderate damage to the rear bumper of Veh #2.

Witness information: SHERMAN HEBEIN (traveling behind Veh #1, father to driver of Veh #2)
 1507 Kent Avenue, Montrose CO 81401 (970) 240-4445


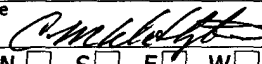
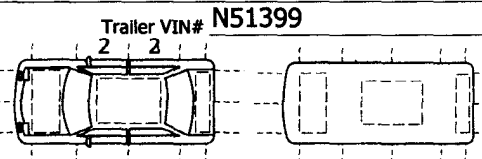
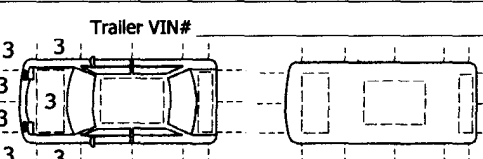
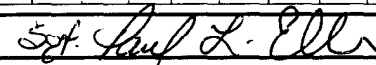
Note: Diagram is not to scale and is for informational purposes only



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GG	T.U. # Address	Carrier Identification #		
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GG	T.U. # Address	Carrier Identification #		

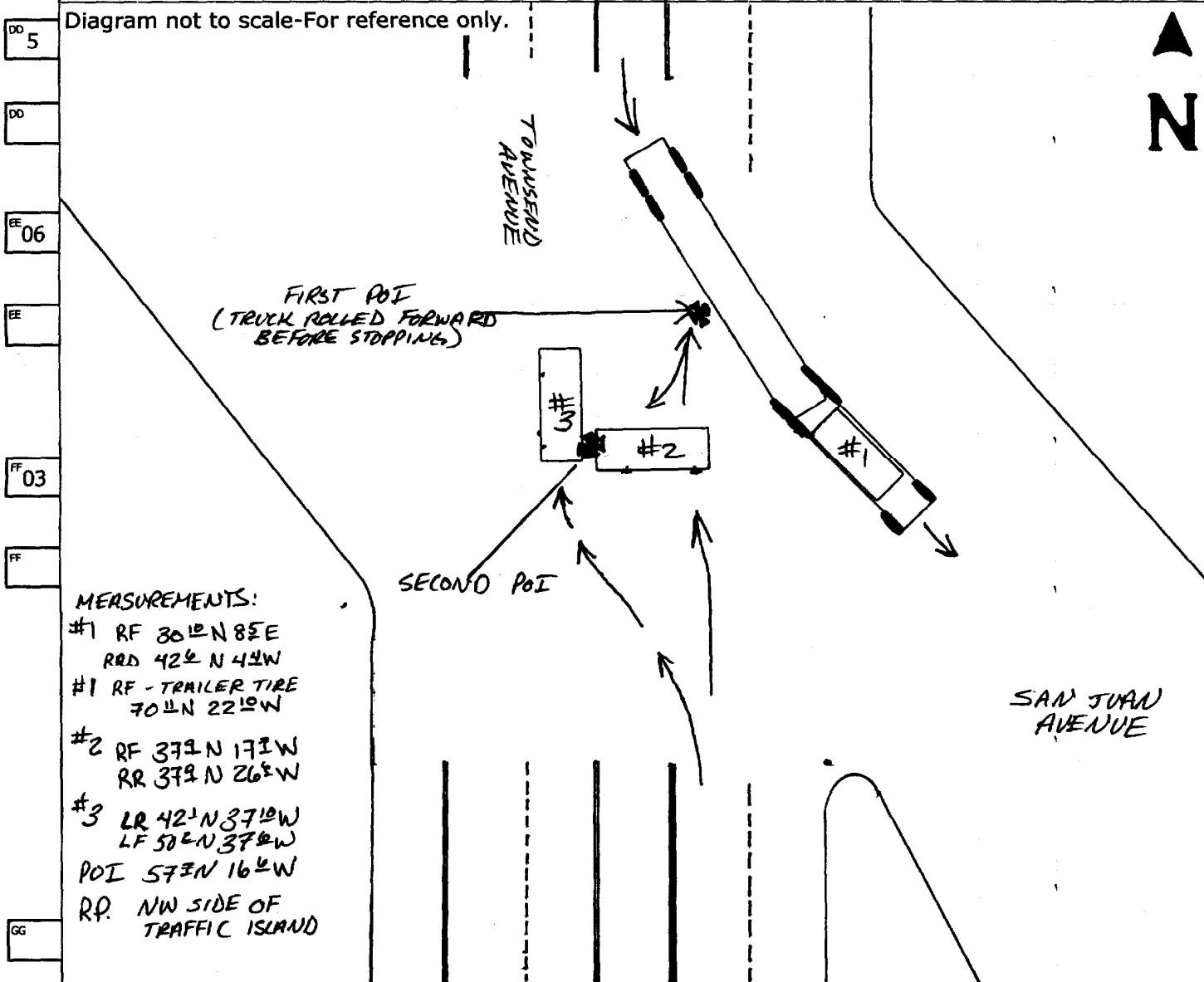
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 4 PAGES

A 01	CDOT Code Case # 08-019198	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 0 5 0 MILEPOINT . . .	DOR Code 	01 05
B 08	Date of Accident 09-08-2008	City Montrose	Agency Montrose Police Department	County Montrose	04 01
B 07	Time (24 Hr.) 1321	Officer Number 10476	Officer Name Chris M. Worthington	Signature 	05 01
B 08	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: N. Townsend Avenue <input checked="" type="checkbox"/> At: San Juan Avenue	Date of Report 9/8/08	04 01
C 01	Agency Code Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 3	District Number West	Public Property/Employee <input type="checkbox"/>	05 01
D 01	Traffic Unit # 1 or 1 <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.	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.	Last Name Garrett	First Floyd	05 01
E 01	Street Address 3011 Gunnison Avenue	Personal Phone (970) 314-7074	Last Name Benito REYES-MONTANO	First Montano BENITO	04 01
F 01	City Grand Junction	State CO	ZIP 81504	Bus. Phone (970) 434-9888	05 01
G 01	Driver License Number 92-079-7525	CDL Y	State CO	Sex M	05 01
H 01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> FTY- ROW Turning Left	Violation Code MTC 702	Citation Number A-113250	Common Code	05 01
I 01	Year 1987	Make Kenworth	Model	Body Type TK	05 01
J 01	License Plate Number 207-DGP	State or Country Colorado	Color Black	Year 1992	05 01
K 01	Vehicle Identification Number 1XKWBD9X1HS342426	Vehicle Identification Number 1G8ZK5470NZ167655	Vehicle Owner Last Name <input type="checkbox"/> Same Crown Trucking	Vehicle Owner Last Name <input type="checkbox"/> Same	05 01
L 01	Address <input type="checkbox"/> Same 3096 I-70 B Unit G	City Grand Junction	State Co	ZIP 81504	05 01
M 01	Towed Due to Damage <input type="checkbox"/> By: TO:	Towed Due to Damage <input type="checkbox"/> By: TO: D&G Impound Yard	Trailer VIN# N51399 	Trailer VIN# 	03 00
N 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Great West Casualty Insurance	Exp. Date 5-4-09	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Safeco Insurance Company	Exp. Date 2-08-09	06 01
O 01	Policy Number GWP 38039C	Policy Number Y7301075	Owner Damaged Prop. Last Name First MI	Address City State ZIP	06 01
P 01	Owner Damaged Prop. Last Name First MI	Address City State ZIP			
Q 01	T.U. # 1	POS. 01	REST. 00	ENDO. 01	06 01
R 01	SAFETY EQUIP. B 01	AIR BAG A 00	EJECT 00	SUSPECTED ALCO 00	06 01
S 01	INJ. SEV. 00	AGE M	SEX M	NAME / ADDRESS Same as Driver #1	06 01
T 01	T.U. # 2	POS. 01	REST. 00	ENDO. 00	06 01
U 01	SAFETY EQUIP. B 01	AIR BAG A 01	EJECT 00	SUSPECTED ALCO 00	06 01
V 01	INJ. SEV. 00	AGE M	SEX M	NAME / ADDRESS Same as Driver #2	06 01
W 01	T.U. # 3	POS. 01	REST. 00	ENDO. 00	06 01
X 01	SAFETY EQUIP. B 01	AIR BAG A 01	EJECT 00	SUSPECTED ALCO 00	06 01
Y 01	INJ. SEV. 00	AGE F	SEX F	NAME / ADDRESS Same as Driver #3	06 01
Z 01	Approved By  I.D. # 12177 Date 9-8-08				06 01

AA 01	Case # 08-019198	DOR CODE	Accident Date 09-08-2008	Agency Montrose Police Department
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Describe Accident
 Veh. #1 (GARRETT) was traveling SB on Townsend Avenue and approached the intersection at San Juan Avenue and attempted a left turn EB, onto San Juan Avenue. As Veh. #1 crossed Townsend Avenue, it pulled directly into the front of Veh. #2 (BENITO) which was unable to avoid the collision and struck the right side of Veh. #1. There was moderate damage to the right fuel tank, mud guard and scuff marks on the right front drive tires. After Veh. #2 struck the right side of Veh. #1, the force of the impact threw Veh. #2 rearward causing it to strike Veh. #3 (ORROS) which had swerved to the left to avoid the collision. Veh. #2 sustained severe damage. Veh. #3 sustained slight damage. The driver of Veh. #1, GARRETT, told me that he was very unfamiliar with the area and thought the green light was for left turns only. Noted; There is a green arrow present for that turn lane. According to witnesses on scene as well as other involved drivers, north and south bound lights were both green.
 WITNESS: Leith Hiltibidal (dob 3-27-79) (970)417-9486 Leith was sitting at the intersection on San Juan at red light waiting to turn left which also indicated green lights for north and south bound traffic on Townsend Avenue.



GG	Carrier Name Crown Trucking company	US DOT <input checked="" type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	Address 3096 I70B Grand Junction Colorado 81504	Carrier Identification # 1490221		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 3 OF 4 PAGES


CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 050 MILEPOINT	DOR Code
Case # 08-019198	City Montrose	Agency Montrose Police Department	County # 21
Date of Accident 09-08-2008	Officer Number 10476	Officer Name Chris M. Worthington	Signature
Time (24 Hr.) 1321	Number Killed 0	Number Injured 0	Detail Traffic
Location Route, Street, Road _____ Miles _____ Feet		OF: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Date of Report 9/8/08		At: San Juan Avenue	
Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 3	District Number West
Traffic Unit # 1 or 3 3	<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.	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>
Last Name Orros	First Renee	MI	Street Address 10653 Eagle Butte Road
City Paonia	State CO	ZIP 81428	Personal Phone (970) 216-0975
Driver License Number 96-074-1099	CDL	State CO	Sex F
Primary Violation <input type="checkbox"/> DUI none	Violation Code	Citation Number	Common Code
Year 2005	Make Honda	Model Civic	Body Type SD
License Plate Number 560-KVP	State or Country Colorado	Color Silver	Vehicle Identification Number 2HGES25765H510343
Vehicle Owner Last Name <input type="checkbox"/> Same	First	MI	Address <input type="checkbox"/> Same
Towed Due to Damage <input type="checkbox"/> By:		Towed Due to Damage <input type="checkbox"/> By:	
TO:		TO:	
<p>Undercarriage</p>		<p>Undercarriage</p>	
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof AIG Advantage Insurance	Exp. Date 10-15-08	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date
Policy Number 765-83-65	Owner Damaged Prop. Last Name	First	MI
Owner Damaged Prop. Last Name	Address	City	State ZIP
T.U. #	POS.	REST.	ENDO.
SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO/DRUG
INJ. SEV.	AGE	SEX	NAME / ADDRESS
Approved By		I.D. #	Date

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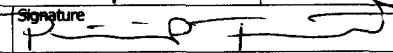
AA	Case # 08-019198	DOR CODE	Accident Date 09-08-2008	Agency Montrose Police Department	HH	
AA	Describe Accident See page two for Accident description.				HH	
BB						
BB					JJ	
CC					JJ	
CC					KK	
DD					KK	
DD						
EE					LL	
EE					LL	
FF					MM	
FF					MM	
GG					NN	
GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U. #	Address	Carrier Identification #			NN
GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U. #	Address	Carrier Identification #			NN

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER [] [] [] MILEPOINT [] [] [] [] []	DOR Code 
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Case # 08-021726	Date of Accident 101308	City Montrose	Agency Montrose Police Department	County # 21
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Time (24 Hr.) 1000	Officer Number 00176	Officer Name Philip Freismuth	Signature 	Detail Patrol
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Number Killed 0	Number Injured 0	Location Route, Street, Road N. San Juan	Miles _____	Feet _____	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: Townsend
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Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>
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Traffic Unit # 1 or <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.	Traffic Unit # 2 or <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.
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Last Name Franciose	First Jennifer	MI M	Last Name Lee	First Renee	MI R
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Street Address 520 S. 4th St.	Personal Phone (970) 417-6141	Street Address 855 66.50 Rd.	Personal Phone (970) 240-3034
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City Montrose	State CO	ZIP 81401	Bus. Phone () -	City Montrose	State CO	ZIP 81401	Bus. Phone () -
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Driver License Number 000620305	CDL	State CO	Sex F	DOB 061682	Driver License Number 972340870	CDL	State CO	Sex F	DOB 111566
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Primary Violation <input type="checkbox"/> DUI Careless Driving	Primary Violation <input type="checkbox"/> DUI None
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Violation Code MTC 1402	Citation Number 113603	Common Code	Violation Code	Citation Number	Common Code
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Year 1998	Make Ford	Model Taurus	Body Type 4 DR	Year 1999	Make Chev	Model Suburban	Body Type SUV
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License Plate Number 517 NHT	State or Country CO	Color Blue	License Plate Number 309 PCP	State or Country CO	Color Blue
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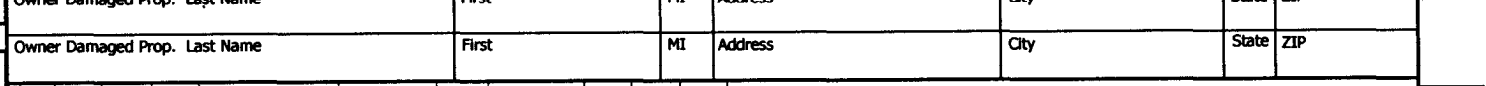
Vehicle Identification Number 1FAPP52U3WG21528	Vehicle Identification Number 3GNFK16R7XG183992
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Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First	MI	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First	MI
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Address <input checked="" type="checkbox"/> Same	City	State	ZIP	Address <input checked="" type="checkbox"/> Same	City	State	ZIP
--	------	-------	-----	--	------	-------	-----

Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:
--	--

TO:	TO:
-----	-----



Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Viking	Exp. Date 032009	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof American Family	Exp. Date 011509
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Policy Number 065788020	Policy Number 073435550901FPPA-CO
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Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP
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Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP
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T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS
1	01	00	00	B 01	A 04	B 00	00	00	00	26	F	Driver #1
2	01	00	00	B 01	A 01	B 00	00	00	00	41	F	Driver #2

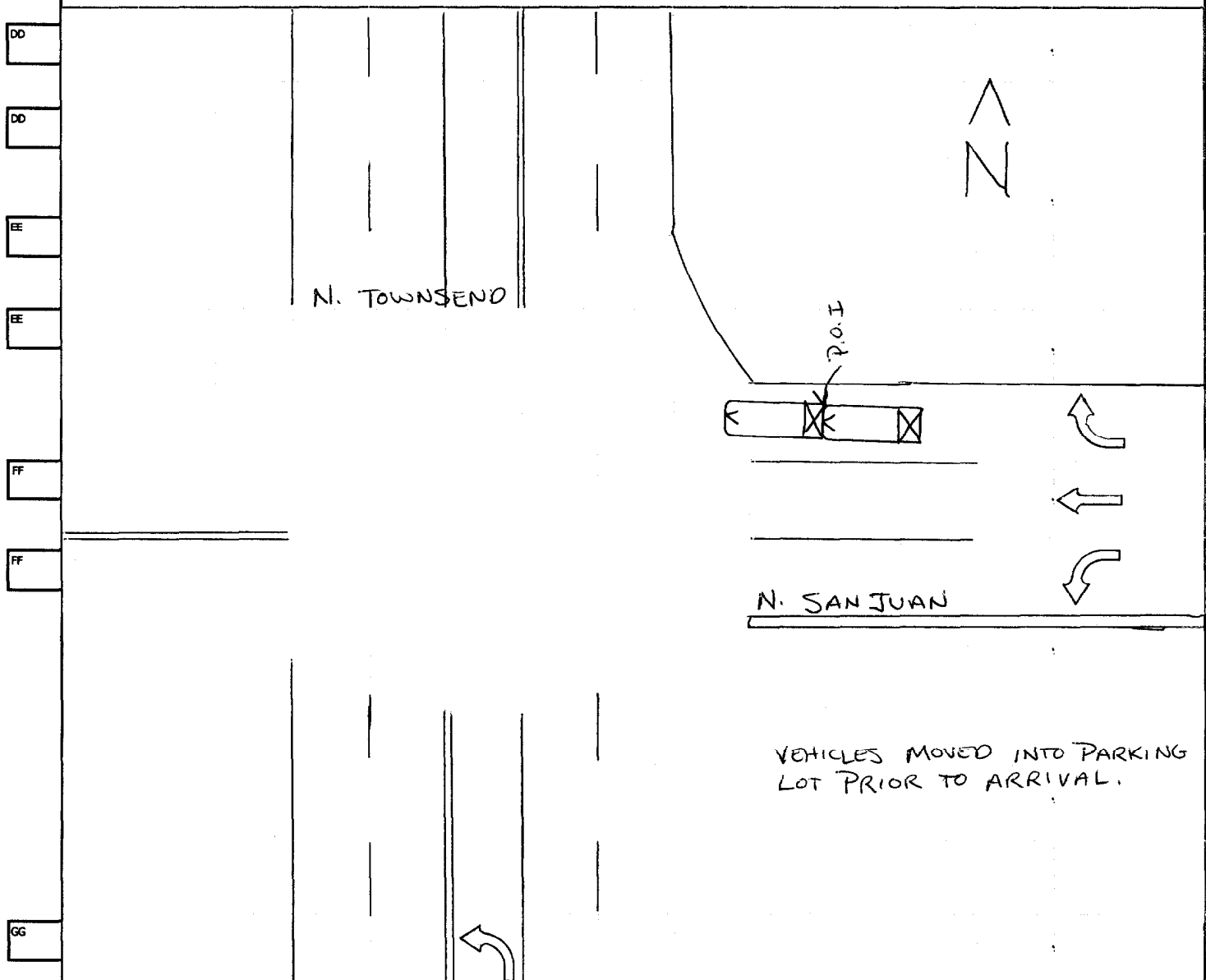
Approved By	I.D. #	Date
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AA	Case # 08-021726	DOR CODE	Accident Date 101308	Agency Montrose Police Department	HH
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AA Describe Accident
Vehicle #2 was stopped at the stop at a steady red light facing west on North San Juan at Townsend in the outside lane.

BB Vehicle #1 was approaching Vehicle #2 from behind. The driver of Vehicle #1 stated she thought Vehicle #2 drove forward onto Townsend. She was looking for oncoming traffic prior to making a right hand turn, and rear ended Vehicle #2 which was stopped.



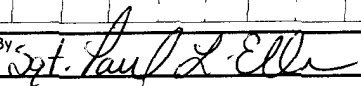
CC The passenger side airbag on Vehicle #1 deployed shattering the windshield.



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

A 01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER MILEPOINT		DOR Code 		05 07																																						
	Case # 08-026222		City Montrose		Agency Montrose Police Department		County Montrose		County # 21																																						
B 07	Date of Accident 12-17-2008		Officer Number 10476		Officer Name Chris M. Worthington		Signature 		Detail Traffic																																						
	Time (24 Hr.) 1313		Number Killed 0		Number Injured 0		Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> OF: N. San Juan Avenue <input checked="" type="checkbox"/> At: N. Townsend Avenue		07 07																																						
B 07	Date of Report 12/17/08		Latitude		Longitude		Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>																																						
	Total Vehicles 2		District Number West		Public Property/ Employee <input type="checkbox"/>		Photos Taken <input checked="" type="checkbox"/>		Railroad Crossing Related <input type="checkbox"/>																																						
B 07	Traffic Unit # 1 or 1		<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.		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.		04 04																																						
	Last Name Munyon		First Margarite		Last Name Pahl		First Ray		MI L.																																						
C 01	Street Address 8717 60.25 ^{60.15} Road		Personal Phone (970) 323-6689		Street Address 12426 64.95 Road		Personal Phone (970) 258-6790		35 35																																						
	City Olathe		State Co		ZIP 81425		City Montrose		State Co																																						
D 03	Driver License Number 92-164-6759		Sex F		DOB 12-28-33		Driver License Number 94-136-0355		Sex M																																						
	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Careless Driving		Violation Code MTC 1402		Citation Number A-114298		Primary Violation <input type="checkbox"/> DUI <input type="checkbox"/> none		Violation Code																																						
E 01	Year 2001		Make Buick		Model Century		Year 1995		Make GMC																																						
	License Plate Number UTT-334		State or Country Colorado		Color White		Year 1995		Make Sierra																																						
F 02	Vehicle Identification Number 2G4WS52J511318267		Vehicle Identification Number 1GTGK24N3SZ547188		Trailer VIN#		Trailer VIN#		1 - Slight 2 - Moderate 3 - Severe																																						
	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		Undercarriage		Undercarriage		1 - Slight 2 - Moderate 3 - Severe																																						
G 02	Address <input type="checkbox"/> Same		Address <input type="checkbox"/> Same		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Property & Casualty Ins. Co. of HTFD		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Continental Western Insurance		Exp. Date 3-4-2009																																						
	Towed Due to Damage <input type="checkbox"/> By: Not Towed		Towed Due to Damage <input type="checkbox"/> By: Not Towed		Policy Number 55PHH943627-350222		Policy Number 2624365-23		Exp. Date 5-30-2009																																						
H 01	TO:		TO:		Owner Damaged Prop. Last Name		Owner Damaged Prop. Last Name		First																																						
	Trailer VIN#		Trailer VIN#		Address		Address		City																																						
J 00	Undercarriage		Undercarriage		State		State		ZIP																																						
	Undercarriage		Undercarriage		City		City		State																																						
<table border="1"> <thead> <tr> <th>T.U. #</th> <th>POS.</th> <th>REST.</th> <th>ENDO.</th> <th>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01</td> <td>00</td> <td>00</td> <td>B</td> <td>A</td> <td>01</td> <td>B</td> <td>00</td> <td>00</td> <td>00</td> <td>F</td> <td>Same as Driver #1</td> </tr> <tr> <td>2</td> <td>01</td> <td>00</td> <td>00</td> <td>B</td> <td>A</td> <td>01</td> <td>B</td> <td>00</td> <td>00</td> <td>00</td> <td>M</td> <td>Same as Driver #2</td> </tr> </tbody> </table>										T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	01	00	00	B	A	01	B	00	00	00	F	Same as Driver #1	2	01	00	00	B	A	01	B	00	00	00	M	Same as Driver #2
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																				
1	01	00	00	B	A	01	B	00	00	00	F	Same as Driver #1																																			
2	01	00	00	B	A	01	B	00	00	00	M	Same as Driver #2																																			
<p>Approved By:  I.D. # 12177 Date 12-17-08</p>																																															

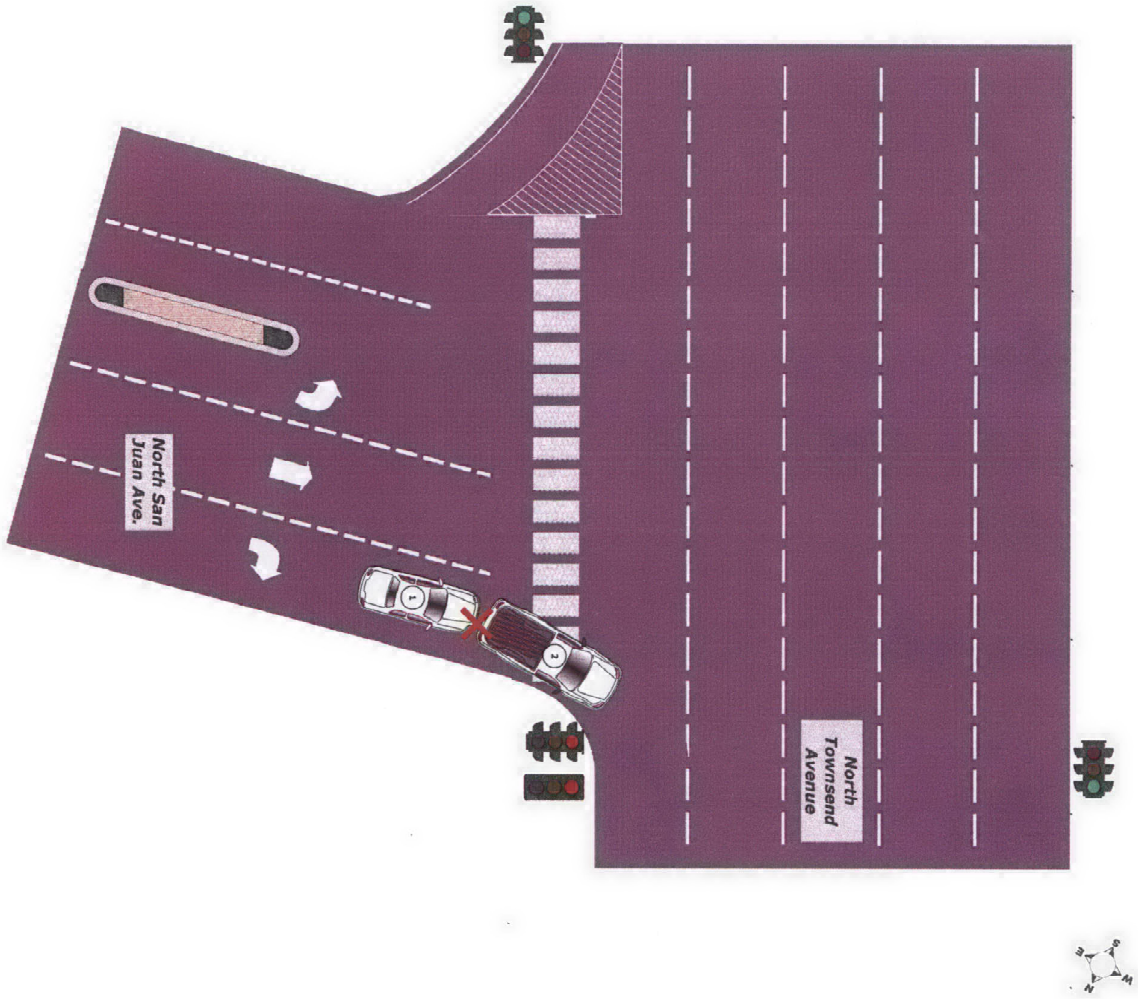
AA	Case # 08-026222	DOR CODE	Accident Date 12-17-2008	Agency Montrose Police Department
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AA	Describe Accident Both vehicles #1 and #2 were traveling west on North San Juan Avenue and approached the intersection at Townsend Avenue. As both approached the intersection, Veh. #2 stopped, moved forward and then stopped again waiting for traffic. When Veh. #2 stopped the second time, it was struck in the rear-end by Veh. #1. The driver of Veh. #1 stated Veh. #2 stopped suddenly as she looked left, at traffic. Both vehicles sustained moderate damage.	HH
BB		JJ
BB		JJ
CC		KK
CC		KK
DD		KK

DD		KK
DD		KK
EE		LL
EE		LL
FF		MM
FF		MM
GG		NN

GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN
GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN

Montrose Police Department Crash Diagram Case # 08-026105



NOTE: Diagram NOT to Scale for reference only!
DRAWN BY: CIE, CM WORTHINGTON
PAGE 3

Camille W. W. 12-08

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 0 5 0 MILEPOINT	DOR Code 	07 05
	Case # 09-002158				

Date of Accident 01-29-2009	City Montrose	Agency Montrose Police Department	County Montrose	County # 21
Time (24 Hr.) 1650	Officer Number 10476	Officer Name Chris M. Worthington	Signature 	Detail Traffic

B 07	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:	07 07
	Date of Report 1/29/09	San Juan Avenue		<input checked="" type="checkbox"/> At: North Townsend Avenue	

B 07	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number West	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	04 03
	Traffic Unit # 1 or 1	<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.			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.					

B 07	Last Name Larkin	First Rhonda	MI L.	Last Name Pryor	First Diane	MI
	Street Address 758 1630 Road	Personal Phone (970) 874-5325	Street Address 10212 6200 Road		Personal Phone (970) 249-6717	
City Montrose		State CO	ZIP 81416	Bus. Phone (970) -	City Montrose	State CO
Driver License Number 92-129-7569		CDL CO	Sex F	DOB 5-30-67	Driver License Number 92-186-3832	CDL CO
		Sex F	DOB 6-28-49			

C 01	Primary Violation <input type="checkbox"/> DUI Careless Driving	Violation Code MTC 1402	Citation Number A-114936	Common Code	Primary Violation <input type="checkbox"/> DUI	Violation Code	Citation Number	Common Code
	Year 2002	Make Toyota	Model Tundra	Body Type TK	Year 1999	Make Ford	Model Windstar	Body Type PV

D 01	License Plate Number 515-OSH	State or Country Colorado	Color Green	License Plate Number 600-JNO	State or Country Colorado	Color Brown
	Vehicle Identification Number 5TBBT44162S296774	Vehicle Identification Number 2FMZA5148XBA87444		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		

E 01	Address <input type="checkbox"/> Same	City	State	ZIP	Address <input type="checkbox"/> Same	City	State	ZIP
	Towed Due to Damage <input type="checkbox"/> By:				Towed Due to Damage <input checked="" type="checkbox"/> By: D&G Towing			

F 02	Trailer VIN#		1 - Slight 2 - Moderate 3 - Severe	Trailer VIN#		1 - Slight 2 - Moderate 3 - Severe
	Undercarriage	Undercarriage	Undercarriage	Undercarriage	Undercarriage	Undercarriage

G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Response Worldwide	Exp. Date 1-29-2010	Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof Hartford Insurance Co.	Exp. Date 1-27-09
	Policy Number 0268328	Policy Number PHF865808-3505-01 / 55 PHF 865808		

H 02	Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP
	Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP

T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS
1	01	00	00	B 02	A 01	B 00	00	00	00	F	Same as Driver #1
2	01	00	00	B 01	A 01	B 00	00	00	02	F	Same as Driver #2

Approved By: Date: 1-29-09

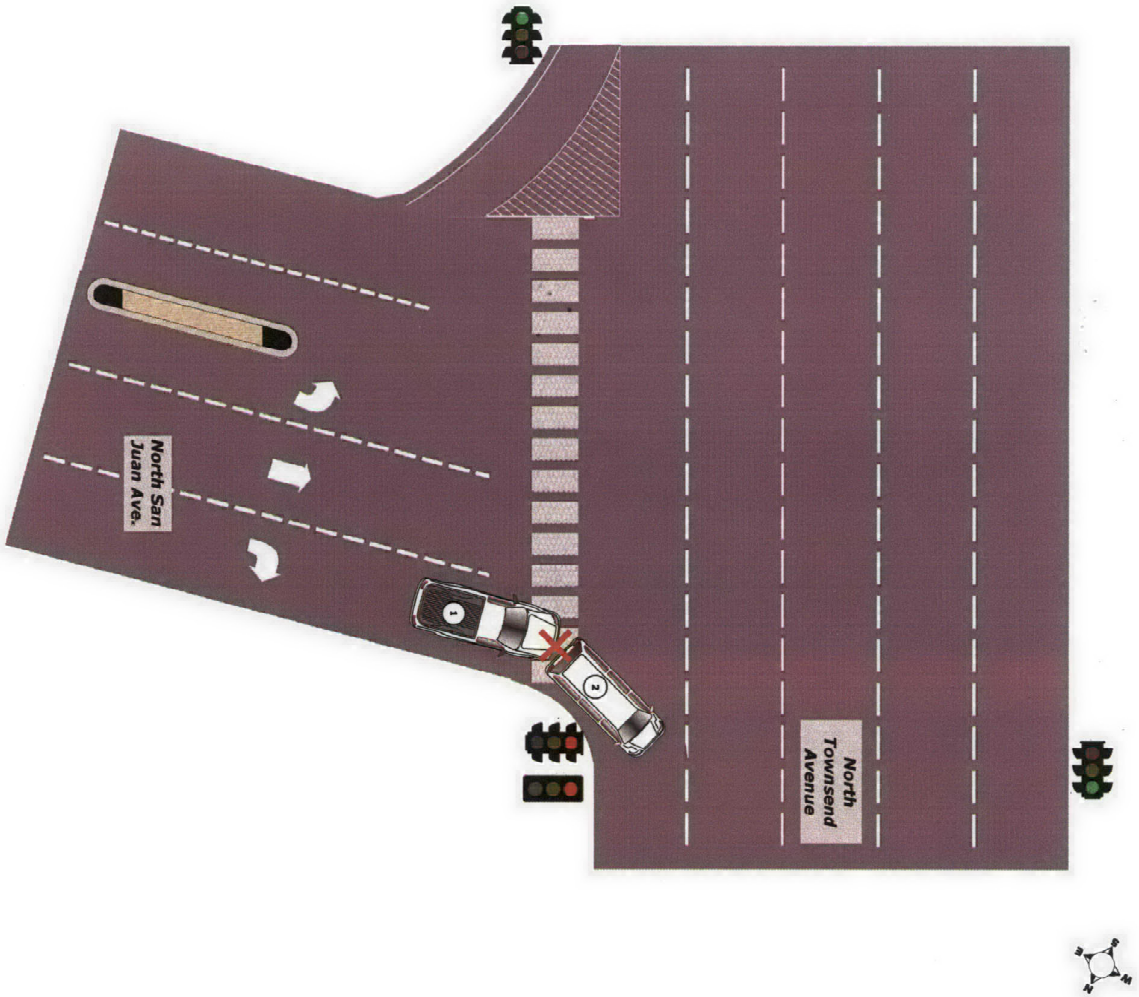
AA	Case # 09-002158	DOR CODE	Accident Date 01-29-2009	Agency Montrose Police Department	HH
----	---------------------	----------	-----------------------------	--------------------------------------	----

AA	Describe Accident				HH
BB	Veh. #2 was traveling west on North San Juan Avenue and approached the intersection at North Townsend Avenue, stopping at the intersection on a red light. Veh. #2 was attempting a right hand turn onto North Townsend Avenue. As Veh. #2 was stopped, it was struck in the rear by Veh. #1 which was directly behind Veh. #2, also attempting a right hand turn. The driver of Veh. #1 (LARKIN) told me the sun was in her eyes and was pulling down her sun visor when the collision occurred. There was slight to moderate damage to both vehicles and the driver of Veh. #2 was transported by ambulance for treatment.				JJ
BB					JJ
CC	Diagram not to scale, for reference only.				KK
CC					KK

DD					KK
DD					LL
EE					LL
EE					MM
FF					MM
FF					NN
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

Montrose Police Department Crash Diagram Case # 09-002158


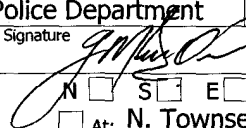
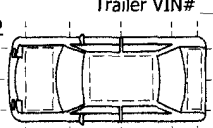

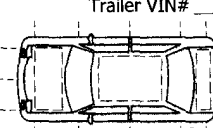
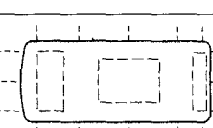
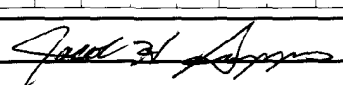


NOTE: Diagram NOT to scale for reference only.
DRAWN BY: CH. CH. WORTHINGTON
PAGE 3

Ch. Ch. Worthington
1-29-2009

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code Case # 09-006179	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	05 05	
		Date of Accident 03-24-2008	City Montrose	Agency Montrose Police Department	County Montrose	07 07	
		Time (24 Hr.) 0703	Officer Number 12529	Officer Name G. MENDOZA	Signature 	01 03	
		Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet N. San Juan Avenue At: N. Townsend Avenue		01 03	
		Date of Report 03-24-2009	Latitude _____	Longitude _____			
		Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	01 03	
		Traffic Unit # 1 or 1 <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.	Traffic Unit # 2 or _____ <input 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.	Public Property/ Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	01 03	
		Last Name SORENSEN	First DURAN	MI W	Last Name MITCHELL	First JEFFREY	N N
		Street Address 8604 High Mesa Road	Personal Phone (970) 462-1139	Street Address 186 Mtn. View Road	Personal Phone (970) 417-4082	N N	
		City Olathe	State CO	ZIP 81425	Bus. Phone () -	N N	
		Driver License Number 99-014-0822	CDL CO	Sex M	DOB 06-15-1983	N N	
		Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Following Too Closely	Violation Code MTC 1008.1	Citation Number A115496	Common Code _____	P P	
		Year 1995	Make Cadillac	Model 4D	Body Type 4D	P P	
		License Plate Number 468-LAK	State or Country Colorado	Color White	Vehicle Identification Number 1G6KD52B5SU280831	D 01	
		Vehicle Owner Last Name <input type="checkbox"/> Same BALLARD	First CHARLES	MI _____	Vehicle Identification Number 1HGEM22923L056303	D 01	
		Address <input type="checkbox"/> Same 1304 Dover Road	City Montrose	State CO	ZIP 81401	E 01	
		Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:			13 00	
		TO:	TO:			F 02	
				1 - Slight 2 - Moderate 3 - Severe			1 2 3
		Undercarriage	Undercarriage	Undercarriage	Undercarriage	1 2 3	
		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm	Exp. Date 09/01/2009	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm	Exp. Date 05/22/2009	G 01	
		Policy Number 044 0742-C01-06E	Policy Number 151-5817-E2206			14 00	
		Owner Damaged Prop. Last Name _____	First _____	MI _____	Address _____	H 01	
		Owner Damaged Prop. Last Name _____	First _____	MI _____	Address _____	H 01	
		T.U. # 1	POS. 01	REST. 00	ENDO. 00	J 00	
		SAFETY EQUIP. B 00	AIR BAG A 01	EJECT A 00	SUSPECTED ALCO DRUG 00 00	S S	
		INJ. SEV. 00	AGE 25	SEX M	NAME / ADDRESS SAME AS ABOVE	S S	
		T.U. # 2	POS. 01	REST. 00	ENDO. 00	S S	
		SAFETY EQUIP. B 00	AIR BAG A 01	EJECT A 00	SUSPECTED ALCO DRUG 00 00	S S	
		INJ. SEV. 00	AGE 35	SEX M	NAME / ADDRESS SAME AS ABOVE	S S	
		T.U. # 2	POS. 03	REST. 00	ENDO. 00	S S	
		SAFETY EQUIP. B 00	AIR BAG A 01	EJECT A 00	SUSPECTED ALCO DRUG 00 00	S S	
		INJ. SEV. 00	AGE 38	SEX F	NAME / ADDRESS JENNIFER MITCHELL (DOB 05-04-1970)/SAA	S S	
		Approved By 	I.D. # 11933	Date 3/24/09		00 00	

AA	Case # 09-006179	DOR CODE	Accident Date 03-24-2009	Agency Montrose Police Department	HH
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AA	Describe Accident Vehicle #2 (MITCHELL) was stopped facing west at the stop light at the intersection of North San Juan Avenue and North Townsend Avenue. Vehicle #2 was waiting to make a right turn (northbound) onto N. Townsend Avenue when it was hit by vehicle #1. Driver vehicle #1 (SORENSEN) told me he thought vehicle #2 was moving forward, and he continued traveling westbound towards the intersection behind vehicle #2. According to SORENSEN he did not see when vehicle #2 stopped and he hit it. SORENSEN told me it was his fault because he was not paying attention.				HH
BB					JJ
BB					JJ
CC					JJ
CC					JJ
CC					KK

DD					KK
DD					KK
DD					KK
EE					LL
EE					LL
EE					LL
FF					MM
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

AA	Case # 09-006179	DOR CODE	Accident Date 03-24-2009	Agency Montrose Police Department	HH
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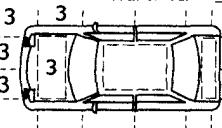
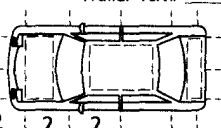
AA	Describe Accident Please note the corrected day of the accident (front page) as 03-24-2009.				HH
BB					JJ
BB					JJ
CC					JJ
CC					KK

DD					KK
DD					KK
EE					LL
EE					LL
FF					MM
FF					MM
GG					NN

GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN
GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER 5 5 0 MILEPOINT		DOR Code 	
	Case # 09-008951		City Montrose		Agency Montrose Police Department		County Montrose
Date of Accident 05/04/2009		Officer Number 13131		Officer Name Shawn Bornschein		Signature <i>Shawn Bornschein</i>	
Time (24 Hr.) 1234		Number Killed 0		Number Injured 2		Location Route, Street, Road _____ Miles _____ Feet	
Date of Report 05/04/2009		North Townsend Avenue/San Juan Avenue		At: _____		Latitude _____ Longitude _____	
Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number	
Traffic Unit # 1 or 1		<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.		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.	
Last Name Towne		First Chester		MI E		Last Name Holzmeister Jr.	
Street Address 2143 A Hartford Way		Personal Phone (970) 249 - 0362		Street Address 66401 Solar Road		Personal Phone (970) 240 - 8851	
City Montrose		State CO		ZIP 81401		City Montrose	
Bus. Phone -		CDL CO		Sex M		DOB 01/18/1923	
Driver License Number 92-234-1835		Driver License Number 92-105-5145		CDL CO		Sex M	
DOB 04/19/1965		Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Violation of Steady Red Light Signal		Citation Number MTC 604.1C		Common Code A115190	
Year 1997		Make Toyota		Model Tacoma		Body Type PK	
License Plate Number 6080TG		State or Country CO		Color Green		Year 2008	
Make Ford		Model F350		Body Type PK		License Plate Number 993PRO	
State or Country CO		Color White		Vehicle Identification Number 4TAVL52N2VZ257453		Vehicle Identification Number 1FTWF30518EB67732	
Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		Vehicle Owner Last Name <input type="checkbox"/> Same	
City Montrose		State CO		ZIP 81401		Address <input type="checkbox"/> Same 433 South 1st Street	
Address <input checked="" type="checkbox"/> Same		City		State CO		ZIP 81401	
Towed Due to Damage <input type="checkbox"/> By:		TO:		Towed Due to Damage <input type="checkbox"/> By:		TO:	
Trailer VIN# 		Undercarriage		Trailer VIN# 		Undercarriage	
3 3 3		1 - Slight 2 - Moderate 3 - Severe		2 2 2		1 - Slight 2 - Moderate 3 - Severe	
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Hartford Insurance Company		Exp. Date 12/18/2009		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Self Insured		Exp. Date	
Policy Number 55 PHD856322241700		Owner Damaged Prop. Last Name		First		MI	
Address		City		State		ZIP	
Owner Damaged Prop. Last Name		First		MI		Address	
City		State		ZIP		T.U. #	
T.U. #		POS.		REST.		ENDO.	
SAFETY EQUIP.		AIR BAG		EJECT		SUSPECTED ALCO DRUG	
INJ. SEV.		AGE		SEX		NAME / ADDRESS	
1		01		00		00	
B 01 A		02 B		00 00		03 86 M SAA	
2		01		00		00	
B 01 A		01 B		00 00		01 44 M SAA	
Approved By		I.D. #		Date			

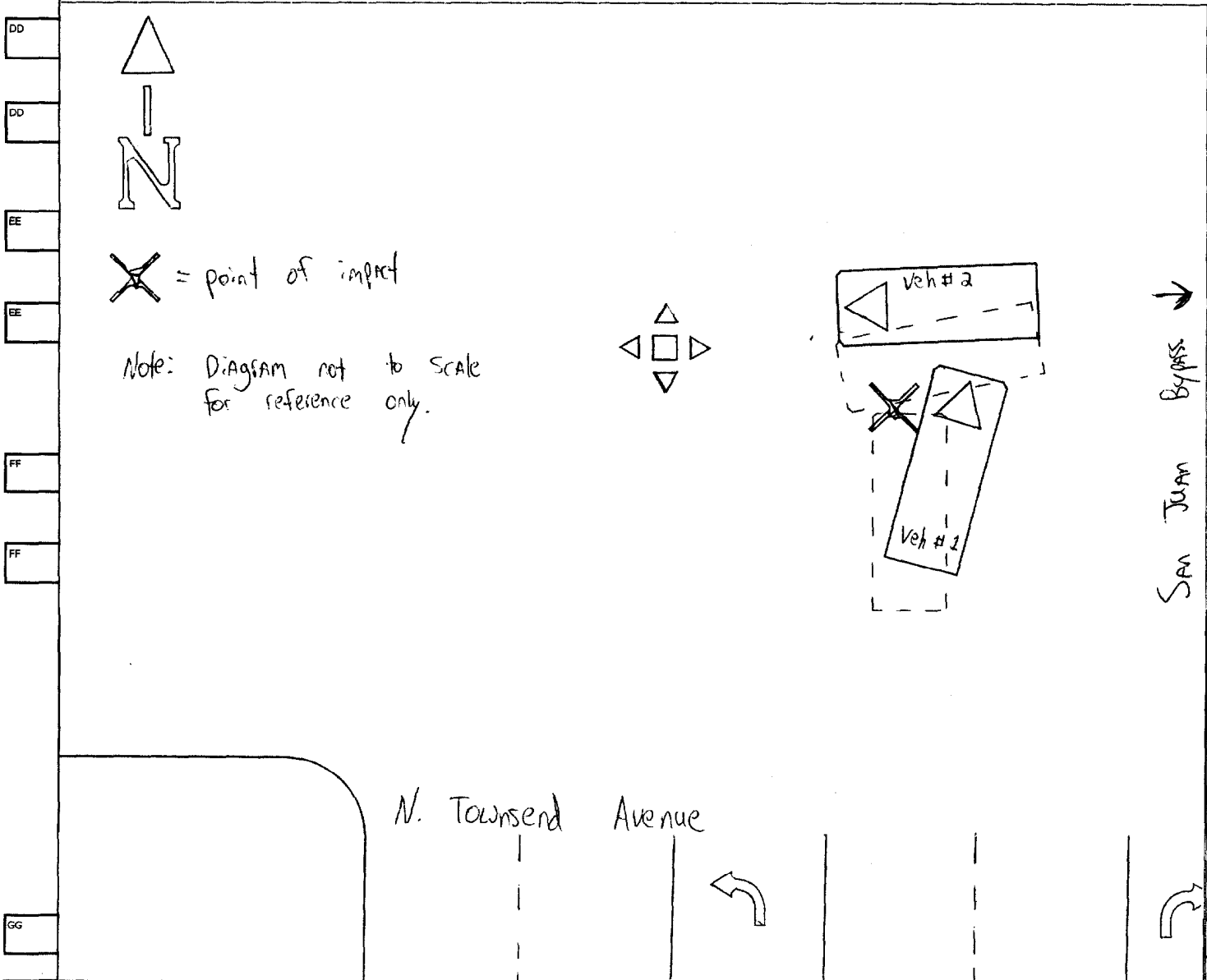
AA	Case # 09-008951	DOR CODE	Accident Date 05/04/2009	Agency Montrose Police Department
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Describe Accident
 AA Vehicle #2 (HOLLZMEISTER) was traveling westbound on North San Juan Avenue when it approached the intersection of San Juan Avenue and North Townsend Avenue, Highway 550. Vehicle #2 approached the intersection and began to make a left-hand turn on a green arrow onto Townsend Avenue. As vehicle #2 was turning, vehicle #1 (TOWNE) disregarded the steady red light and collided with vehicle #2. Vehicle #1's front end collided with vehicle #2's driver's side front fender area. Both vehicle sustained moderate to severe damage. TOWNE was transported from the scene, by EMS personnel to the hospital where he sustained moderate injuries. HOLLZMEISTER went to the workman's comp physician for report of injury. Vehicle #1's airbag deployed.

