DR 2447 (02/01/06) MAIL TO: STATE OF COLORADO COLORADO DEPARTMENT OF REVENUE MOTOR VEHICLE TRAFFIC RECORDS STATE OF COLORADO TRAFFIC ACCIDENT REPORT DENVER, CO 80261-0016 ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ AMENDED/SUPPL. OF 2 CDOT Code HWY NUMBER DOR Code ☐ INTERSTATE HWY 09 ☐ STATE HWY MILEPOINT 01 13 Case # X CITY ST/CNTY RD 2019-2142 Date of Accident City Agency 03/09/2019 Longmont Longmont Police Department Boulder 7 Time (24 Hr.) Officer Number Officer Name Signature Detail Laura McCarthu 0 9 2 3 1813 Laura McCarthy patr 03 Location Route, Street, Road Number Killed Number Injured N S E W OF: Miles 120 Feet 0 1 At: Main Street 05 15 3rd Avenue Date of Report 03/15/2019 Latitude Longitude R Agency Code Total Vehicles District Number | Public Property/ | Photos Taken | Railroad Crossing | Const. Zone | Highway Investigated Employee X Related Related Interchg. Related @ Scene X 0 2 06 X Veh. ☐ Parked ☐ Bicycle ☐ Pedestrian ☐ Non-Vehicle ☐ Non-Contact Veh 2 or 2 Traffic\_Unit # Traffic Unit # ☐ Veh. ☐ Parked X Bicycle ☐ Pedestrian ☐ Non-Vehicle ☐ Non-Contact Veh 1 or 1 15 01 Last Name First Last Name Firet Bagley Brian Kneipher Edward G Street Address Street Address Personal Phone Personal Phone Transient ) State Bus. Phone State 7IP Bus. Phone Longmont CO 80504 Longmont CO 25 Driver License Number CDL State Sex DOB Driver License Number CDL State Sex DOB CO 06/26/1972 N.I 10/29/1968 M M 25 Primary Violation Primary Violation 03 Violation Code Citation Number Common Code Violation Code Citation Number Common Code 5 Year Make Model Body Type Year Make Model Body Type Wrangler 2 0 1 7 Jeep UP License Plate Number State or Country Color License Plate Number State or Country Color 10 **BLK** CO 05 Vehicle Identification Number Vehicle Identification Number 1C4BJWFG0HL699816 Vehicle Owner Last Name 🔀 Same First Vehicle Owner Last Name Same First MI MI Bagley Brian Address Same City State 7IP Address Same City State 7IP 01 Longmont CO 80504 Towed Due to Damage By: Towed Due to Damage By: Trailer VIN# Trailer VIN# 02 1- Slight 1- Slight 2- Moderate 2- Moderate 3- Severe 3- Severe Undercarriage Undercarriage Undercarriage Undercarriage 01 Insurance Company None No Proof Exp. Date Insurance Company None No Proof Exp. Date State Farm Fire And Casualty Com 05/04/2019 Policy Number Policy Number Owner Damaged Prop. Last Name First MI ZIP Address City State 01 Owner Damaged Prop. Last Name First MI City ZIP Address State 00 SUSPECTED INJ. T.U. SAFETY POS. REST. ENDO. AGE SEX NAME / ADDRESS AIR BAG EJECT EQUIP. ALCO DRUG SEV. # 01 lΑ 01 00 1 01 00 01 В ۱A 00 00 00 46 M Bagley Brian 1556 Stardance Circle Longmont CO 80504 S 00 G 04 В 00 00 01 01 00 00 03 50 Μ Kneipher Edward Transient Longmont CO 00 00

Approved By

Steve Sisson

Date 03-19-2019

I.D. #