


STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPL. ☐ UNDER \$1,000 ☐ COUNTER REPORT ☐ PRIVATE PROPERTY

PAGE 1 OF 2 PAGES

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		01 K		
	Case # GN20003796								09 K		
07	Date of Accident 09/26/2020		City GOLDEN		Agency Golden Police Department		County JEFFERSON		03 L		
	Time (24 Hr.) 1221		Officer Number 17-4		Officer Name STOIAN, R.		Signature		07 L		
B	Number Killed 0		Number Injured 0		Location Route, Street, Road CLEARVIEW PKWY		At: HWY 58 HWY		16 M		
	Date of Report 09/26/2020		Latitude		Longitude						
07	Agency Code		Investigated @ Scene <input checked="" type="checkbox"/>		Total Vehicles 2		District Number		03 M		
	Traffic Unit # 001		<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 # 002		<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	Last Name TISELL		First SHANE		MI T		Last Name WALDMAN		25 N		
	Street Address 1106 W LINE ST		Personal Phone (352) 434-5979		City LEESBURG		State FL				
03	Driver License Number T234798883320		CDL A		State FL		Sex M		25 N		
	Primary Violation <input type="checkbox"/> DUI Unsafe Backing - Highway		Violation Code 1211(1)(B)		Citation Number GP19814		Common Code 154				
03	Year 2021		Make FRGH		Model CASCADIA		Body Type SE		10 P		
	License Plate Number YAJH756		State or Country CO		Color GLD						
03	Vehicle Identification Number 3AKJHHDR5MSMH8836		Vehicle Owner Last Name <input type="checkbox"/> Same MAY TRUCKING COMPANY		First MI		Vehicle Identification Number 4S4BSAFC3K3257919		0 P		
	Address <input type="checkbox"/> Same 4185 BROOKLAKE RD		City BROOKS		State OR		ZIP 97303				
02	Towed due to Damage <input type="checkbox"/> By:		To:		Towed due to Damage <input type="checkbox"/> By:		To:		17 Q		
	Trailer VIN#		Trailer VIN#		Trailer VIN#		Trailer VIN#				
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		Exp. Date		06 R		
	Policy Number		Policy Number		Policy Number		Policy Number				
01	Owner Damaged Prop. - Last Name		First		MI		Address		00 R		
	Owner Damaged Prop. - Last Name		First		MI		Address				
00	T.U. #		POS.		REST.		ENDO.		S		
	SAFETY EQUIP.		AIR BAG		EJECT		SUSPECTED				
	001		01		00		00		S		
	002		01		00		00				
	002		03		00		00		00 T		
									00 T		
Approved By										I.D. #	Date

AA	Case #	DOR CODE	Accident Date	Agency	HH
02	GN20003796		09/26/2020	Golden Police Department	HH
AA	Describe Accident				HH
	V1 was a semi-truck travelling westbound on the off-ramp from w/b Hwy 58 to Clearview Pkwy				
	V2 was a Subaru Outback travelling westbound on the off-ramp from w/b Hwy 58 to Clearview Pkwy, behind V1				
	V1 realized his semi-truck could not continue on the route he was heading, so he decided to drive in reverse				
	eastbound in the westbound land of Clearview Pkwy, toward Hwy 58				
BB	V2 was struck by V1 reversing into it, striking it rear to front				
	Minor damage				
	No injuries				
BB					JJ
CC					JJ
02					
CC					KK
DD					KK
4					LL
DD					LL
EE					MM
06					MM
EE					
FF					
03					
FF					
12					NN
GG	T.U.	Carrier Name	US DOT	ICC	State DOT
	001	MAY TRUCKING COMPANY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Address	Carrier Identification #		
		PO BOX 9039 SALEM OR 97305	0094081		
GG	T.U.	Carrier Name	US DOT	ICC	State DOT
	002		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Address	Carrier Identification #		
GG					NN