BB

CC TOWNE was issued citation A115190 for violation of MTC 604.1C Violation of Steady Red Light Signal.


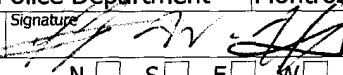
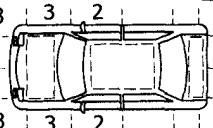
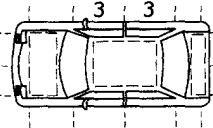
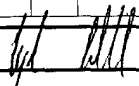
CC



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DOR Code 		05 09																																																																																																					
		Case # 09-012916		City Montrose		Agency Montrose Police Department		County Montrose		County # 21																																																																																																					
B	01	Date of Accident 6/29/09		Officer Number P13		Officer Name Christopher Hoeh		Signature 		Detail Patrol																																																																																																					
		Time (24 Hr.) 1406		Number Killed 0		Number Injured 2		Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: N. Townsend Ave. <input checked="" type="checkbox"/> At: N. San Juan Ave.		Date of Report 6/29/09																																																																																																					
B	08	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number		Public Property/Employee <input type="checkbox"/>																																																																																																					
		Traffic Unit # 1 or <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.		Traffic Unit # 2 or <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.		Photos Taken <input checked="" type="checkbox"/>		Railroad Crossing Related <input type="checkbox"/>		Const. Zone Related <input type="checkbox"/>		Highway Interchg. <input type="checkbox"/>																																																																																																			
B	03	Last Name Young		First Taylor		MI		Last Name Brent		First Michael																																																																																																					
		Street Address 62005 Ida Rd.		Personal Phone (970) 252-3308		City Montrose		State CO		ZIP 81401																																																																																																					
C	01	Driver License Number 05-354-0864		CDL CO		Sex F		DOB 12/13/90		Personal Phone (970) 249-2055																																																																																																					
		City Montrose		State CO		ZIP 81401		Bus. Phone () -		City Montrose																																																																																																					
C	03	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Violation of Steady Red Light Signal		Violation Code MC 604.1C		Citation Number A116339		Common Code		Primary Violation <input type="checkbox"/> DUI																																																																																																					
		Year 2000		Make Mitsubishi		Model Galant		Body Type SUV		Year 1995																																																																																																					
D	01	License Plate Number 465OPH		State or Country CO		Color Silver		License Plate Number 245LAK		State or Country CO																																																																																																					
		Vehicle Identification Number 4A3AA46L5E150725		Vehicle Identification Number 1PMD34K552B72324		Year 1995		Make Ford		Model Explorer																																																																																																					
E	01	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First																																																																																																					
		Address <input checked="" type="checkbox"/> Same		City		State		ZIP		Address <input checked="" type="checkbox"/> Same																																																																																																					
F	01	Towed Due to Damage <input checked="" type="checkbox"/> By: D & G Towing		TO: D & G Tow Yard		Trailer VIN# 		Undercarriage 1 - Slight 2 - Moderate 3 - Severe		Towed Due to Damage <input type="checkbox"/> By: D & G Towing																																																																																																					
		TO: D & G Tow Yard		Trailer VIN# 		Undercarriage 1 - Slight 2 - Moderate 3 - Severe																																																																																																									
G	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance		Exp. Date 12/5/09		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance		Exp. Date 8/31/09		04 00																																																																																																					
		Policy Number 1278697F0506C		Policy Number 0893737B3106C		Owner Damaged Prop. Last Name		First		MI																																																																																																					
H	01	Owner Damaged Prop. Last Name		First		MI		Address		City																																																																																																					
		Owner Damaged Prop. Last Name		First		MI		Address		City																																																																																																					
J	00	<table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th>T.U. #</th> <th>POS.</th> <th>REST.</th> <th>ENDO.</th> <th>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>NA 03</td> <td>F 00</td> <td>00 00</td> <td>02</td> <td>18</td> <td>F</td> <td>See Driver # 1</td> </tr> <tr> <td>2</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>NA 01</td> <td>B 00</td> <td>00 00</td> <td>01</td> <td>45</td> <td>M</td> <td>See Driver # 2</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> </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> </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> </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> </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> </tr> </tbody> </table>												T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	01	00	00	B 01	NA 03	F 00	00 00	02	18	F	See Driver # 1	2	01	00	00	B 01	NA 01	B 00	00 00	01	45	M	See Driver # 2																																																													00 00	
		T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																																																																		
1	01	00	00	B 01	NA 03	F 00	00 00	02	18	F	See Driver # 1																																																																																																				
2	01	00	00	B 01	NA 01	B 00	00 00	01	45	M	See Driver # 2																																																																																																				
Approved By 		I.D. # 7698		Date 6-30-09																																																																																																											

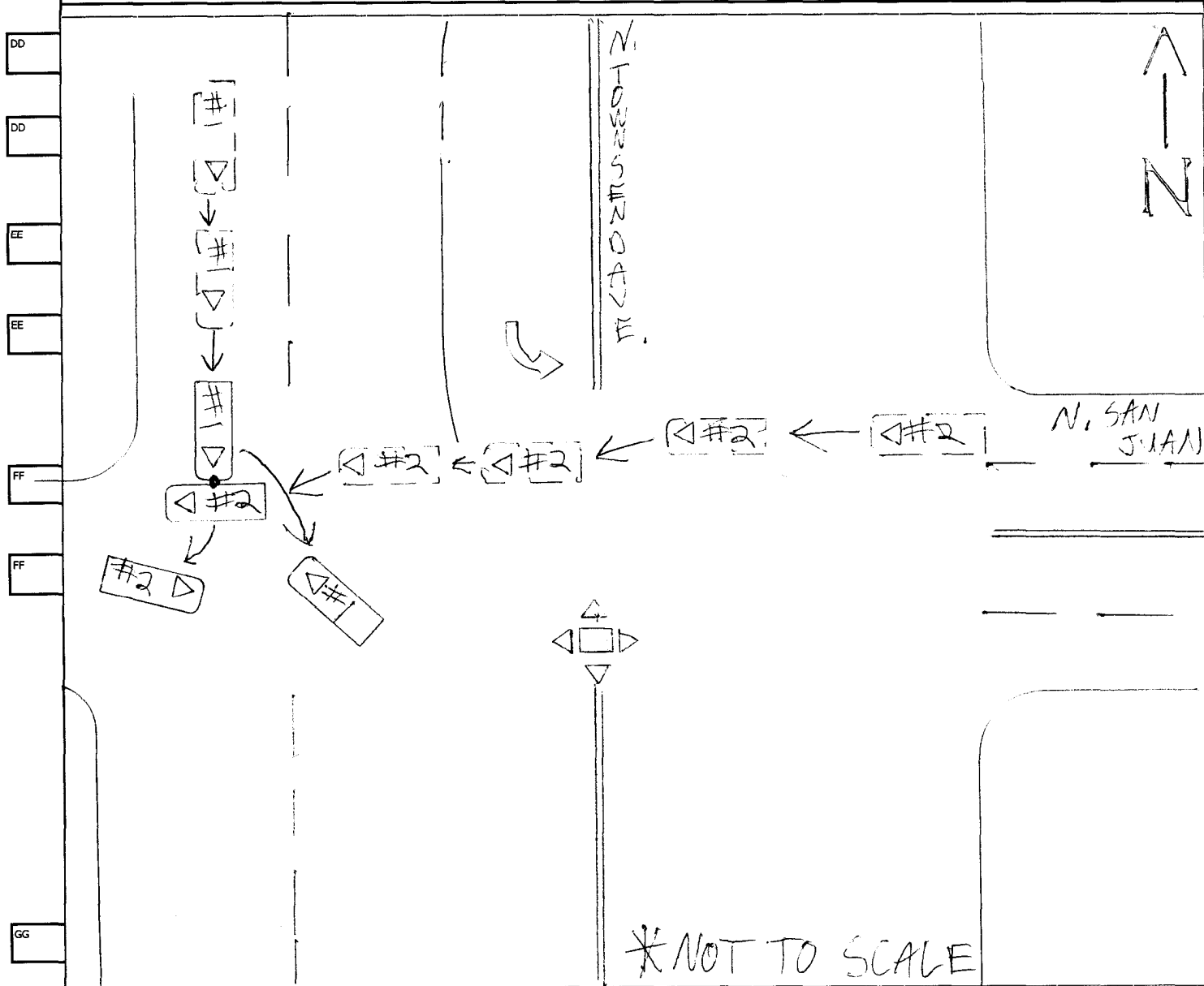
AA	Case # 09-012916	DOR CODE	Accident Date 6/29/09	Agency Montrose Police Department
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Describe Accident
 Vehicle # 1 was traveling southbound in the outside lane of N. Townsend Ave. approaching the intersection of N. San Juan Ave. and N. Townsend Ave. Driver #1 stated that she was traveling at approximately 40 mph when she looked up and realized that her traffic signal had turned red indicating her to stop. She said she was moving to quickly and entered the intersection striking Vehicle #2 in between the passenger side doors.

Vehicle #2 had been traveling westbound in the outside lane of traffic on N. San Juan Ave. crossing N. Townsend Ave. with a green traffic signal when he saw Vehicle #1 enter the intersection at a high rate of speed and then Vehicle #1 struck his vehicle.

Both front airbags deployed in Vehicle #1 and the female driver complained of scrapes and cuts from the airbag as well as her dashboard. She had these injuries to her knees, face, and neck. She declined EMS transport. Vehicle #2's driver complained of minor neck pain and was transported to the Montrose Memorial Hospital as a precaution.

Both vehicles sustained serious damage and were towed from the scene.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

AA	Case # 09-013194	DOR CODE	Accident Date 07-03-09	Agency Montrose Police Department	HH
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Describe Accident
 AA Vehicle #2 was traveling northbound in the inside lane of traffic, on North Townsend Avenue, approaching the intersection of N. San Juan Avenue. Vehicle #1 was stopped facing south, in the left hand turn lane on N. Townsend Avenue, in preparation to make a left hand turn onto North San Juan Avenue. According to both drivers, two trucks which were in front of Vehicle #1 safely turned left in front of Vehicle #2, before the driver of Vehicle #1 tried to do the same. The driver of Vehicle #1 moved into the intersection failing to allow adequate room between Vehicle #2 and his own. Vehicle #2 had the right of way under a green light. The driver of Vehicle #2 swerved right to try to avoid a collision but was unable to avoid Vehicle #1. The front left corner of Vehicle #1 struck the rear left tire and corner of Vehicle #2. Both Vehicle sustained moderate damage. No injuries were reported. The vehicles were moved from the area prior to my arrival and no measurements were taken.

BB
 BB
 CC
 CC

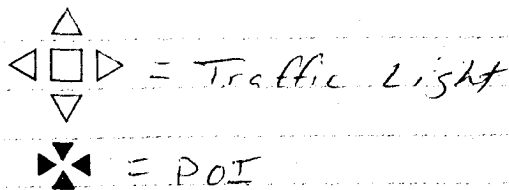
See attached diagram.

DD		KK
DD		KK
EE		LL
EE		LL
FF		MM
FF		MM
GG		NN

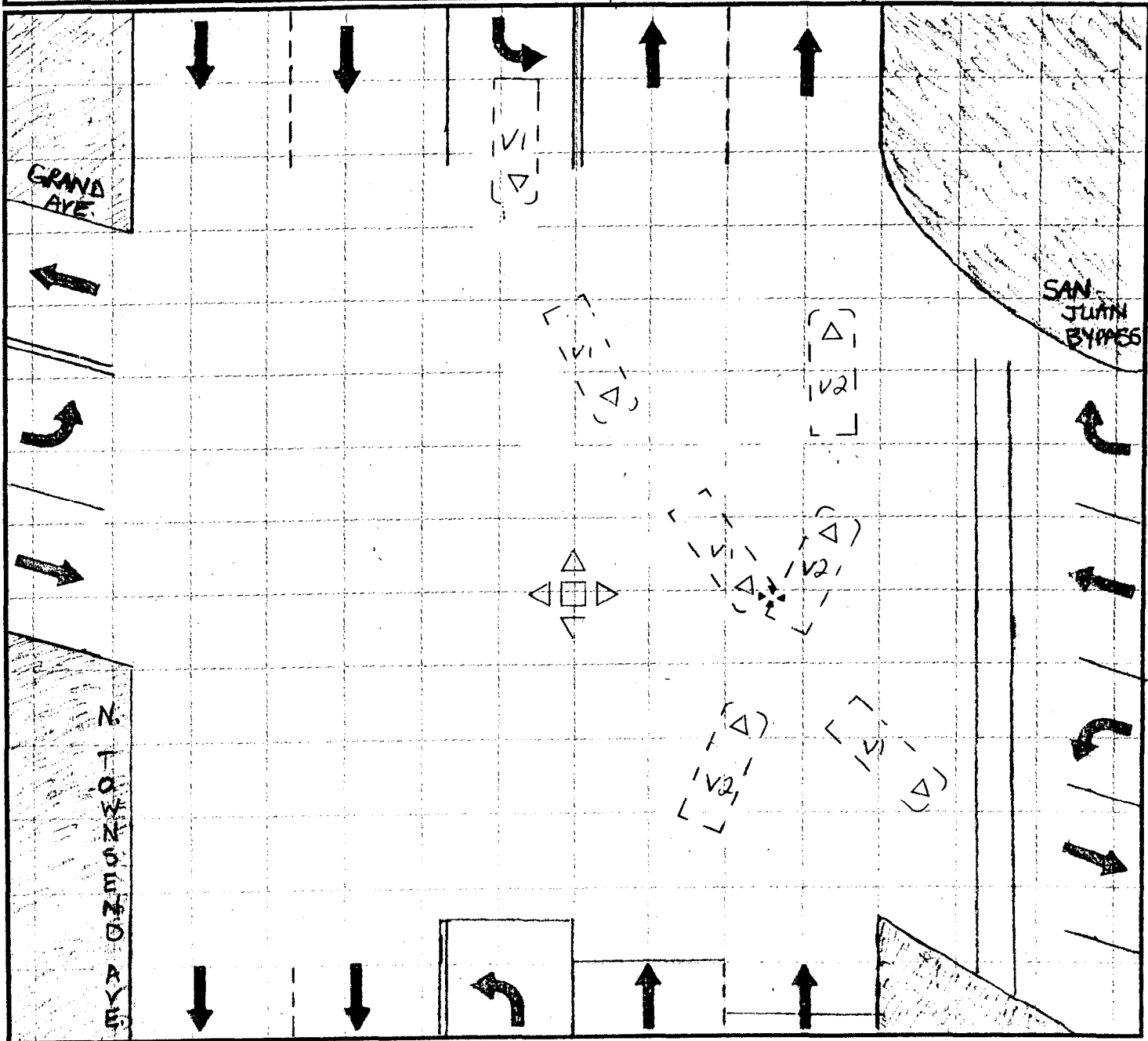
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GG	T.U. # Address	Carrier Identification #			NN
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GG	T.U. # Address	Carrier Identification #			NN



LEGEND




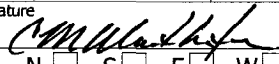
Note: Diagram Not to Scale
Reference Only



STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER [] [] [] MILEPOINT [] [] [] []	DOR Code 	07 08
Case # 09-013423				

Date of Accident 07-07-2009	City Montrose	Agency Montrose Police Department	County Montrose	County # 21
Time (24 Hr.) 1235	Officer Number 10476	Officer Name Chris M. Worthington	Signature 	Detail Traffic

Number Killed 0	Number Injured 0	Location Route, Street, Road San Juan Avenue	Miles []	Feet []	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: North Townsend Avenue
Date of Report 07-07-2009	Latitude		Longitude		

Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number West	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>
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Traffic Unit # 1 or 1	<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.	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.
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Last Name Metz	First Georgia	MI E.	Last Name Suppes	First Edward	MI
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Street Address 838 8th Street (PO Box 843)	Personal Phone (970) 323-5003	Street Address 56548 Dalia Road	Personal Phone (970) 323-6387
City Olathe	State CO	ZIP 81425	Bus. Phone () - () - ()

Driver License Number 921556200	CDL CO	State CO	Sex F	DOB 4-5-29	Driver License Number 941260045	CDL Y	State CO	Sex M	DOB 4-15-52
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Primary Violation <input type="checkbox"/> DUI Careless Driving	Primary Violation <input type="checkbox"/> DUI n/a
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Violation Code MTC 1402	Citation Number A-116465	Common Code	Violation Code	Citation Number	Common Code
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Year 1998	Make Toyota	Model Sienna	Body Type VN	Year 2009	Make Ford	Model F-150	Body Type TK
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License Plate Number 398-SOA	State or Country Colorado	Color White	License Plate Number 626777G	State or Country Colorado	Color Blue
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Vehicle Identification Number 4T3ZF13C6WU085173	Vehicle Identification Number 1FTPFF14V89KC52122
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Vehicle Owner Last Name <input type="checkbox"/> Same White	First Carol	MI	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First	MI
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Address <input type="checkbox"/> Same 838 S. Hwy 50	City Olathe	State CO	ZIP 81425	Address <input type="checkbox"/> Same	City	State	ZIP
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Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:
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TO:	TO:
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Trailer VIN#	Trailer VIN#
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Undercarriage	Undercarriage	Undercarriage	Undercarriage
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
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Policy Number PPAM0012125696	Policy Number CWP239585726
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Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP
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Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP
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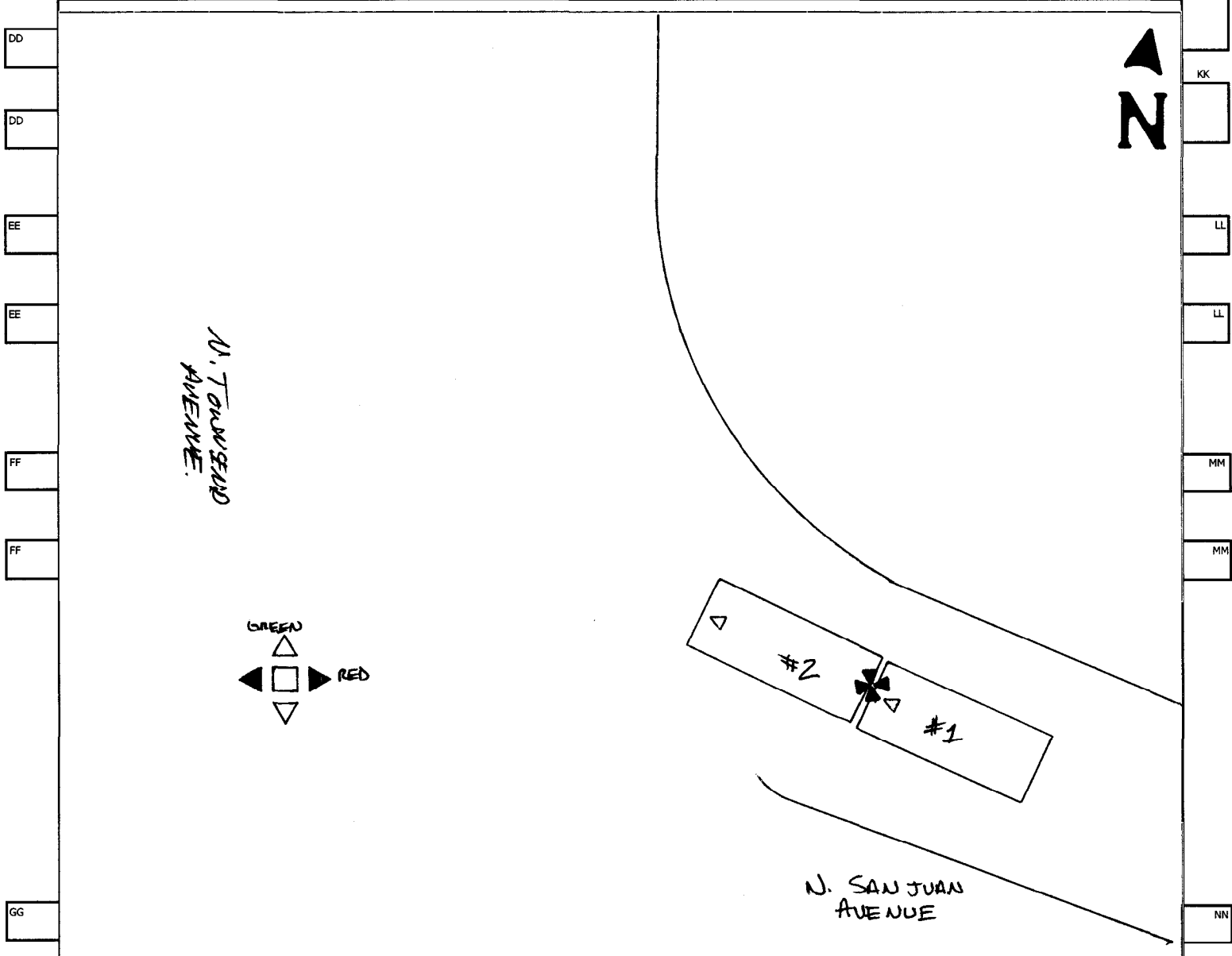
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS
1	01	00	00	B 03 A	01 B	00	00 00 00			F	Same as Driver #1
2	01	00		B 03 A	01 B	00	00 00 00			M	Same as Driver #2

Approved By 	I.D. # 00176	Date 7/7/09
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AA	Case # 09-013423	DOR CODE	Accident Date 07-07-2009	Agency Montrose Police Department	HH
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Describe Accident
 Veh. #2 was traveling WB on San Juan Avenue and stopped at the red light, waiting for traffic at Townsend Avenue. While stopped, it was struck in the rear end by Veh. #1 which was traveling WB, also going to make a right hand turn onto Townsend Avenue. Both vehicles sustained slight to moderate damage. There were no injuries reported on scene.


Diagram not to scale - For reference only - no measurements were taken. Both vehicles were moved from heavy traffic.




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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 1	CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER [] [] []	DOR Code 	9 K
	Case # 09-014278		MILEPOINT [] [] [] [] []		9 K

B 7	Date of Accident 19 July 2009	City Montrose	Agency Montrose Police Department	County Montrose	County # 21
	Time (24 Hr.) 1605	Officer Number P19	Officer Name Pollert, Josh	Signature 	Detail Patrol

B 7	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> OF:	7 L
	Date of Report 7/19/09		North Townsend Ave.	<input checked="" type="checkbox"/> At: San Juan Bypass	7 L

B 7	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	3 M
	Traffic Unit # 1 or 1	<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.									1 M

C 3	Last Name Chapin-Towner	First Patricia	MI L	Last Name Ormsbee	First Peggy	MI L
	Street Address 4620 Hwy 348	Personal Phone (970) 208-4100		Street Address 3252 Villa Sur Dr. #8	Personal Phone (970) 523-0823	

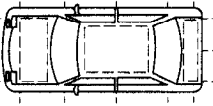
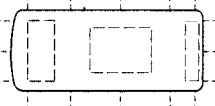
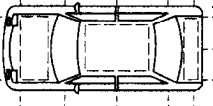
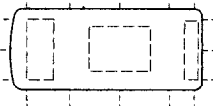
D 1	City Delta	State CO	ZIP 81416	Bus. Phone () -	City Clifton	State CO	ZIP 81520	Bus. Phone () -	
	Driver License Number 942660753	CDL CO	State CO	Sex F	DOB 111656	Driver License Number 921731982	CDL CO	State CO	Sex F

E 1	Primary Violation <input type="checkbox"/> DUI Following Too Closely	Violation Code MTC 1008.1	Citation Number A 116681	Common Code	Primary Violation <input type="checkbox"/> DUI	Violation Code	Citation Number	Common Code
	Year 1999	Make GMC	Model SUB	Body Type UP	Year 1993	Make Jeep	Model Che	Body Type UP

F 2	License Plate Number 630TYY	State or Country Montrose	Color Red	License Plate Number 050SNK	State or Country Mesa	Color Multiple
	Vehicle Identification Number 1GKFK16R4XJ739932	Vehicle Identification Number 1J4FJ78S00L637043				

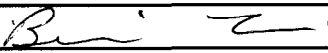
G 1	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First	MI	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First	MI	
	Address <input checked="" type="checkbox"/> Same	City	State	ZIP	Address <input checked="" type="checkbox"/> Same	City	State

H 1	Towed Due to Damage <input type="checkbox"/> By:	TO:	Towed Due to Damage <input type="checkbox"/> By:	TO:	00 Q
					13 Q

I 0	Trailer VIN#			1 - Slight 2 - Moderate 3 - Severe	Trailer VIN#			1 - Slight 2 - Moderate 3 - Severe
	Undercarriage	Undercarriage	Undercarriage	Undercarriage	Undercarriage	Undercarriage	Undercarriage	Undercarriage

J 0	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof American Standard Insurance Co	Exp. Date 0706009	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance Co.	Exp. Date 101909	00 R
	Policy Number 183256940593		Policy Number 1485166 C19-06B		15 R

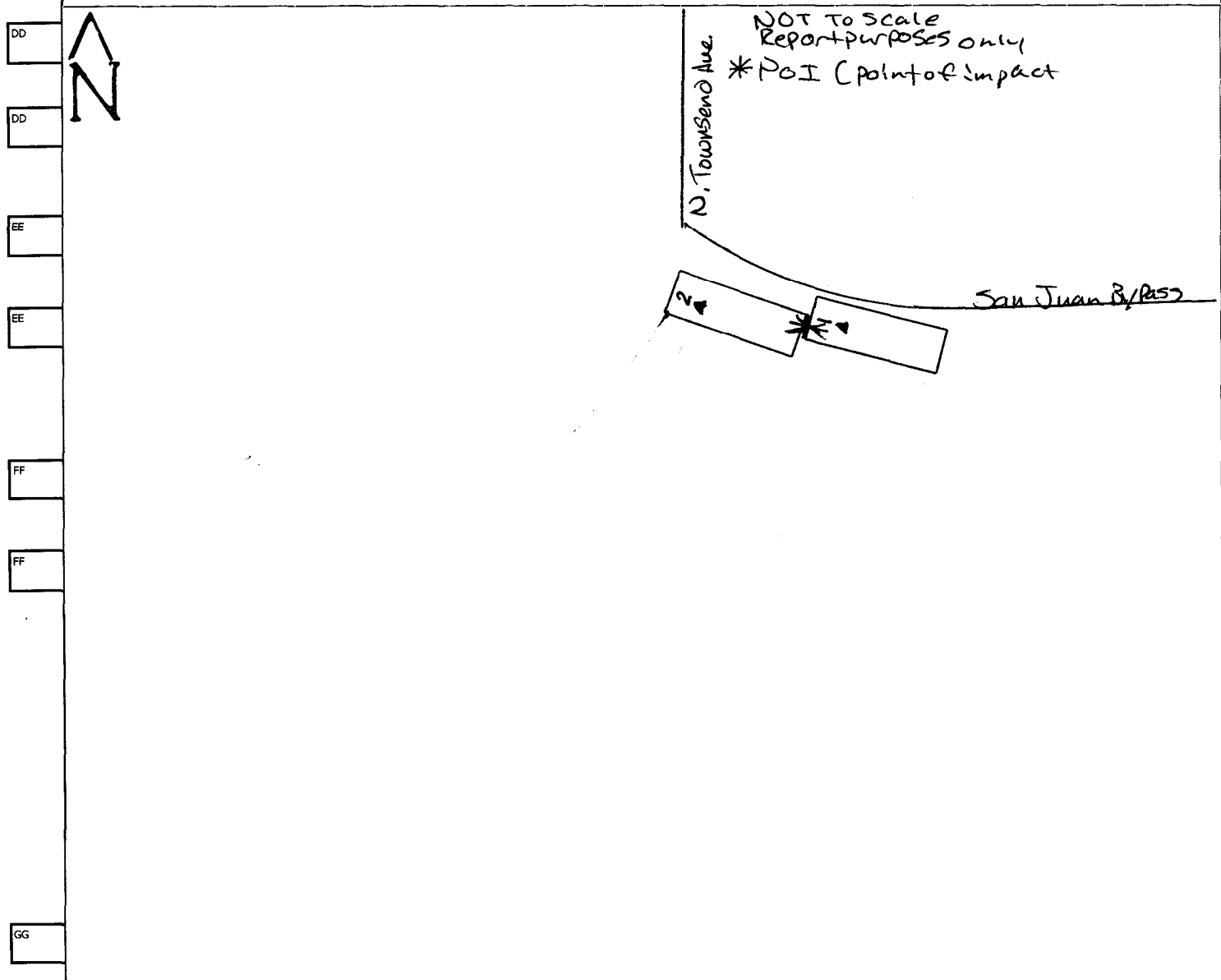
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO/DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS
1	1	0	0	B 1 A	1 B	0 0	0 0	0	53	F	Same As Above
1	3	0	0	B 1 A	1 B	0 0	0 0	0	18	F	Ashley Chapin/Same As Above
1	4	0	0	B 1 A	1 B	0 0	0 0	0	13	M	Damien Bailey/Same As Above
1	6	0	0	B 1 A	1 B	0 0	0 0	0	18	F	Christy Towner/Same As Above
1	7	0	0	B 1 A	1 B	0 0	0 0	0	9	M	Zach Bishop/Same As Above
1	8	0	0	B 1 A	1 B	0 0	0 0	0	8	M	Roger Towner/Same As Above
1	9	0	0	B 1 A	1 B	0 0	0 0	0	17	M	Johnathan Standley/Same As Above
2	1	0	0	B 1 A	1 B	0 0	0 0	1	65	F	Same As Above

Approved By  I.D. # 15-92 Date 7-19-09

AA	Case # 09-014278	DOR CODE	Accident Date 19 July 2009	Agency Montrose Police Department
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Describe Accident
 Vehicle 2 (Ormsbee) was stopped at the green light at the intersection of North Townsend Ave. and the San Juan Bypass, waiting to make a right hand turn onto N. Townsend Ave. Vehicle 1 (Chapin-Towner) was traveling westbound on the San Juan Bypass when she hit Ormsbee's vehicle from behind. Chapin-Towner stated that it appeared Ormsbee was going to make the right hand turn onto N. Townsend Ave, and proceeded to follow Ormsbee. Chapin-Towner stated as she moved forward she hit the back of Ormsbee vehicle. Chapin-Towner stated that it was her fault.

CC Chapin-Towner: MTC 1008.1 Following too closely



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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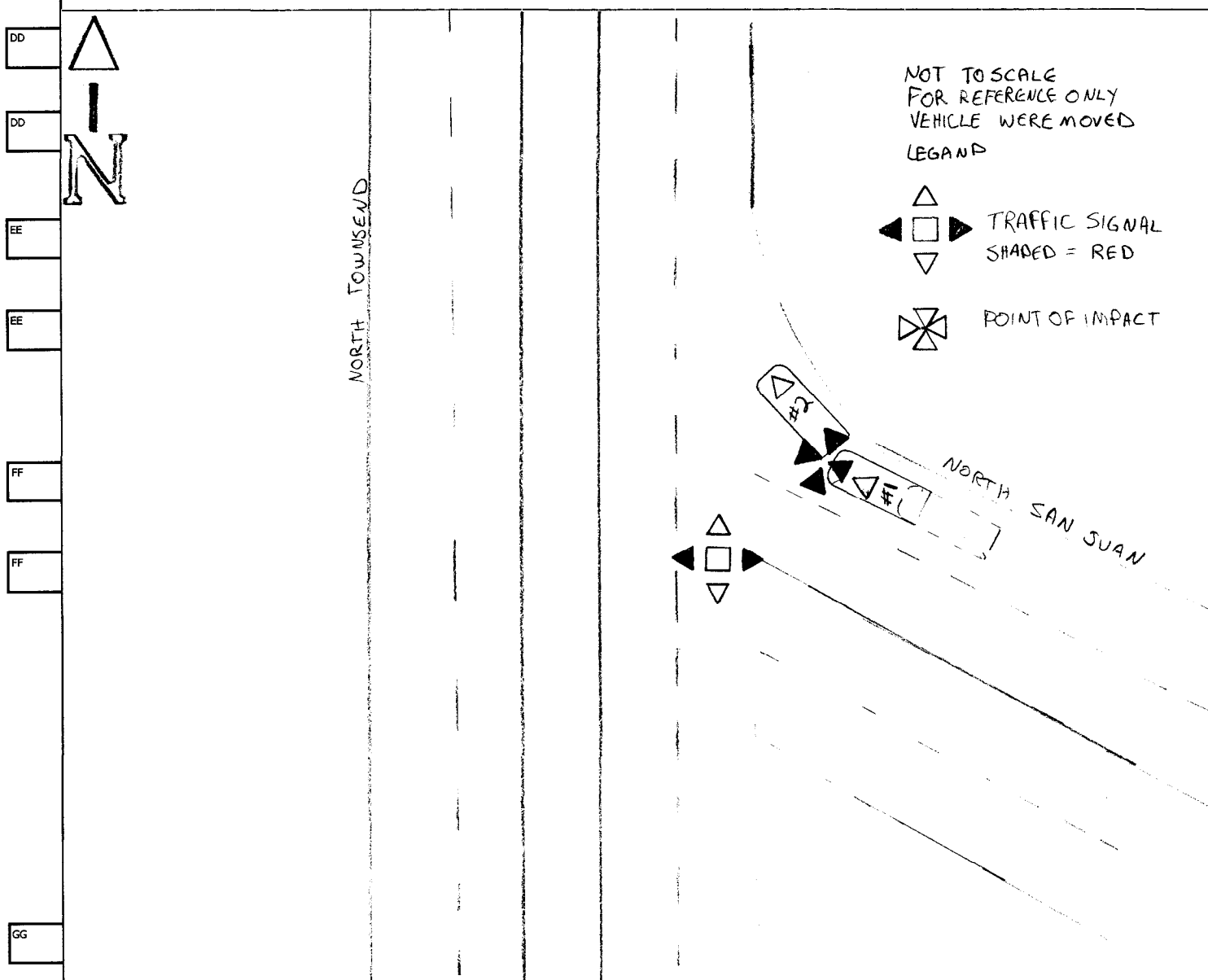
A 01	CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER 5 5 0 MILEPOINT	DOR Code	07 09			
	Case # 09-014392	City MONTROSE		Agency MONTROSE POLICE DEPT.	County MONTROSE		05 05		
B 07	Date of Accident 07-21-09	Officer Number 1034	Officer Name KENNETH FARRINGTON	Signature <i>[Signature]</i>	County # 21	01 03			
	Time (24 Hr.) 1034	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet NORTH TOWNSEND	Detail PTRL				
B	Date of Report 7/21/09	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	01 03			
	Agency Code	Public Property/Employee	Photos Taken	Railroad Crossing Related	Const. Zone Related		Highway Interchg.	Bridge Related	
B	Traffic Unit # 1 or <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.	Traffic Unit # 2 or <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.	Last Name STEPHENS		Last Name SWANSON		N N		
	First SCOTT		First CYNTHIA		MI A				
C 01	Street Address 15380 6700 RD.			Street Address 1854 Natalia Way			N N		
	Personal Phone (970) 209-9898			Personal Phone (970) 275-2160					
D 01	City MONTROSE	State CO	ZIP 81401	City MONTROSE	State CO	ZIP 81401	P P		
	Bus. Phone () -	Bus. Phone () -	Bus. Phone () -	Bus. Phone () -	Bus. Phone () -	Bus. Phone () -			
E 01	Driver License Number 97-225-1196	CDL CO	Sex M	DOB 02-13-82	Driver License Number 97-169-1366	CDL CO	Sex F	DOB 05-01-80	13 00
	Primary Violation <input type="checkbox"/> DUI FOLLOWING TOO CLOSELY	Primary Violation <input type="checkbox"/> DUI	Violation Code MTC 1008.1		Violation Code		Citation Number 116443		
F 02	Year 2006	Make DODGE	Model 2500	Body Type PK	Year 2009	Make GMC	Model YUKON	Body Type SUV	00 00
	License Plate Number 527RAK	State or Country CO	Color BLUE	License Plate Number 225TMF	State or Country CO	Color TAN	Vehicle Identification Number 1D7KS28C26J129878		
G 01	Vehicle Owner Last Name <input type="checkbox"/> Same MOUNTAIN HOME CABINETS			Vehicle Owner Last Name <input type="checkbox"/> Same PV HOLDING CORP			00 00		
	Address <input checked="" type="checkbox"/> Same			Address <input type="checkbox"/> Same					
H 01	City	State	ZIP	City	State	ZIP	00 00		
	City DENVER	State CO	ZIP 80249	City DENVER	State CO	ZIP 80249			
J 00	Towed Due to Damage <input type="checkbox"/> By:			Towed Due to Damage <input type="checkbox"/> By:			00 00		
	TO:			TO:					
G 01	Trailer VIN#			Trailer VIN#			S S		
H 01	Undercarriage			Undercarriage			00 00		
	1 - Slight 2 - Moderate 3 - Severe			1 - Slight 2 - Moderate 3 - Severe					
I 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof HARTFORD			Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof GELCO			00 00		
	Exp. Date 11-11-09			Exp. Date 07-01-09					
J 00	Policy Number UECN00492			Policy Number BUA0001700830			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
K 01	First			First			00 00		
	MI			MI					
L 01	Address			Address			00 00		
	City			City					
M 01	State			State			00 00		
	ZIP			ZIP					
N 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
O 01	MI			MI			00 00		
	Address			Address					
P 01	City			City			00 00		
	State			State					
Q 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
R 01	First			First			00 00		
	MI			MI					
S 01	Address			Address			00 00		
	City			City					
T 01	State			State			00 00		
	ZIP			ZIP					
U 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
V 01	MI			MI			00 00		
	Address			Address					
W 01	City			City			00 00		
	State			State					
X 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
Y 01	First			First			00 00		
	MI			MI					
Z 01	Address			Address			00 00		
	City			City					
AA 01	State			State			00 00		
	ZIP			ZIP					
AB 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
AC 01	MI			MI			00 00		
	Address			Address					
AD 01	City			City			00 00		
	State			State					
AE 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
AF 01	First			First			00 00		
	MI			MI					
AG 01	Address			Address			00 00		
	City			City					
AH 01	State			State			00 00		
	ZIP			ZIP					
AI 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
AJ 01	MI			MI			00 00		
	Address			Address					
AK 01	City			City			00 00		
	State			State					
AL 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
AM 01	First			First			00 00		
	MI			MI					
AN 01	Address			Address			00 00		
	City			City					
AO 01	State			State			00 00		
	ZIP			ZIP					
AP 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
AQ 01	MI			MI			00 00		
	Address			Address					
AR 01	City			City			00 00		
	State			State					
AS 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
AT 01	First			First			00 00		
	MI			MI					
AU 01	Address			Address			00 00		
	City			City					
AV 01	State			State			00 00		
	ZIP			ZIP					
AW 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
AX 01	MI			MI			00 00		
	Address			Address					
AY 01	City			City			00 00		
	State			State					
AZ 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
BA 01	First			First			00 00		
	MI			MI					
BB 01	Address			Address			00 00		
	City			City					
BC 01	State			State			00 00		
	ZIP			ZIP					
BD 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
BE 01	MI			MI			00 00		
	Address			Address					
BF 01	City			City			00 00		
	State			State					
BG 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
BH 01	First			First			00 00		
	MI			MI					
BI 01	Address			Address			00 00		
	City			City					
BJ 01	State			State			00 00		
	ZIP			ZIP					
BK 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
BL 01	MI			MI			00 00		
	Address			Address					
BM 01	City			City			00 00		
	State			State					
BN 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
BO 01	First			First			00 00		
	MI			MI					
BP 01	Address			Address			00 00		
	City			City					
BQ 01	State			State			00 00		
	ZIP			ZIP					
BR 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
BS 01	MI			MI			00 00		
	Address			Address					
BT 01	City			City			00 00		
	State			State					
BU 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
BV 01	First			First			00 00		
	MI			MI					
BW 01	Address			Address			00 00		
	City			City					
BX 01	State			State			00 00		
	ZIP			ZIP					
BY 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
BZ 01	MI			MI			00 00		
	Address			Address					
CA 01	City			City			00 00		
	State			State					
CB 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
CC 01	First			First			00 00		
	MI			MI					
CD 01	Address			Address			00 00		
	City			City					
CE 01	State			State			00 00		
	ZIP			ZIP					
CF 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
CG 01	MI			MI			00 00		
	Address			Address					
CH 01	City			City			00 00		
	State			State					
CI 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
CJ 01	First			First			00 00		
	MI			MI					
CK 01	Address			Address			00 00		
	City			City					
CL 01	State			State			00 00		
	ZIP			ZIP					
CM 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
CN 01	MI			MI			00 00		
	Address			Address					
CO 01	City			City			00 00		
	State			State					
CP 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
CQ 01	First			First			00 00		
	MI			MI					
CR 01	Address			Address			00 00		
	City			City					
CS 01	State			State			00 00		
	ZIP			ZIP					
CT 01	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
CU 01	MI			MI			00 00		
	Address			Address					
CV 01	City			City			00 00		
	State			State					
CW 01	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
CX 01	First			First			00 00		
	MI			MI					
CY 01	Address			Address			00 00		
	City			City					
CZ 01	State			State			00 00		
	ZIP			ZIP					
CA 02	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
CB 02	MI			MI			00 00		
	Address			Address					
CC 02	City			City			00 00		
	State			State					
CD 02	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
CE 02	First			First			00 00		
	MI			MI					
CF 02	Address			Address			00 00		
	City			City					
CG 02	State			State			00 00		
	ZIP			ZIP					
CH 02	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
CI 02	MI			MI			00 00		
	Address			Address					
CJ 02	City			City			00 00		
	State			State					
CK 02	ZIP			ZIP			00 00		
	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name					
CL 02	First			First			00 00		
	MI			MI					
CM 02	Address			Address			00 00		
	City			City					
CN 02	State			State			00 00		
	ZIP			ZIP					
CO 02	Owner Damaged Prop. Last Name			Owner Damaged Prop. Last Name			00 00		
	First			First					
CP 02	MI			MI			00 00		
	Address			Address					
CQ 02	City								

AA	Case # 09-014392	DOR CODE	Accident Date 07-21-09	Agency MONTROSE POLICE DEPARTMENT	HH	
AA	Describe Accident Vehicle #1 was traveling southbound on North Townsend in the turn lane to attempting to turn left on to North San Juan. Vehicle #2 was traveling directly in front of vehicle #1. Vehicle #2 stopped in the intersection of San Juan and North Townsend while attempting to turn left. Vehicle #1 collided front end to rear end of vehicle #2.				HH	
BB					JJ	
BB					JJ	
CC					JJ	
CC					JJ	
DD					KK	
DD					KK	
DD					KK	
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

AA	Case # 09-023559	DOR CODE	Accident Date 12/16/2009	Agency Montrose Police Department
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Describe Accident
 Vehicle # 2 driven by HANNAH STEPHENS, was stopped at a red light in the right turn lane of North San Juan Avenue about to turn northbound onto North Townsend when vehicle #1 driven by GORDON PETERS, also in the right turn lane of North San Juan Avenue failed to stop and collided with vehicle #2, causing severe damage to the rear of the vehicle on the driver's side. STEPHENS was complaining of head and neck pain. EMS was dispatched and Stephens was transported to Montrose Memorial Hospital.

The entire accident was witnessed by DURAND DICKMAN(DOB:08/21/1962, (970) 872-3264,) whose story was concurrent with both STEPHEN'S and PETER'S account of the accident.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

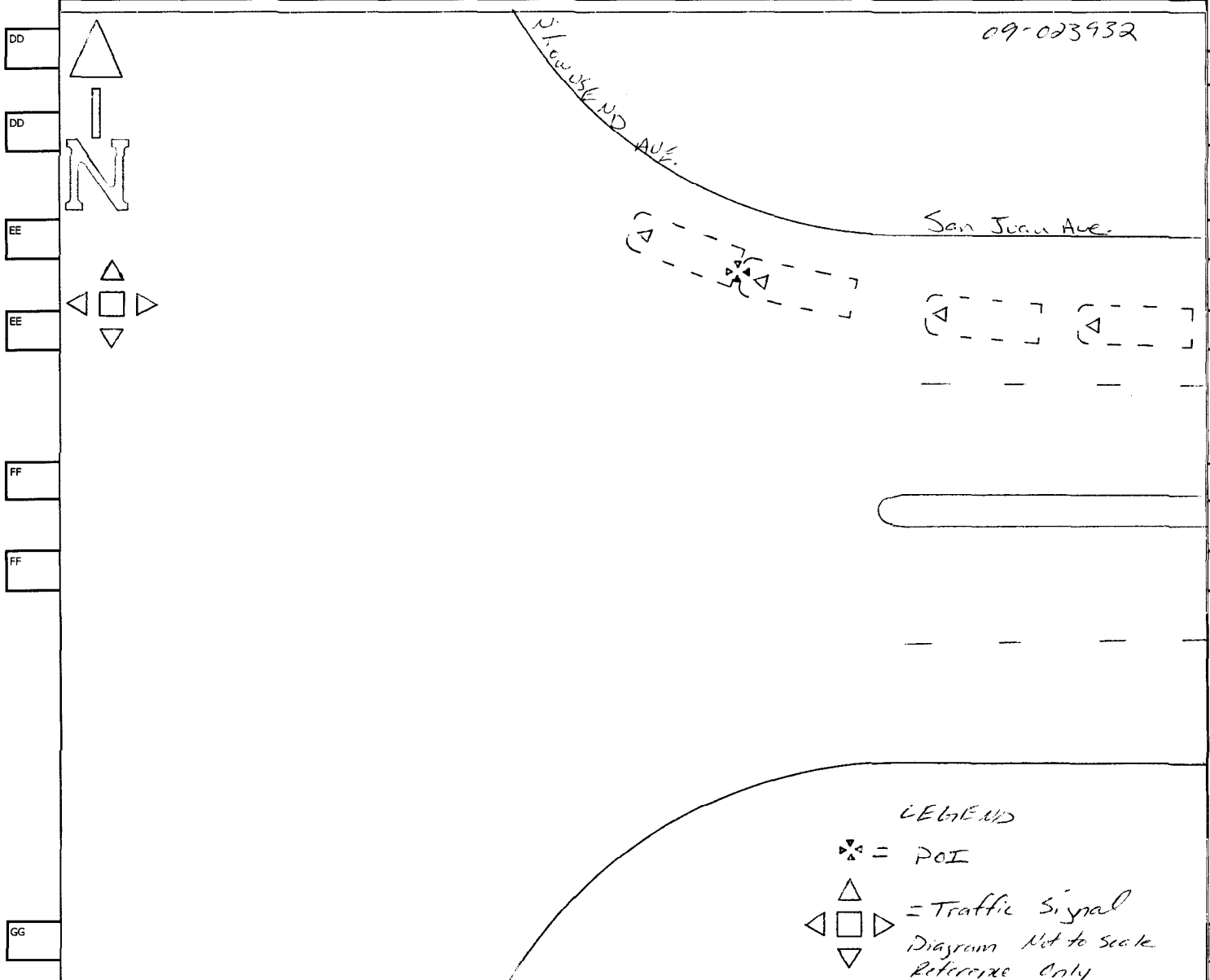
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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CDOT Code		<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER		DOR Code		05	
Case #		<input checked="" type="checkbox"/> STATE HWY		MILEPOINT		[Barcode]		09	
Date of Accident		City		Agency		County		County #	
12-23-09		Montrose		Montrose Police Department		Montrose		21	
Time (24 Hr.)		Officer Number		Officer Name		Signature		Detail	
1436		10617		R. Pierce				Patrol	
Number Killed		Number Injured		Location Route, Street, Road		Miles		Feet	
0		0		N. San Juan Avenue					
Date of Report		Latitude		Longitude		N		S	
12/23/09						E		W	
Agency Code		Investigated @ Scene		Total Vehicles		District Number		Public Property/Employee	
		<input type="checkbox"/>		2				<input type="checkbox"/>	
Traffic Unit #		Photos Taken		Railroad Crossing Related		Const. Zone Related		Highway Interchg.	
1 or		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Last Name		First		MI		Last Name		First	
Jones		Bernard		K.		Clouser		Paula	
Street Address		Personal Phone		Street Address		Personal Phone		Personal Phone	
638 29 1/2 Road		(970) 245-6135		1919 White House Drive		(970) 249-4866		(970) 249-4866	
City		State		ZIP		City		State	
Montrose		CO		81401		Montrose		CO	
Driver License Number		CDL		State		Sex		DOB	
95-026-1407				CO		M		05-12-34	
Primary Violation		Citation Number		Common Code		Primary Violation		Citation Number	
<input type="checkbox"/> DUI Careless Driving		A117893				<input type="checkbox"/> DUI			
Violation Code		Year		Make		Model		Body Type	
MTC 1402		2009		Dodge		PV		Caravan	
License Plate Number		State or Country		Color		Year		Make	
630-SXO		CO		Black		2008		Toyota	
Vehicle Identification Number		Vehicle Identification Number		Year		Make		Model	
2D8HN44E99R575364		JMMBD33VX86064724		2008		Toyota		Rav 4	
Vehicle Owner Last Name		First		MI		Vehicle Owner Last Name		First	
Avis Renta Car						Marchbanks Family Trust			
Address		City		State		ZIP		Address	
24050 E. 78th Ave.		Denver		CO		80249		1919 White House Drive	
Towed Due to Damage		By:		Towed Due to Damage		By:		By:	
TO:				TO:					
Trailer VIN#		Trailer VIN#		Trailer VIN#		Trailer VIN#		Trailer VIN#	
Undercarriage		Undercarriage		Undercarriage		Undercarriage		Undercarriage	
1 - Slight		1 - Slight		1 - Slight		1 - Slight		1 - Slight	
2 - Moderate		2 - Moderate		2 - Moderate		2 - Moderate		2 - Moderate	
3 - Severe		3 - Severe		3 - Severe		3 - Severe		3 - Severe	
Insurance Company		Exp. Date		Insurance Company		Exp. Date		Insurance Company	
Continental Casualty Company		07-01-10		The Travelers Insurance Company of America		05-11-10		The Travelers Insurance Company of America	
Policy Number		Policy Number		Policy Number		Policy Number		Policy Number	
BUA001700830		941113975 1011		941113975 1011		941113975 1011		941113975 1011	
Owner Damaged Prop. Last Name		First		MI		Address		City	
Owner Damaged Prop. Last Name		First		MI		Address		City	
T.U. #		POS.		REST.		ENDO.		SAFETY EQUIP.	
1		1		01		00		B 01	
2		1		00		00		B 01	
								A 01	
								F 00	
								00 00	
								00 00	
								00 00	
								75 M	
								43 F	
								Same as above.	
								Same as above.	
Approved By		I.D. #		Date					
		10476		12-26-09					

AA	Case # 09-023932	DOR CODE	Accident Date 12-23-09	Agency Montrose Police Department
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Describe Accident
 Vehicle #1 was stopped in traffic behind vehicle #2 on N. San Juan Avenue, at a red light, at the intersection of N. Townsend Avenue. The driver of Vehicle #2 (Clouser) said she began moving forward in preparation to make a right turn on red but stopped again due to approaching traffic. The driver of Vehicle #1 (Jones) said he saw Vehicle #2 begin moving forward and moved forward himself. Driver #1 said he was looking left at approaching traffic and did not see Vehicle #2 stop in front of him. Driver #1 failed to stop and the front of Vehicle #1 struck the rear of Vehicle #2. Both vehicles sustained minor damage and were moved prior to my arrival.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

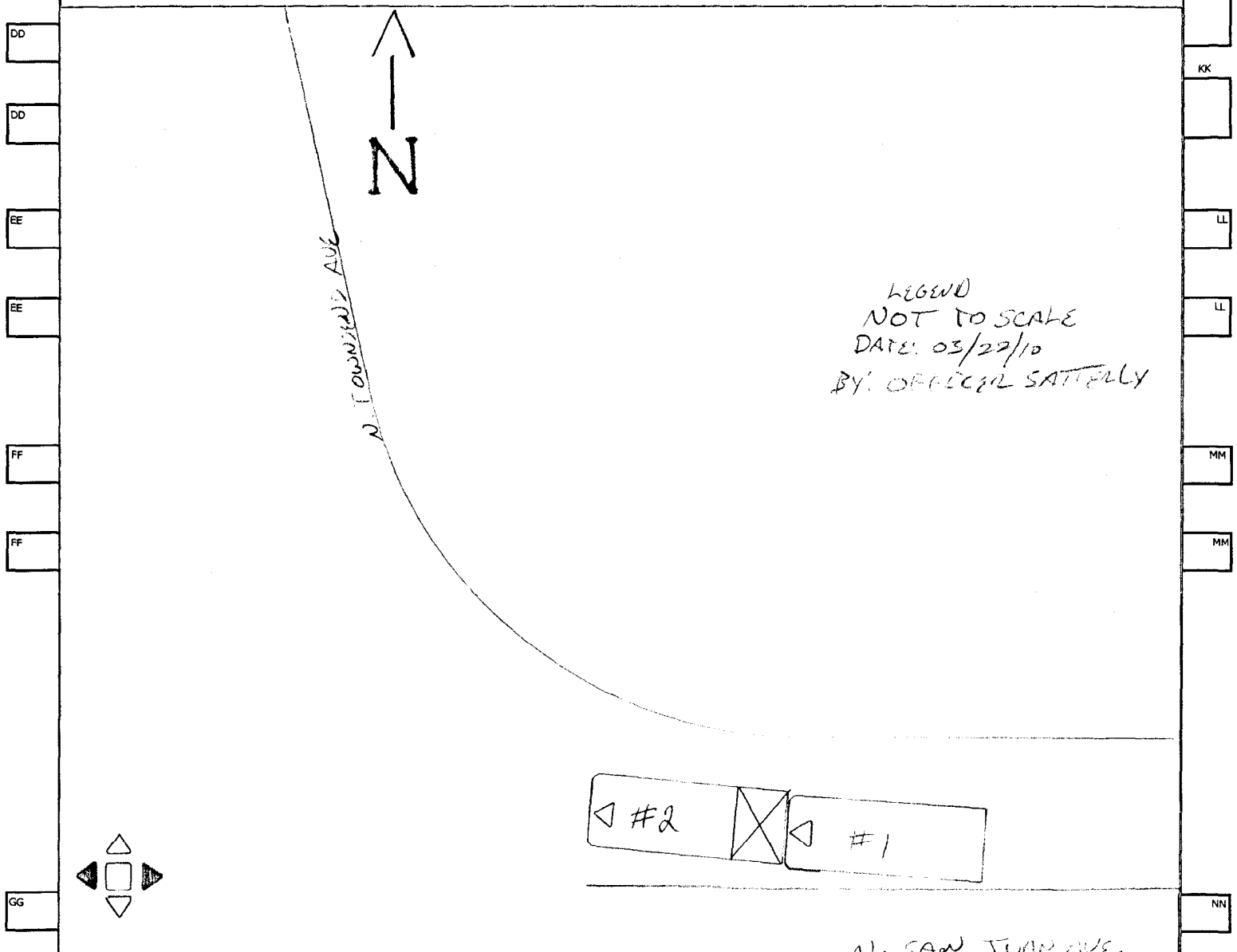
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER [][] MILEPOINT [][][][]	DOR Code 	07 05	
	Case # 10-004485	Date of Accident 03/22/10	City Montrose	Agency Montrose Police Dept	County Montrose	County # 21	07 07
B	07	Time (24 Hr.) 0730	Officer Number 12532	Officer Name Robbie J. Satterly	Signature 	Detail Patrol	
	B	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> OF: N. San Juan Ave <input type="checkbox"/> At: N. Townsend Ave		07 07	
B	07	Date of Report 3/22/10	Latitude	Longitude		03 01	
B	07	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/ Employee <input type="checkbox"/>	
B	07	Traffic Unit # 1 or <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.	Traffic Unit # 2 or <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.	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	
B	07	Last Name Smith	First Michael	MI R	Last Name Pacheco	First Teresa	
	B	Street Address 857 Fruit Park Rd	Personal Phone (503) 347-0431	City Montrose	State CO	ZIP 81401	
B	07	Driver License Number 952160675	Sex M	DOB 10/10/1975	Driver License Number 921256166	Sex F	
	B	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Following Too Closely	Violation Code MTC 1008.1	Citation Number A118675	Common Code	Primary Violation <input type="checkbox"/> DUI	
B	07	Year 98	Make Toy	Model Tac	Body Type PK	Year 03	
	B	License Plate Number 173BSU	State or Country CO	Color Grn	License Plate Number 678UFI	State or Country CO	
B	07	Vehicle Identification Number 4TAWN72N5WZ087942	Vehicle Identification Number 2FMZA51423BA84078	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	
	B	Address <input checked="" type="checkbox"/> Same	City	State	ZIP	Address <input checked="" type="checkbox"/> Same	
B	07	Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:	Towed Due to Damage <input type="checkbox"/> By:	10 00	
	B	Trailer VIN#	Trailer VIN#	Trailer VIN#	Trailer VIN#	13 00	
B	07	Undercarriage	Undercarriage	Undercarriage	Undercarriage	15 00	
	B	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmers Ins. Comp	Exp. Date 07/16/2010	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Geico	Exp. Date 06/27/2010	15 00	
B	07	Policy Number 0716326-21-17	Policy Number 4110-27-04-79	Owner Damaged Prop. Last Name	First	MI	
	B	Owner Damaged Prop. Last Name	First	MI	Address	City	
B	07	Owner Damaged Prop. Last Name	First	MI	Address	City	
	B	Owner Damaged Prop. Last Name	First	MI	Address	City	
B	07	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	
	B	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	
B	07	AGE	SEX	NAME / ADDRESS			00 00
	B	01	01	00	00	B 03 A 01 A 00 00 00 00 35 M	00 00
B	07	02	01	00	00	B 03 A 01 A 00 00 00 00 44 F	00 00
	B	02	03	00	00	B 03 A 01 A 00 00 00 00 15 F	00 00
B	07	02	06	00	00	B 03 A 01 A 00 00 00 00 9 F	00 00
	B	02	07	00	00	B 03 A 01 A 00 00 00 00 12 F	00 00
Approved By						I.D. # 10496	Date 3-22-10

AA	Case # 10-004485	DOR CODE	Accident Date 03/22/2010	Agency Montrose Police Department	HH
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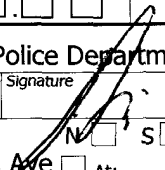
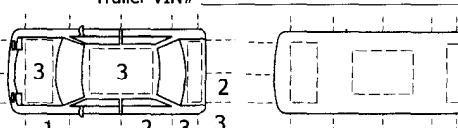
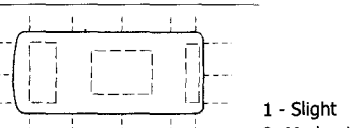
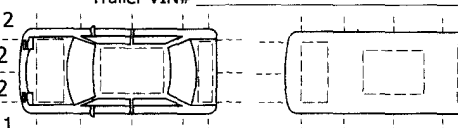
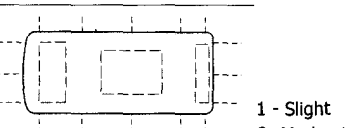
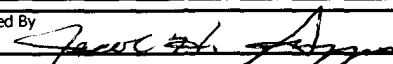
Describe Accident
 Veh #2 was stopped facing west on N. San Juan Ave. at the intersection of N. Townsend Ave at a traffic light. Veh #1 was directly behind Veh #2 facing the same direction also stopped. Driver of Veh #2 stated she was about to turn northbound onto N. Townsend Ave when she observed a vehicle change lanes on N. Townsend Ave into the outside lane of travel preventing her from making the turn safely. She then stopped still facing west on N. San Juan Ave. Driver of Veh #1 stated he assumed Veh #2 had made the turn and looked south on N. Townsend Ave for traffic and then attempted to make the turn northbound onto N. Townsend Ave. Veh #1 then struck the rear bumper and door of Veh #2 with the front of the vehicle.



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

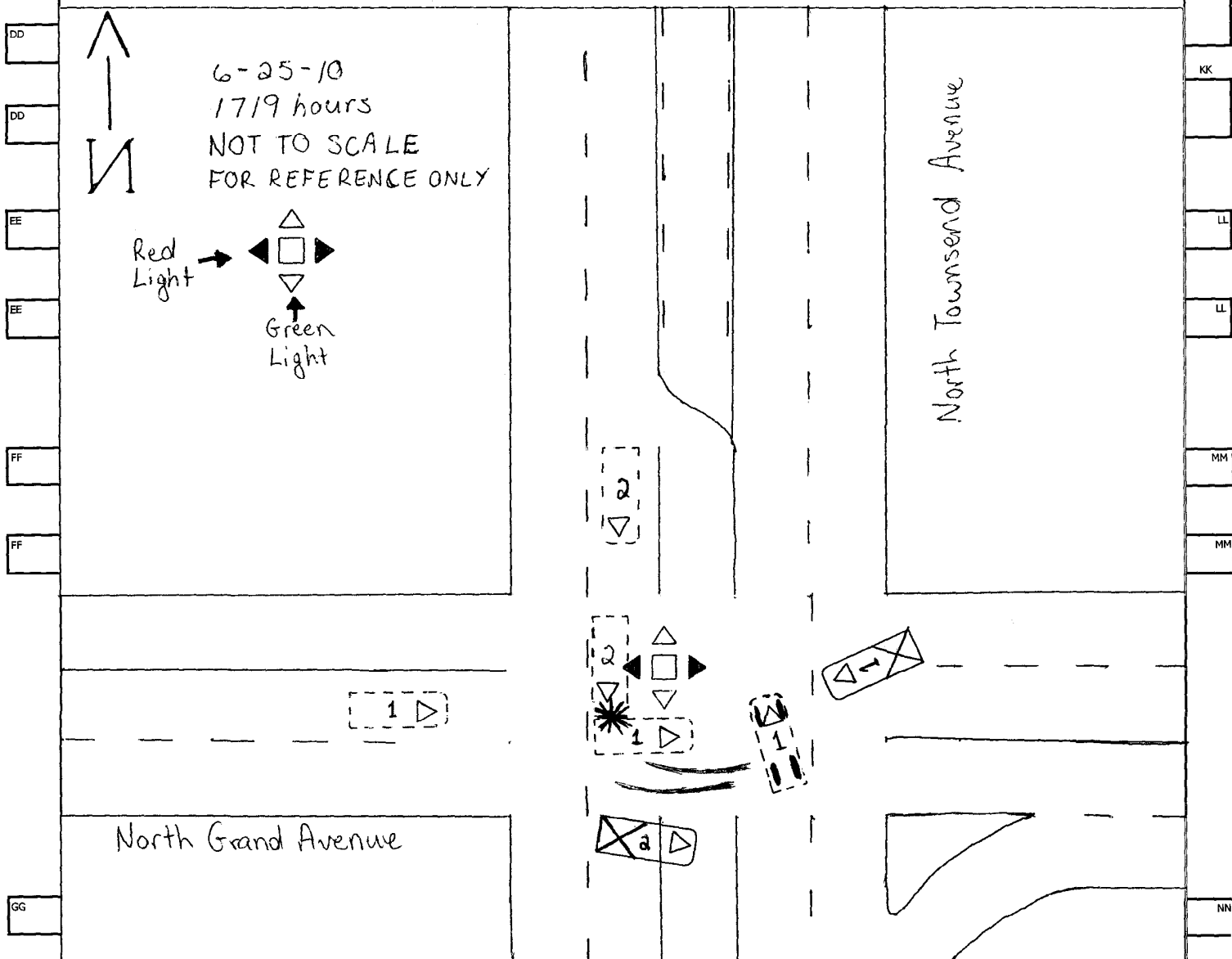
A	01	CDOT Code <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 0 MILEPOINT	DOR Code 	05 05																																																									
		Case # 10-010967	Date of Accident 06-25-2010	City Montrose	Agency Montrose Police Department	County Montrose	County # 21	03																																																						
		Time (24 Hr.) 1719	Officer Number N/A	Officer Name Jason English	Signature 	Detail Patrol		05																																																						
		Number Killed 0	Number Injured 2	Location Route, Street, Road San Juan Ave, North Townsend Ave	Miles	Feet	Direction <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	01																																																						
		Date of Report 6-5-010	Agency Code	Investigated @ Scene <input type="checkbox"/>	Total Vehicles 2	District Number 21	Public Property/Employee <input type="checkbox"/> <input checked="" type="checkbox"/>	01																																																						
		Traffic Unit # 1 or 1	<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.	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 Padgen	First Gail	Last Name Gooden	First Jeannie			35																																																						
		Street Address 2634 E Uintah St	Personal Phone (709) 473-3293	Street Address 2027 Bradford Drive	Personal Phone (970) 275-5157			40																																																						
		City Colorado Springs	State CO	ZIP 80909	Bus. Phone () -	City Montrose	State CO	ZIP 81401																																																						
		Driver License Number 990560775	CDL N/A	State CO	Sex F	DOB 12-11-1947	Driver License Number 920853260	CDL N/A	State CO	Sex F	DOB 04-07-1950																																																			
		Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Violation of Steady Red Light	Violation Code MTC 604.1C	Citation Number A119313	Common Code N/A	Violation Code N/A	Citation Number N/A	Common Code N/A	P																																																					
		Year 2007	Make Ford	Model	Body Type PV	Year 2000	Make Pontiac	Model	Body Type SD	P																																																				
		License Plate Number 966NRX	State or Country Colorado	Color White	License Plate Number 393CBK	State or Country Colorado	Color Green		D																																																					
		Vehicle Identification Number 2FMZAS1677BA18164	Vehicle Identification Number 1G2NG52E9YC515472						E																																																					
		Vehicle Owner Last Name Phil Long Ford LLC	Address 1212 Motor City Drive	City Colorado Springs	State CO	ZIP 80906	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	Address <input checked="" type="checkbox"/> Same	City	State	ZIP																																																			
		Towed Due to Damage <input checked="" type="checkbox"/> By: D&G Towing	Towed Due to Damage <input type="checkbox"/> By:	TO: D&G Towing Yard	TO:				05																																																					
		Trailer VIN# 	Trailer VIN# 	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Trailer VIN# 	Trailer VIN# 	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	02																																																						
		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Universal Underwriters Insurance Co	Exp. Date Exempt	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof SafeCo Insurance	Exp. Date 08-10-2010			00																																																						
		Policy Number 244390G	Policy Number Y7235433					00																																																						
		Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP	H																																																					
		Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP	J																																																					
		<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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00</td> <td>00</td> <td>02</td> <td>63</td> <td>F</td> <td>Same As Above</td> </tr> <tr> <td>2</td> <td>1</td> <td>01</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00</td> <td>00</td> <td>00</td> <td>50</td> <td>F</td> <td>Same As Above</td> </tr> <tr> <td>1</td> <td>2</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00</td> <td>00</td> <td>02</td> <td>73</td> <td>M</td> <td>FREDERICK DARE (02-10-37)</td> </tr> </tbody> </table>	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	1	00	00	B 01	A 01	B 00	00	00	02	63	F	Same As Above	2	1	01	00	B 01	A 01	B 00	00	00	00	50	F	Same As Above	1	2	00	00	B 01	A 01	B 00	00	00	02	73	M	FREDERICK DARE (02-10-37)								S
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																		
1	1	00	00	B 01	A 01	B 00	00	00	02	63	F	Same As Above																																																		
2	1	01	00	B 01	A 01	B 00	00	00	00	50	F	Same As Above																																																		
1	2	00	00	B 01	A 01	B 00	00	00	02	73	M	FREDERICK DARE (02-10-37)																																																		
		Approved By 	I.D. # 11933	Date 6-27-10																																																										

AA	Case # 10-010967	DOR CODE	Accident Date 06-25-10	Agency Montrose Police Department
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Describe Accident

Vehicle #2 (Goodgen) was traveling Southbound in the 1200 block of North Townsend Avenue. Vehicle #1 (Padgen) was traveling Eastbound in the 1500 block of North Grand Avenue. Vehicle #1 passed through a red light and was hit in the rear driver's side by vehicle #2. Vehicle #1's rear end was pushed Southbound where it then turned sideways and rolled. Vehicle #1 completed one full rollover and stopped on its wheels facing the South West. Vehicle #1 sustained severe damage to the rear driver's Side, windows, hood, and roof. Vehicle #2 sustained moderate damage to its front bumper. No air bags were deployed and both passengers of vehicle #1 were transported to the Montrose Memorial Hospital and treated for injuries.


Padgen stated that the light was yellow and then she looked up and it quickly turned red.

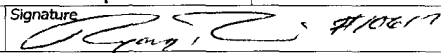


GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code	<input checked="" type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 0 5 0	DOR Code		07 ^K
	Case # 10-013527		MILEPOINT			05 ^K

B 07	Date of Accident 07-28-10	City Montrose	Agency Montrose Police Department	County Montrose	County # 21	08 ^L 08 ^L
	Time (24 Hr.) 1544	Officer Number #10617	Officer Name R. Pierce	Signature 	Detail Patrol	

B 07	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:	04 ^M 03 ^M
	Date of Report 7/28/10	N. San Juan Avenue		<input checked="" type="checkbox"/> At: N. Townsend Ave.	

B 07	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/ Employee <input type="checkbox"/>	Photos Taken	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	04 ^M 03 ^M
	Traffic Unit # 1 or <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.	Last Name Fresquez		First Edward	MI A.	Last Name Ingram		First Christene	MI I.	03 ^M	

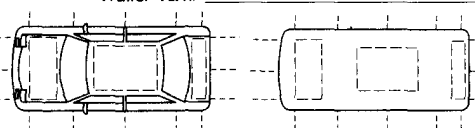
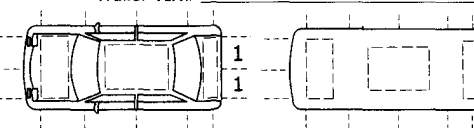
C 03	Street Address 612 E. 3rd Street	Personal Phone (970) 623-0499	Street Address 511 E. 10th Street	Personal Phone () - ()	35 ^N 35 ^N
	City Delta	State CO	ZIP 81416	Bus. Phone () - ()	

D 01	Driver License Number 92-075-6655	CDL CO	Sex M	DOB 05-15-55	Driver License Number 92-110-1887	CDL CO	Sex F	DOB 09-06-38	03 ^P 00 ^P
	Primary Violation <input type="checkbox"/> DUI Careless Driving	Violation Code MTC 1402	Citation Number A119802	Common Code	Primary Violation <input type="checkbox"/> DUI	Violation Code	Citation Number	Common Code	

D 01	Year 2009	Make Toyota	Model Tacoma	Body Type PK	Year 2005	Make Chevrolet	Model Malibu	Body Type SD	03 ^P 00 ^P
	License Plate Number 899-TYY	State or Country CO	Color White	Year 2005	Make Chevrolet	Model Malibu	Body Type SD		

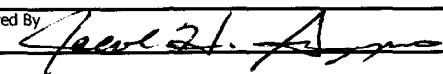
E 01	Vehicle Identification Number STEX42N09Z612483	Vehicle Identification Number 1G1ND52F75M176576	03 ^P 00 ^P
	Vehicle Owner Last Name <input type="checkbox"/> Same Webster	First Cynthia	

E 01	Address <input type="checkbox"/> Same 12332 W. Spring Circle	City Orchard City	State CO	ZIP 81414	Address <input checked="" type="checkbox"/> Same	City	State	ZIP	Q Q
	Towed Due to Damage <input type="checkbox"/> By:	TO:			Towed Due to Damage <input type="checkbox"/> By:	TO:			

F 02	Trailer VIN#		1 - Slight 2 - Moderate 3 - Severe	Q Q
	Trailer VIN#		1 - Slight 2 - Moderate 3 - Severe	

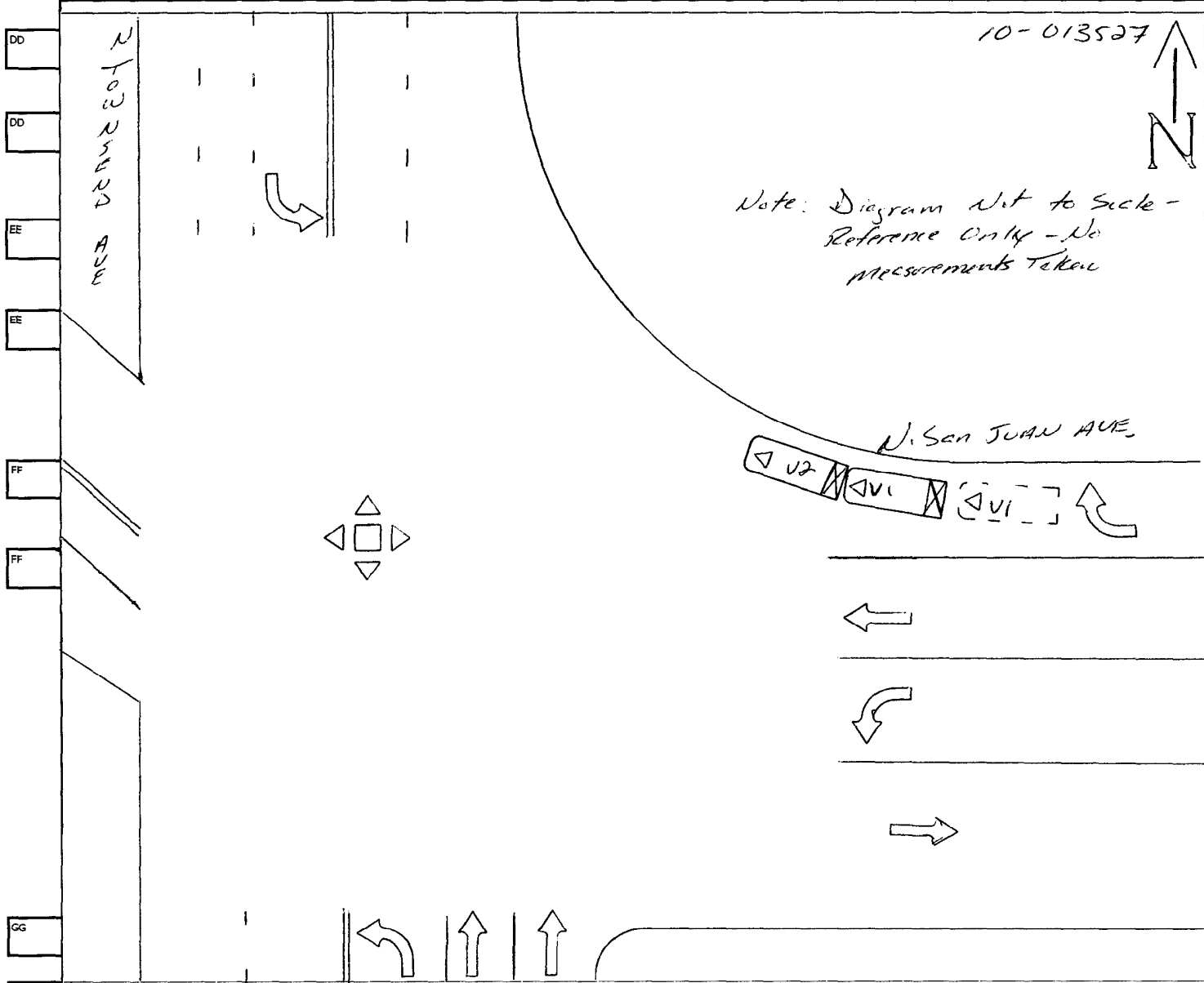
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	Policy Number 1003-0915-07-74-FPPA-CO	Policy Number 6086132-C25-06K			

T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS
1	1	01	00	A 01 A	01 B	00	00	00	00	55	M	Same as above.
2	1	01	00	A 01 A	01 B	00	00	00	00	71	F	Same as above.
2	3	--	--	A 01 A	01 B	00	--	--	00	88	M	Ray Short, 511 E. 10th Street #38, Delta CO 81416

Approved By  I.D. # 798 11933 Date 7-29-10

AA	Case # 10-013527	DOR CODE	Accident Date 07-28-10	Agency Montrose Police Department
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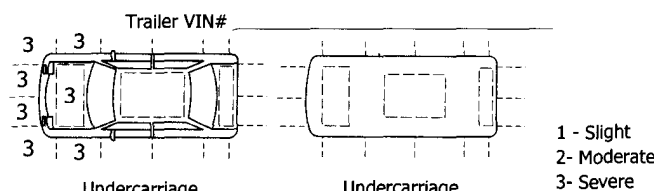
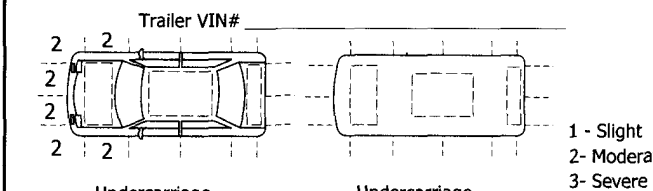
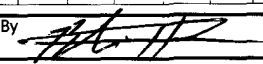
Describe Accident
 Vehicle #2 was stopped facing west, on N. San Juan Avenue, at the intersection of N. Townsend Avenue, waiting for a break in traffic so a right turn could be initiated. Vehicle #1 was stopped directly behind Vehicle #2, also waiting to make a right hand turn onto N. Townsend Avenue. The driver of Vehicle #2 (Ingram) began to move forward but stopped again due to approaching traffic. The driver of Vehicle #1 (Fresquez) began moving forward as well. The driver of Vehicle #1 said he was watching approaching traffic to his left and failed to see Vehicle #2 stop in front of him. The front of Vehicle #1 struck the rear of Vehicle #2. No injuries were reported and the air bags did not deploy. Both vehicles sustained minor damage.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U.# Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U.# Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

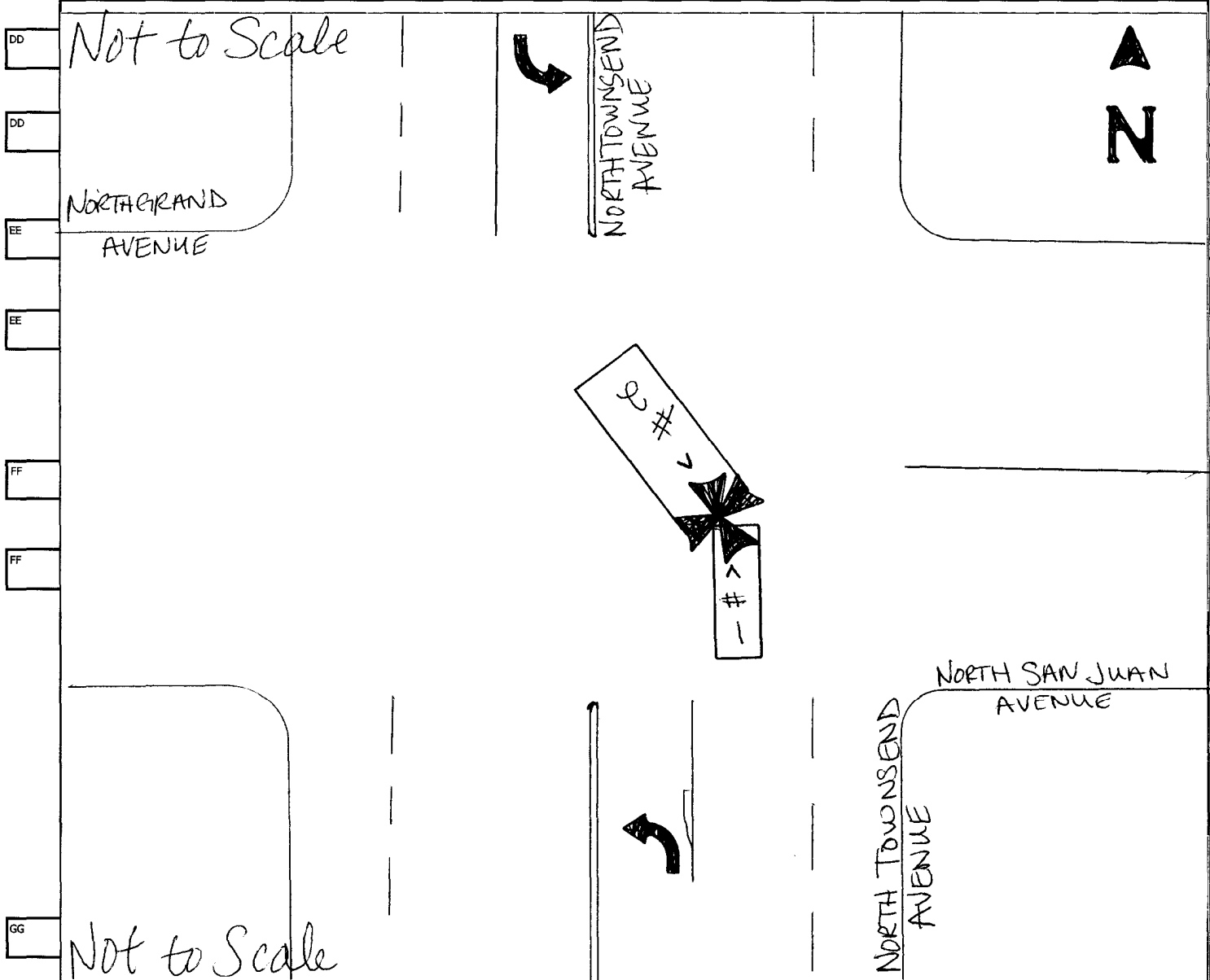
AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 0 MILEPOINT	DOR Code 	05 07
	Case # 10-013828	City Montrose	Agency Montrose Police Department	County # 21
	Date of Accident 08/01/10	Officer Number 14314	Officer Name Abby Leiba	Detail Patrol
B 06	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet North Townsend Avenue	Direction <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF: <input checked="" type="checkbox"/> At: San Juan Avenue
	Date of Report 08/01/10	Latitude _____	Longitude _____	01 03
B 06	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____
	Traffic Unit # 1 or 1 <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.	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.	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>
	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	01 05
B 06	Last Name Cook	First James	MI D	Last Name Wills
	First Natalie	MI M	Street Address 62131 Ida Road	Street Address 59927 Highway 50
	Personal Phone (970) 240-7994	Personal Phone (970) 497-9833	City Montrose	City Olathe
	State CO	State CO	ZIP 81401	ZIP 81425
	Bus. Phone () -	Bus. Phone () -	Driver License Number 970310202	Driver License Number 973160081
	CDL CO	CDL CO	Sex M	Sex F
	DOB 08/28/41	DOB 08/02/72	Primary Violation <input type="checkbox"/> DUI Violation of Steady Red Light	Primary Violation <input type="checkbox"/> DUI none
C 03	Violation Code MTC 604.1c	Citation Number A119792	Common Code _____	Violation Code _____
	Citation Number A119792	Common Code _____	Year 1997	Year 2008
	Make Ford	Model Escort	Body Type SD	Make Dodge
	Model Escort	Body Type SD	Year 2008	Model Dodge
	License Plate Number 689UFJ	State or Country CO	Color Red	License Plate Number 2280FP
D 01	State or Country CO	Color Red	State or Country CO	Color Gray
	Vehicle Identification Number 1FALP13P4VW354766	Vehicle Identification Number 3D7KS2BA9G206409	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same
	First _____	First _____	MI _____	MI _____
E 01	Address <input checked="" type="checkbox"/> Same	City _____	State _____	ZIP _____
	Address <input checked="" type="checkbox"/> Same	City _____	State _____	ZIP _____
	Towed Due to Damage <input checked="" type="checkbox"/> By: D&G Towing private	Towed Due to Damage <input checked="" type="checkbox"/> By: D&G Towing-private	TO: _____	TO: _____
F 02	Trailer VIN# 	Trailer VIN# 	1 - Slight 2 - Moderate 3 - Severe	1 - Slight 2 - Moderate 3 - Severe
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Progressive	Exp. Date 12/09/10	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Mendota Insurance	Exp. Date 01/21/11
H 01	Policy Number 12570377-7	Policy Number PA2120039	Owner Damaged Prop. Last Name _____	First _____
	First _____	MI _____	Address _____	City _____
	State _____	ZIP _____	Address _____	City _____
J 00	T.U. # 01	POS. 01	REST. 00	ENDO. 00
	SAFETY EQUIP. B 03	AIR BAG A 03	EJECT B 00	SUSPECTED ALCO 00
	INJ. SEV. 01	AGE 01	SEX M	NAME / ADDRESS Same as Vehicle #1
	T.U. # 02	POS. 01	REST. 00	ENDO. 00
	SAFETY EQUIP. B 01	AIR BAG A 01	EJECT B 00	SUSPECTED ALCO 00
	INJ. SEV. 00	AGE 00	SEX F	NAME / ADDRESS Same as Vehicle #2
	T.U. # 02	POS. 04	REST. 00	ENDO. 00
	SAFETY EQUIP. E 01	AIR BAG A 01	EJECT B 00	SUSPECTED ALCO 00
	INJ. SEV. 00	AGE 00	SEX M	NAME / ADDRESS Sunshine Wills (DOB 09/12/05) same as Vehicle #2
	T.U. # 02	POS. 06	REST. 00	ENDO. 00
	SAFETY EQUIP. E 01	AIR BAG A 01	EJECT B 00	SUSPECTED ALCO 00
	INJ. SEV. 00	AGE 00	SEX F	NAME / ADDRESS Blu Wills (DOB 01/24/08) same as Vehicle #2
	T.U. # 00	POS. 00	REST. 00	ENDO. 00
	SAFETY EQUIP. 00	AIR BAG 00	EJECT 00	SUSPECTED ALCO 00
	INJ. SEV. 00	AGE 00	SEX 00	NAME / ADDRESS 00
	T.U. # 00	POS. 00	REST. 00	ENDO. 00
	SAFETY EQUIP. 00	AIR BAG 00	EJECT 00	SUSPECTED ALCO 00
	INJ. SEV. 00	AGE 00	SEX 00	NAME / ADDRESS 00
	Approved By 	I.D. # 3304	Date 8/2/10	00 00

AA	Case # 10-013828	DOR CODE	Accident Date 08/01/10	Agency Montrose Police Department
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Describe Accident
 On August 1, 2010, at approximately 1204 hours, Vehicle #2 was stopped at a red traffic control device at the intersection of North Townsend Avenue and San Juan Avenue. Vehicle #2 was in the left hand turn lane on North Townsend Avenue and was going to be turning onto North San Juan Avenue. NATALIE WILLS, driver of Vehicle #2, told me the arrow for the traffic in the left hand turn lane turned green. NATALIE stated her husband, RYAN WILLS (DOB 06/26/84), was in front of her in another vehicle and he made the left hand turn. As NATALIE proceed through the intersection, on the green arrow, she noticed a red sedan, Vehicle #1, traveling northbound on North Townsend Avenue at a high rate of speed. NATALIE realized Vehicle #1 was not going to stop for the red light and they collided. I spoke with RYAN. RYAN said the left hand turn lane had a green arrow. RYAN stated he proceeded through the intersection and NATALIE was right behind him.

When speaking with JAMES COOK, the driver of Vehicle #1, he stated he had a green light. JAMES said he saw RYAN go through the intersection, but NATALIE hesitated, so he proceeded through the intersection. JAMES did complain of shoulder pain in his left shoulder, but refused to be transported to the Montrose Memorial Hospital.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

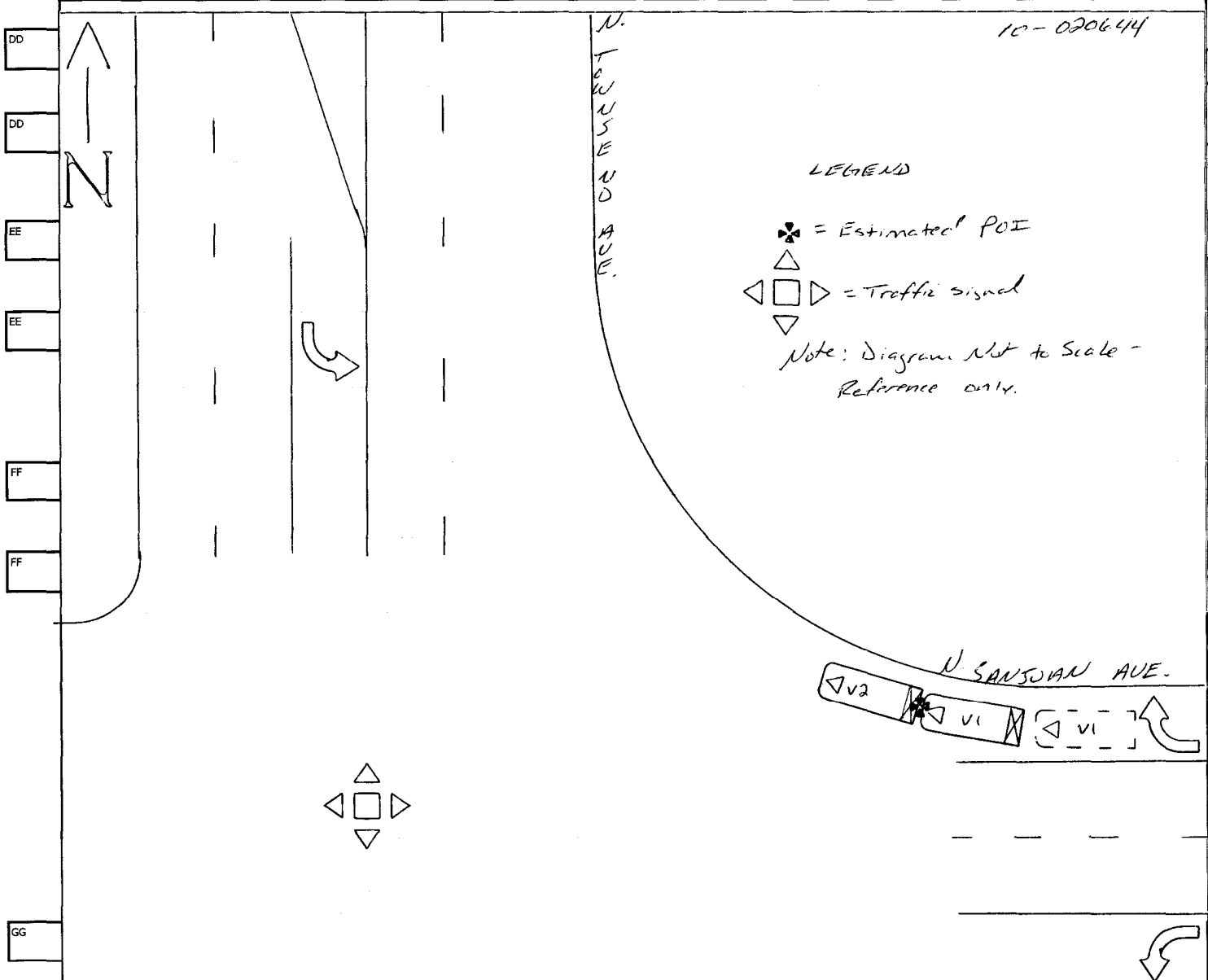
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER 0 5 0 MILEPOINT [] [] [] [] []		DOR Code		06 09																																																																																																																																					
		Case # 10-020644		City Montrose		Agency Montrose Police Department		County Montrose		County # 21																																																																																																																																					
B	07	Date of Accident 11-09-10		Officer Number #10617		Officer Name R. Pierce		Signature <i>[Signature]</i> #10617		08 08																																																																																																																																					
		Time (24 Hr.) 0748		Number Killed 0		Number Injured 0		Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: N. San Juan Avenue <input type="checkbox"/> At: N. Townsend Avenue																																																																																																																																							
B	07	Date of Report 11/9/10		Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		04 03																																																																																																																																					
		Traffic Unit # 1 or <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.		District Number		Public Property/ Employee <input type="checkbox"/>		Photos Taken <input checked="" type="checkbox"/>				Railroad Crossing Related <input type="checkbox"/>																																																																																																																																			
B	07	Traffic Unit # 2 or <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.		Citation Number A120686		Common Code		Violation Code		04 00																																																																																																																																					
		Last Name Romero		First Judy		MI L		Last Name Metry				First Charles																																																																																																																																			
C	03	Street Address 1398 Corral Drive		Personal Phone (970) 249-5777		Street Address 117 Pullman Street		Personal Phone (970) 209-7637		35 35																																																																																																																																					
		City Montrose		State CO		ZIP 81401		City Montrose				State CO																																																																																																																																			
D	01	Driver License Number 92-184-1607		CDL CO		Sex F		DOB 01-03-69		04 00																																																																																																																																					
		Primary Violation <input type="checkbox"/> DUI Careless Driving		Citation Number A120686		Common Code		Violation Code																																																																																																																																							
E	01	Year 2007		Make Ford		Model Taurus		Body Type SD		04 00																																																																																																																																					
		License Plate Number 137-AZG		State or Country CO		Color White		Year 2000				Make Jeep																																																																																																																																			
F	02	Vehicle Identification Number 1FAPF56U17A192357		Citation Number A120686		Common Code		Violation Code		04 00																																																																																																																																					
		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First Judy		MI L		Vehicle Identification Number 1J4GW48S0YC320062				Year 2000																																																																																																																																			
G	01	Address <input checked="" type="checkbox"/> Same		City Montrose		State CO		ZIP 81401		04 00																																																																																																																																					
		Towed Due to Damage <input type="checkbox"/> By:		City Montrose		State CO		ZIP 81401				Year 2000																																																																																																																																			
H	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmers Insurance Company		Exp. Date 02-20-11		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance Company		Exp. Date 02-08-11		04 00																																																																																																																																					
		Policy Number 186122571		Owner Damaged Prop. Last Name		First Judy		MI L				Address																																																																																																																																			
J	00	Policy Number 1793197-B08-06		Owner Damaged Prop. Last Name		First Charles		MI R		04 00																																																																																																																																					
		Address		City Montrose		State CO		ZIP 81401																																																																																																																																							
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										Date 11-9-10																																																																																																																																					

AA	Case # 10-020644	DOR CODE	Accident Date 11-19-10	Agency Moontrose Police Department	HH
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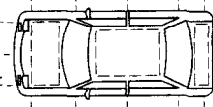

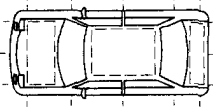
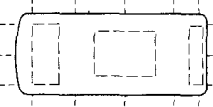
Describe Accident
 Vehicle #2 was stopped in the right hand turn lane, on N. San Juan Avenue, awaiting to make a right hand turn on a red light onto N. Townsend Avenue. Vehicle #1 was behind Vehicle #2, also waiting to make a right hand turn onto N. Townsend Avenue. The driver of Vehicle #1 (Romero) said Vehicle #2 began moving forward, as did she, before stopping abruptly. The driver of Vehicle #2 (Mettry) said he had not made an abrupt stop, but merely stopped because it was not clear to proceed onto N. Townsend Avenue. The front of Vehicle #1 struck the rear of Vehicle #2. Both vehicles were moved from the roadway prior to my arrival. No injuries were reported.



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER 5 0		DOR Code				05 09					
	Case # 10-020676		City Montrose		Agency Montrose Police Department		County Montrose		County # 21								
B	07	Time (24 Hr.) 1541	Officer Number 13131	Officer Name Shawn Borschein		Signature <i>Shawn Borschein</i>		Detail Patrol				07 07					
	Number Killed 0		Number Injured 1		Location Route, Street, Road _____ Miles _____ Feet		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:		<input checked="" type="checkbox"/> At: North Townsend Avenue								
B	07	Date of Report 11/9/10		Date of Accident 11/09/2010		Latitude		Longitude				03 01					
	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>						
B	01	Traffic Unit # 1 or 1		<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.		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 Okeefe		First Laura		MI J		Last Name Anderson		First Patricia		MI M		N N				
C	01	Street Address 215 W. 2nd Street		Personal Phone (970) 874-8095		Street Address 16336 6420 RD		Personal Phone (970) 240-6129				N N					
	City Delta		State CO	ZIP 81416	Bus. Phone () -		City Montrose		State CO	ZIP 81401	Bus. Phone () -						
D	01	Driver License Number 95-145-0555		CDL CO	Sex F	DOB 04/15/1945	Driver License Number 94-096-0302		CDL CO	Sex F	DOB 03/22/1959	N N					
	Primary Violation <input type="checkbox"/> DUI Careless Driving		Violation Code MTC 1402		Citation Number A119968		Common Code		Primary Violation <input type="checkbox"/> DUI		Violation Code		Citation Number		Common Code		
E	02	Year 1998	Make Chevy	Model Lumina	Body Type 4drsd		Year 2010	Make GMC	Model Terrain	Body Type SUV		P P					
	License Plate Number 738FNS		State or Country CO		Color Green		License Plate Number 522HKC		State or Country CO		Color Brown						
F	02	Vehicle Identification Number 2G1WL52M3W1134912		Vehicle Identification Number 2CTFLJEY6A6302766		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		17 00					
	Address <input checked="" type="checkbox"/> Same		City		State		ZIP		Address <input checked="" type="checkbox"/> Same		City		State		ZIP		
G	02	Towed Due to Damage <input type="checkbox"/> By:		Towed Due to Damage <input type="checkbox"/> By:		TO:		TO:				00					
	Trailer VIN#										1 - Slight 2 - Moderate 3 - Severe		00				
H	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Guide One Mutual Insurance CO		Exp. Date 04/22/2011		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmers Insurance Group		Exp. Date 04/25/2011				R R					
	Policy Number 060129-268		Policy Number 187568775		Owner Damaged Prop. Last Name		First		MI		Address		City		State		ZIP
J	00	Owner Damaged Prop. Last Name		First		MI		Address		City		State		ZIP			
	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS					
1	01	00	00	B 01	A 01	B 00	00 00	00	65	F	SAA						
2	01	00	00	B 01	A 01	B 00	00 00	01	51	F	SAA						
Approved By												I.D. #		Date			

AA	Case # 10-020676	DOR CODE	Accident Date 11/09/2010	Agency Montrose Police Department	HH
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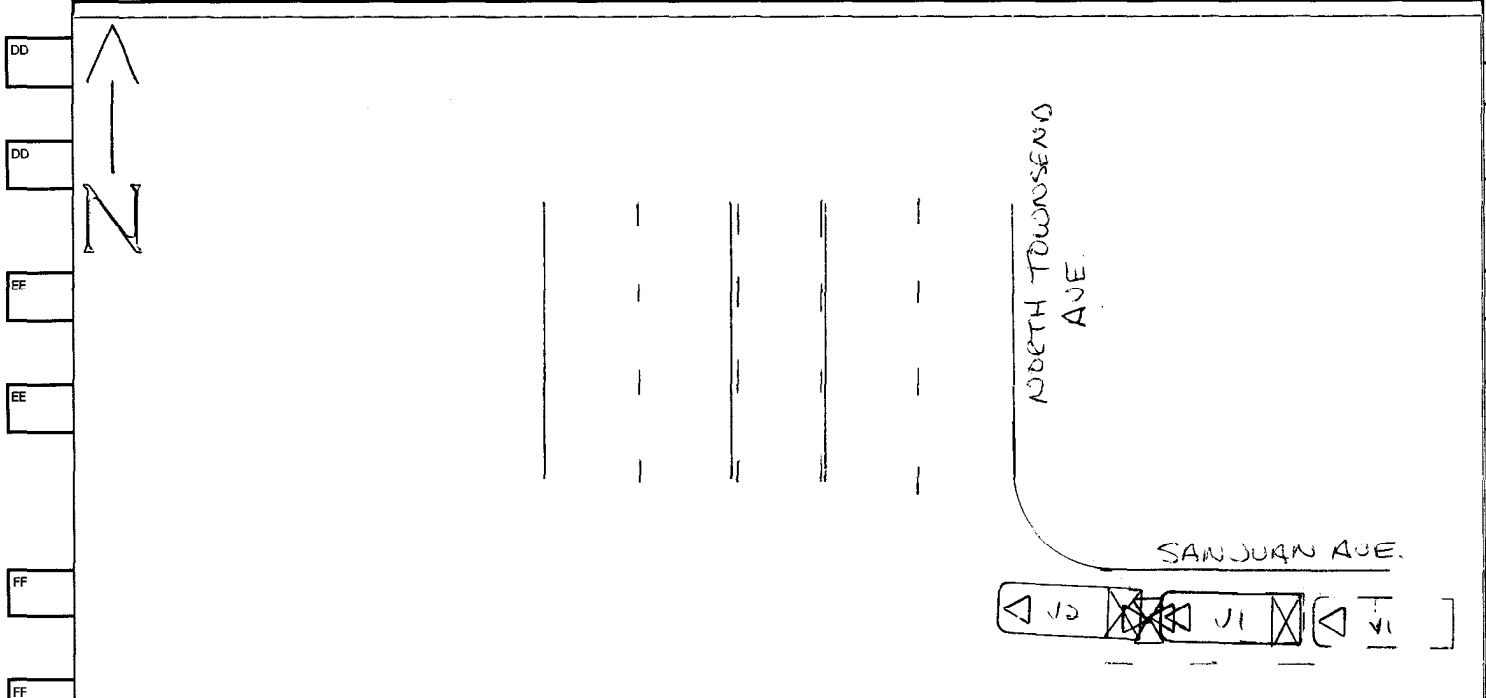
Describe Accident
 AA Vehicle #2 (ANDERSON) was stopped in traffic at the red light on San Juan Avenue and North Townsend Avenue (HWY 50). Vehicle #2 was preparing to initiate a right-hand turn from San Juan Avenue onto North Townsend Avenue, however, it was awaiting for traffic to clear. Vehicle #1 (OKEEFE) was traveling directly behind vehicle #2 and thought vehicle #2 had made its right-hand turn. As a result, vehicle #1 slowly pulled forward looking left and right for traffic but disregarded looking ahead and observing vehicle #2. Vehicle #1's front end area collided with vehicle #2's rear bumper area. Both vehicles sustained slight damage. There were no airbags deployed. ANDERSON complained of minor soreness in her neck area from the collision. There were no other reports of injuries.

BB

BB

CC

CC OKEEFE was issued citation A119968 for violation of MTC 1402 Careless Driving.



LEGEND

✱ Point of Impact

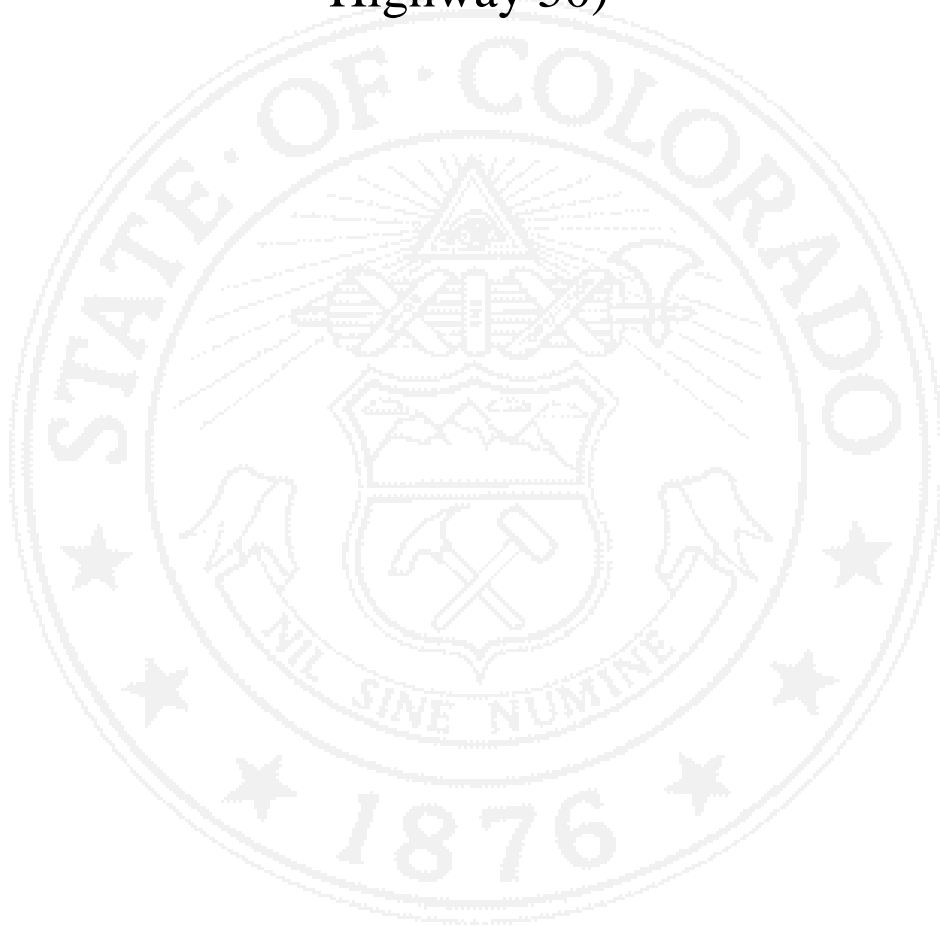
- Drawing not to scale for reference only.
- Drawn by Officer Shawn Bauseheim on 11/09/10

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

Exhibit 2

Traffic Volumes

Intersection of San Juan Avenue/Townsend Avenue (U.S.
Highway 50)





Traffic Information for Highway 050

From RefPoint 91 To RefPoint 92



[Printable Report](#)

set to landscape

Route	Ref Point	End Ref Point	Start Point Description	Annual Average Daily Traffic	AADT Year	AADT Derivation	AADT Single Trucks	AADT Comb. Trucks	Percent Trucks	20 Year Factor	Design Hour Vol (% of AADT)	Daily Vehicle Miles Traveled
050A	91.878	92.169	ON SAN JUAN AVE E/O N JCT SH 50, MONTROSE	19,400	2009	Actual	310	680	5.10%	1.41	8	5,451

If you notice an error, bug or have any questions, Please [E-mail us](#).

For comments or questions about this site, please send e-mail to: [DTD](#)

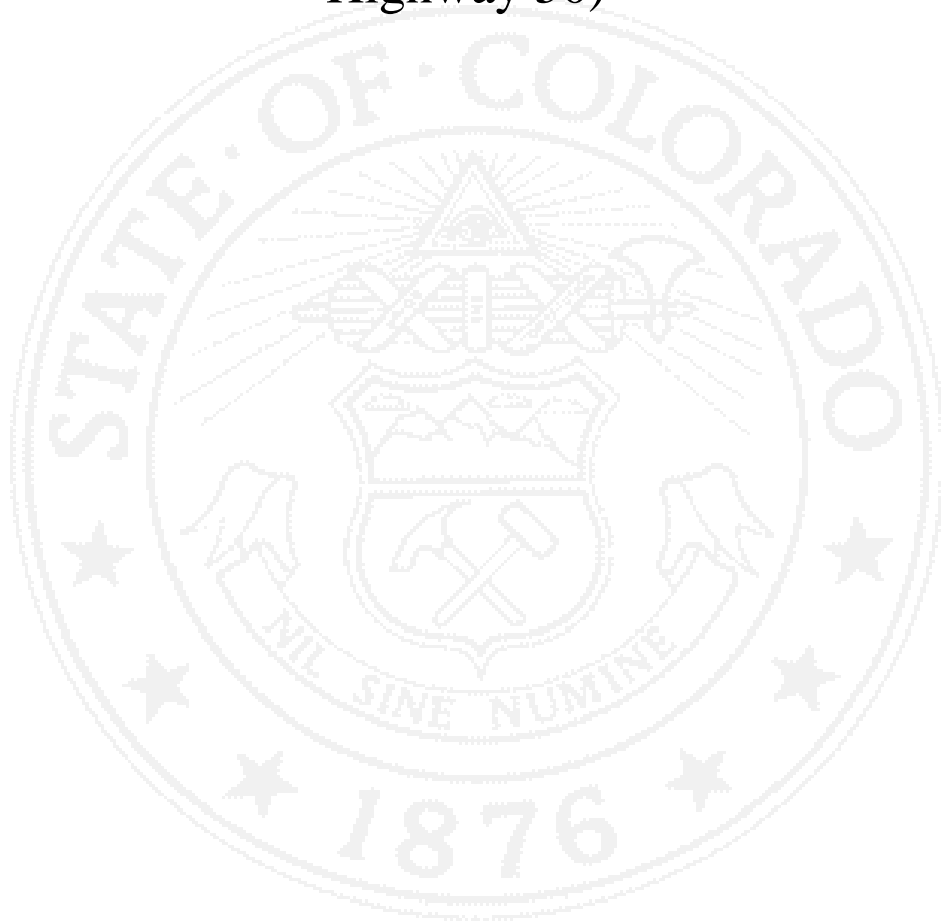
All Rights Reserved. © CDOT 2010

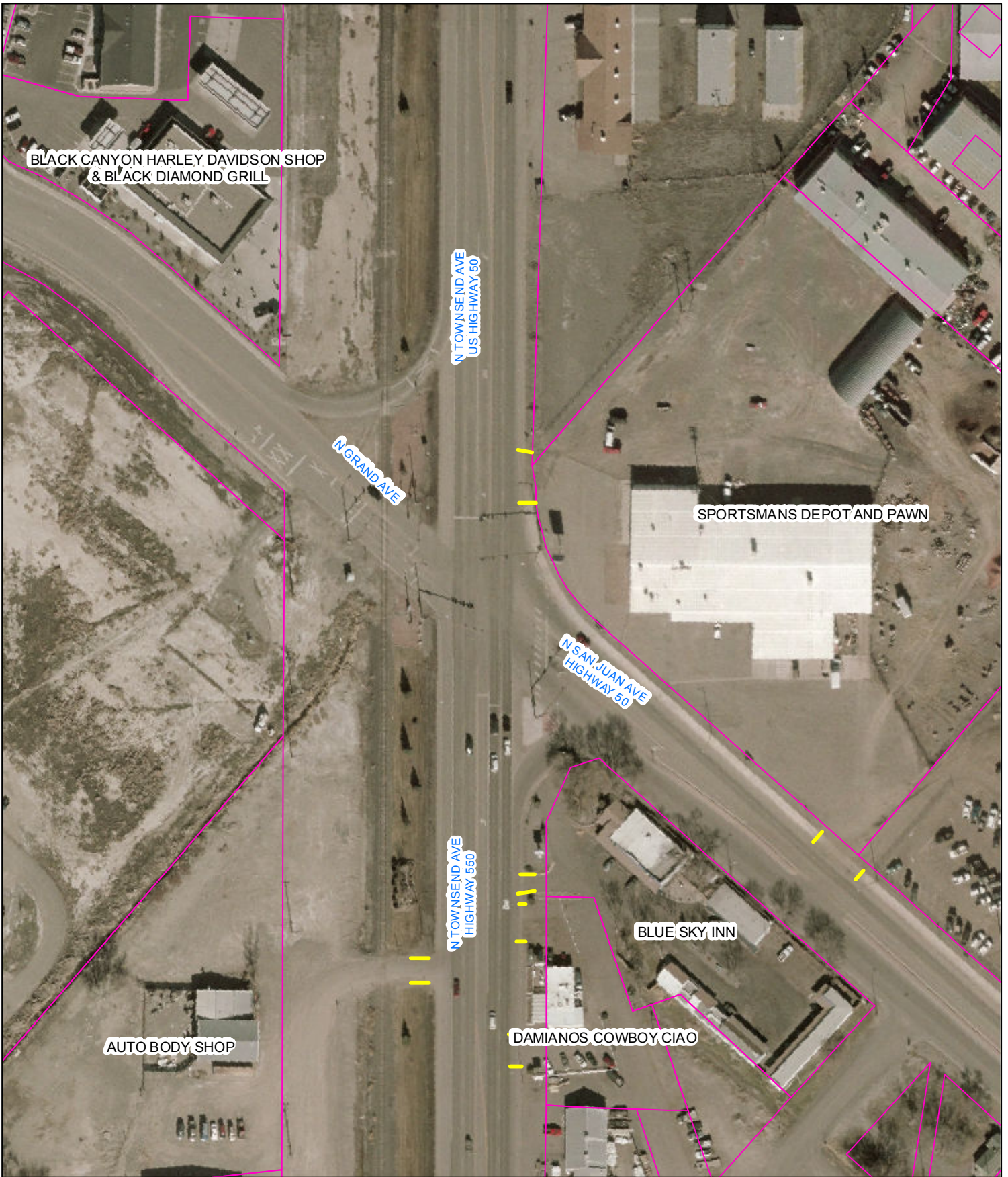


Exhibit 3

Aerial Photo/Right-of-Way Map

Intersection of San Juan Avenue/Townsend Avenue (U.S.
Highway 50)



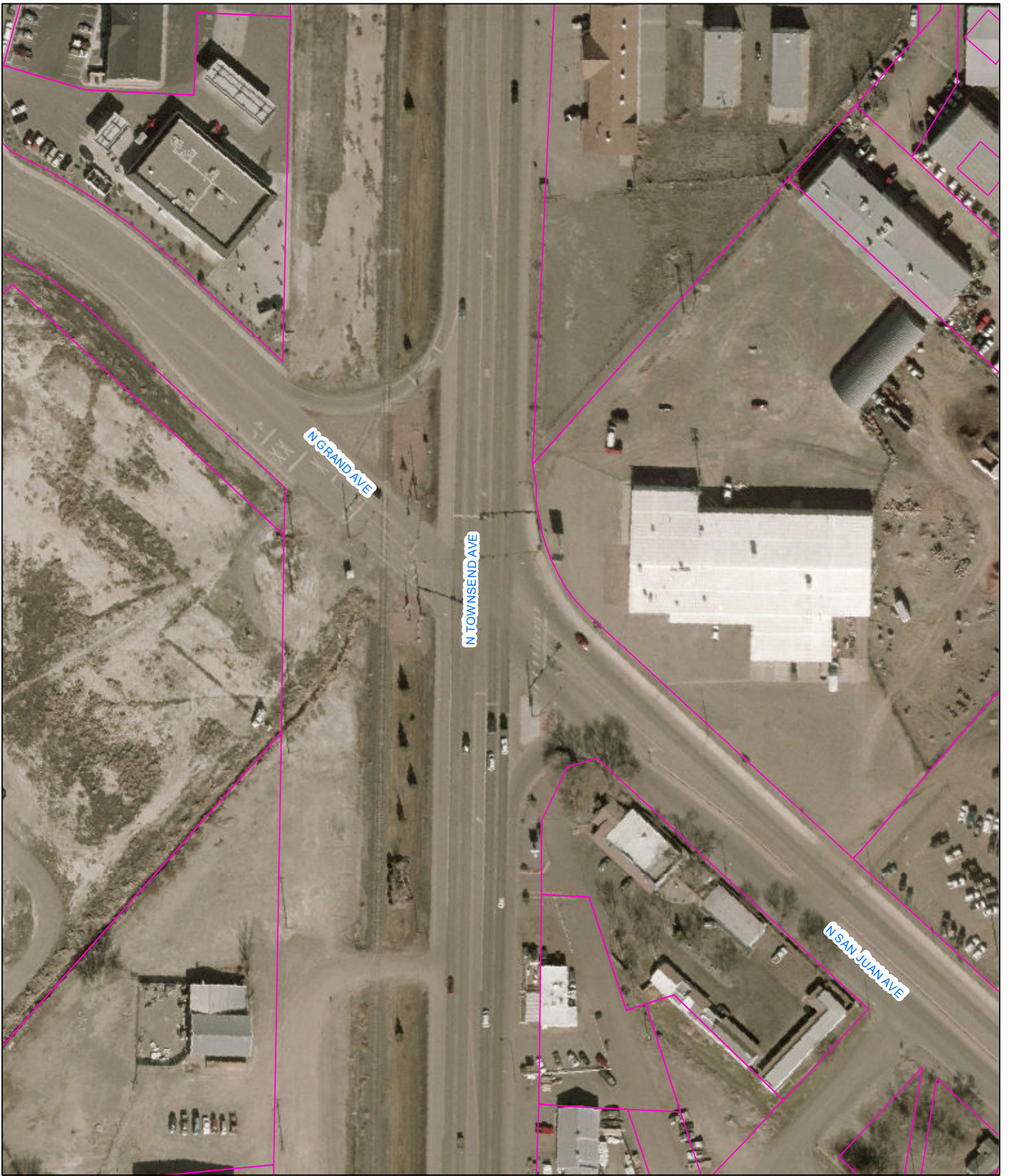


San Juan Ave/Townsend Ave
Right of Way

Legend

- Driveway Cuts
- Streets
- County Roads
- Parcels





San Juan Ave/Townsend Ave
Right of Way



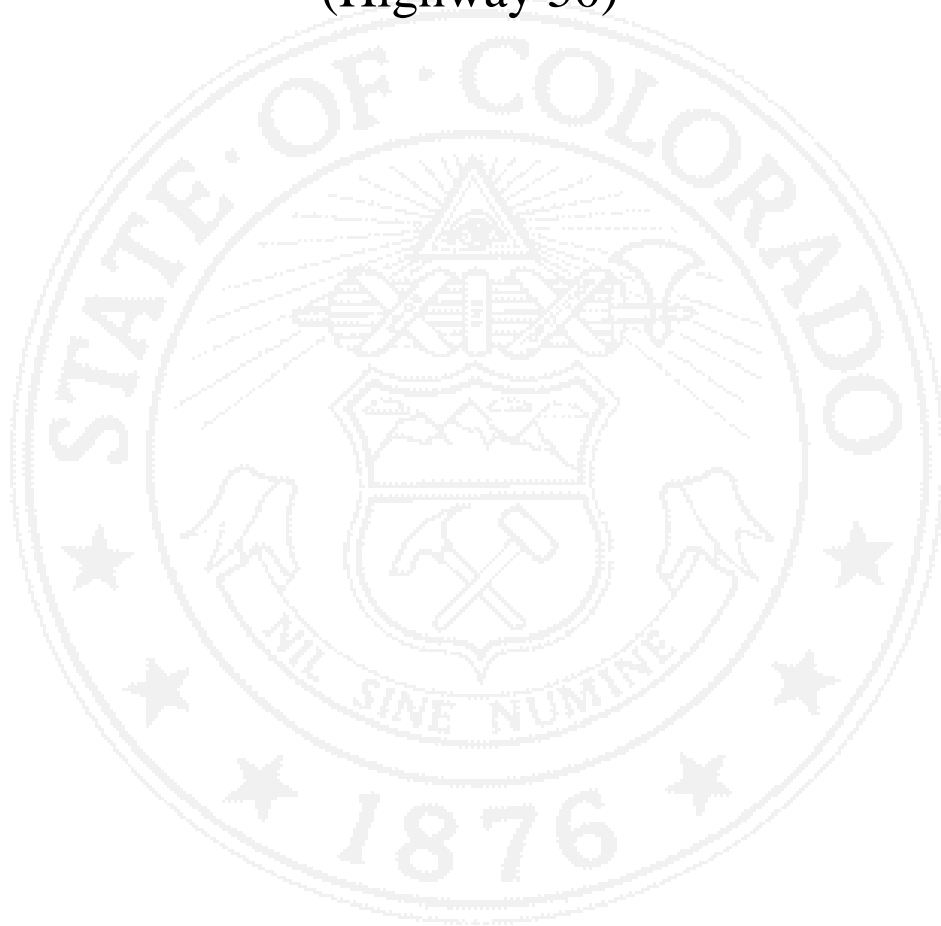
Legend

- Streets
- County Roads
- PARCELS.lyr

Exhibit 4

Photos

Intersection of San Juan Avenue/Townsend Avenue
(Highway 50)





Intersection of San Juan Avenue/Townsend Avenue (U.S. Highway 50) looking north.
(Photo taken December 14, 2010.)



Intersection of San Juan Avenue/Townsend Avenue (U.S. Highway 50) looking south.
(Photo taken December 14, 2010.)



Intersection of San Juan Avenue/Townsend Avenue (U.S. Highway 50) looking east.
(Photo taken December 14, 2010.)



Intersection of San Juan Avenue/Townsend Avenue (U.S. Highway 50) looking west. (Rear-end accidents in the right turn lane shown here (turning right from San Juan Avenue onto Townsend Avenue) are the majority of accidents (68 percent) that have occurred at this intersection since January 1, 2007.)
(Photo taken December 14, 2010.)

Region 3 Intersection Analysis and Prioritization
Intersection Application

Requesting Agency

Agency Name	City of Montrose
Contact Person	Kerwin Jensen
Title	Community Development Director
Email	kjensen@ci.montrose.co.us
Phone Number	(970) 240-1478
Mailing Address	P.O. Box 790 Montrose, CO 81402

Intersection Location

Highway (example, US 50)	U.S. Highway 550 (South Townsend Avenue)		
Highway Milepost	128.243 to 128.910		
Local Cross Street name	South 12 th Street; Columbia Way		
Is the Cross Street (check one)	Public ROW <input checked="" type="checkbox"/>	Private Drive <input type="checkbox"/>	Other <input type="checkbox"/>

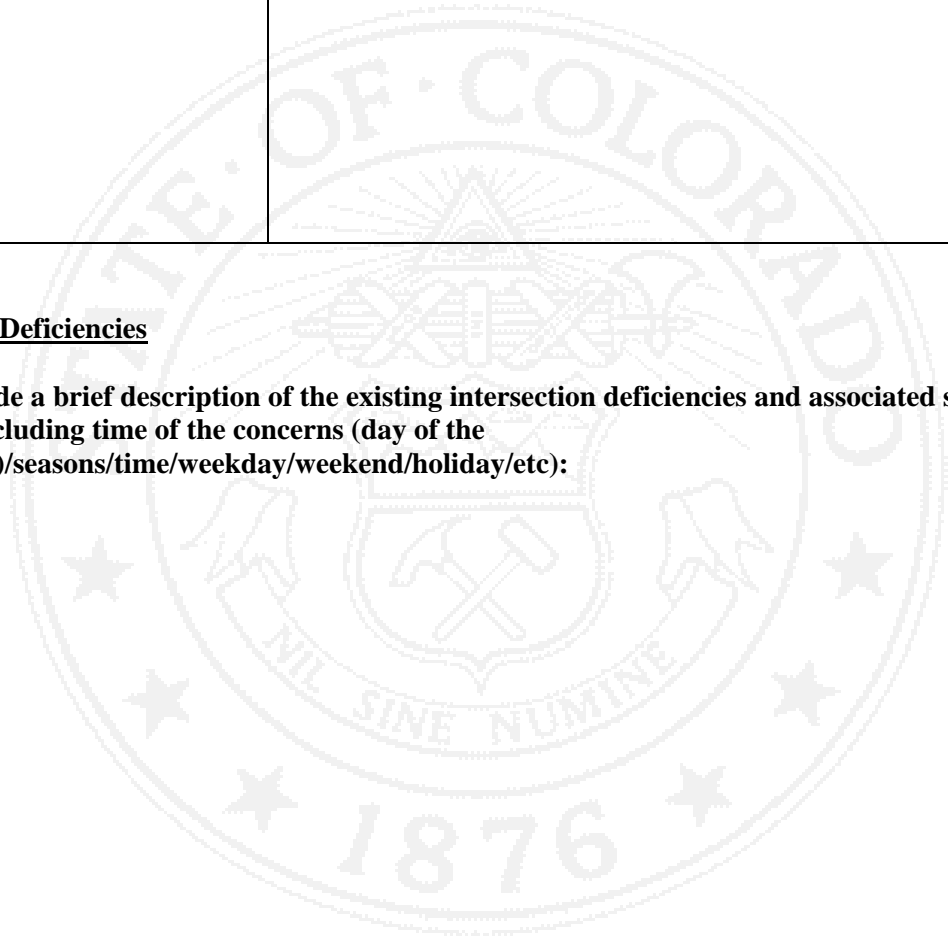
Intersection Information

Type of Intersection (check one)	Signal X	Minor St Stop	All Way Stop	Other:
Nearby Driveways	Yes: Gesseppi's Delicatessen/Barber Shop; Bank of the West; El Jimador; Vectra Bank. (See map in Exhibit 3.)			No
Traffic Mix (check all that apply)	Trucks X	Pedestrians X	Bicycles X	Other:
Intersection Issues	Please describe the types of safety or operational issues at the intersection.			
Safety Issues:	The intersection of South 12 th and Townsend has a four-pole span-wire traffic signal. A majority of crashes (running red lights or failure to notice the intersection) may be due to poor visibility of the traffic signal and intersection.			

Operational Issues:	The Columbia Way residential neighborhood requests a protected left turn west onto Columbia Way from Townsend Avenue (U.S. Highway 550).
----------------------------	--

Intersection Deficiencies

Please provide a brief description of the existing intersection deficiencies and associated safety concerns, including time of the concerns (day of the week/hour(s)/seasons/time/weekday/weekend/holiday/etc):



This intersection has an above average number of crashes. (There were **20 crashes, including 12 injuries** (no fatalities) between January 1, 2007, and December 9, 2010.) Please see crash information and police reports in **Exhibit 1** and photos attached as **Exhibit 4**.

It appears many of the crashes have to do with intersection and traffic signal visibility. The intersection is currently four-pole span wire. Please see aerial photo of proposed project location attached in **Exhibit 3**.

In addition, the center lines of the cross streets, minor arterial South 12th Street on the east and local street Columbia Way on the west, do not align, causing the intersection to be skewed and possibly contributing to crashes.

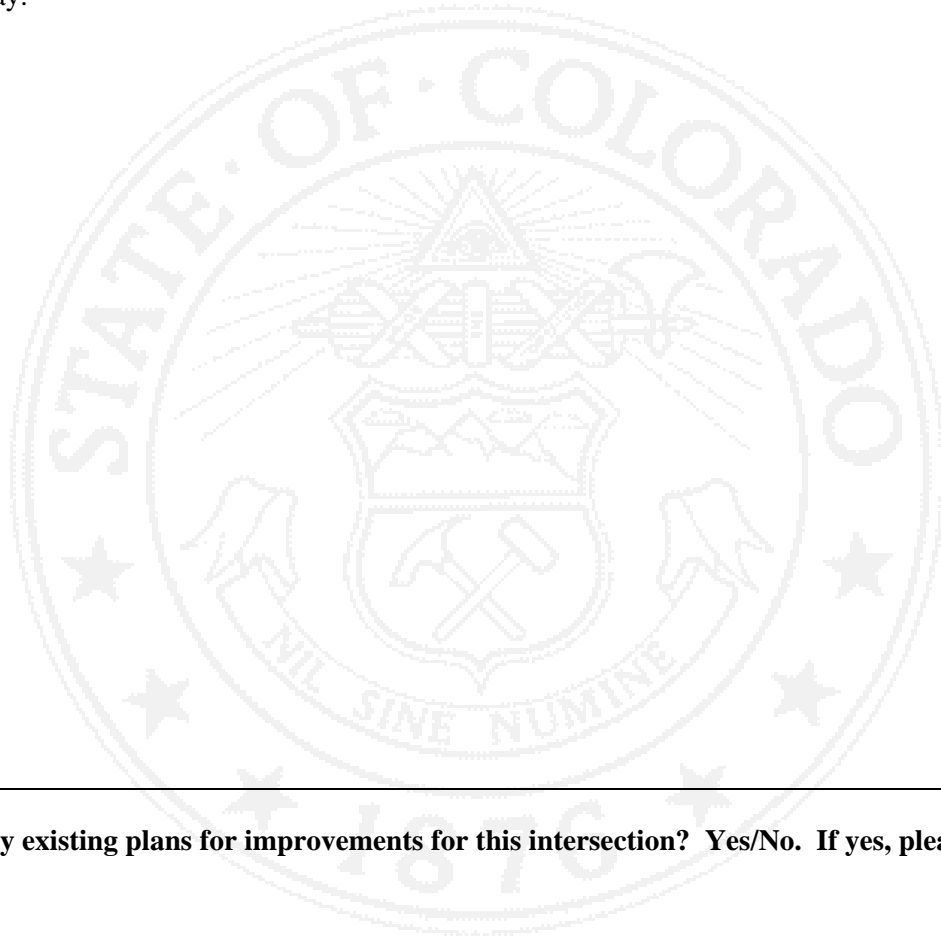


Mitigation

Please provide a brief description of possible mitigations, improvements, and/or projects to mitigate the safety concerns at the intersection:

Since it appears many of the crashes at the intersection result from poor visibility of the intersection and traffic signal, upgrading the traffic signal at South 12th Street/Townsend Avenue from the current four-pole span-wire to a mast-arm signal (with LED signals) may improve its visibility and decrease the number of crashes.

Since the City of Montrose owns right-of-way on the north side of South 12th Street near its intersection with U.S. Highway 550 (Townsend Avenue), South 12th Street could be moved north to better align with the center line of Columbia Way.



Are there any existing plans for improvements for this intersection? Yes/No. If yes, please explain:

No.

Are any additional funding sources available for this project: Yes/No. If yes, please explain:

Yes. The intersection may be eligible for Hazard Elimination funds.

Does this intersection have impacts to adjacent intersections, roadways, etc? If yes, please explain:

Additional Information

To assist in analyzing the intersection please attach the following information if available/applicable:

- **Accident data, including police reports if available** (See attached in Exhibit 1.)
- **Traffic Volumes, such as AADT/ADT, peak hour volumes, peak hour turning movement counts** (See attached in Exhibit 2.)
- **Traffic Studies** (See attached in Exhibit 2.)
- **Pedestrian Counts**
- **Bicycle Counts**
- **Existing signal timing or Synchro files**
- **Existing construction plans**
- **Survey data**
- **Aerial photos** (See attached in Exhibit 3.)
- **Photographs of the intersection** (See attached in Exhibit 4.)
- **Right of Way maps** (See attached in Exhibit 3.)
- **Any other data/documentation to assist in analyzing the intersection**

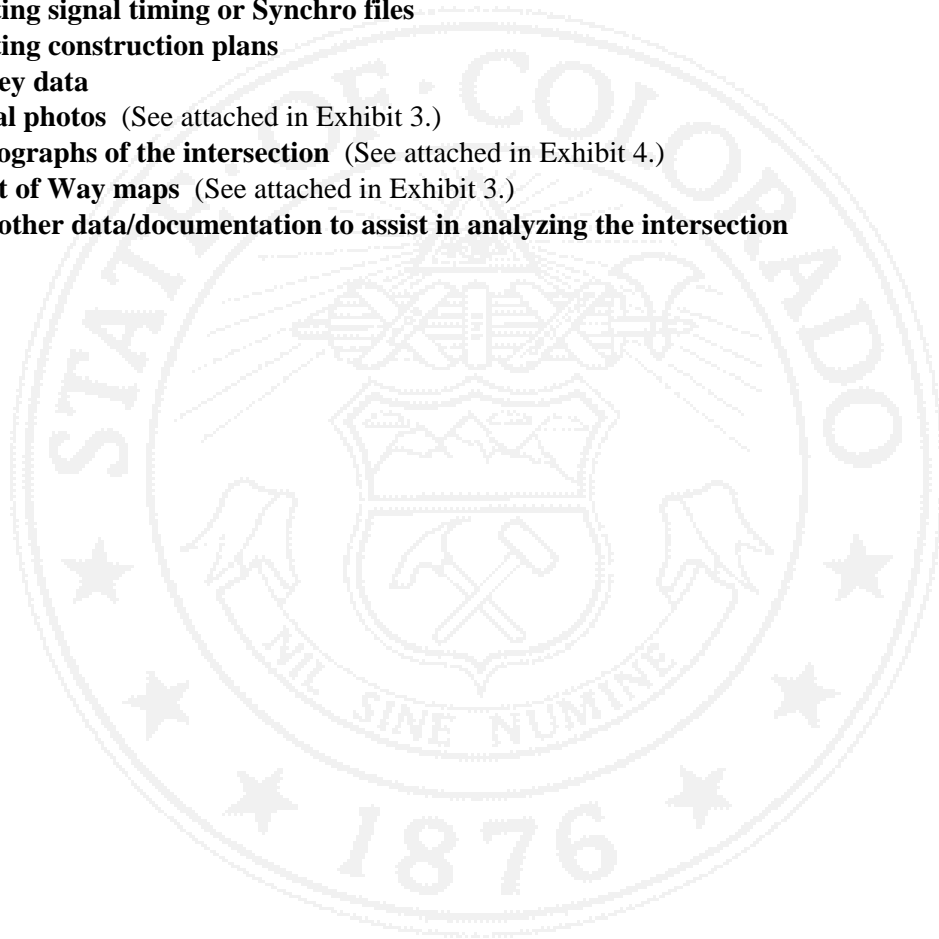
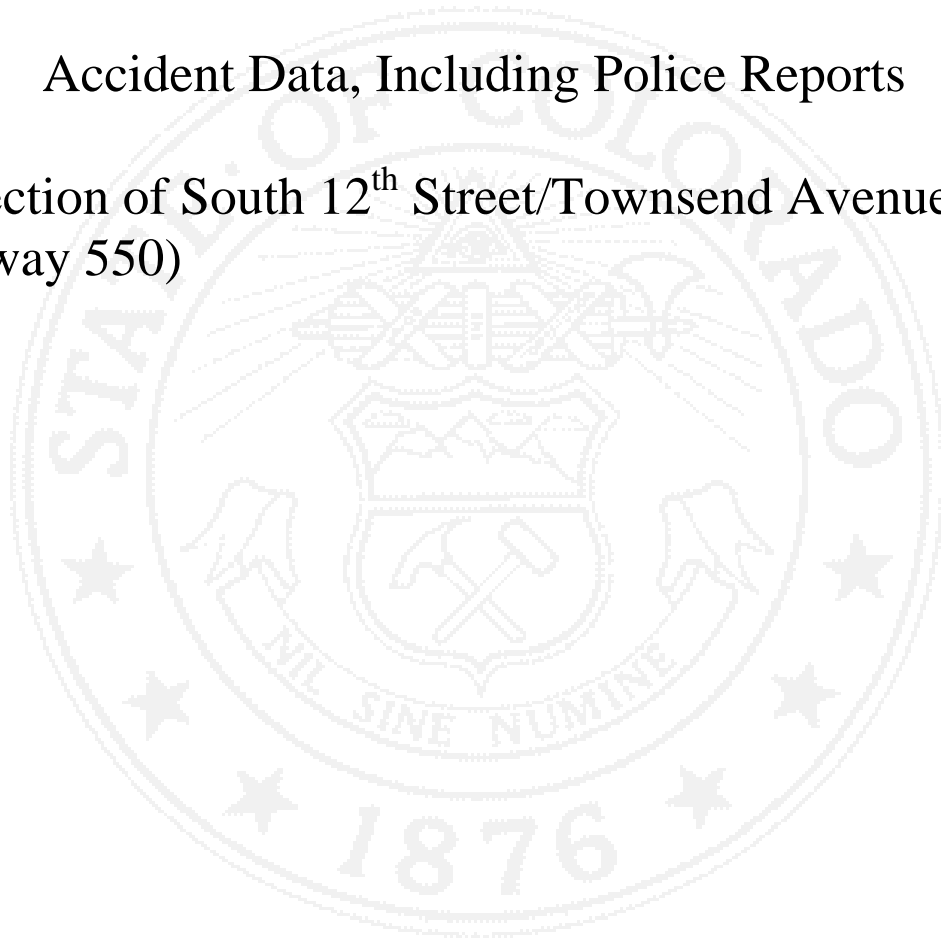


Exhibit 1

Accident Data, Including Police Reports

Intersection of South 12th Street/Townsend Avenue
(Highway 550)



AA	Case # S07-01055	DOR CODE	Accident Date 02-06-07	Agency Montrose County Sheriff	HH
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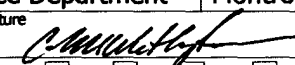
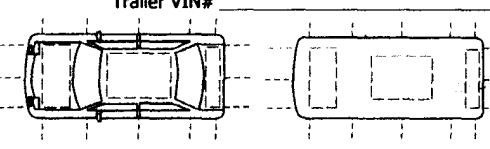
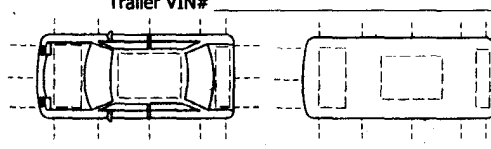
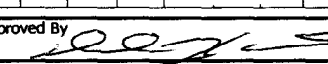
AA	Describe Accident Vehicle number 2 was stopped in traffic at the traffic control light at South 12th Street (South bound). Vehicle number 1 was south bound on South Townsend Ave. and failed to stop behind Vehicle number 2 that was stopped in traffic at the intersection with South 12th Street. The driver of vehicle number 1 then made verbal contact with the driver of vehicle number 2, they agreed to meet around the corner. The driver of vehicle number 1 then left the area.	HH
BB		JJ
BB		JJ
CC		JJ
CC		KK

DD	NO DIAGRAM - VEHICLES MOVED	KK
DD		KK
EE		LL
EE		LL
FF		MM
FF		MM
GG		NN
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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

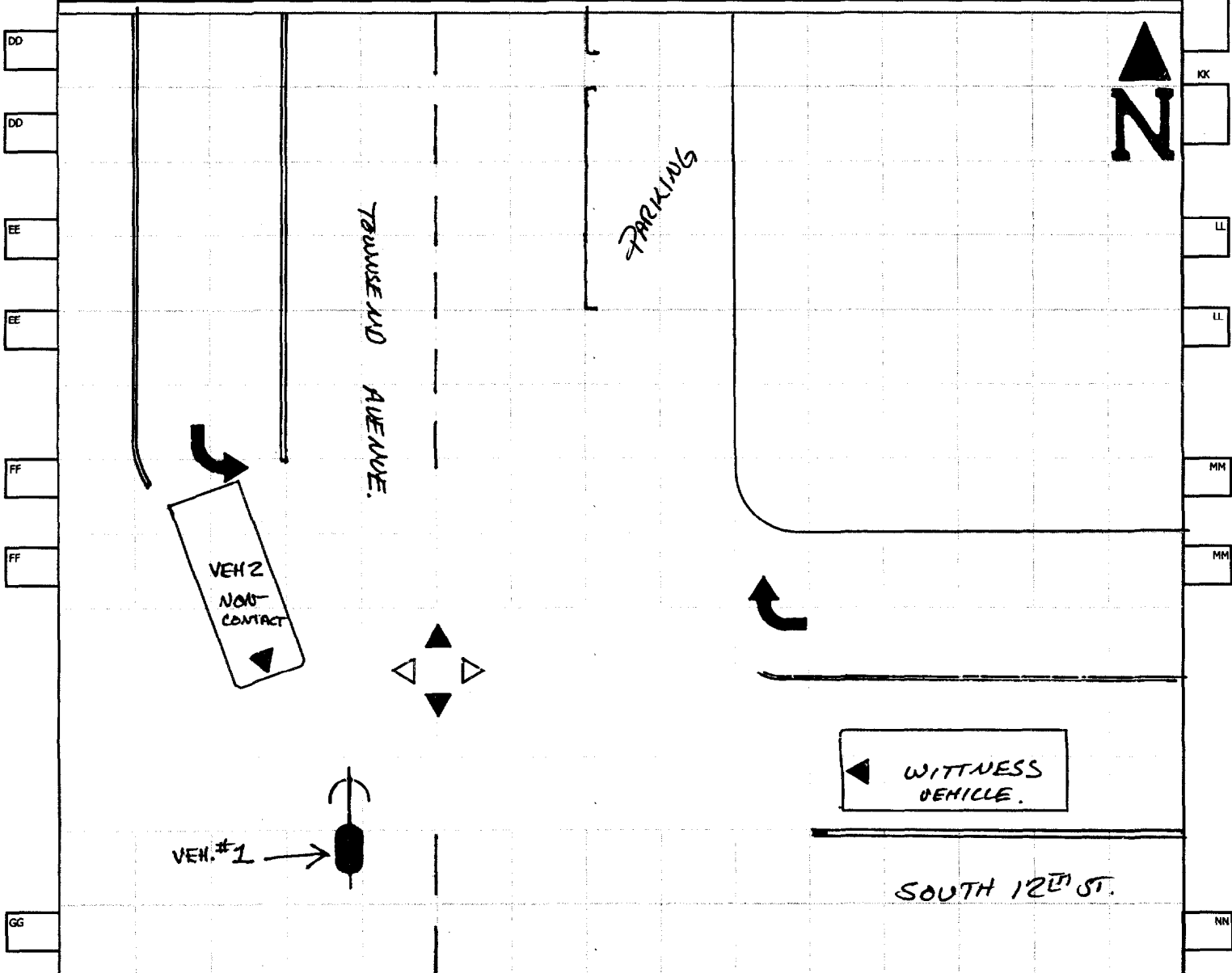
AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

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B	02	Time (24 Hr.) 1034	Officer Number 10476	Officer Name Chris M. Worthington	Signature 	Detail Traffic	01 04																																																																																																																																							
	Number Killed 0	Number Injured 1	Location Route, Street, Road _____ Miles _____ Feet Townsend Avenue		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: South 12th Street																																																																																																																																									
B	01	Agency Code	Investigated @ Scene <input type="checkbox"/>	Total Vehicles 1	District Number West	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	01 05																																																																																																																																		
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C	03	City Vancouver	State WA	ZIP 98661	Bus. Phone () -	City Montrose	State CO	ZIP 81401	Bus. Phone (970) 240-1400			35 35																																																																																																																																		
	Driver License Number WEISSDM537PW	CDL WA	State WA	Sex M	DOB 10-16-47	Driver License Number 95-013-1429	CDL CO	State CO	Sex F	DOB 1-14-52																																																																																																																																				
D	01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Violation of a Steady Red Light				Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> None																																																																																																																																								
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D	01	Year 1997	Make Honda	Model ST100	Body Type motorcycle	Year 2007	Make Toyota	Model Camry	Body Type 4DR			35 00																																																																																																																																		
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AA	Case # 07-014183	DOJ CODE	Accident Date 7-9-2007	Agency Montrose Police Department	HH
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Describe Accident
 Veh. #1 was traveling NB on Townsend Avenue and approached the intersection at South 12th Street. Veh. #2 was sitting in the intersection, facing SB, waiting to make a left turn onto South 12th Street. According to a witness on scene (RICHARD HECHT 249-1897) stated that he was also sitting in the intersection waiting to turn left (SB) on to Townsend Avenue and witnessed the motorcycle (WEISS) run the red light and narrowly miss the front of Veh. #2 (SANCHEZ) and crash.

Diagram not to scale for reference only.



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER 5 5 0		DOR Code		01 09			
	Case # 07-015748		City Montrose		Agency Montrose Police Department		County Montrose					
B 08	Date of Accident 07/28/07	Officer Number 11475	Officer Name M.Herrera	Signature		County # 21		Detail Patrol				
	Time (24 Hr) 0832	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF		At South Townsend Avenue				
B 08	Date of Report 7/28/07	Latitude		Longitude		Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>				
	Total Vehicles 2		District Number		Public Property/ Employee <input type="checkbox"/>		Photos Taken <input checked="" type="checkbox"/>		Railroad Crossing Related <input type="checkbox"/>			
B 08	Traffic Unit # 1 or 1		<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		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		07 01			
	Last Name Robert		First James		MI Paul		Last Name Fellin		First Ashley			
C 03	Street Address 326 Poplar Way		Personal Phone (970) 872 - 3940		Street Address 14961 5885 Road		Personal Phone (970) 249 - 0797		01 M			
	City Hotchkiss		State CO		ZIP 81419		City Montrose		State CO			
D 01	Bus Phone (970) 249 - 2431		City Montrose		State CO		ZIP 81401		Bus Phone () -			
	Driver License Number 921951658		CDL CO		Sex M		DOB 04/27/43		Driver License Number 052761161			
E 01	CDL CO		Sex F		DOB 07/13/90		Primary Violation <input type="checkbox"/> DUI Violation of Steady Red Light		Primary Violation <input type="checkbox"/> DUI None			
	Violation Code MTC 604.1 C		Citation Number A 108506		Common Code		Violation Code		Citation Number			
F 02	Year 1975		Make Peterbelt		Model TT		Body Type 2 dr		Year 1999			
	License Plate Number 10144WB		State or Country CO		Color White		License Plate Number USO7539		State or Country CO			
G 01	Vehicle Identification Number 62436P		Vehicle Owner Last Name <input type="checkbox"/> Same Wester Gravel Inc		First MI		Vehicle Identification Number 1GNFK16R8XJ555886		Vehicle Owner Last Name <input type="checkbox"/> Same Fellin			
	Address <input type="checkbox"/> Same 3001 North Townsend Ave		City Montrose		State CO		ZIP 81401		Address <input checked="" type="checkbox"/> Same City State ZIP			
H 01	Towed Due to Damage <input type="checkbox"/> By		TO		Towed Due to Damage <input type="checkbox"/> By		TO		06 00			
	Trailer VIN#		Undercarriage		Trailer VIN#		Undercarriage		00 00			
I 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Mountain States Insurance		Exp Date 02/28/08		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmers Insurance		Exp Date 09/27/07		14 00			
	Policy Number BAP009802105		Policy Number 07109837050		Owner Damaged Prop Last Name		First		MI			
J 00	Owner Damaged Prop Last Name		First		MI		Address		City			
	Owner Damaged Prop Last Name		First		MI		Address		City			
K 01	T U #	POS	REST	ENDO	SAFETY EQUIP	AIR BAG	EJECT	SUSPECTED ALCO	INJ SEV	AGE	SEX	NAME / ADDRESS
	01	01	00	01	B 00 A	00 A	00	00 00	00	64	M	Same as above
L 01	02	01	00	00	B 00 A	01 B	00	00 00	00	17	F	Same as above
	Witness. Josh Shipley (970) 209-2292											
M 00	Approved By _____ ID # 13425 Date 7/27/07											
	00 00											

AA Case # 07-015748 **DO NOT WRITE** Accident Date 07/28/07 Agency Montrose Police Department

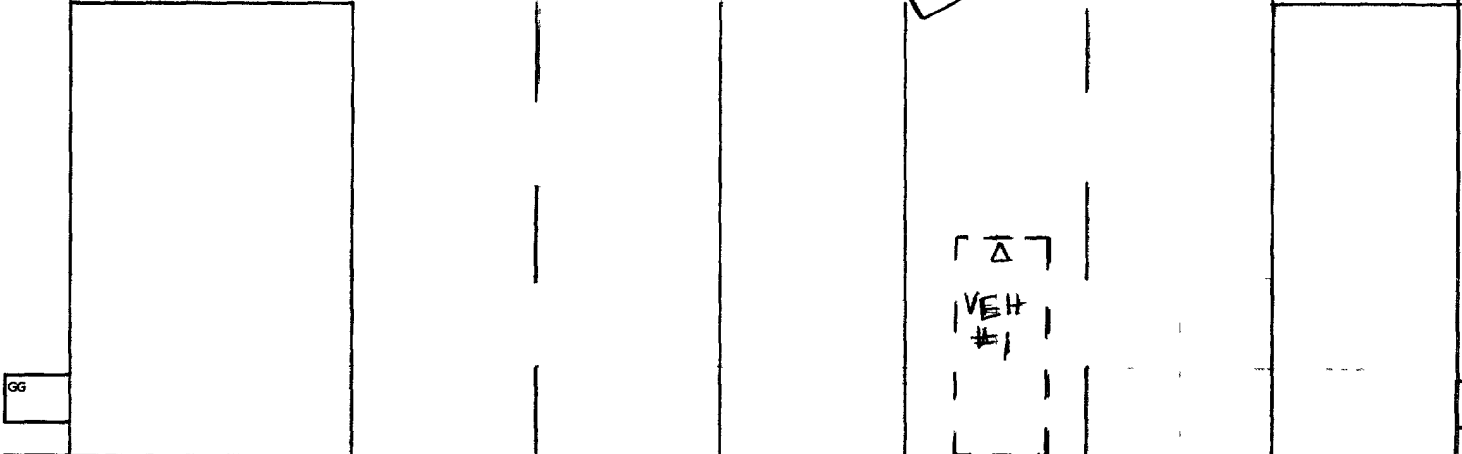
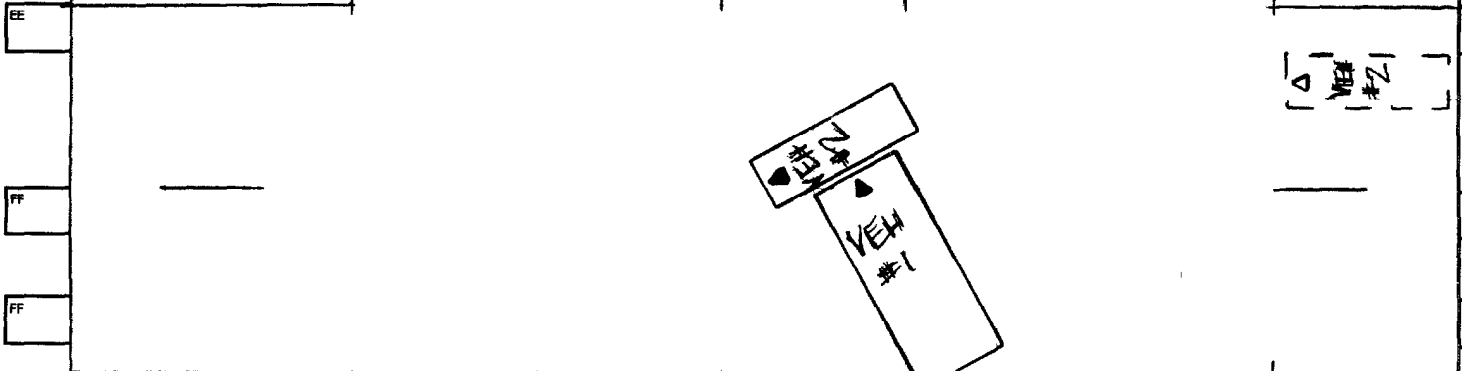
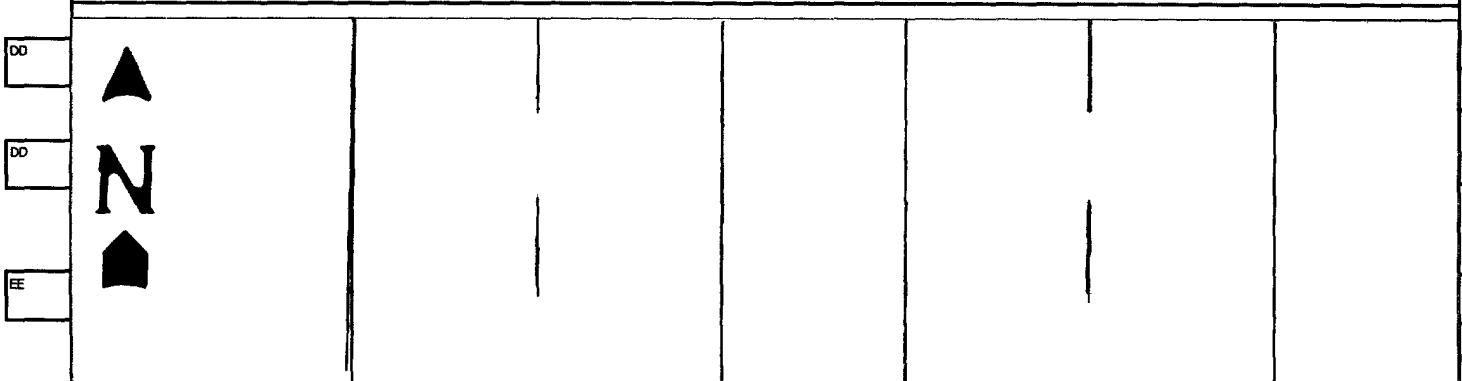
AA Describe Accident
 Vehicle #2 was stopped at a red light at the intersection of South 12th at South Townsend Avenue Vehicle #2 proceeded westbound through the intersection through a greenlight in an attempt to make a left hand turn on to Townsend Avenue Vehicle #1 was traveling northbound in the left through lane of traffic when the driver failed to see that the northbound light was red

BB Vehicle #1 proceeded through the red light, hitting vehicle #2 on the driver's side

BB The driver of vehicle #1 stated that he did not realize that the light was red

CC Vehicle #2 sustained damage to the driver's side doors Vehicle #1 sustained minimal damage to the front bumper area

CC



GG Carrier Name Western Gravel Inc US DOT ICC State DOT



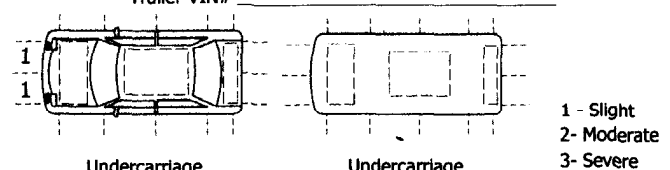
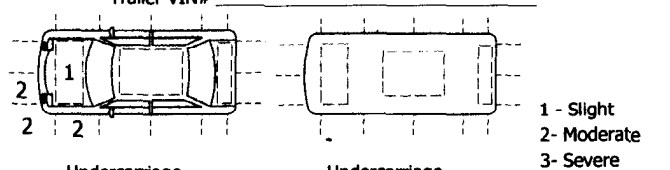
GG T.U. # 3001 North Townsend Avenue (970) 249-2431 Carrier Identification # 1093988-CO

GG Carrier Name US DOT ICC State DOT

GG T.U. # Address Carrier Identification #

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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A	01	CDOT Code Case # 07-018294	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 5 0 MILEPOINT [] [] [] [] []	DOR Code 	07 05																																																								
		Date of Accident 08/27/2007	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																								
		Time (24 Hr.) 1125	Officer Number 12018	Officer Name Garth G. Cowley	Signature 	Detail # Patrol																																																								
B	08	Number Killed 0	Number Injured 0	Location Route, Street, Road South Townsend Ave	Miles Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	OF: At: South 12th Street																																																								
		Date of Report 8/27/2007	Latitude	Longitude		01 07																																																								
B	01	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	01 05																																																		
B	08	Traffic Unit # 1 or <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.	Traffic Unit # 2 or <input 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.	Last Name Mast	First Dewayne	MI L	Last Name	First	MI			35 35																																																		
		Street Address 24885 Timothy Rd	Personal Phone (970) 497-2576	Street Address	Personal Phone () -	City Cedaredge	State CO	ZIP 81413	Bus. Phone () -	City	State ZIP Bus. Phone () -	35 35																																																		
		Driver License Number 063340778	CDL CO	Sex M	DOB 10/05/1951	Driver License Number	CDL	State	Sex	DOB		35 35																																																		
C	03	Primary Violation <input checked="" type="checkbox"/> DUI Violation of Steady Red Light	Violation Code MTC 604.1c	Citation Number A108873	Common Code	Primary Violation <input type="checkbox"/> DUI	Violation Code	Citation Number	Common Code			30 25																																																		
		Year 1999	Make Dodge	Model 3500	Body Type Pickup	Year	Make	Model	Body Type			30 25																																																		
D	01	License Plate Number 3600JW	State or Country CO	Color White	License Plate Number	State or Country	Color	Vehicle Identification Number 1B7MC3362XJ556311	Vehicle Identification Number			01																																																		
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E	01	Towed Due to Damage <input type="checkbox"/> By:	TO:	Towed Due to Damage <input type="checkbox"/> By:	TO:							05 00																																																		
F	02	Trailer VIN# 	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Trailer VIN# 	Undercarriage 1 - Slight 2 - Moderate 3 - Severe							02																																																		
G	02	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance	Exp. Date 10/23/2007	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance	Exp. Date 10/26/2007							00 00																																																		
H	01	Policy Number 1307113D2306	Policy Number 704393D2603	Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP		00 00																																																		
		Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP				00 00																																																		
J	01	<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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01</td> <td>03</td> <td>00</td> <td>B 01</td> <td>A 05</td> <td>00</td> <td>00 00</td> <td>00</td> <td>55</td> <td>M</td> <td>SAME AS ABOVE</td> </tr> <tr> <td>1</td> <td>03</td> <td></td> <td></td> <td>B 01</td> <td>A 05</td> <td>00</td> <td></td> <td>00</td> <td>72</td> <td>M</td> <td>Wesley K. Glick/1003 Browns Mill Rd, Rustburg, VA 24588</td> </tr> <tr> <td>2</td> <td>01</td> <td>03</td> <td>00</td> <td>B 01</td> <td>A 05</td> <td>00</td> <td>00 00</td> <td>00</td> <td>44</td> <td>F</td> <td>SAME AS ABOVE</td> </tr> </tbody> </table>	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	01	03	00	B 01	A 05	00	00 00	00	55	M	SAME AS ABOVE	1	03			B 01	A 05	00		00	72	M	Wesley K. Glick/1003 Browns Mill Rd, Rustburg, VA 24588	2	01	03	00	B 01	A 05	00	00 00	00	44	F	SAME AS ABOVE												S S 00 00
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																			
1	01	03	00	B 01	A 05	00	00 00	00	55	M	SAME AS ABOVE																																																			
1	03			B 01	A 05	00		00	72	M	Wesley K. Glick/1003 Browns Mill Rd, Rustburg, VA 24588																																																			
2	01	03	00	B 01	A 05	00	00 00	00	44	F	SAME AS ABOVE																																																			
		Approved By PBF	I.D. # 00176	Date 8/27/07								00 00																																																		



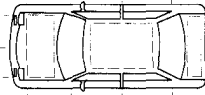
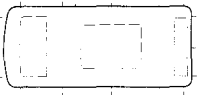
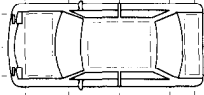

AA	Case # 67-018294	DOR CODE	Accident Date 08/27/2007	Agency Montrose Police Department	HH
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AA	Describe Accident Vehicle 2 (HUFFMAN) entered the intersection on a green light at South 12th Street/South Townsend Ave, attempting to turn left (south) onto South Townsend Ave. Vehicle 1 (MAST) was northbound in the outside through lane of the 1200 block South Townsend Ave. Vehicle 1 failed to stop at the red light at this intersection and collided with vehicle-2's front driver's side. Vehicle 1's driver told me he was talking to his passenger and failed to see the steady red light until it was too late.				HH
BB	Witness: REBECCA JOSSUND (DOB: 031779) 560 North Grand Ave Apt B Montrose, CO 81401				JJ
CC	275-5271 Both vehicles were moved prior to my arrival.				JJ
CC	No diagram.				KK

DD		KK
DD		KK
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

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

CDOT Code		<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER		DOR Code		K	
Case # <u>07-018294</u>		<input checked="" type="checkbox"/> STATE HWY		<u>5 5 0</u>				K	
Date of Accident <u>08/27/2007</u>		City <u>Montrose</u>		Agency <u>Montrose Police Department</u>		County <u>Montrose</u>		County # <u>21</u>	
Time (24 Hr.) <u>1125</u>		Officer Number <u>12018</u>		Officer Name <u>Garth G. Cowley</u>		Signature 		Detail <u>Patrol</u>	
Number Killed <u>0</u>		Number Injured <u>0</u>		Location Route, Street, Road <u>South Townsend Ave</u>		Miles <u> </u> Feet <u> </u>		Direction <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <u>At: South 12th Street</u>	
Date of Report <u>08/28/2007</u>		Latitude <u> </u>		Longitude <u> </u>				L	
Agency Code <u> </u>		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles <u>2</u>		District Number <u> </u>		Public Property/Employee <input type="checkbox"/>	
Traffic Unit # 1 or <u> </u>		<input 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.		Traffic Unit # 2 or <u> </u>		<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.		M	
Last Name <u>Huffman</u>		First <u>Joanne</u>		MI <u> </u>		Last Name <u>Huffman</u>		First <u>Joanne</u>	
Street Address <u>1012 Sunnyside</u>		Personal Phone <u>(920) 240-6903</u>		Street Address <u>1012 Sunnyside</u>		Personal Phone <u>(920) 240-6903</u>		M	
City <u>Montrose</u>		State <u>CO</u> ZIP <u>81401</u>		City <u>Montrose</u>		State <u>CO</u> ZIP <u>81401</u>		N	
Driver License Number <u>072270798</u>		CDL <u> </u> State <u>CO</u> Sex <u>F</u> DOB <u>08/29/1962</u>		Driver License Number <u>072270798</u>		CDL <u> </u> State <u>CO</u> Sex <u>F</u> DOB <u>08/29/1962</u>		N	
Primary Violation <input type="checkbox"/> DUI		Violation Code <u> </u> Citation Number <u> </u> Common Code <u> </u>		Primary Violation <input type="checkbox"/> DUI		Violation Code <u> </u> Citation Number <u> </u> Common Code <u> </u>		P	
Year <u>2000</u> Make <u>Oldsmobile</u> Model <u>Silhouette</u> Body Type <u>PV</u>		Year <u>2000</u> Make <u>Oldsmobile</u> Model <u>Silhouette</u> Body Type <u>PV</u>		Year <u>2000</u> Make <u>Oldsmobile</u> Model <u>Silhouette</u> Body Type <u>PV</u>		Year <u>2000</u> Make <u>Oldsmobile</u> Model <u>Silhouette</u> Body Type <u>PV</u>		P	
License Plate Number <u>123 RZE</u>		State or Country <u>AZ</u> Color <u>Silver</u>		License Plate Number <u>123 RZE</u>		State or Country <u>AZ</u> Color <u>Silver</u>		D	
Vehicle Identification Number <u>1GHDX13E5YD206066</u>		Vehicle Identification Number <u>1GHDX13E5YD206066</u>		Vehicle Identification Number <u>1GHDX13E5YD206066</u>		Vehicle Identification Number <u>1GHDX13E5YD206066</u>		D	
Vehicle Owner Last Name <input type="checkbox"/> Same <u> </u> First <u> </u> MI <u> </u>		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same <u> </u> First <u> </u> MI <u> </u>		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same <u> </u> First <u> </u> MI <u> </u>		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same <u> </u> First <u> </u> MI <u> </u>		E	
Address <input type="checkbox"/> Same <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		Address <input type="checkbox"/> Same <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		Address <input type="checkbox"/> Same <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		Address <input type="checkbox"/> Same <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		Q	
Towed Due to Damage <input type="checkbox"/> By: <u> </u>		Towed Due to Damage <input type="checkbox"/> By: <u> </u>		Towed Due to Damage <input type="checkbox"/> By: <u> </u>		Towed Due to Damage <input type="checkbox"/> By: <u> </u>		Q	
Trailer VIN# <u> </u>		Trailer VIN# <u> </u>		Trailer VIN# <u> </u>		Trailer VIN# <u> </u>		F	
								1- Slight 2- Moderate 3- Severe	
Undercarriage <u> </u>		Undercarriage <u> </u>		Undercarriage <u> </u>		Undercarriage <u> </u>		1- Slight 2- Moderate 3- Severe	
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof		Exp. Date <u> </u>		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof		Exp. Date <u> </u>		R	
Policy Number <u> </u>		Policy Number <u> </u>		Policy Number <u> </u>		Policy Number <u> </u>		R	
Owner Damaged Prop. Last Name <u> </u> First <u> </u> MI <u> </u>		Address <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		Owner Damaged Prop. Last Name <u> </u> First <u> </u> MI <u> </u>		Address <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		H	
Owner Damaged Prop. Last Name <u> </u> First <u> </u> MI <u> </u>		Address <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		Owner Damaged Prop. Last Name <u> </u> First <u> </u> MI <u> </u>		Address <u> </u> City <u> </u> State <u> </u> ZIP <u> </u>		H	
T.U. # <u> </u>		POS. <u> </u> REST. <u> </u> ENDO. <u> </u>		SAFETY EQUIP. <u> </u>		AIR BAG <u> </u> EJECT <u> </u>		SUSPECTED ALCO/DRUG <u> </u> INJ. SEV. <u> </u> AGE <u> </u> SEX <u> </u> NAME / ADDRESS <u> </u>	
								S	
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Approved By <u>M. Schelling</u>		I.D. # <u>15882</u>		Date <u>08/28/2007</u>				L	

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AA	Case # 07-018294	DOR CODE	Accident Date 08/27/2007	Agency Montrose Police Department	HH
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AA	Describe Accident Add vehicle 2's driver and vehicle information.				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

AA	Case # 07-021934	[REDACTED]	Accident Date 10/11/07	Agency Montrose Police Department
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HH

AA	Describe Accident CHRIS BROWN was eastbound on his 24 speed Yukon Giant mountain bike at the intersection of S. Townsend and S. 12th Street. When the light turned green BROWN continued east and was struck while in the intersection by an unknown car turning south onto S. Townsend from S. 12th Street.
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HH

BB	BROWN was ejected from his bicycle as the unknown car continued down S. Townsend Avenue. Neither Brown nor anyone else was able to get the vehicle's license plate number. The car is described as a red or silver 4-door sedan. The driver was described as a male who is approximately 20 years old with short black hair. Brown had minor abrasions to both his hands and to his leg.
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JJ

JJ

CC	No diagram
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KK

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EE	
EE	
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KK

LL

LL

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MM

NN

GG	Carrier Name	US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/>
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NN

GG	T.U. # Address	Carrier Identification #
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NN


GG	Carrier Name	US DOT <input type="checkbox"/> ICC <input type="checkbox"/> State DOT <input type="checkbox"/>
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NN

GG	T.U. # Address	Carrier Identification #
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STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. | UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

CDOT Code Case # Date of Accident Time (24 Hr.) Number Killed Date of Report Agency Code Traffic Unit # 1 or Last Name Street Address City Driver License Number Primary Violation Violation Code Year Make Model Body Type License Plate Number Vehicle Identification Number Vehicle Owner Last Name Address Towed Due to Damage TO: Trailer VIN# Undercarriage Insurance Company Policy Number Owner Damaged Prop. Last Name Owner Damaged Prop. Last Name T.U. # POS. REST. ENDO. SAFETY EQUIP. AIR BAG EJECT SUSPECTED ALCO DRUG INJ. SEV. AGE SEX NAME / ADDRESS Approved By	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD HWY NUMBER MILEPOINT DOR Code  City Agency County County # Officer Name Signature Detail Location Route, Street, Road Miles Feet N S E W OF: At: S Townsend Latitude Longitude Investigated @ Scene Total Vehicles District Number Public Property/Employee Photos Taken Railroad Crossing Related Const. Zone Related Highway Interchg. Bridge Related Traffic Unit # 2 or Last Name Street Address City Driver License Number Primary Violation Violation Code Year Make Model Body Type License Plate Number Vehicle Identification Number Vehicle Owner Last Name Address Towed Due to Damage TO: Trailer VIN# Undercarriage Insurance Company Policy Number Owner Damaged Prop. Last Name Owner Damaged Prop. Last Name T.U. # POS. REST. ENDO. SAFETY EQUIP. AIR BAG EJECT SUSPECTED ALCO DRUG INJ. SEV. AGE SEX NAME / ADDRESS I.D. # Date
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AA	Case #	[REDACTED]	Accident Date	Agency	HH
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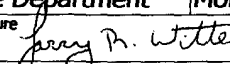
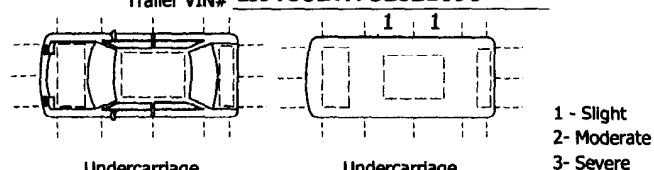
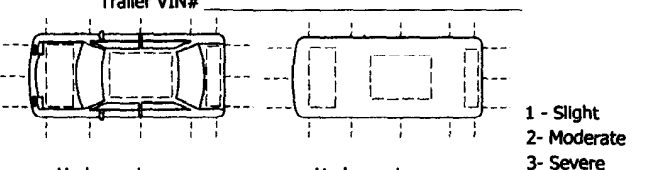
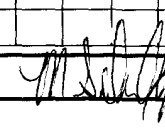
AA	Describe Accident Please note that there were two vehicles.	HH
BB		
BB		JJ
CC		JJ
CC		
CC		KK

DD				
DD				KK
DD				
EE				LL
EE				LL
FF				MM
FF				MM
GG				NN
GG				NN
GG				NN
GG				NN
GG				NN
GG				NN
GG				NN
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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code Case # 08-014065	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	01	K															
B	19	Date of Accident 07-03-2008	City Montrose	Agency Montrose Police Department	County Montrose	County # 21	07	L														
B	19	Time (24 Hr.) 1454	Officer Number P18	Officer Name Larry R. Witte	Signature 	Detail Patrol	04	M														
B	19	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet South 12th Street	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: Townsend Avenue	Date of Report 07-03-2008	04	M														
B	19	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 1	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	04	M									
B	19	Traffic Unit # 1 or 1 <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.	Traffic Unit # 2 or	Last Name Mauldin	First William	MI J	04	M														
B	19	Street Address 333 Rock Creek Road	Personal Phone (208) 308-5461	Street Address	Personal Phone () -	City Hansen	State ID	ZIP 83334	Bus. Phone () -	City	State ID	ZIP 83334	Bus. Phone () -	30	N							
B	19	Driver License Number QA112086E	CDL Yes	State ID	Sex M	DOB 06-15-1975	Driver License Number	CDL Yes	State ID	Sex M	DOB 06-15-1975	30	N									
C	01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Careless Driving	Violation Code MTC 1402	Citation Number 112651	Common Code	Year 2004	Make FRHT	Model	Body Type Semi-Truck	Year	Make	Model	Body Type	P	P							
D	01	License Plate Number 2JG-516	State or Country OK	Color White	License Plate Number	State or Country	Color	Vehicle Identification Number 1FUJA6CK24LM61344	Vehicle Identification Number	17	Q											
E	01	Vehicle Owner Last Name <input type="checkbox"/> Same Swift Transportation Company	First Phoenix	MI AZ	ZIP 85038	Address <input type="checkbox"/> Same P.O. Box 29243	City Phoenix	State AZ	ZIP 85038	17	Q											
F	02	Towed Due to Damage <input type="checkbox"/> By: TO:	Trailer VIN# 1JJV532W73L821696		1 - Slight 2 - Moderate 3 - Severe	Towed Due to Damage <input type="checkbox"/> By: TO:	Trailer VIN#		1 - Slight 2 - Moderate 3 - Severe	06	R											
G	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Swift Transportation Insurance	Exp. Date 01-01-2009	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date	Policy Number 124283	Policy Number	06	R													
H	01	Owner Damaged Prop. Last Name City of Montrose	First City of Montrose	MI CO	ZIP 81401	Address 433 South 1st Street	City Montrose	State CO	ZIP 81401	00	T											
J	00	Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP	T.U. # 1	POS. 01	REST. 00	ENDO. 01	SAFETY EQUIP. B 01 A	AIR BAG 01 A	EJECT 00	SUSPECTED ALCO 00	INJ. SEV. 00	AGE 33	SEX M	NAME / ADDRESS Same as Driver #1	S	S
Approved By  Sgt Schelling											I.D. # 15882	Date 07-03-2008	00	T								

AA	Case # 08-014065	DOR CODE	Accident Date 07-03-2008	Agency Montrose Police Department	HH
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Describe Accident
 AA I responded to the intersection of South 12th Street and Townsend Avenue for a report of a traffic accident. Dispatch advised that Deputy TARAMARCAZ had observed a "White Swift semi truck hit a light pole." While en route to the above incident I observed a white Swift semi truck make a right hand turn (East) from South Townsend Avenue onto South 5th Street. I followed the above vehicle to determine if it was involved.

BB I observed damage to the passenger side of the trailer that the truck was pulling. I activated my overhead lights and stopped the vehicle. I contacted the driver of the semi truck, who identified himself as WILLIAM MAULDIN (DOB: 06-15-75). I asked MAULDIN if he hit a light pole at South 12th Street and Townsend Avenue and he said, "I almost hit it, but I was like an inch away." Deputy TARAMARCAZ arrived on scene and said, "I observed his trailer make contact with the pole. He definitely hit it."


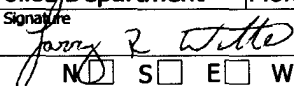
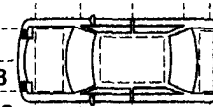

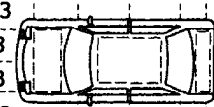
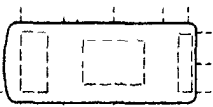
CC MAULDIN'S trailer had slight fresh damage to its passenger side. MAULDIN said, "I don't think I hit the pole, but maybe I did."

DD					
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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

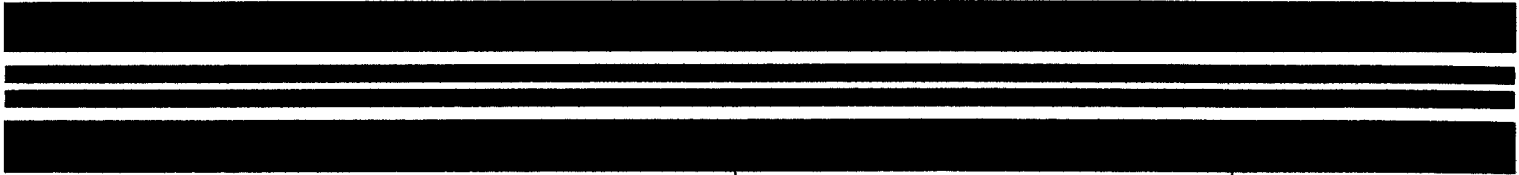
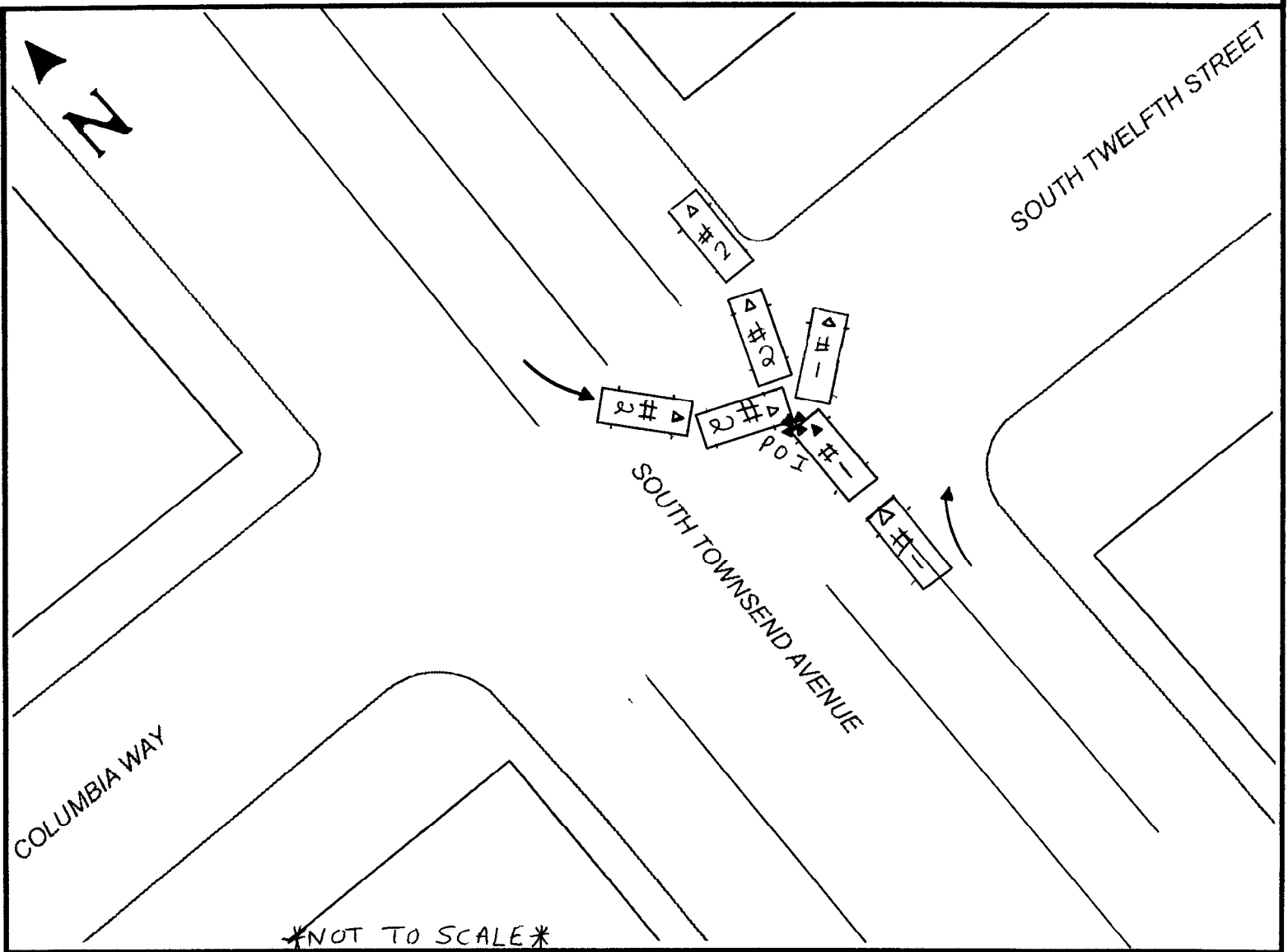
AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 1 PAGES

A	01	CDOT Code		<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		HWY NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DOR Code 		05 05																			
	Case # 08-017302		City Montrose		Agency Montrose Police Department		County Montrose		County # 21																				
B	08	Date of Accident 08-14-2008		Officer Number P18		Officer Name Larry R. Witte		Signature 		01 03																			
	Time (24 Hr) 2051		Number Killed 0		Number Injured 2		Location Route, Street, Road _____ Miles _____ Feet		Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF <input checked="" type="checkbox"/> At South 12th Street																				
B	08	Date of Report 08-14-2008		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number		Public Property/Employee <input type="checkbox"/>		Photos Taken <input checked="" type="checkbox"/>		Railroad Crossing Related <input type="checkbox"/>		Const Zone Related <input type="checkbox"/>		Highway Interchg <input type="checkbox"/>		Bridge Related <input type="checkbox"/>		01 05							
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C	02	Street Address 308 Allison Avenue		Personal Phone (970) 252-8113		City Olathe		State CO		ZIP 81425		Bus Phone () -		Street Address 20433 Pahgre Road		Personal Phone () -		City Montrose		State CO		ZIP 81401		Bus Phone () -		30 30			
	Driver License Number 032131034		CDL CO		Sex F		DOB 02-01-1988		Driver License Number 043370776		CDL CO		Sex M		DOB 12-02-1989		Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Careless Driving Causing Bodily Injury		Violation Code 42-4-1402(2)		Citation Number 112938		Common Code		P P				
D	01	Year 1996		Make Maz		Model		Body Type SD		Year 1988		Make PON		Model		Body Type 4D		License Plate Number 850-MVL		State or Country Colorado		Color Tan		17 00					
	Vehicle Identification Number 1YVGE22D1T5520835		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		Vehicle Identification Number 1G2AF51W2Jt234261		Vehicle Owner Last Name <input checked="" type="checkbox"/> Same		First		MI		Address <input checked="" type="checkbox"/> Same		City		State		ZIP						
E	01	Address <input checked="" type="checkbox"/> Same		City		State		ZIP		Address <input checked="" type="checkbox"/> Same		City		State		ZIP		Towed Due to Damage <input type="checkbox"/> By		TO		Towed Due to Damage <input type="checkbox"/> By		TO		00 00			
	Trailer VIN#						1 - Slight 2 - Moderate 3 - Severe		Trailer VIN#						1 - Slight 2 - Moderate 3 - Severe		Undercarriage		Undercarriage		Undercarriage		Undercarriage		00 00				
G	01	Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof		Exp Date		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance Company		Exp Date 12-24-2008		Policy Number 0884630F2406H		Owner Damaged Prop Last Name		First		MI		Address		City		State		ZIP		00 00			
	Owner Damaged Prop Last Name		First		MI		Address		City		State		ZIP		Owner Damaged Prop Last Name		First		MI		Address		City		State		ZIP		
J	00	T U #		POS		REST		ENDO		SAFETY EQUIP		AIR BAG		EJECT		SUSPECTED ALCO DRUG		INJ SEV		AGE		SEX		NAME / ADDRESS		S S			
	1		01		02		02		B		01		A		03		F		00		00		02		20		F		Same as driver #1
2		01		00		01		B		01		A		05		A		00		00		00		19		M		Same as driver #2	
2		02		NA		NA		B		01		A		05		A		00		00		02		18		M		Ted Simpson / 63531 Jupiter Road Montrose, CO 81401	
Approved By		ID #		Date																						00 00			

AA	Case # 08-017302	DOR CODE	Accident Date 08-14-2008	Agency Montrose Police Department	HH
AA	Describe Accident The Driver of vehicle #2 told me he was making a left hand turn (East) from south Townsend Avenue onto South 12th Street, when vehicle #1 "ran the red light "				HH
BB	A witness on scene, ELIZABETH FOREST (DOB 12-17-1960) completed a statement form while on scene In the statement form FOREST wrote, "When the cars hit the light was red " FOREST stated that vehicle #2 was in the middle of the intersection while the traffic control device was "yellow " FOREST stated that vehicle #1 entered the intersection after the traffic control device turned to steady red Both FOREST and driver #2 told me that driver #1 sped up as she was approaching the intersection				JJ
BB	Vehicle #1 sustained severe damage to its front left quarter and hood area Vehicle #2 sustained severe damage to its front end				JJ
CC	There were no skid marks left by vehicle #1 Driver #1 told me she did not see vehicle #2 until the crash				JJ
CC					KK

DD					KK
DD					KK
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	TU # Address	Carrier Identification #			NN
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	TU # Address	Carrier Identification #			NN


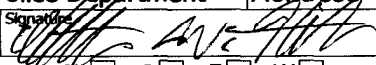
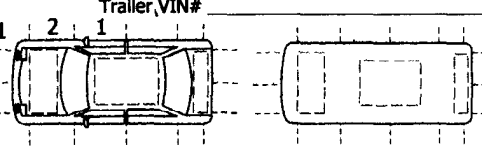
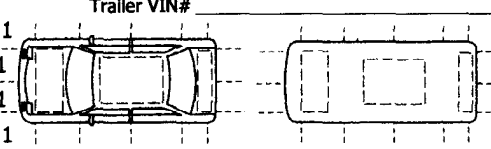



Case # 08-017302

N = North
 POI = Point of Impact
 #1 = vehicle #1
 #2 = vehicle #2

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

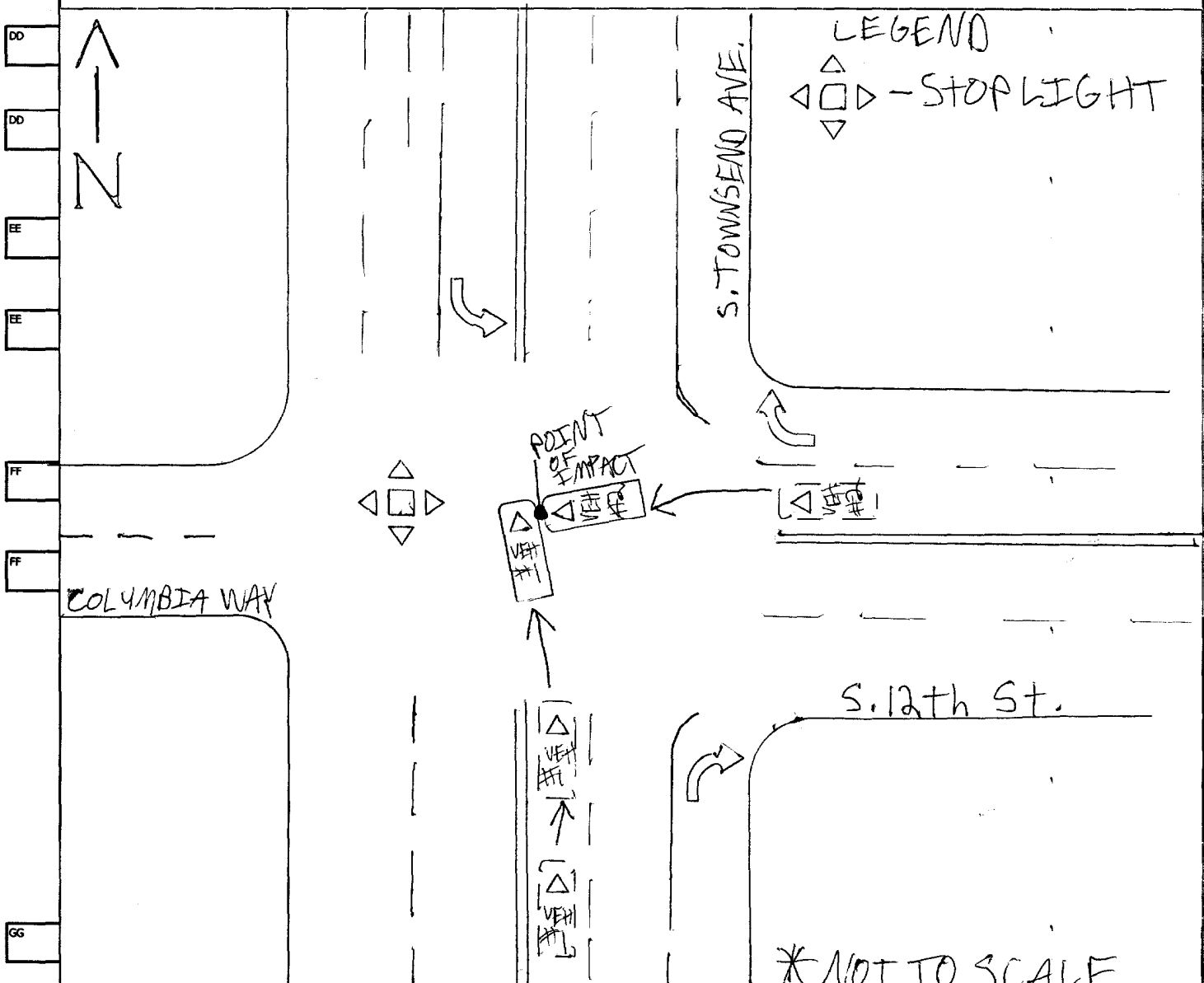
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		Date of Accident 9/10/08	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																																																																																																																							
		Time (24 Hr.) 1241	Officer Number P17	Officer Name Christopher Hoeh	Signature 	Detail Patrol																																																																																																																																																							
B	01	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet S. 12th St.	Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: S. Townsend Ave.	01 05																																																																																																																																																							
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C	01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Violation of a Steady Red Light	Violation Code MTC 604.1c	Citation Number A113403	Common Code _____	Violation Code _____																																																																																																																																																							
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J	01	<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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01 NA</td> <td>01 F</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>17</td> <td>M</td> <td>See Driver #1</td> </tr> <tr> <td>2</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01 NA</td> <td>01 F</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>28</td> <td>F</td> <td>See Driver #2</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> </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> </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> </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> </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> </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> </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> </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> </tr> </tbody> </table>	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	1	00	00	B 01 NA	01 F	00	00	00	00	17	M	See Driver #1	2	1	00	00	B 01 NA	01 F	00	00	00	00	28	F	See Driver #2																																																																																																																				
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		Approved By 	I.D. # 13425	Date 09/11/08																																																																																																																																																									

AA	Case # 08-019316	DOR CODE	Accident Date 9/10/08	Agency Montrose Police Department
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Describe Accident
 Vehicle #1's driver stated he was driving north bound in the 1300 block of S. Townsend Ave preparing to pass the S. 12th St. intersection. Vehicle #1's driver stated he believed he had the green light but did state he looked down at the ground for a few seconds before passing through the intersection. He believed the light could have changed. He stated he was in the inside lane. Vehicle #1 passed through the intersection getting sideswiped by Vehicle #2 which had just pulled out into the intersection to make a left (south bound) turn.

Vehicle #2 stated she had the green light when she pulled out into the intersection to make a left (south bound) turn. She stated when she pulled out she saw Vehicle #1 approaching the intersection not slowing down. She stated she slammed on the brakes stopping in the middle of the intersection and saw Vehicle #1 swerve trying to avoid striking her vehicle. Vehicle #1 did strike Vehicle #2 by dragging the passenger side front fender along the front bumper of Vehicle #2. There was moderate damage to the passenger side fender and wheel well of Vehicle #1 and slight damage to the front bumper of Vehicle #2.

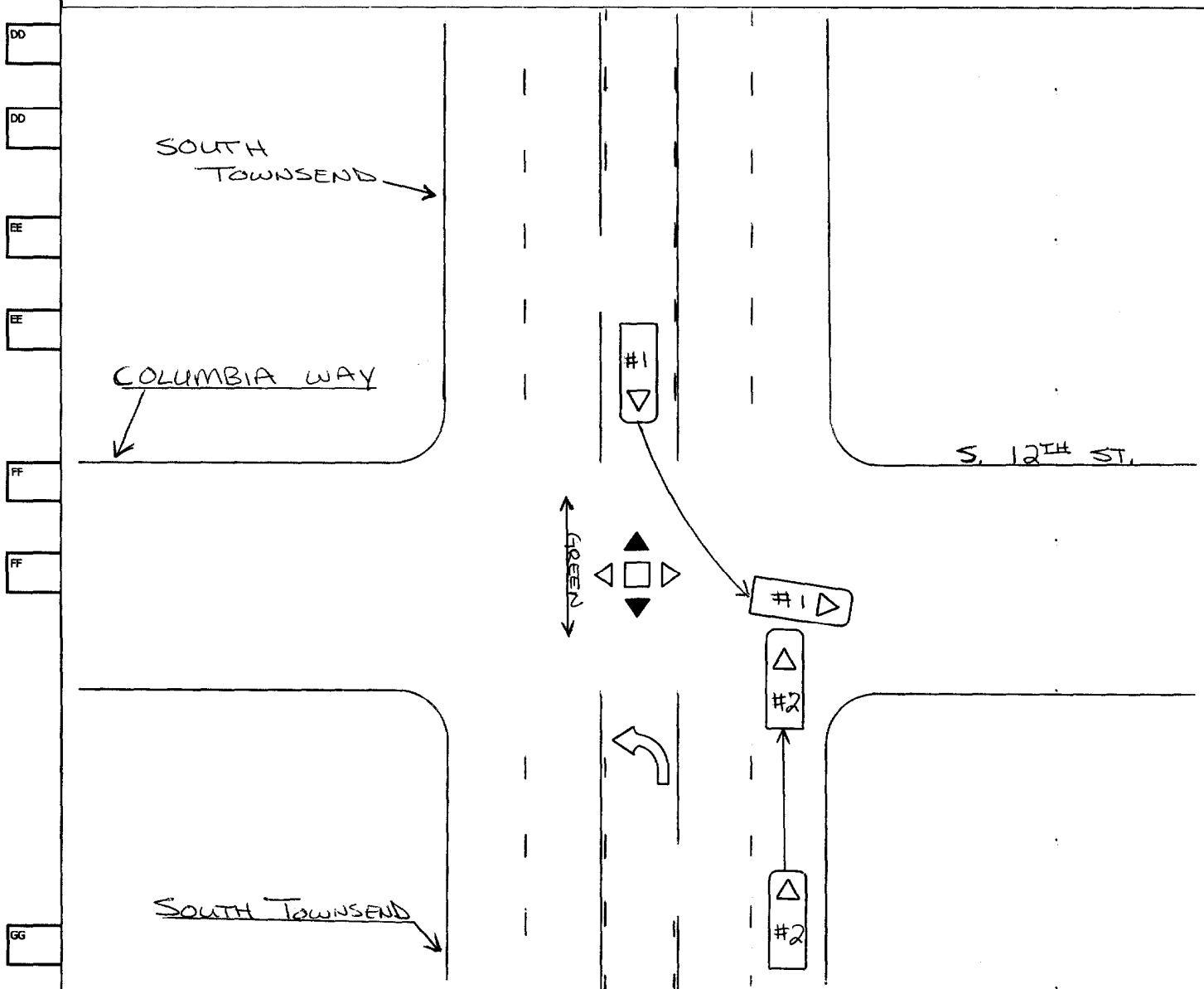
No airbags were deployed and no injuries were reported.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

AA	Case # 08-025078	DOR CODE	Accident Date 11-29-08	Agency MONTROSE POLICE DEPARTMENT
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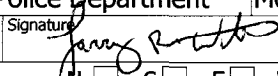
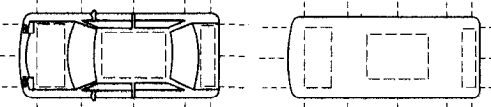
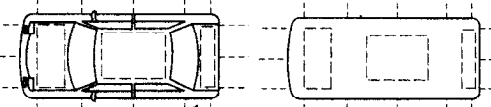
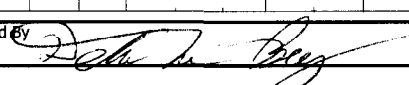
AA	Describe Accident TRAFFIC UNIT #1 (BALDT) WAS TRAVELING SOUTHBOUND ON SOUTH TOWNSEND AT 12TH STREET. TRAFFIC UNIT #2 (WALKER) WAS TRAVELING NORTHBOUND ON SOUTH TOWNSEND AT 12TH STREET. THE TRAFFIC CONTROL LIGHT WAS GREEN FOR NORTH AND SOUTHBOUND TRAFFIC. TRAFFIC UNIT #1 APTEMPTED TO TURN EAST ONTO SOUTH 12TH STREET FROM SOUTH TOWNSEND IN FRONT OF TRAFFIC UNIT #2. TRAFFIC UNIT #2 COLLIDED FRONT RIGHT CORNER TO TRAFFIC UNIT #1'S RIGHT SIDE.
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GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. #	Carrier Identification #		
GG	Address			
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. #	Carrier Identification #		
GG	Address			

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code Case # 09-009177	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	05 01																																																																																						
		Date of Accident 05-07-2009	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																																																						
		Time (24 Hr.) 1642	Officer Number 13863	Officer Name Larry R. Witte	Signature 	Detail Patrol																																																																																						
B	08	Number Killed 0	Number Injured 0	Location Route, Street, Road South 12th Street	Miles _____ Feet _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: Townsend Avenue	05 05																																																																																						
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B	08	Agency Code _____	Investigated @ Scene <input type="checkbox"/>	Total Vehicles 2	District Number _____	Public Property/Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	05 05																																																																																
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		Last Name Unknown (Hit and Run)	First _____ MI _____	Last Name Woodrow	First Jeffrey MI _____																																																																																							
		Street Address _____	Personal Phone () - _____	Street Address 419 North 4th Street	Personal Phone (970) 240-0928																																																																																							
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		Driver License Number _____	CDL State Sex DOB _____	Driver License Number 942210303	CDL State Sex DOB Yes CO M 08-16-1963	N N																																																																																						
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G	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof _____	Exp. Date _____	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof American Insurance Company	Exp. Date 10-2009	00 00																																																																																						
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H	01	Owner Damaged Prop. Last Name _____	First _____ MI _____	Address _____	City _____ State _____ ZIP _____	00 00																																																																																						
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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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Unknown (Hit and Run)</td> </tr> <tr> <td>2</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>A 00</td> <td>00</td> <td>00</td> <td>00</td> <td>46</td> <td>M</td> <td>Same as Vehicle #2</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> </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> </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> </tr> </tbody> </table>	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1												Unknown (Hit and Run)	2	01	00	00	B 01	A 01	A 00	00	00	00	46	M	Same as Vehicle #2																																																			
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																																																
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2	01	00	00	B 01	A 01	A 00	00	00	00	46	M	Same as Vehicle #2																																																																																
		Approved by 	I.D. # 10939	Date 5-8-09																																																																																								

AA	Case # 09-009177	DOR CODE	Accident Date 05-07-2009	Agency Montrose Police Department	HH
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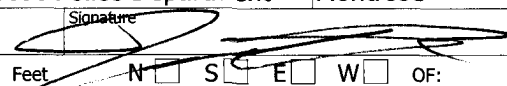
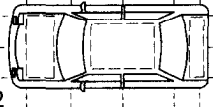


AA	Describe Accident Vehicle #2 was making a left turn (south) onto Townsend Avenue from South 12th Street, when Vehicle #1 (an unknown white sedan, also making a left turn onto Townsend Avenue from South 12th Street) hit the left rear side of vehicle #2.				HH
BB	Vehicle #2 sustained slight damage to its driver's side rear panel.				JJ
CC	Driver #2 told me that he was unable to get the license plate of Vehicle #1, but noticed that it was a white sedan.				JJ
CC					KK

DD					KK
DD					KK
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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

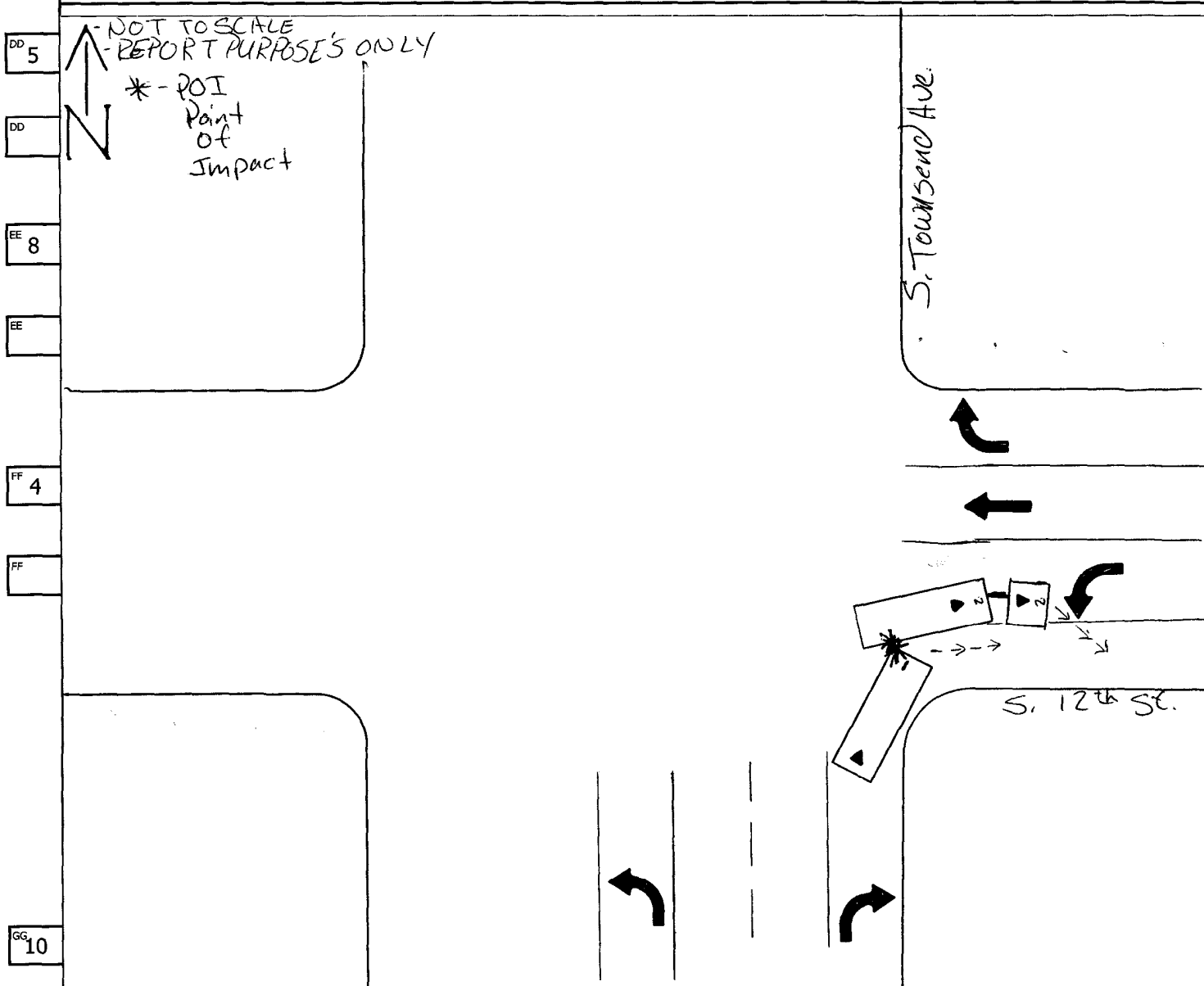
AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	CDOT Code Case # 09-011708	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	5 1											
B	Date of Accident 11 June 2009	City Montrose	Agency Montrose Police Department	County Montrose	County # 21											
B	Time (24 Hr.) 1140	Officer Number P19	Officer Name Pollert, Joshua	Signature 												
B	Number Killed 0	Number Injured 0	Location Route, Street, Road S. Townsend Ave.	Miles Feet	Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: At: S. 12th St.											
B	Date of Report 6/11/09	Latitude		Longitude												
B	Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number	Public Property/Employee <input type="checkbox"/>											
B	Traffic Unit # 1 or 1	<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.			Traffic Unit # 2 or 2											
B	Last Name McMahill	First Nickolis	MI D	Last Name Shea	First Terry											
B	Street Address 847 S. 8th St.	Personal Phone (970) 249-1603	Street Address 2332 Judson St.	Personal Phone (303) 517-8156	City Montrose											
B	City Montrose	State CO	ZIP 81401	Bus. Phone () -	City Longmont											
B	Driver License Number 92-152-6037	CDL CO	Sex M	DOB 02-06-47	Driver License Number 95-046-0745											
B	CDL CO	State CO	Sex M	DOB 02-07-48	CDL CO											
C	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Improper passing-Overtaking on the right															
C	Violation Code MTC 1004.1	Citation Number A116291	Common Code	Violation Code	Citation Number											
C	Year 1990	Make Cadillac	Model Dev.	Body Type SD	Year 2007											
C	Make Cadillac	Model Dev.	Body Type SD	Year 2007	Make Int.											
D	License Plate Number 674BGJ	State or Country CO/Montrose	Color White	License Plate Number 777DGS	State or Country CO											
D	Vehicle Identification Number 1G6CD533XL4215406	Vehicle Identification Number 2HSCNAPR27C364858	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same											
E	Address <input checked="" type="checkbox"/> Same	City	State	ZIP	Address <input checked="" type="checkbox"/> Same											
E	City	State	ZIP	City	State											
F	Towed Due to Damage <input type="checkbox"/> By:															
F	TO:															
F	Trailer VIN#															
F	Trailer VIN# 1PMA1432071032047															
F																
F	Undercarriage		Undercarriage													
F	1 - Slight 2 - Moderate 3 - Severe		1 - Slight 2 - Moderate 3 - Severe													
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Travelers Property Casualty Company of America			Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Great West Casualty Company												
G	Exp. Date 10/28/09			Exp. Date 11/3/10												
H	Policy Number 915738485 101 1															
H	Policy Number GWP58592A															
H	Owner Damaged Prop. Last Name	First	MI	Address	City											
H	Owner Damaged Prop. Last Name	First	MI	Address	City											
J	T.U. # POS. REST. ENDO. SAFETY EQUIP. AIR BAG EJECT SUSPECTED ALCO/DRUG INJ. SEV. AGE SEX NAME / ADDRESS															
J	1	1	00	00	00	1	A	00	B	00	00	00	00	62	M	Same As Above
J	1	3	00	00	00	1	A	00	B	00	00	00	00	61	F	Olivia McMahill/Same As Above
J	2	1	00	1	00	1	A	00	B	00	00	00	00	61	M	Same As Above
J	Approved By 															
J	I.D. # 1592															
J	Date 6-11-09															

AA 2	Case # 09-011708	DOR CODE	Accident Date 11 June 2009	Agency MPD
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Describe Accident
 AA Vehicle 1 (McMahon) was turning east onto the 300 block of S. 12th St. and was in the right turn lane. Vehicle 2 (Shea) was also making a right hand turn onto the 300 block of S. 12th St. Shea was in the right outside lane. Shea stated that he had to make a wide right turn due to him driving a semi-truck with trailer. Shea stated that he had his turn signal on when making the right turn.
 BB 4 McMahon stated that he saw that Shea's truck was in the middle of the intersection but did not see the turn signal. McMahon stated he observed Shea turn onto S. 12th St. McMahon stated he could not back up due to a vehicle behind him. He stated as Shea completed the turn, the back wheels collided into the left front corner of his vehicle. Shea stated that he couldn't see McMahon when he turned onto S. 12th St. While on scene I was contacted by Robert Younger (10/8/68), who provided me a witness statement. Younger stated he observed Shea in his side mirror, and saw McMahon's vehicle car make a right turn at the same time as Shea was turning onto S. 12th St.
 CC 3
 CC McMahon: MTC 1004.1 Improper Passing-Overtaking Vehicle on Right



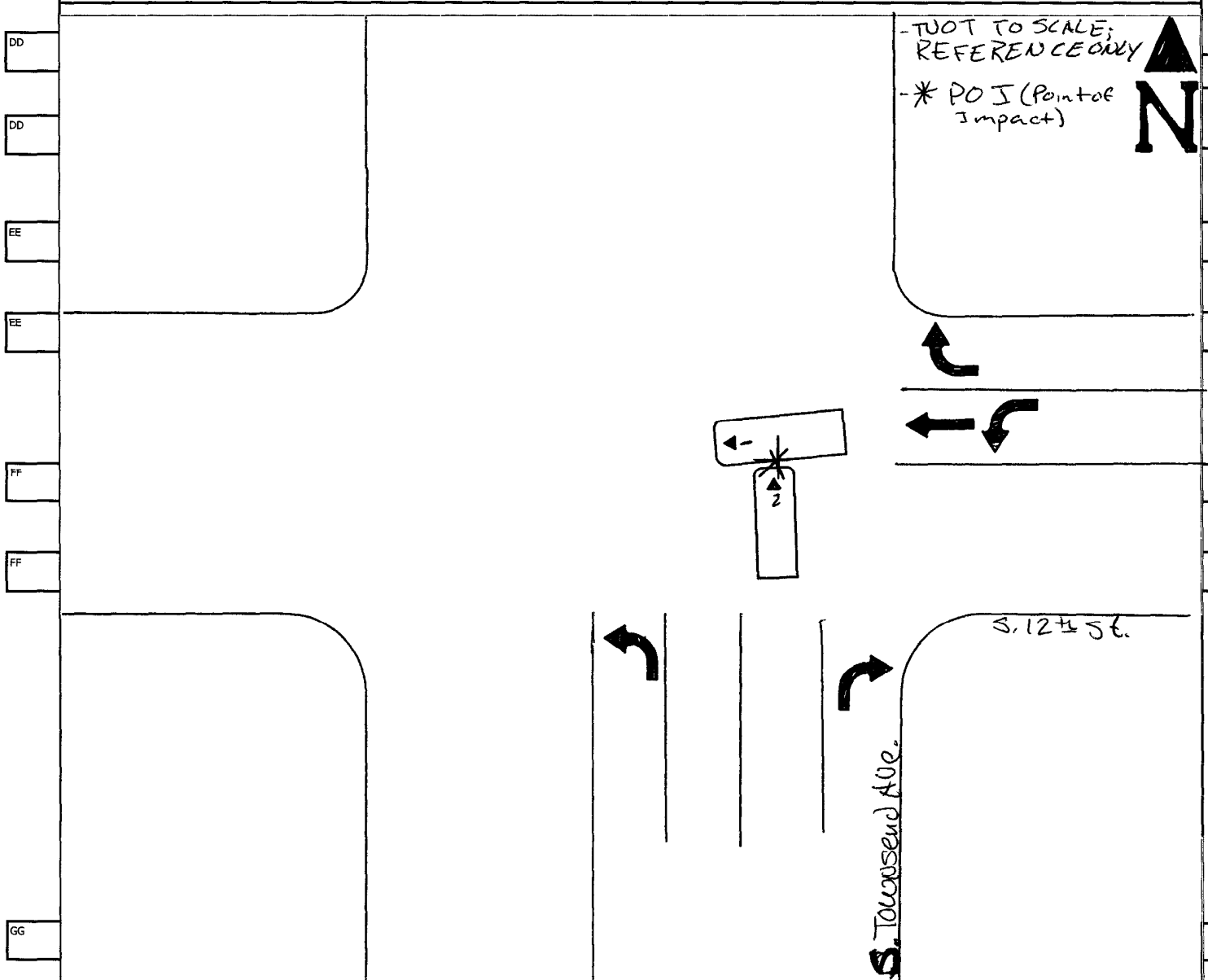
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GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

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AA	Case # 09-012507	DOR CODE	Accident Date 23 June 2009	Agency Montrose Police Department
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Describe Accident
 Vehicle 1 (Bowler) was traveling west when she attempted to make a left hand turn onto S Townsend Ave, at the intersection S Townsend Ave and S 12th St Vehicle 2 (Jokisch) was traveling in the right north bound in the 1200 block of S Townsend Ave Jokisch's vehicle collided with Bowler's vehicle as Bowler attempted to make the left hand turn onto S Townsend Ave Jokisch stated that the light was green for traffic traveling north bound on S Townsend Ave Bowler stated it was her fault and that she was unsure if the light was yellow or red I was provided a written statement from Montrose County Sheriffs Deputy Mayer who was traveling next to Jokisch in the left lane of travel when the accident occurred Mayer's stated that the north bound lane of traffic on S Townsend Ave had a solid green light Mayer stated he was able to avoid Bowler


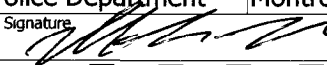
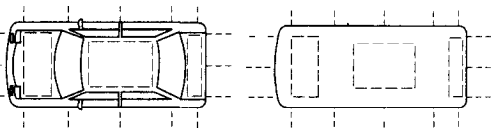
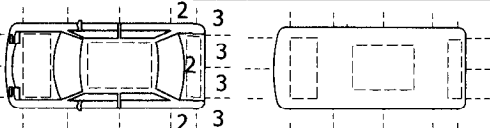
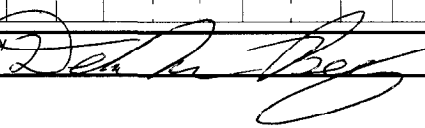
Bowler, MTC Violation of Steady Red Light



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	Address	Carrier Identification #		


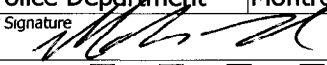
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

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

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	01	Case # 09-018575							01 ^K																																																																											
B	07	Date of Accident 09/25/2009	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																																														
	07	Time (24 Hr) 1044	Officer Number P22	Officer Name Mark Trimble	Signature 	Detail																																																																														
B	07	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet S 12th St		N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF At S Townsend Ave		05 ^L																																																																												
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B	07	Last Name Anderson			First Beth	MI	Last Name Smith			First Regina	MI G	01 ^M																																																																								
	07	Street Address 1840 Nichols Way			Personal Phone (970) 249-8246		Street Address 2991 Pagosa St			Personal Phone (479) 879-4755		35 ^N																																																																								
C	03	City Montrose	State CO	ZIP 81401	Bus Phone () -	City Springdale	State AR	ZIP 72764	Bus Phone () -	35 ^N																																																																										
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J	00	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm	Exp Date 11/02/2009	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm		Exp Date 05/08/2010						00 ^S																																																																								
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Approved By 											ID # 10939	Date 9/25/09																																																																								

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 2 OF 3 PAGES

A	CDOT Code		<input type="checkbox"/> INTERSTATE HWY		HWY NUMBER		DOR Code																													
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H	Owner Damaged Prop Last Name			First			MI			Address			City			State ZIP																				
	Owner Damaged Prop Last Name			First			MI			Address			City			State ZIP																				
J	T U #			POS			REST			ENDO			SAFETY EQUIP			AIR BAG			EJECT			SUSPECTED ALCO DRUG			INJ SEV			AGE			SEX			NAME / ADDRESS		
	3			01			03			00			B 01 A			00 00			00			00 00			00			19			F			Same as Above		
Approved By			ID #			Date																														

AA	Case # 09-018575	DOR CODE	Accident Date 09/25/2009	Agency Montrose Police Department	HH
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AA	Describe Accident Vehicle #3 was traveling southbound on S Townsend Avenue entering the construction zone in the 1200 block Vehicle #2 was traveling right behind vehicle #3 and vehicle #1 was behind vehicle #2 Vehicle #3 stepped on the brakes to stop as traffic in front came to a stop in the construction zone Vehicle #2 stepped on the brakes to stop as well Driver of vehicle #1 looked down for a quick second and then back up, but was unable to stop before colliding with vehicle #2 front to rear The impact of the hit sent vehicle #2 forward Vehicle #2 then collided with vehicle #3 front to rear				HH
BB					JJ
BB					JJ
CC					JJ
CC					KK

DD					KK
DD					KK
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	TU # Address	Carrier Identification #			NN
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	TU # Address	Carrier Identification #			NN

AA	Case # 09-019650	DOR CODE	Accident Date 10/14/09	Agency Montrose Police Department
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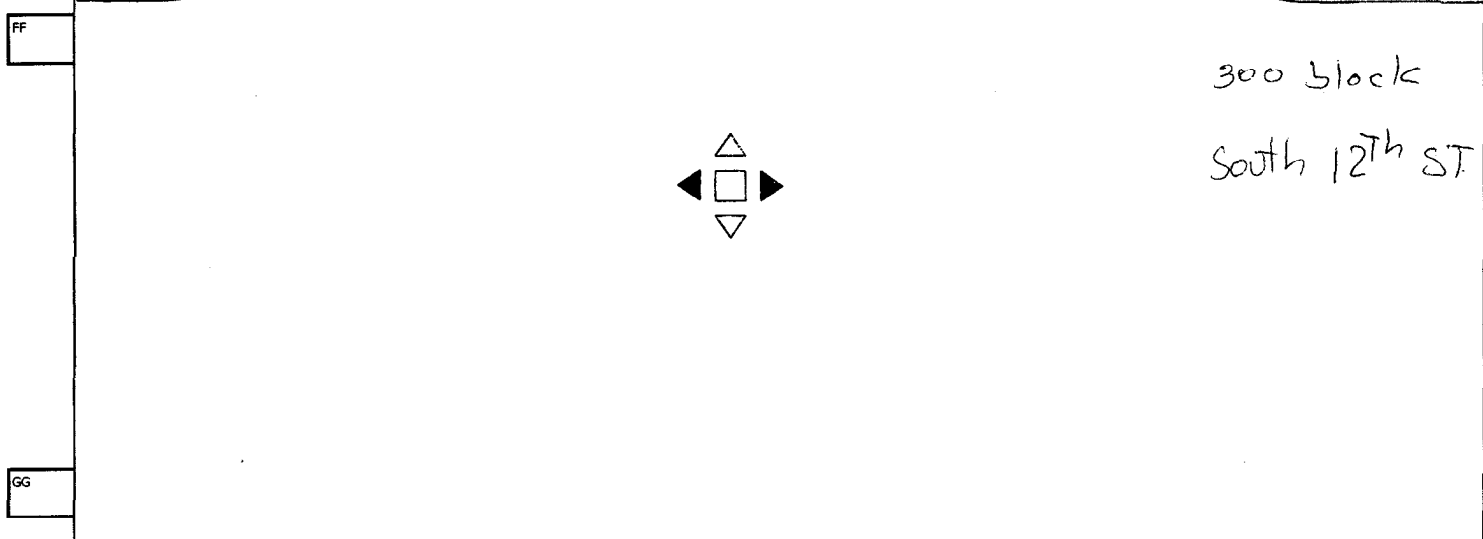
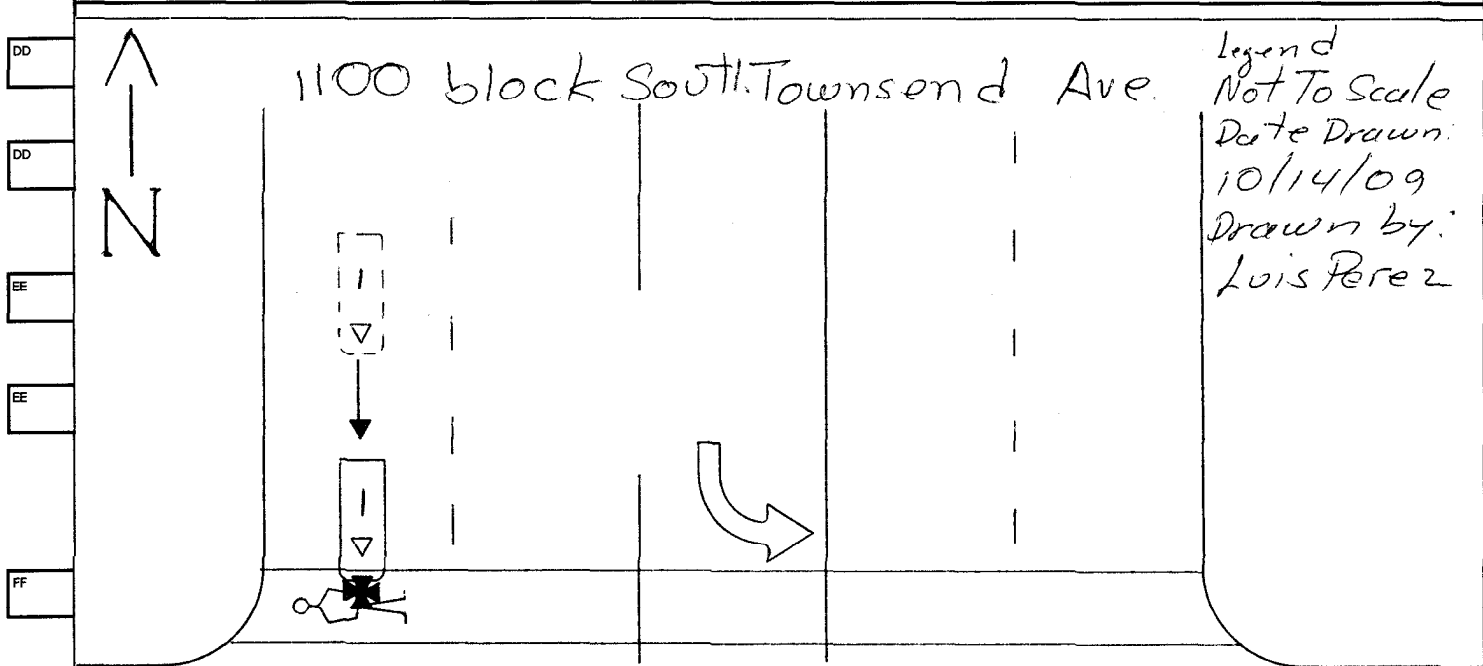
Describe Accident
 Vehicle # 1, (FOX), was stopped at the red light, at the intersection of the 1100 block of South Townsend Avenue and South 12th Street. FOX stated that the light for southbound traffic turned green and she continued traveling southbound in the 1100 block of South Townsend Avenue. She said that she never saw that the crossing guard (RAYNA VALENCIA) in the middle of the crosswalk because there was a red truck in the inside lane of traffic, which blocked her view. She stated that ASIA stepped in front of her vehicle and she struck her.

RAYNA VALENCIA (DOB 08/01/62), Crossing Guard for the Montrose County School District let school kids cross the crosswalk westbound on south Townsend Avenue. When VALENCIA let the kids cross the southbound/northbound light on South Townsend Avenue turned green.

ASIA BARRIENTOS crossed the intersection in the crosswalk and was struck by Vehicle # 1 as she got to the outside lane of traffic. BARRIENTOS was transported to the Montrose Memorial Hospital by EMS. Vehicle # 1 sustained no damage.

JANIS STRYKER (DOB 03/28/45), SHELLY MONTES (DOB 12/04/65), and SHIRAH STEWART (DOB 08/03/83), all of the m witnesses, stated that VALENCIA led the kids across South Townsend Avenue when the southbound/northbound light was green. They completed witness statements.



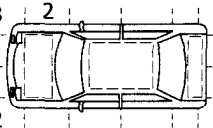

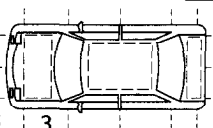


For more information see case number 09-019632.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. #	Carrier Identification #		
GG	Address			
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. #	Carrier Identification #		
GG	Address			

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

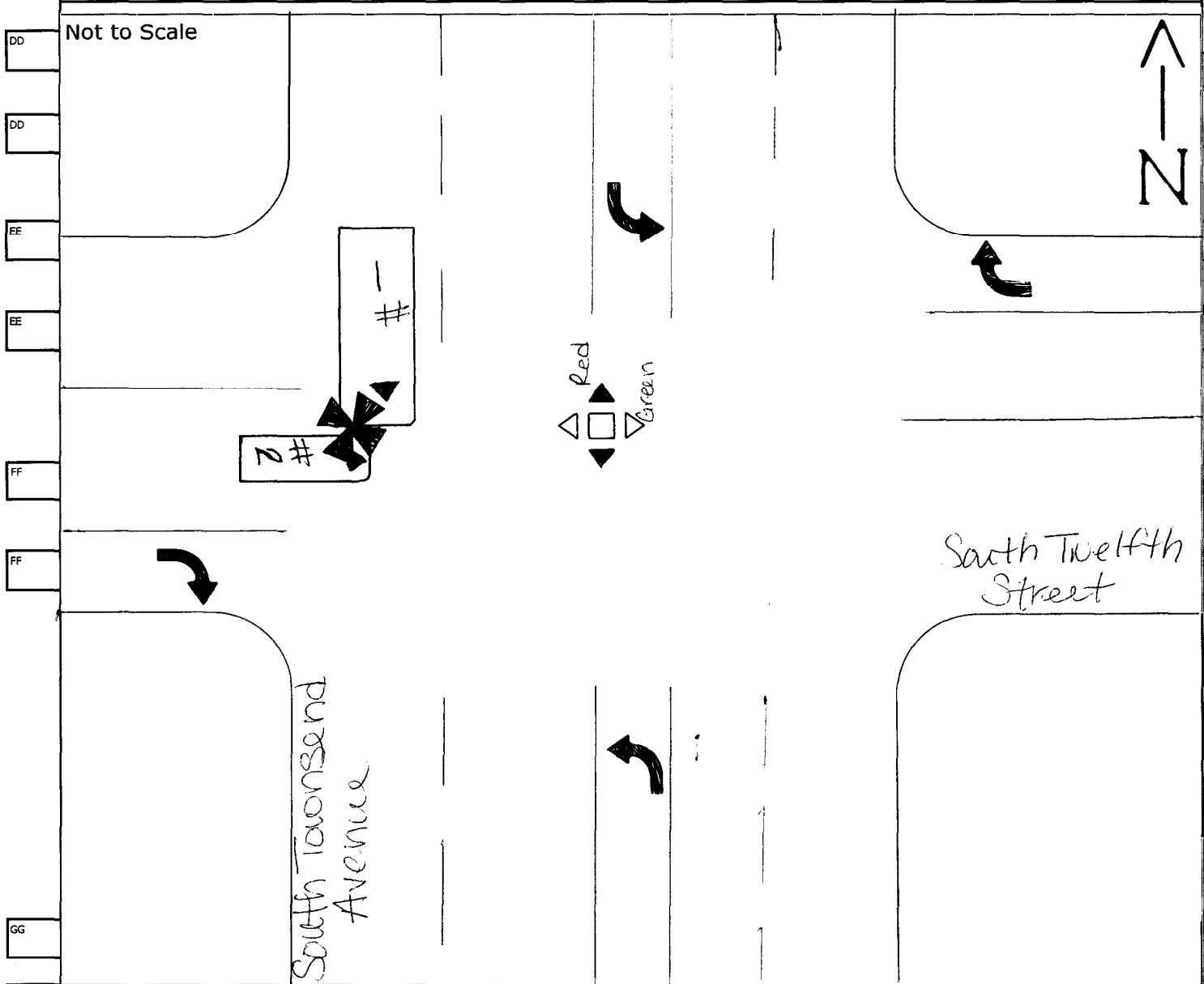
AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	01	CDOT Code Case # 10-000183	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 5 0 MILEPOINT [] [] [] [] []	DOR Code 	07 06																																																																															
		Date of Accident 01/05/10	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																																															
		Time (24 Hr.) 0751	Officer Number 14314	Officer Name Abby Leiba	Signature 	Detail Patrol																																																																															
B	08	Number Killed 0	Number Injured 4	Location Route, Street, Road South Townsend Avenue	Miles _____ Feet _____	N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: At: South Twelfth Street																																																																															
		Date of Report 01/05/10	Latitude _____	Longitude _____		05 03																																																																															
B	01	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	01 01																																																																									
B	08	Traffic Unit # 1 or 1	<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.	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.	Last Name Swygman	First Ryan	MI J	Last Name Waterman	First Bridgett	MI D	35 30																																																																									
		Street Address 3172 Ridge Road	Personal Phone (970) 209-2370	Street Address 3 Columbia Way	Personal Phone (970) 275-3633	City Delta	State CO	ZIP 81416	Bus. Phone () -	City Montrose	State CO	ZIP 81401	Bus. Phone () -																																																																								
		Driver License Number 971530630	CDL CO	Sex M	DOB 10/07/72	Driver License Number 982670252	CDL CO	Sex F	DOB 03/01/83																																																																												
C	03	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Violation of Steady Red Light	Violation Code MTC:604.1c	Citation Number A 117937	Common Code _____	Primary Violation <input type="checkbox"/> DUI <input type="checkbox"/> none	Violation Code _____	Citation Number _____	Common Code _____			35 5																																																																									
		Year 2006	Make GMC	Model Sierra	Body Type PK	Year 2003	Make Chevy	Model VTR	Body Type PV																																																																												
D	01	License Plate Number 622HZF	State or Country CO	Color Gray	License Plate Number 9790PH	State or Country CO	Color White					04 00																																																																									
		Vehicle Identification Number 1GTHK29G26E287300	Vehicle Identification Number 1GHDX03E53D298019			Vehicle Owner Last Name <input type="checkbox"/> Same US Bank NA/SOC DCS-DONR	First Wildlife	MI _____	Vehicle Owner Last Name <input type="checkbox"/> Same Ficklin	First Lorrie	MI _____																																																																										
E	01	Address <input type="checkbox"/> Same 2300 South Townsend Avenue	City Montrose	State CO	ZIP 81401	Address <input type="checkbox"/> Same 7366 6075 Road	City Olathe	State CO	ZIP 81425			04 00																																																																									
		Towed Due to Damage <input type="checkbox"/> By: D&G Towing (private tow) TO: 2300 South Townsend Avenue Montrose, CO 81401	Towed Due to Damage <input type="checkbox"/> By: D&G Towing (private tow) TO: D&G Towing's Lot																																																																																		
F	02	Trailer VIN# none			1 - Slight 2 - Moderate 3 - Severe	Trailer VIN# none			1 - Slight 2 - Moderate 3 - Severe																																																																												
G	01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State of Colorado	Exp. Date no exp	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof American Family Insurance	Exp. Date no exp							15 00																																																																									
H	01	Policy Number DRM-24301510	Policy Number 1913-1006-01-60-FPPA-CO			Owner Damaged Prop. Last Name _____	First _____	MI _____	Address _____	City _____	State _____	ZIP _____																																																																									
J	00	Owner Damaged Prop. Last Name _____	First _____	MI _____	Address _____	City _____	State _____	ZIP _____																																																																													
		<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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td>00</td> <td>37</td> <td>M</td> <td>Same as Vehicle #1</td> </tr> <tr> <td>02</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td>02</td> <td>26</td> <td>F</td> <td>Same as Vehicle #2</td> </tr> <tr> <td>02</td> <td>04</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td>02</td> <td>7</td> <td>M</td> <td>Dedrix Waterman (dob 07/11/02) same address as Vehicle #2</td> </tr> <tr> <td>02</td> <td>07</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td>02</td> <td>4</td> <td>F</td> <td>Dreeana Waterman (dob 08/09/05) same address as Vehicle #2</td> </tr> <tr> <td>02</td> <td>09</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>B 00</td> <td>00 00</td> <td>02</td> <td>5</td> <td>M</td> <td>Xzavier Waterman (dob 05/20/04) same address as Vehicle #2</td> </tr> </tbody> </table>	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS	01	01	00	00	B 01	A 01	B 00	00 00	00	37	M	Same as Vehicle #1	02	01	00	00	B 01	A 01	B 00	00 00	02	26	F	Same as Vehicle #2	02	04	00	00	B 01	A 01	B 00	00 00	02	7	M	Dedrix Waterman (dob 07/11/02) same address as Vehicle #2	02	07	00	00	B 01	A 01	B 00	00 00	02	4	F	Dreeana Waterman (dob 08/09/05) same address as Vehicle #2	02	09	00	00	B 01	A 01	B 00	00 00	02	5	M	Xzavier Waterman (dob 05/20/04) same address as Vehicle #2											00 00
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																																										
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		Approved By 	I.D. # 1598	Date 1-5-10																																																																																	

AA	Case # 10-000183	DOR CODE	Accident Date 01/05/10	Agency Montrose Police Department
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Describe Accident
 On January 5, 2009, at approximately 0751 hours, I was traveling westbound in the 300 block of South Twelfth Street. I observed the traffic control light turn green for west/east traffic on South Twelfth Street and red for south/north traffic on South Townsend Avenue. A school bus made a left hand turn onto South Twelfth Street from South Townsend Avenue and then the intersection was clear of any vehicles. Vehicle #2 was traveling eastbound on South Twelfth Street waiting for the intersection to clear. Once the intersection was clear, Vehicle #2 started to travel eastbound through the intersection. Vehicle #1 was traveling southbound on South Townsend Avenue. At that time, Vehicle #1 violated the steady red light and collided with Vehicle #2. Vehicle #1 hit Vehicle #2's front driver's side tire and wheel well. This caused moderate to severe damage to both vehicles.


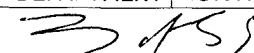
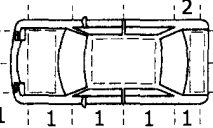
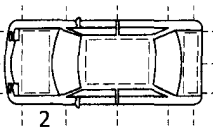
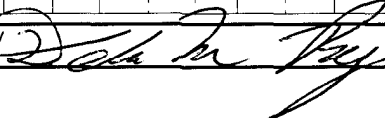
I contacted both drivers. RYAN SWYGMAN stated he was okay and was already out of his vehicle. BRIDGETT WATERMAN stated her son, DEDRIX WATERMAN, and her both hit their heads during the collision. Montrose Ambulance responded and transported BRIDGETT, DEDRIX, DREANA WATERMAN, and XZAVIER WATERMAN to Montrose Memorial Hospital. D&G Towing responded and towed both vehicles.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	Case # 10-008456	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 5 0 MILEPOINT [] [] [] [] []	DOR Code 	09 07
	Date of Accident 05/24/2010	City MONTROSE	Agency MONTROSE POLICE DEPARTMENT	County MONTROSE	County # 21
	Time (24 Hr.) 0917	Officer Number 11049	Officer Name LENNY ABEYTA	Signature 	Detail PATROL
B	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet S. TOWNSEND AVE	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: At: S. 12TH ST.	07 05
B	Date of Report 5/24/10	Agency Code [] [] [] [] [] []	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number [] [] [] [] [] []
	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input checked="" type="checkbox"/>
	Bridge Related <input type="checkbox"/>	Traffic Unit # 1 or <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.	Traffic Unit # 2 or <input 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.		05 01
B	Last Name FERGUSON	First PHYLLIS	MI [] [] []	Last Name RISHER JR.	First JIMMY
	Street Address 620 S. 12TH ST. #8	Personal Phone (970) 275-8229	Street Address 65598 SOLAR RD.	Personal Phone (970) 249-1306	
	City MONTROSE	State CO	ZIP 81401	Bus. Phone () -	City MONTROSE
	State CO	ZIP 81401	Bus. Phone () -	City MONTROSE	State CO
	Driver License Number 941892422	CDL [] [] [] [] [] []	State CO	Sex F	DOB 03-13-1962
	Driver License Number 962250462	CDL [] [] [] [] [] []	State CO	Sex M	DOB 05/12/1981
C	Primary Violation <input type="checkbox"/> DUI VIOLATION OF A STEADY RED LIGHT	Violation Code MTC 604.1C	Citation Number A118553	Common Code [] [] [] [] [] []	35 35
	Year 2000	Make CHEVROLET	Model BLAZER	Body Type UP	
	Year 2003	Make DODGE	Model 3500	Body Type PK	20 20
D	License Plate Number 352 LPM	State or Country CO	Color BLUE	License Plate Number 693 FIA	State or Country CO
	Color MAROON	Vehicle Identification Number 1GNCT18W5YK284722	Vehicle Identification Number 3D7LU38C23G791820		
	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First [] [] [] [] [] []	MI [] [] []	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same	First [] [] [] [] [] []
	MI [] [] []	Address <input checked="" type="checkbox"/> Same	City [] [] [] [] [] []	State [] [] [] [] [] []	ZIP [] [] [] [] [] []
E	Address <input checked="" type="checkbox"/> Same	City [] [] [] [] [] []	State [] [] [] [] [] []	ZIP [] [] [] [] [] []	05 00
F	Towed Due to Damage <input type="checkbox"/> By: TO:	Towed Due to Damage <input type="checkbox"/> By: TO:			1 - Slight 2 - Moderate 3 - Severe
	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	Undercarriage 1 - Slight 2 - Moderate 3 - Severe	
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof FARMERS INSURANCE	Exp. Date 09/09/2010	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof NATIONAL FARMERS	Exp. Date 05/27/2011	00 00
H	Policy Number 186534404	Policy Number 1PA0557973			00 00
J	Owner Damaged Prop. Last Name [] [] [] [] [] []	First [] [] [] [] [] []	MI [] [] []	Address [] [] [] [] [] []	City [] [] [] [] [] []
	State [] [] [] [] [] []	ZIP [] [] [] [] [] []	Owner Damaged Prop. Last Name [] [] [] [] [] []	First [] [] [] [] [] []	MI [] [] []
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	State [] [] [] [] [] []	ZIP [] [] [] [] [] []			
	T.U. # 1	POS. 1	REST. 00	ENDO. 00	SAFETY EQUIP. B 01
	AIR BAG A 01	EJECT B 00	SUSPECTED ALCO 00	INJ. SEV. 00	AGE 48
	SEX F	NAME / ADDRESS SAME AS ABOVE			00 00
	T.U. # 2	POS. 1	REST. 00	ENDO. 00	SAFETY EQUIP. B 01
	AIR BAG A 01	EJECT B 00	SUSPECTED ALCO 00	INJ. SEV. 00	AGE 29
	SEX M	NAME / ADDRESS SAME AS ABOVE			00 00
	Approved By 	I.D. # 10939	Date 5-24-10		

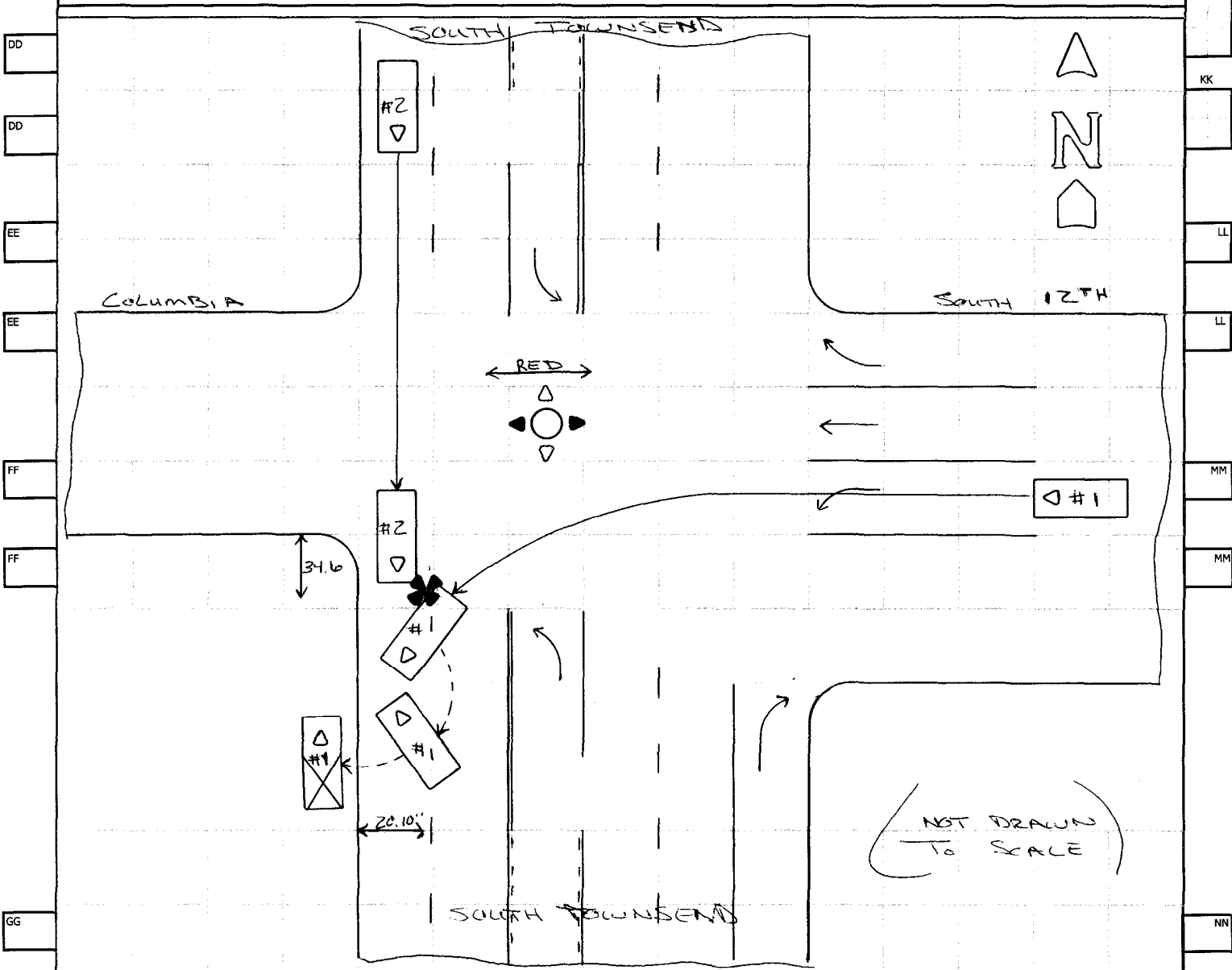
AA	Case # 10-008456	DOR CODE	Accident Date 05/24/2010	Agency MONTROSE POLICE DEPARTMENT
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Describe Accident
 Vehicle #2 was traveling southbound in the 1100 block of S. Townsend Ave. approaching the intersection of S. 12th St. Vehicle #2 began crossing the intersection with the green light. Vehicle #1 was facing westbound on S. 12th St. and began pulling out into the intersection against the red light. Vehicle #2 struck vehicle #1 on right rear of the vehicle, causing it to spin clockwise. Vehicle #1 hit the curb in the 1200 Block of S. Townsend Ave. causing the vehicle to role on to it's left side, coming to rest in the parking lot of Vectra Bank (1200 S. Townsend Ave.).

BB The driver of vehicle #1 (FERGUSON) refused medical attention at the scene.

CC There were no other injuries and airbags did not deploy.
 I issued FERGUSON a citation for violation of MTC 604.1c violation of steady redlight.



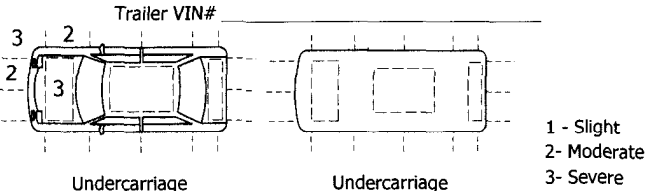
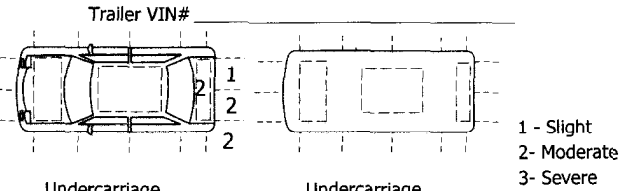
CC See diagram.



GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. #	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. #	Carrier Identification #		

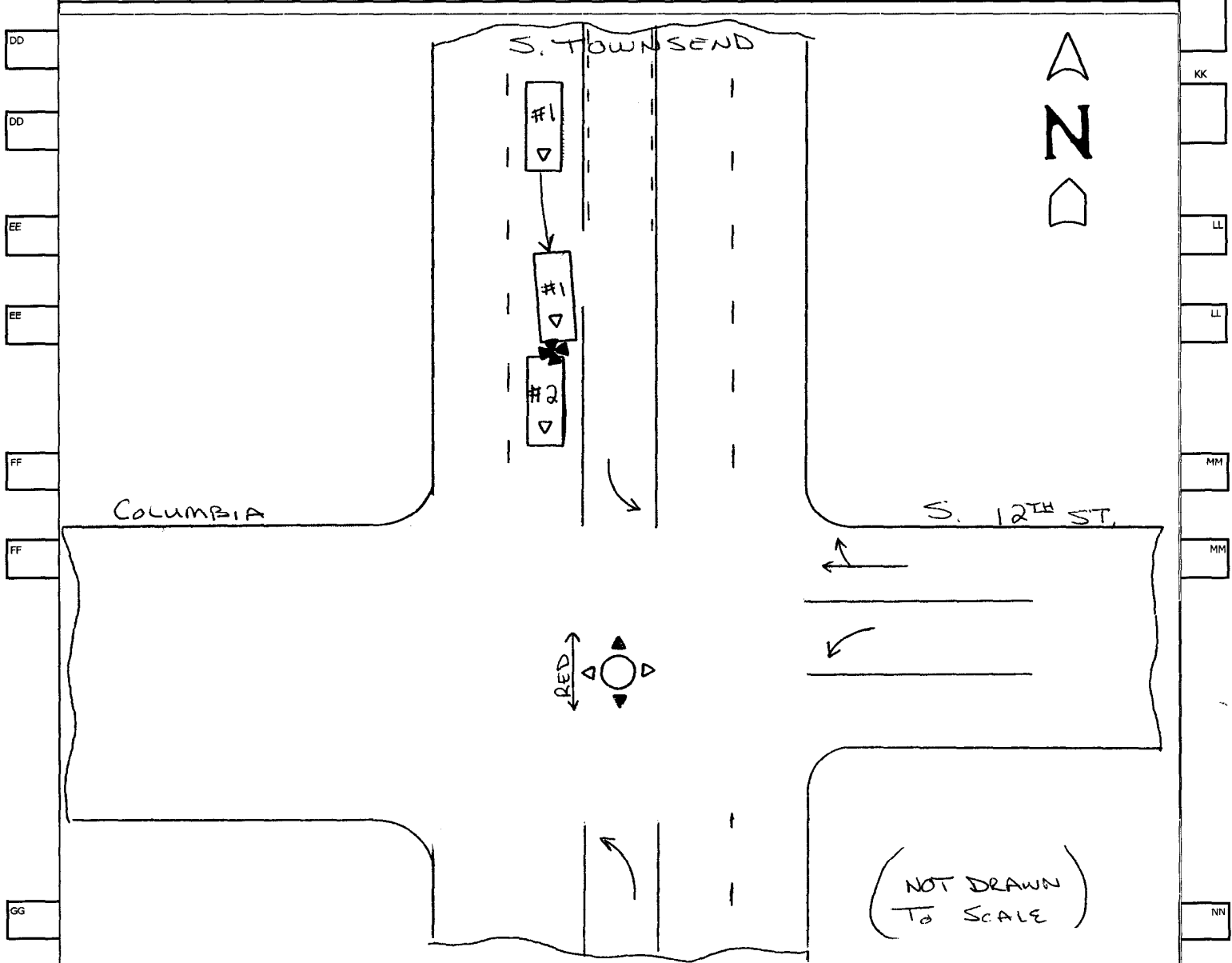
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	CDOT Code Case # 10-008887 Date of Accident 05-30-10	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 5 0 MILEPOINT [] [] [] [] []	DOR Code 	05 07																																																														
B	City MONTROSE Agency MONTROSE POLICE DEPT. County MONTROSE County # 21	Officer Number 5353 Officer Name KENNETH FARRINGTON Signature 	Time (24 Hr.) 1036 Number Killed 0 Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet ON S. TOWNSEND N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: <input checked="" type="checkbox"/> At: 12TH STREET	05 05																																																														
B	Agency Code _____ Investigated @ Scene <input type="checkbox"/> 2	Total Vehicles _____ District Number _____ Public Property/Employee <input type="checkbox"/>	Photos Taken _____ Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/> Highway Interchg. <input type="checkbox"/>	11 02																																																														
B	Traffic Unit # 1 or <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.	Traffic Unit # 2 or <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.	Last Name JONES First LANNY MI _____	Last Name NELSON First ERIC MI L	02																																																														
C	Street Address 1615 CHATAM DRIVE City MONTROSE State CO ZIP 81401 Driver License Number 06-152-0247 CDL _____ State CO Sex M DOB 09-11-90	Personal Phone () - _____ Bus. Phone () - _____	Street Address 63736 IDA RD City MONTROSE State CO ZIP 81401 Driver License Number 92-167-1575 CDL _____ State CO Sex M DOB 02-25-72	Personal Phone (970) 249-4689 Bus. Phone () - _____	N N																																																														
C	Primary Violation <input checked="" type="checkbox"/> DUI CARELESS DRIVING Violation Code 42-4-1402 (1) Citation Number _____ Common Code _____	Primary Violation <input type="checkbox"/> DUI Violation Code _____ Citation Number _____ Common Code _____	Year 1994 Make TOY Model CAM Body Type SD	Year 2007 Make CHE Model _____ Body Type PK	P P																																																														
D	License Plate Number 525UFJ State or Country CO Color TAN	License Plate Number 068BSY State or Country CO Color GRY	Vehicle Identification Number JT2SK12E4R0215100	Vehicle Identification Number 1GCHK29D17E170864	03																																																														
E	Vehicle Owner Last Name <input type="checkbox"/> Same MERZ Address <input type="checkbox"/> Same 1711 LEEDS AVE City MONTROSE State CO ZIP 81401	First JOHN MI _____	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same Address <input type="checkbox"/> Same City _____ State _____ ZIP _____	First _____ MI _____	01 17 00																																																														
F	Towed Due to Damage <input type="checkbox"/> By: TO:	Towed Due to Damage <input type="checkbox"/> By: TO:			02																																																														
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof CA CASUALTY Policy Number 5101208	Exp. Date 06-20-10	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof STATE FARM Policy Number 6082157-F04-06J	Exp. Date 06-20-10	01 10 00																																																														
H	Owner Damaged Prop. Last Name _____ First _____ MI _____	Address _____ City _____ State _____ ZIP _____	Owner Damaged Prop. Last Name _____ First _____ MI _____	Address _____ City _____ State _____ ZIP _____	01																																																														
J	<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>SAFETY EQUIP.</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ. SEV.</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01</td> <td>00</td> <td>00</td> <td>A 03</td> <td>A 01</td> <td>A 00</td> <td>01</td> <td>01</td> <td>00</td> <td>19</td> <td>M</td> <td>SAME AS DRIVER #1</td> </tr> <tr> <td>1</td> <td>03</td> <td></td> <td></td> <td>A 03</td> <td>A 01</td> <td>A 00</td> <td></td> <td></td> <td></td> <td>19</td> <td>F</td> <td>PARIS DICK 1455 MARINE RD #329 MONTROSE CO 81401</td> </tr> <tr> <td>1</td> <td>06</td> <td></td> <td></td> <td>E 01</td> <td>A 01</td> <td>A 00</td> <td></td> <td></td> <td></td> <td>18MO</td> <td>M</td> <td>SKLAR DICK 1455 MARINE RD #329 MONTROSE CO 81401</td> </tr> <tr> <td>2</td> <td>01</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 01</td> <td>A 00</td> <td>00</td> <td>00</td> <td>00</td> <td>38</td> <td>M</td> <td>SAME AS DRIVER #2</td> </tr> </tbody> </table>	T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	1	01	00	00	A 03	A 01	A 00	01	01	00	19	M	SAME AS DRIVER #1	1	03			A 03	A 01	A 00				19	F	PARIS DICK 1455 MARINE RD #329 MONTROSE CO 81401	1	06			E 01	A 01	A 00				18MO	M	SKLAR DICK 1455 MARINE RD #329 MONTROSE CO 81401	2	01	00	00	B 01	A 01	A 00	00	00	00	38	M	SAME AS DRIVER #2	00 00
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																							
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1	03			A 03	A 01	A 00				19	F	PARIS DICK 1455 MARINE RD #329 MONTROSE CO 81401																																																							
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2	01	00	00	B 01	A 01	A 00	00	00	00	38	M	SAME AS DRIVER #2																																																							
Approved By DBF I.D. # 00176 Date 5/30/10																																																																			

AA	Case # 10-008881	DOR CODE	Accident Date 05-30-10	Agency MONTROSE POLICE DEPARTMENT	HH
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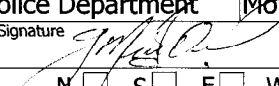
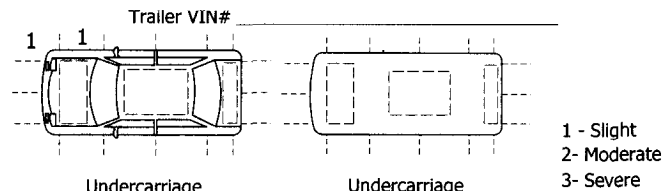
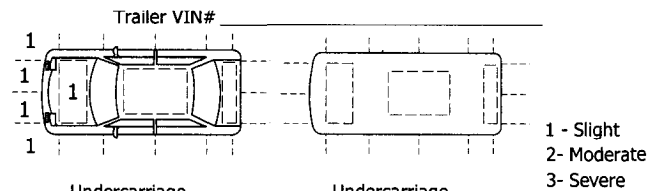
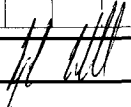
AA	Describe Accident Vehicle #1 was traveling southbound on South Townsend at South 12th Street in the inside lane. Vehicle #2 was traveling south bound in the inside lane of South Townsend at 12th street. Vehicle #2 began to stop for a red light on south townsend. Vehicle #1 was unable to stop for Vehicle #2 and collided front right corner to vehicle #2's left rear corner. Vehicle #1 then left the scene and was contacted in the 1400 block of Bristol Drive.				HH
BB					JJ
BB					JJ
CC					JJ
CC					JJ
CC					JJ



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
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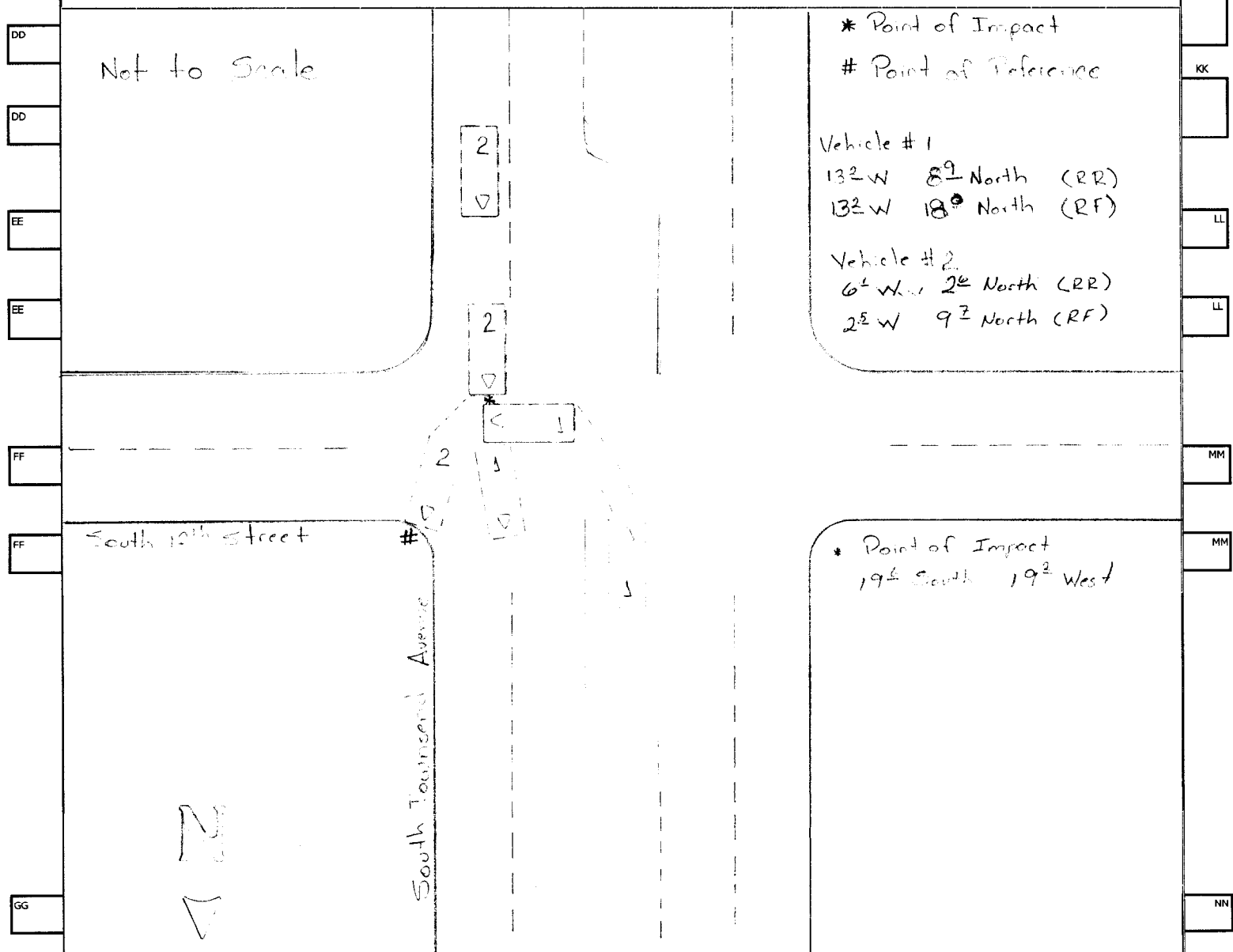
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code Case # 10-016034	<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	05 05																																																																														
B 08	Date of Accident 08-31-2010	City Montrose	Agency Montrose Police Department	County Montrose	03 01																																																																														
B 08	Time (24 Hr.) 1242	Officer Number 12529	Officer Name G. MENDOZA	Signature 	03 01																																																																														
B 08	Number Killed 0	Number Injured 3	Location Route, Street, Road _____ Miles _____ Feet South Townsend Avenue		03 01																																																																														
B 08	Date of Report 08-31-2010	Latitude _____ Longitude _____		At: South 12th Street	03 01																																																																														
B 08	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	05 01																																																																														
B 08	Traffic Unit # 1 or 1	<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.	Traffic Unit # 2 or 2	<input 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.	05 01																																																																														
B 08	Last Name BRADSHAW	First KORDELL	MI R	Last Name FELTER	35 35																																																																														
B 08	Street Address 1201 South Mesa Avenue	Personal Phone (970) 249-7628	Street Address 315 S. Valley	Personal Phone (620) 583-9398	35 35																																																																														
B 08	City Montrose	State CO	ZIP 81401	City Eureka	35 35																																																																														
B 08	Driver License Number 09-236-0698	CDL CO	Sex M	DOB 08-24-1993	35 35																																																																														
B 08	Driver License Number K02085638	CDL KS	Sex F	DOB 04-08-1963	35 35																																																																														
C 01	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Fail to yield Row turning left in front of approaching traffic			Primary Violation <input type="checkbox"/> DUI																																																																															
C 01	Violation Code MTC 702	Citation Number A119790	Common Code _____	Violation Code _____	P P																																																																														
C 01	Year 1998	Make Chrysler	Model Town and Country	Body Type PV	P P																																																																														
C 01	Year 2010	Make Ford	Model Fusion	Body Type 45	P P																																																																														
D 01	License Plate Number 515-RRJ	State or Country Colorado	Color Gray	License Plate Number 212-CQX	P P																																																																														
D 01	State or Country Colorado	Color Gray	License Plate Number 212-CQX	State or Country Kansas	P P																																																																														
D 01	Vehicle Identification Number 1C4GT64L3WB518596	Vehicle Identification Number 3FAHP0HG8AR249119																																																																																	
E 01	Vehicle Owner Last Name <input type="checkbox"/> Same BRADSHAW	First KEVIN	MI R	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same FELTER	03 00																																																																														
E 01	Address <input checked="" type="checkbox"/> Same Montrose	City Montrose	State CO	Address <input checked="" type="checkbox"/> Same Montrose	03 00																																																																														
E 01	City Montrose	State CO	ZIP 81401	City Montrose	03 00																																																																														
E 01	State CO	ZIP 81401	City Montrose	State CO	03 00																																																																														
F 02	Towed Due to Damage <input type="checkbox"/> By: _____ TO: _____			Towed Due to Damage <input type="checkbox"/> By: _____ TO: _____																																																																															
F 02																																																																																			
F 02	Undercarriage 1 - Slight 2 - Moderate 3 - Severe			Undercarriage 1 - Slight 2 - Moderate 3 - Severe																																																																															
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof Farmers Insurance	Exp. Date 10-03-2010	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance	Exp. Date 08-24-2011	00 00																																																																														
G 01	Policy Number 187737360	Policy Number 0768330-B24-16A																																																																																	
H 01	Owner Damaged Prop. Last Name BRADSHAW	First KEVIN	MI R	Address Montrose	00 00																																																																														
H 01	Owner Damaged Prop. Last Name FELTER	First DANIELLE	MI KS	Address Montrose	00 00																																																																														
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T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																																																								
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2	01	01	00	B 00	B 03	A 00	00 00	02	47	F	Same as Driver #2																																																																								
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J 00	Approved By 										00 00																																																																								
J 00	I.D. # 7698										00 00																																																																								
J 00	Date 9-1-10										00 00																																																																								

AA	Case # 10-016034	DOR CODE	Accident Date 08-31-2010	Agency Montrose Police Department	HH
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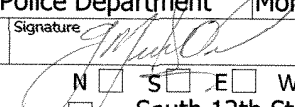
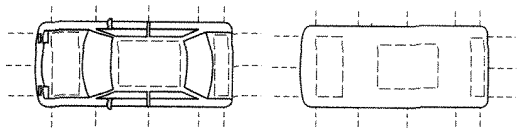
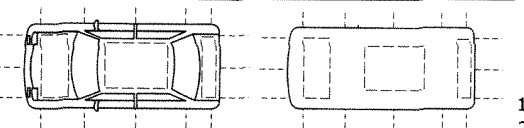

Describe Accident
 Vehicle #2 (FELTER) was traveling northbound approaching the intersection of South Townsend Avenue and South 12th Street when vehicle #1 pulled in front of it, hitting vehicle #1 on its front passenger corner. According to driver vehicle #2 (FELTER) they had a yellow light when they were going through the intersection and next thing they saw was vehicle #1 in front of them.
 Vehicle #1 driver (BRADSHAW) said he saw was at the above intersection waiting to make a left turn (eastbound). According to him he saw the yellow light and decided to go ahead and to drive eastbound on south 12th Street. At that point he saw two vehicles traveling northbound on South Townsend Avenue, and was hit by one of the vehicles.
 Passenger of vehicle #1 (KEVIN BRADSHAW), was complaining of chest pain and was transported to the hospital. Driver and passenger of vehicle #2 (GREG and KATHY FELTER) were also complaining of injuries and were transported to the hospital by Montrose Fire Department personnel.



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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

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Case # 10-016034	<input checked="" type="checkbox"/> STATE HWY		MILEPOINT						K					
Date of Accident 08-31-2010	City Montrose		Agency Montrose Police Department		County Montrose		County # 21							
Time (24 Hr.) 1242	Officer Number 12529	Officer Name G. MENDOZA		Signature 		Detail Patrol		L						
Number Killed 0	Number Injured 3	Location Route, Street, Road _____ Miles _____ Feet			N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:		L							
Date of Report 09-05-2010		South Townsend Avenue			<input type="checkbox"/> At: South 12th Street									
Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles	District Number	Public Property/Employee <input type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const. Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>	M			
Traffic Unit # 1 or	<input 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.				Traffic Unit # 2 or	<input 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.				M				
Last Name			First	MI	Last Name			First	MI	N				
Street Address			Personal Phone () - ()		Street Address			Personal Phone () - ()		N				
City		State	ZIP	Bus.Phone () - ()		City		State	ZIP	N				
Driver License Number		CDL	State	Sex	DOB	Driver License Number		CDL	State	Sex	DOB	N		
Primary Violation <input type="checkbox"/> DUI			Violation Code			Citation Number			Common Code			P		
Year	Make	Model		Body Type		Year	Make	Model		Body Type		P		
License Plate Number		State or Country		Color		License Plate Number		State or Country		Color		P		
Vehicle Identification Number						Vehicle Identification Number						Q		
Vehicle Owner Last Name <input type="checkbox"/> Same			First	MI	Vehicle Owner Last Name <input type="checkbox"/> Same			First	MI	Q				
Address <input type="checkbox"/> Same			City	State	ZIP	Address <input type="checkbox"/> Same			City	State	ZIP	Q		
Towed Due to Damage <input type="checkbox"/> By:						Towed Due to Damage <input type="checkbox"/> By:						Q		
TO:						TO:						Q		
Trailer VIN#						Trailer VIN#						R		
Undercarriage			Undercarriage			Undercarriage			Undercarriage			R		
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof				Exp. Date		Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof				Exp. Date		R		
Policy Number						Policy Number						R		
Owner Damaged Prop. Last Name			First	MI	Address			City	State	ZIP	S			
Owner Damaged Prop. Last Name			First	MI	Address			City	State	ZIP	S			
T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	S	
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Approved By 										ID. # 11933		Date 9/5/10		T

AA	Case # 10-016034	DOR CODE	Accident Date 09-25-2010	Agency Montrose Police Department	HH
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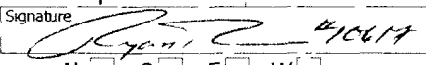
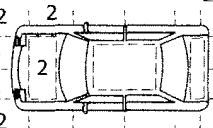
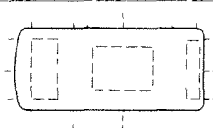
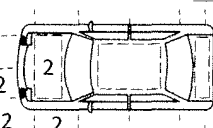
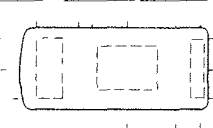
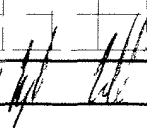
AA	Describe Accident On July 22, 2010 at unknown time, KEVIN BRADSHAW, and KEOKI MEDINA (DOB: 01-06-1992), stopped by the police department and delivered witness statements for the above case number. Please add the supplements to the report.				HH
BB					JJ
BB					JJ
CC					JJ
CC					KK

DD					KK
DD					KK
EE					LL
EE					LL
FF					MM
FF					MM
GG					NN

GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN
GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN

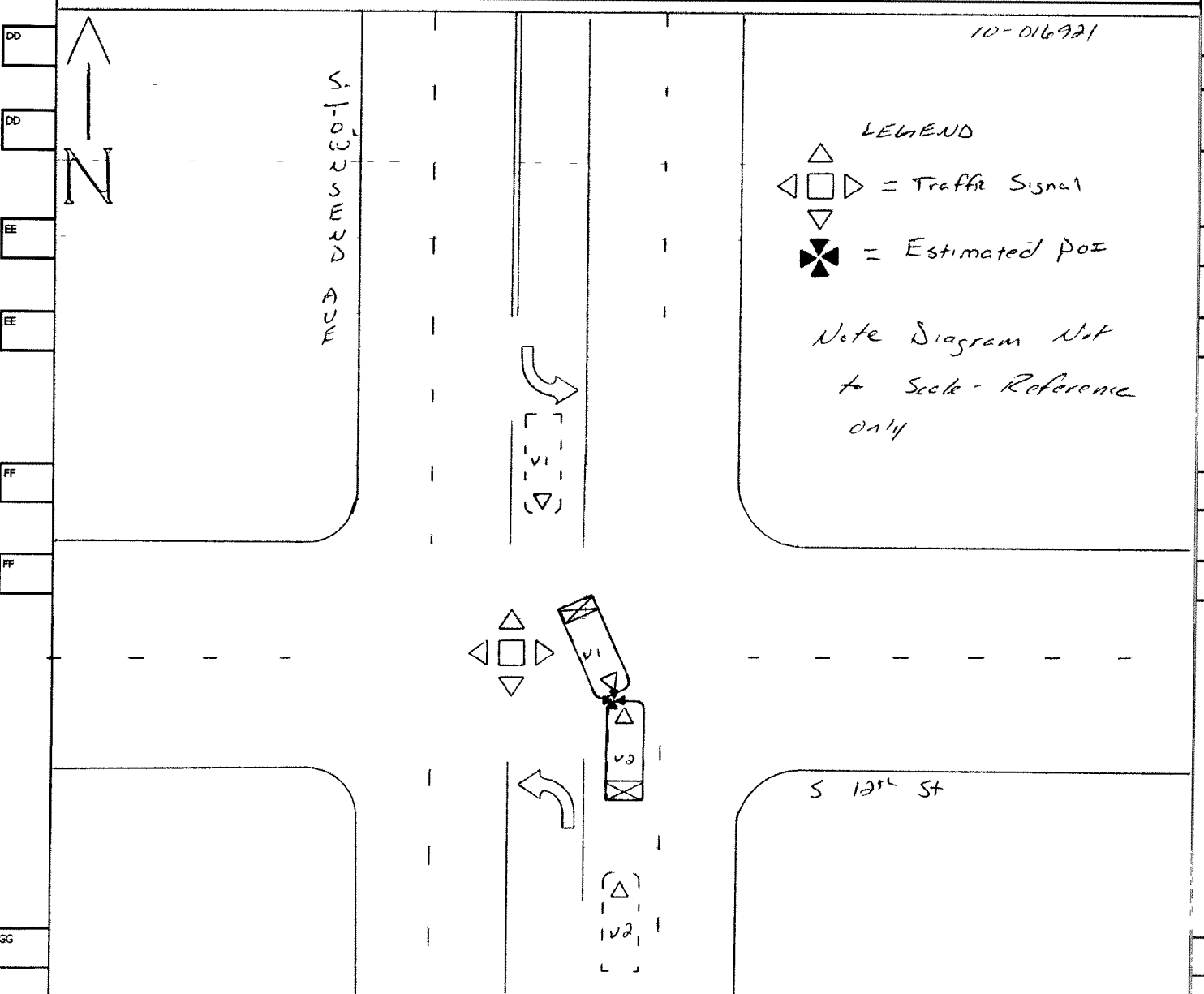
STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code <input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER 5 5 0 MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOR Code 	09 05																																																								
	Case # 10-016921	Date of Accident 09-13-10	City Montrose	Agency Montrose Police Department	County Montrose	County # 21																																																						
	Time (24 Hr) 1121	Officer Number 10617	Officer Name R Pierce	Signature 	Detail Patrol																																																							
B 06	Number Killed 0	Number Injured 0	Location Route, Street, Road S Townsend Avenue	Miles _____	Feet _____	Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF At S 12th Street																																																						
	Date of Report 9/13/10	Latitude _____	Longitude _____																																																									
B 06	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/> 2	Total Vehicles 2	District Number _____	Public Property/Employee <input type="checkbox"/> <input checked="" type="checkbox"/>	Photos Taken <input checked="" type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Const Zone Related <input type="checkbox"/>	Highway Interchg <input type="checkbox"/>	Bridge Related <input type="checkbox"/>																																																		
B 06	Traffic Unit # 1 or <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	Traffic Unit # 2 or <input 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	Last Name Jensen	First Carlton	MI W	Last Name Lodato	First Jennifer	MI K																																																				
	Street Address 2036 Princeton Way	Personal Phone (970) 252-8611	Street Address 63562 Lakeshore Drive	Personal Phone (970) 964-4865																																																								
	City Montrose	State CO	ZIP 81401	Bus Phone (970) 209-5293	City Montrose	State CO	ZIP 81403	Bus Phone (970) 901-9876																																																				
	Driver License Number 09-105-1044	CDL <input type="checkbox"/>	State CO	Sex M	DOB 10-15-93	Driver License Number 95-024-1238	CDL <input type="checkbox"/>	State CO	Sex _____	DOB _____																																																		
C 03	Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Failed to Yield ROW Turning Left in Front of Traffic	Primary Violation <input type="checkbox"/> DUI	Violation Code MTC 702	Citation Number A120187	Common Code _____	Violation Code _____	Citation Number _____	Common Code _____																																																				
	Year 1997	Make Nissan	Model Pathfinder	Body Type UP	Year 2004	Make Nissan	Model Quest	Body Type PV																																																				
	License Plate Number 930-VYD	State or Country CO	Color Maroon	License Plate Number 538-RRG-583RRG	State or Country CO	Color Maroon																																																						
D 01	Vehicle Identification Number JN8AR05Y6VW118491	Vehicle Identification Number 5N1BV28U34N345878																																																										
	Vehicle Owner Last Name <input type="checkbox"/> Same Jensen	First Kerwin	MI L	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same _____	First _____	MI _____																																																						
E 01	Address <input type="checkbox"/> Same 2036 Princeton Way	City Montrose	State CO	ZIP 81401	Address <input checked="" type="checkbox"/> Same _____	City _____	State _____	ZIP _____																																																				
	Towed Due to Damage <input type="checkbox"/> By D&G Towing TO Montrose High School Auto Shop (600 S Selig Ave)	Towed Due to Damage <input type="checkbox"/> By D&G Towing TO Kern's Auto Body (1755 Launa Dr, Montrose CO 81401)																																																										
F 02	Trailer VIN# 		1 - Slight 2 - Moderate 3 - Severe	Trailer VIN# 		1 - Slight 2 - Moderate 3 - Severe																																																						
	Undercarriage	Undercarriage		Undercarriage	Undercarriage																																																							
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance Company	Exp Date 01-15-11	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm Insurance Company	Exp Date 10-15-10																																																								
	Policy Number 186-8452-A15-06		Policy Number 0093173D1506F																																																									
H 01	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>TU #</th> <th>POS</th> <th>REST</th> <th>ENDO</th> <th>SAFETY EQUIP</th> <th>AIR BAG</th> <th>EJECT</th> <th>SUSPECTED ALCO</th> <th>DRUG</th> <th>INJ SEV</th> <th>AGE</th> <th>SEX</th> <th>NAME / ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 00</td> <td>B 00</td> <td>00</td> <td>00</td> <td>00</td> <td>17</td> <td>M</td> <td>Same as above</td> </tr> <tr> <td>2</td> <td>1</td> <td>00</td> <td>00</td> <td>B 01</td> <td>A 00</td> <td>B 00</td> <td>00</td> <td>00</td> <td>00</td> <td>37</td> <td>F</td> <td>Same as above</td> </tr> <tr> <td>2</td> <td>04</td> <td>--</td> <td>--</td> <td>E 01</td> <td>A 08</td> <td>B 00</td> <td>--</td> <td>--</td> <td>--</td> <td>3</td> <td>M</td> <td>Oliver Lodato, 63562 Lakeshore Drive, Montrose CO 81401</td> </tr> </tbody> </table>	TU #	POS	REST	ENDO	SAFETY EQUIP	AIR BAG	EJECT	SUSPECTED ALCO	DRUG	INJ SEV	AGE	SEX	NAME / ADDRESS	1	1	00	00	B 01	A 00	B 00	00	00	00	17	M	Same as above	2	1	00	00	B 01	A 00	B 00	00	00	00	37	F	Same as above	2	04	--	--	E 01	A 08	B 00	--	--	--	3	M	Oliver Lodato, 63562 Lakeshore Drive, Montrose CO 81401							
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2	04	--	--	E 01	A 08	B 00	--	--	--	3	M	Oliver Lodato, 63562 Lakeshore Drive, Montrose CO 81401																																																
	Approved By 	ID # 7098	Date 4 13 10																																																									

AA	Case # 10-016921	DOR CODE	Accident Date 09-13-10	Agency Montrose Police Department
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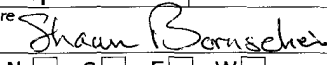
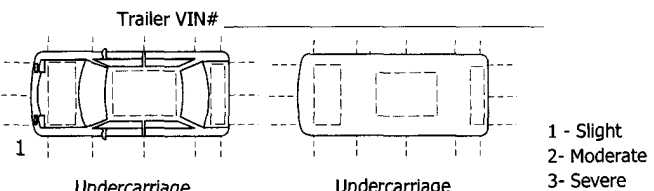
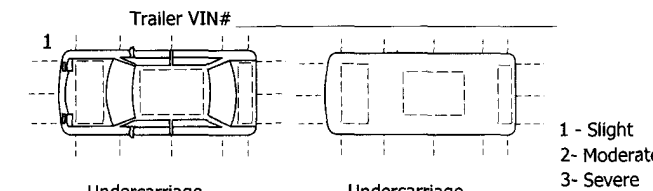
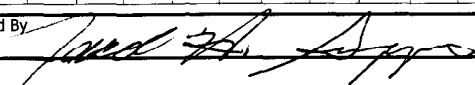
Describe Accident
 Vehicle #2 was northbound on South Townsend Avenue, in the inside lane of traffic, approaching the intersection of S 12th Street. Vehicle #2 was southbound on South Townsend Avenue, approaching the intersection of S 12th Street. The driver of Vehicle #1 entered the left turn lane in preparation to make a left hand turn (eastbound) onto S 12th Street. The Driver of Vehicle #1 (JENSEN) turned left in front of Vehicle #2 which was traveling straight through the intersection, failing to yield right of way. The front of Vehicle #1 struck the front left corner of Vehicle #2. Both drivers reported the light for north/southbound traffic had just turned from green to yellow as they entered the intersection. Both vehicles sustained moderate to severe damage, and both had to be towed from the scene. No injuries were reported and the air bags did not deploy. Vehicle #2 was moved prior to my arrival. No measurements were taken.



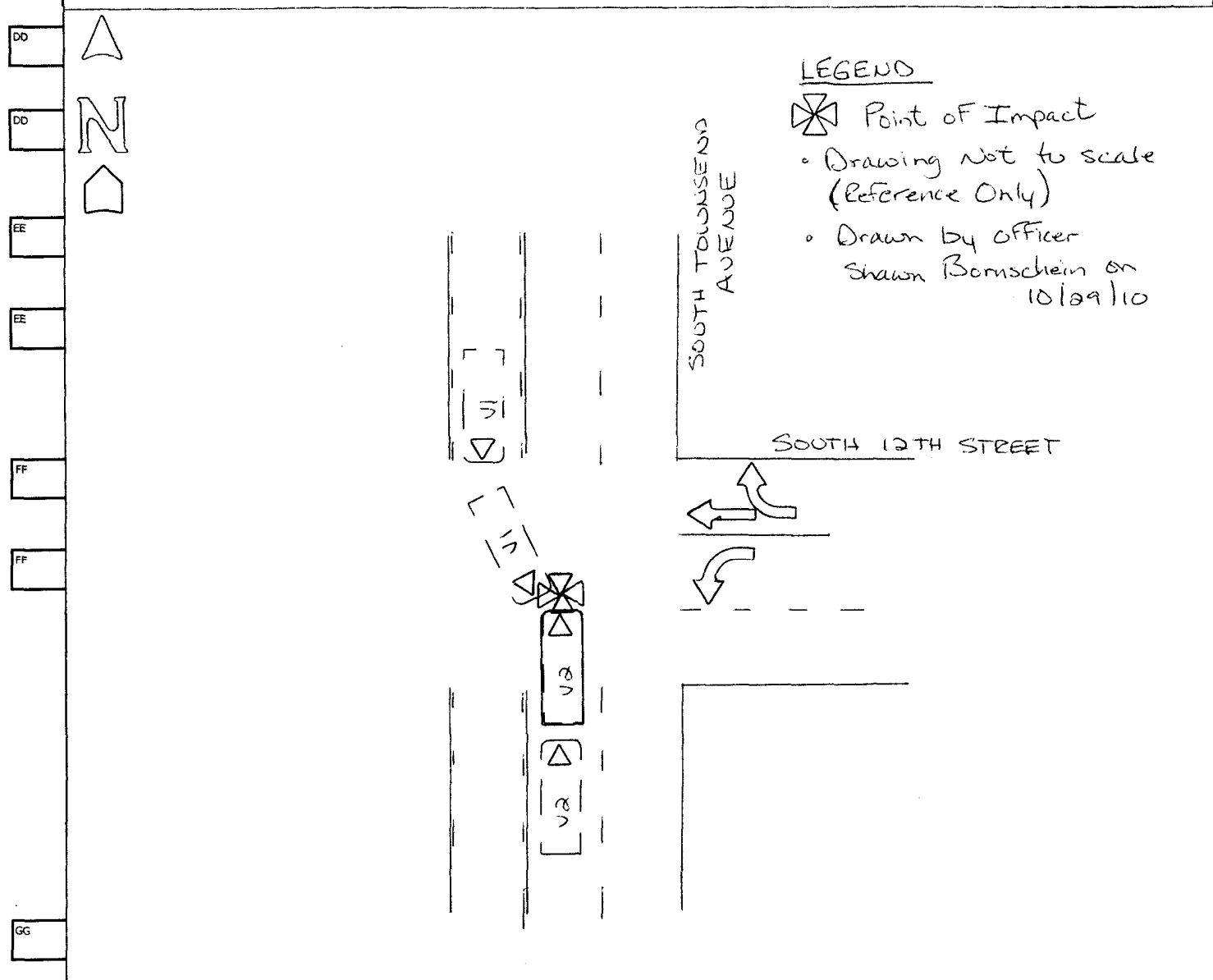
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GG	Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	Address	Carrier Identification #		

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A 01	CDOT Code Case # 10-019941	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER MILEPOINT	DOR Code 	05 09																																										
	Date of Accident 10/29/2010	City Montrose	Agency Montrose Police Department	County Montrose	04 01																																										
	Time (24 Hr.) 1118	Officer Number 13131	Officer Name Shawn Bornschein	Signature 	04 01																																										
B 06	Number Killed 0	Number Injured 0	Location Route, Street, Road _____ Miles _____ Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF: South 12th Street/South Townsend Ave. <input type="checkbox"/> At: _____ Latitude _____ Longitude _____			05 01																																									
B 06	Agency Code _____	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number _____	05 01																																										
B	Traffic Unit # 1 or 1	<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.		Traffic Unit # 2 or 2	01 01																																										
	Last Name Byers	First Naida	MI M	Last Name Sauers	01 01																																										
	Street Address 5432 6075 Road	Personal Phone (970) 323-5256	Street Address 1971 Jupiter Drive	Personal Phone (970) 596-8779	N N																																										
	City Olathe	State CO	ZIP 81425	City Montrose	N N																																										
	Driver License Number 92-033-0208	CDL CO	Sex F	DOB 07/08/1944	N N																																										
C 01	Primary Violation <input type="checkbox"/> DUI Failed to Yield ROW-Turning Left in Front of Approaching Traffic			Primary Violation <input type="checkbox"/> DUI Driving Under Suspension																																											
	Violation Code MTC 702	Citation Number A119965	Common Code _____	Violation Code CRS 42-2-138	P P																																										
	Year 2001	Make Ford	Model Escape	Body Type 4drsd	P P																																										
D 01	License Plate Number 476NHT	State or Country CO	Color White	License Plate Number 915RSG	P P																																										
	Vehicle Identification Number 3FAFP13P01R165168			Vehicle Identification Number 1GNDT13W3V2113930																																											
	Vehicle Owner Last Name <input checked="" type="checkbox"/> Same			Vehicle Owner Last Name <input checked="" type="checkbox"/> Same																																											
E 02	Address <input checked="" type="checkbox"/> Same			Address <input checked="" type="checkbox"/> Same																																											
F 02	Towed Due to Damage <input type="checkbox"/> By: _____ TO: _____			Towed Due to Damage <input type="checkbox"/> By: _____ TO: _____																																											
																																															
G 01	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof American Family Mutual Insurance CO.			Insurance Company <input type="checkbox"/> None <input checked="" type="checkbox"/> No Proof																																											
	Exp. Date 11/13/2010			Exp. Date _____																																											
H 01	Policy Number 0342-4495-01-62-FPPA-CO			Policy Number _____																																											
	Owner Damaged Prop. Last Name _____			Owner Damaged Prop. Last Name _____																																											
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T.U. #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT	SUSPECTED ALCO	INJ. SEV.	AGE	SEX	NAME / ADDRESS																																				
1	01	00	00	B 01	A 01	B 00	00 00	00	66	F	SAA																																				
2	01	02	00	B 01	A 01	B 00	00 00	00	39	F	SAA																																				
	Approved By: 										I.D. # 11933	Date 10-29-10																																			

AA	Case # 10-019941	DOR CODE	Accident Date 10/29/2010	Agency Montrose Police Department
AA	Describe Accident			
BB	Vehicle #2 (SAUERS) was traveling northbound near the intersection of South 12th Street and South Townsend Avenue (HWY 550 South). Vehicle #1 (BYERS) was traveling southbound in the above-listed area. Vehicle #1 began to make a left-hand turn from South Townsend Avenue onto South 12 Street through a yellow light; failing to yield the ROW-Turning Left in Front of Approaching Traffic. Vehicle #1's front bumper area collided with vehicle #2's front bumper area, causing slight damage to both vehicles. There were no reported injuries and no airbags deployed.			
CC	BYERS was issued Citation A119965 for violation of MTC 702-Failing to Yield ROW-Turn Left.			
CC	SAUERS was issued Citation A119967 for violation of CRS 42-2-138 Driving while License Suspended and CRS 42-4-1409 Owner Operated an Uninsured Motor Vehicle. SAUERS' vehicle was towed and impounded to the city impound lot for no insurance.			

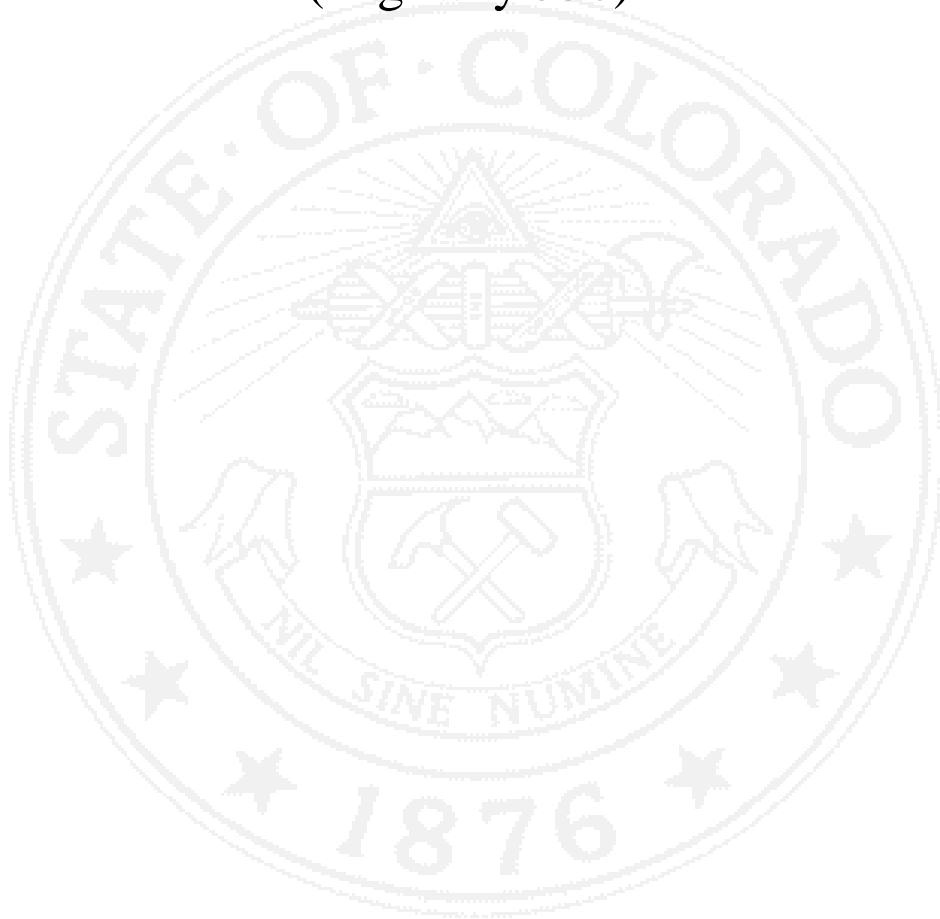


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GG	T.U. # Address	Carrier Identification #		
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>
GG	T.U. # Address	Carrier Identification #		

Exhibit 2

Traffic Volumes

Intersection of South 12th Street/Townsend Avenue
(Highway 550)





Traffic Information for Highway 550B

From RefPoint 128 To RefPoint 128



[Printable Report](#)

set to landscape

Route	Ref Point	End Ref Point	Start Point Description	Annual Average Daily Traffic	AADT Year	AADT Derivation	AADT Single Trucks	AADT Comb. Trucks	Percent Trucks	20 Year Factor	Design Hour Vol (% of AADT)	Daily Vehicle Miles Traveled
550B	128.243	128.418	ON SH 550, TOWNSEND AVE SE/O S 12TH ST, MONTROSE	25,400	2009	Factor	610	430	4.10%	1.42	10	4,521
550B	128.418	128.910	ON SH 550, TOWNSEND AVE NW/O S 12TH ST, MONTROSE	24,300	2009	Factor	580	410	4.10%	1.42	10	11,931

If you notice an error, bug or have any questions, Please [E-mail us](#).

For comments or questions about this site, please send e-mail to: [DTD](#)

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Hourly Multi-Channel Report: 07-S12TH/500BLK

Station ID : 07-S12TH/500BLK

Info Line 1 :

Info Line 2 :

GPS Lat/Lon :

DB File : 07-S12TH500BLK.DB

Last Connected Device Type : Unicorn

Version Number : 2.39

Serial Number : 54719

Number of Lanes : 2

Posted Speed Limit :

Lane Configuration

#	Dir.	Information	Volume Mode	Volume Sensors	Divide By 2	Comment
1.		EAST BOUND				
9.		WEST BOUND				

Hourly Multi-Channel Data From: 11:00 - 06/04/2007 To: 07:59 - 06/06/2007

Date	Time	#1	#9	Avg.	Total
06/04/07	11:00	216	230	223	446
Mon	12:00	245	279	262	524
	13:00	215	216	216	431
	14:00	238	199	219	437
	15:00	230	254	242	484
	16:00	267	261	264	528
	17:00	312	266	289	578
	18:00	254	215	235	469
	19:00	185	158	172	343
	20:00	155	125	140	280
	21:00	120	63	92	183
	22:00	75	46	61	121
	23:00	33	22	28	55
Day Total :		2545	2334	2443	4879
Percents :		52%	48%		

Lane	AM Total	AM Avg.	AM %	Peak AM	Peak %	PM Total	PM Avg.	PM %	Peak PM	Peak %
#1	216	216.0	8.5%	11:00 = 216	8.5%	2329	194.1	91.5%	17:00 = 312	12.3%
#9	230	230.0	9.9%	11:00 = 230	9.9%	2104	175.3	90.1%	12:00 = 279	12.0%
Comb.	446	446.0	9.1%	11:00 = 446	9.1%	4433	369.4	90.9%	17:00 = 578	11.8%

Date	Time	#1	#9	Avg.	Total
06/05/07	00:00	8	7	8	15
Tue	01:00	4	4	4	8
	02:00	3	3	3	6
	03:00	3	6	5	9
	04:00	8	26	17	34
	05:00	27	67	47	94
	06:00	61	130	96	191
	07:00	117	159	138	276
	08:00	132	213	173	345
	09:00	172	185	179	357
	10:00	168	208	188	376
	11:00	201	241	221	442
	12:00	225	265	245	490
	13:00	240	244	242	484
	14:00	210	212	211	422
	15:00	244	233	239	477
	16:00	293	290	292	583
	17:00	335	254	295	589
	18:00	248	184	216	432
	19:00	193	156	175	349
	20:00	172	142	157	314
	21:00	106	103	105	209
	22:00	66	44	55	110
	23:00	32	18	25	50
Day Total :		3268	3394	3336	6662
Percents :		49%	51%		

Lane	AM Total	AM Avg.	AM %	Peak AM	Peak %	PM Total	PM Avg.	PM %	Peak PM	Peak %
#1	904	75.3	27.7%	11:00 = 201	6.2%	2364	197.0	72.3%	17:00 = 335	10.3%
#9	1249	104.1	36.8%	11:00 = 241	7.1%	2145	178.8	63.2%	16:00 = 290	8.5%
Comb.	2153	179.4	32.3%	11:00 = 442	6.6%	4509	375.8	67.7%	17:00 = 589	8.8%

Date	Time	#1	#9	Avg.	Total
06/06/07	00:00	11	15	13	26
Wed	01:00	14	6	10	20
	02:00	5	2	4	7
	03:00	3	11	7	14
	04:00	6	15	11	21
	05:00	19	80	50	99
	06:00	69	116	93	185
	07:00	88	150	119	238
Day Total :		215	395	307	610
Percents :		35%	65%		

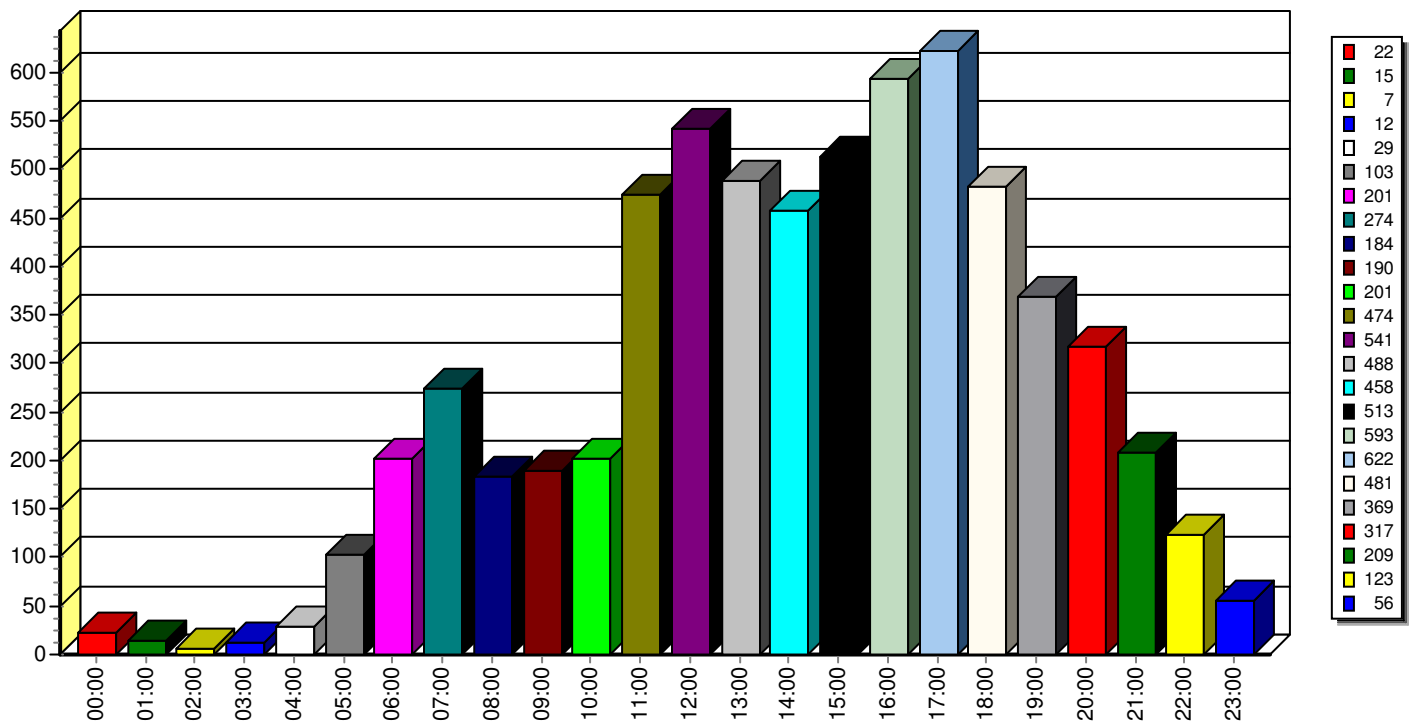
Lane	AM Total	AM Avg.	AM %	Peak AM	Peak %	PM Total	PM Avg.	PM %	Peak PM	Peak %
#1	215	26.9	100.0%	07:00 = 88	40.9%					
#9	395	49.4	100.0%	07:00 = 150	38.0%					
Comb.	610	76.3	100.0%	07:00 = 238	39.0%					

Hourly Multi-Channel Summary: 07-S12TH/500BLK

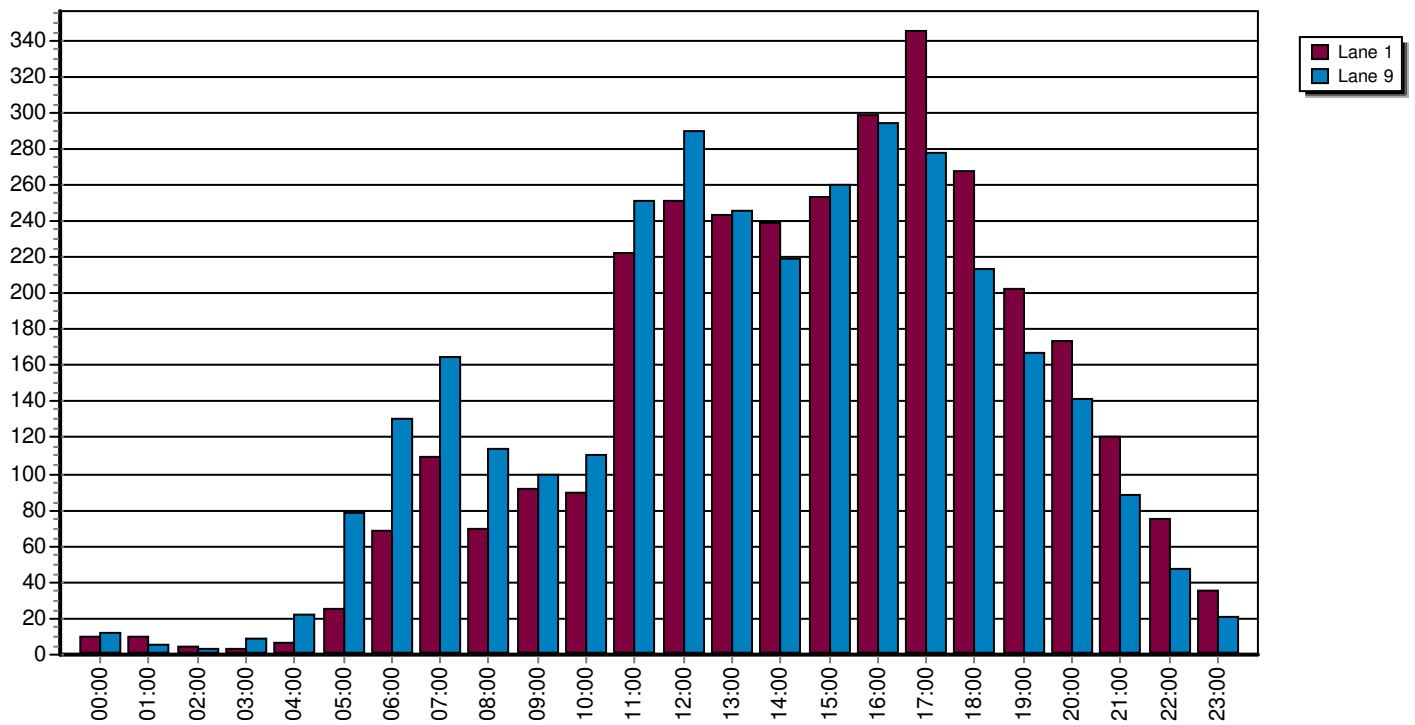
Date	Time	#1	#9	Avg.	Total
06/04/07	00:00	19	22	21	41
Mon	01:00	18	10	14	28
	02:00	8	5	7	13
	03:00	6	17	12	23
	04:00	14	41	28	55
	05:00	46	147	97	193
	06:00	130	246	188	376
	07:00	205	309	257	514
	08:00	132	213	173	345
	09:00	172	185	179	357
	10:00	168	208	188	376
	11:00	417	471	444	888
	12:00	470	544	507	1014
	13:00	455	460	458	915
	14:00	448	411	430	859
	15:00	474	487	481	961
	16:00	560	551	556	1111
	17:00	647	520	584	1167
	18:00	502	399	451	901
	19:00	378	314	346	692
	20:00	327	267	297	594
	21:00	226	166	196	392
Wed	22:00	141	90	116	231
06/06/07	23:00	65	40	53	105
Grand Total :		6028	6123	6083	12151
Percents :		50%	50%		

Lane	AM Total	AM Avg.	AM %	Peak AM	Peak %	PM Total	PM Avg.	PM %	Peak PM	Peak %
#1	1335	63.6	22.1%	11:00 = 417	6.9%	4693	195.5	77.9%	17:00 = 647	10.7%
#9	1874	89.2	30.6%	11:00 = 471	7.7%	4249	177.0	69.4%	16:00 = 551	9.0%
Comb.	3209	152.8	26.4%	11:00 = 888	7.3%	8942	372.6	73.6%	17:00 = 1167	9.6%

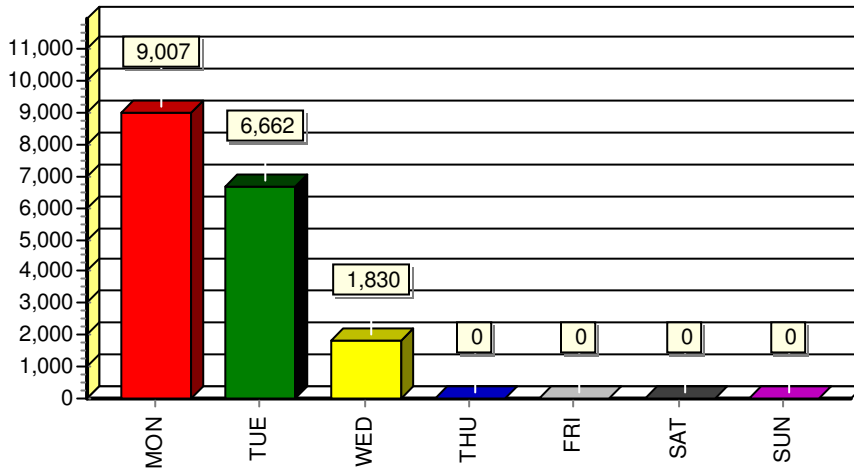
ADT Volume vs. Time (all lanes combined)



ADT Volume vs. Time (lane comparison)



ADT By Day of Week (all lanes)



DAY	ADT	TOTAL	# DAYS
Mon	9007	4879	0.5
Tue	6662	6662	1.0
Wed	1830	610	0.3
Thu	-	-	-
Fri	-	-	-
Sat	-	-	-
Sun	-	-	-

Percent of Totals by Day of Week

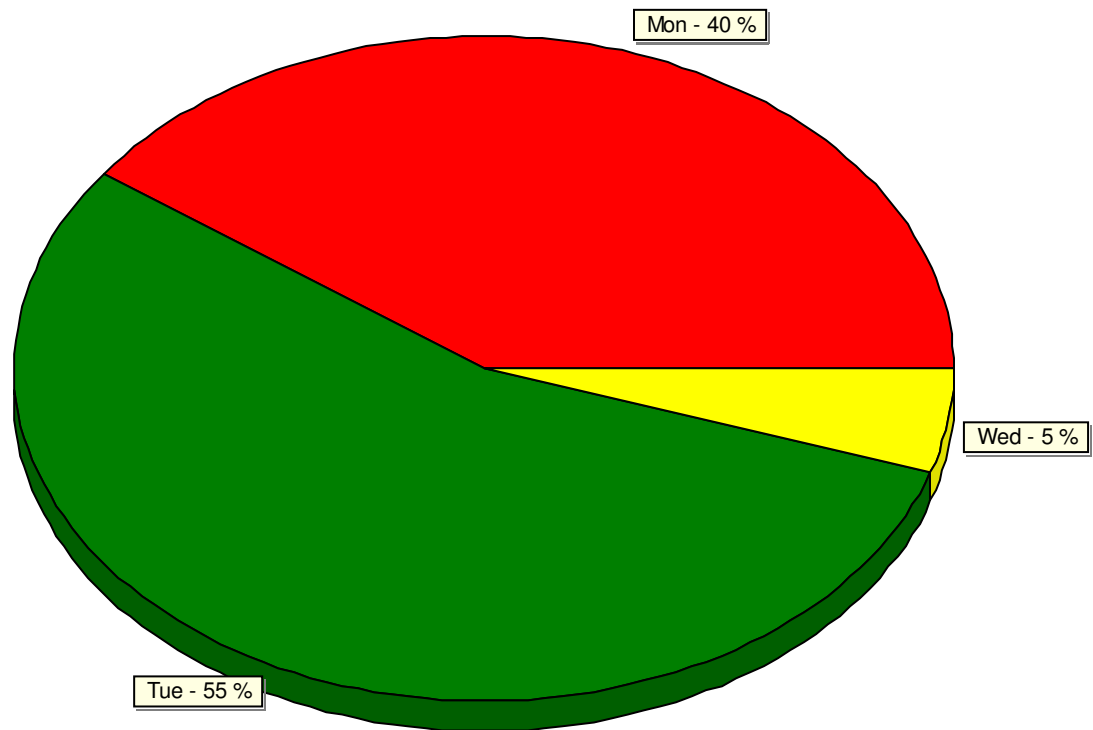
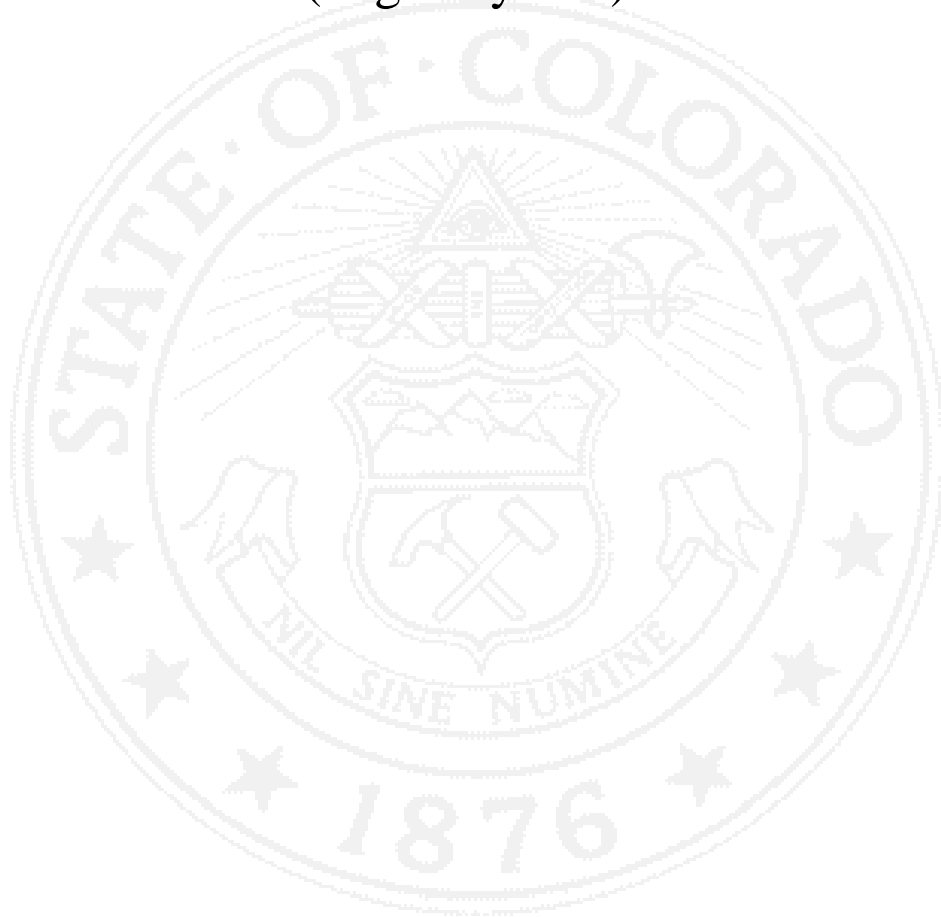
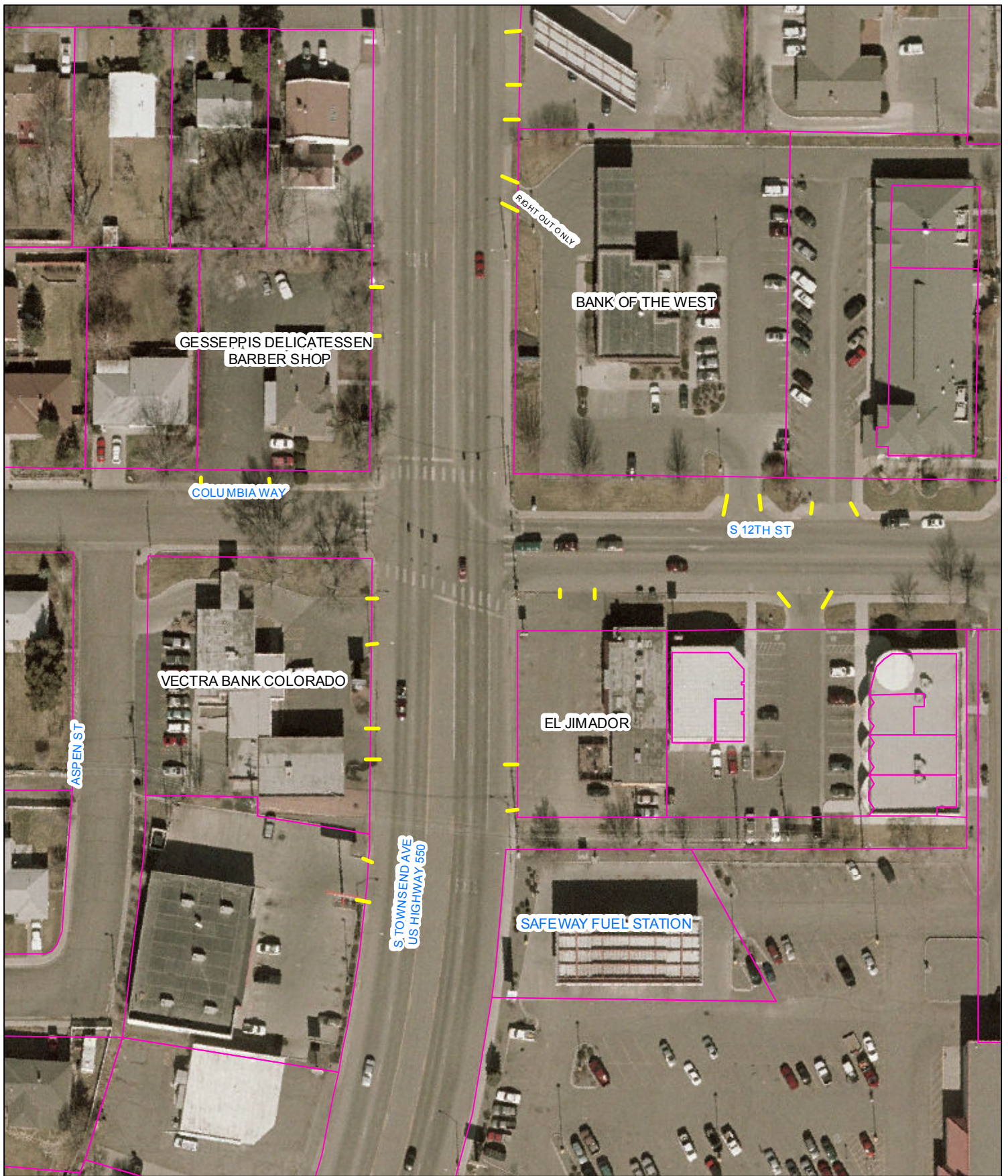


Exhibit 3

Aerial Photo/Right-of-Way Map

Intersection of South 12th Street/Townsend Avenue
(Highway 550)



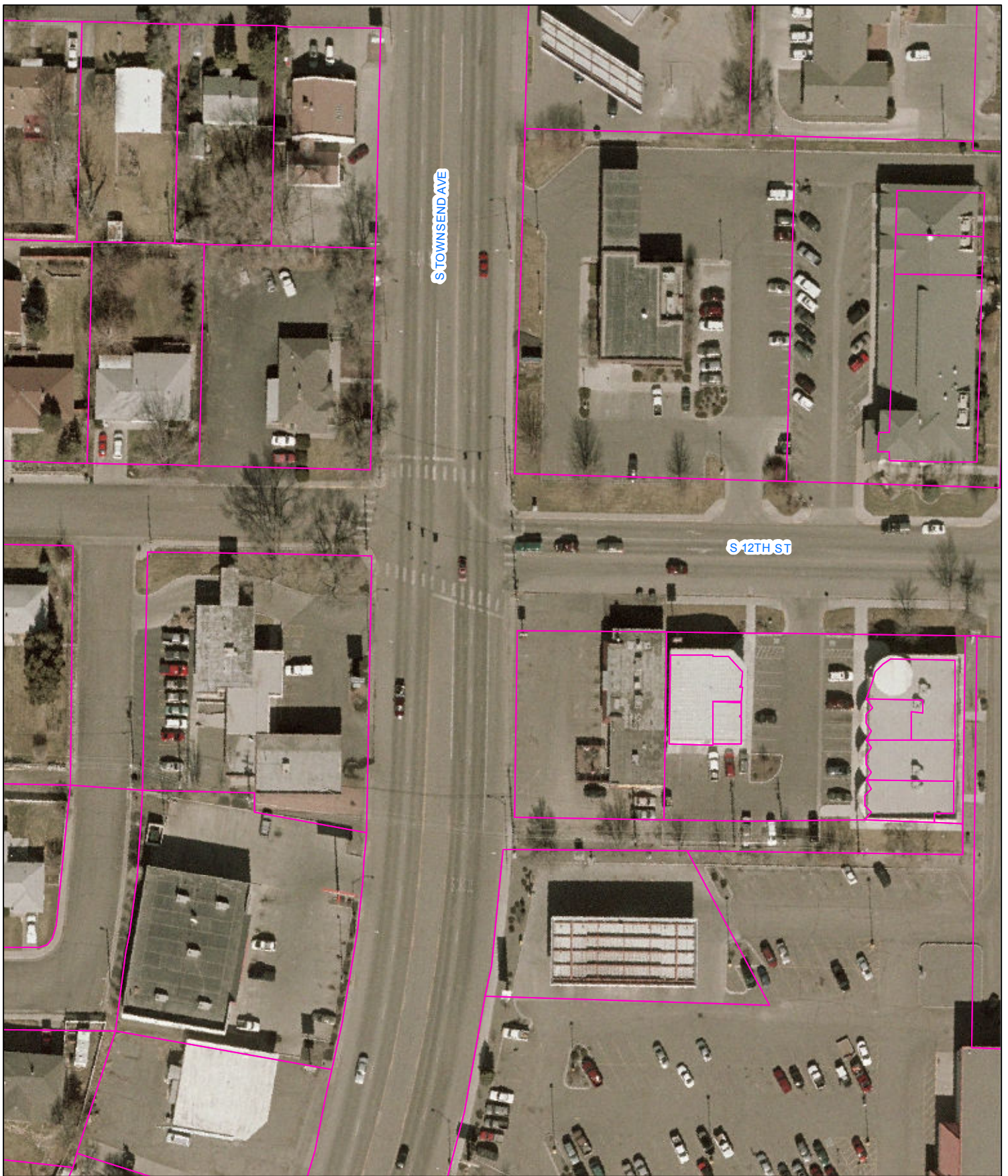


12th St/Townsend Ave
Right of Way

Legend

- Driveway Cuts
- Streets
- County Roads
- Parcels





S TOWNSEND AVE

S 12TH ST

12th St/Townsend Ave
Right of Way



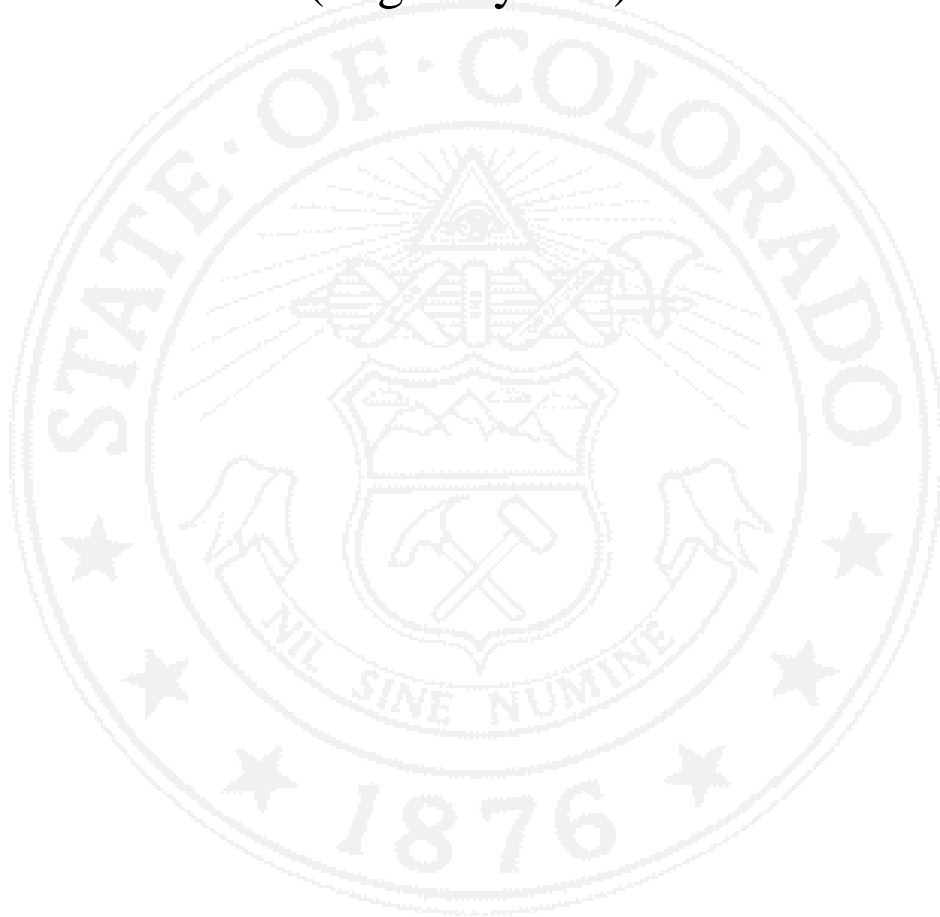
Legend

- Streets
- County Roads
- PARCELS.lyr

Exhibit 4

Photos

Intersection of South 12th Street/Townsend Avenue
(Highway 550)





Intersection of South 12th Street/Townsend Avenue (Highway 550) looking north.
(Photo taken December 14, 2010.)



Intersection of South 12th Street/Townsend Avenue (Highway 550) looking south.
(Photo taken December 14, 2010.)



Intersection of South 12th Street/Townsend Avenue (Highway 550) looking east.
(Photo taken December 14, 2010.)



Intersection of South 12th Street/Townsend Avenue (Highway 550) looking west.
(Photo taken December 14, 2010.)

Region 3 Intersection Analysis and Prioritization
Intersection Application

Requesting Agency

Agency Name	Montrose County Engineering
Contact Person	Spencer Ryland, P.E.
Title	Staff Engineer
Email	sryland@montrosecounty.net
Phone Number	970-252-7006
Mailing Address	949 North 2nd Street Montrose, CO 81401

Intersection Location

Highway (example, US 50)	STATE HIGHWAY 90		
Highway Milepost			
Local Cross Street name	CHIPETA ROAD		
Is the Cross Street (check one)	Public ROW <input checked="" type="checkbox"/>	Private Drive <input type="checkbox"/>	Other <input type="checkbox"/>

DEPARTMENT OF TRANSPORTATION
Traffic & Safety Section

Intersection Information

Type of Intersection (check one)	Signal	Minor St Stop <input checked="" type="checkbox"/>	All Way Stop	Other:
Nearby Driveways <i>Yes</i>	Yes: <i>Commercial driveways & County Streets.</i> Distance between intersections: <i>Also nearby-permitted City Park on Hwy 90 approx. 500' from intersection.</i>			No
Traffic Mix (check all that apply)	Trucks <input checked="" type="checkbox"/>	Pedestrians <input checked="" type="checkbox"/>	Bicycles <input checked="" type="checkbox"/>	Other:
Intersection Issues	Please describe the types of safety or operational issues at the intersection.			
Safety Issues: <i>Left Turn Lane faces into oncoming eastbound traffic on Hwy 90.</i> <i>Eastbound 90 traffic merges with eastbound free-right traffic from Chipeta Rd.</i>				
Operational Issues: <i>Numerous commercial & city park access driveways close to a major intersection.</i>				

Intersection Deficiencies

Please provide a brief description of the existing intersection deficiencies and associated safety concerns, including time of the concerns (day of the week/hour(s)/seasons/time/weekday/weekend/holiday/etc):

- Westbound Hwy 90 traffic left turn lane is safety obstacle to eastbound thru Hwy 90 traffic
- Access driveway traffic creates safety issue to thru Hwy 90 traffic

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Traffic & Safety Section

Mitigation

Please provide a brief description of possible mitigations, improvements, and/or projects to mitigate the safety concerns at the intersection:

- Eliminate left turn onto Chipeta Road from Hwy. 90.

Are there any existing plans for improvements for this intersection? Yes/No. If yes, please explain:

No plans from Montrose County

Are any additional funding sources available for this project? Yes/No. If yes, please explain:

None that Montrose County is aware of.

Does this intersection have impacts to adjacent intersections, roadways, etc? If yes, please explain:

The City has 2 park accesses within 500' of the intersection - one from Chipeta Road and a newly-permitted one from Hwy 90.

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Traffic & Safety Section

Additional Information

To assist in analyzing the intersection please attach the following information if available/applicable:

- Accident data, including police reports if available
- Traffic Volumes, such as AADT/ADT, peak hour volumes, peak hour turning movement counts
- Traffic Studies
- Pedestrian Counts
- Bicycle Counts
- Existing signal timing or Synchro files
- Existing construction plans
- Survey data
- ✓• Aerial photos (*attached*)
- ✓• Photographs of the intersection (*attached*)
- Right of Way maps
- Any other data/documentation to assist in analyzing the intersection



