

State Memorial Application

Pursuant to § 43-2-149, C.R.S., CDOT has developed the State Memorial Sign (State Memorial) Program to memorialize individuals who have died on Colorado State Highways. This program allows families and friends to honor their loved ones safely while also providing messaging to encourage safe driving.

State Memorials must be requested within five (5) years of the date of the crash. Applications may be submitted by the deceased's family or agent with the authorization of the deceased's family and must include a completed attestation.

Only individuals who died due to injuries sustained in a fatal motor vehicle crash, as defined by the NHTSA Fatality Analysis Reporting System (FARS) and which occurred on a State Highway, are eligible for a State Memorial. Up to three names from individuals in the same crash may be included on one State Memorial. Where multiple applications are received for fatalities from the same crash, CDOT has the discretion to install one State Memorial containing multiple names in the interests of safety.

An application fee of \$150 is due to CDOT after approval of application to partially cover fabrication, installation, maintenance, and removal costs. Payment information will be sent to the applicant after the application has been reviewed and the State Memorial is approved. CDOT will provide payment information once an application is approved. **Please do not send any money until your application is approved and funds are requested.**

An applicant may request a nickname to be placed on the State Memorial if space allows. However, CDOT may refuse to issue any combination of letters or numbers that carry connotations offensive to good taste and decency.

State Memorials may *only* be installed on State highways. CDOT will determine the State Memorial location on the State highway, taking into consideration the crash location, roadway geometry, existing signage, available right of way, and safety concerns. For crashes on all other roads, please contact the local jurisdiction where the crash occurred, as some cities and counties have memorial programs.

No State Memorial shall be installed on Interstate highways (i.e. I-25, I-70, etc.). An alternative State Memorial location for fatalities occurring on interstate facilities will be determined by the CDOT regional traffic engineer on another State Highway.

The timing of State Memorial erection and installation are weather and schedule dependent. CDOT is unable to provide installation dates due to changing weather and work schedules.

Due to safety concerns, CDOT cannot grant permission for on-site dedications or ceremonies. Decoration of State Memorials is also prohibited for safety concerns. State Memorials which become a safety concern due to vandalism, decorations, repeated damages, complaints, or other hazards may have the decorations, name plaque, or the entire State Memorial removed at the discretion of the CDOT region traffic engineer.

CDOT will fabricate, install, and maintain the State Memorial for a minimum of two (2) years from the date of initial installation, but no more than the sign's usable life. When State Memorials are removed, they will be recycled. No time extensions will be granted beyond the initial two (2) years.

At the time of the State Memorial fabrication, if requested by the family or agent on the application, CDOT will provide the applicant with one small replica of the State Memorial for each approved application and paid application fee at no additional cost. Replica State Memorials may be constructed using alternative materials, at the determination of CDOT. No more than one State Memorial replica will be provided.

If a written objection from a family member or a living individual involved in the crash and named on the crash report or their guardian is submitted to CDOT, the name plaque may be removed, while leaving the safety message in place at the discretion of the CDOT region traffic engineer. The name plaque will be recycled.

ADDITIONAL REQUIREMENTS FOR “DON’T DRINK AND DRIVE” AND “DON’T DRIVE IMPAIRED” MESSAGES FOR FATAL ALCOHOL/DRUG (DUI) RELATED CRASHES

The official crash report on the DR3447 form, as submitted by law enforcement to the Department of Revenue, must indicate that alcohol or drugs were involved in the crash in order to meet the requirements to use this safety message. Alternatively, the toxicology report may also be used to meet the requirements for this message, if available.

ADDITIONAL SPECIAL REQUIREMENTS FOR “PLEASE BUCKLE UP” MESSAGE FOR UNRESTRAINED FATAL CRASHES

The official crash report on the DR3447 form, as submitted by law enforcement to the Department of Revenue, must indicate that the deceased was unrestrained in the fatal crash in order to meet the requirements for this safety message.

ADDITIONAL SPECIAL REQUIREMENTS FOR “SLOW DOWN FOR WORKERS” MESSAGE FOR WORKERS INVOLVED IN FATAL CRASHES

To meet the requirements of this message, the official crash report on the DR3447 form, as submitted by law enforcement to the Department of Revenue, must indicate the individual was killed while performing their duties while the emergency vehicle lights were activated, or the crash occurred within a marked construction zone. This includes, but is not limited to, construction workers, maintenance workers, flaggers, traffic control supervisors, surveyors, tow truck drivers, snowplow drivers, fire equipment operators, ambulances, and other similar activities.

ADDITIONAL SPECIAL REQUIREMENTS FOR “PLEASE RIDE SAFELY” SIGNS FOR MOTORCYCLE OR BICYCLE RIDERS INVOLVED IN FATAL CRASHES

To meet the requirements of this message, the official crash report on the DR3447 form, as submitted by law enforcement to the Department of Revenue, must indicate that the person who died was operating or a passenger on a motorcycle or riding a bicycle.

ALL OTHER CRASHES ELIGIBLE FOR “PLEASE DRIVE SAFELY” MESSAGE

All other approved applications for fatal crashes not meeting the requirements for specific safety messages will bear the message “PLEASE DRIVE SAFELY.” Approved applications which do not indicate a preferred message will be manufactured with the “PLEASE DRIVE SAFELY” message.

Program information is available from the
Colorado Department of Transportation
Traffic Safety and Engineering Services Branch
2829 W. Howard Place, 4th Floor
Denver, Colorado 80204 (303) 757-9654
dot_state_memorial@state.co.us

Applications may be mailed to:
Colorado Department of Transportation
Traffic Safety and Engineering Services Branch
2829 W. Howard Place, 4th Floor
Denver, Colorado, 80204

Or emailed to:
dot_state_memorial@state.co.us

COLORADO DEPARTMENT OF TRANSPORTATION

STATE MEMORIAL APPLICATION

Name of person or group applying for State Memorial:	Daytime phone number:	E-mail address:
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Mailing Address:	City:	State:	Zip code:
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Date of fatal crash:	Location of crash (State Highway and Milepost if known):	County:
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Deceased's name(s) (as they appear on the crash report)	Deceased's name(s) (as they appear on the crash report)
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____

Investigating law enforcement agency:	Name of the driver on the crash report (if known):
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Crash report number (if known):	
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State Memorial Safety message to be included on the State Memorial (Please select one):
 Requirements for each sign provided on page 2. If no message is selected on the application, the State Memorial will bear the Please Drive Safely message.

DON'T DRINK AND DRIVE
 (alcohol related fatalities)



DON'T DRIVE IMPAIRED
 (alcohol and/or impairing substances)



PLEASE BUCKLE UP
 (unbelted crashes)



PLEASE DRIVE SAFELY
 (any fatalities*)



PLEASE RIDE SAFELY
 (motorcycle/bicycle fatalities)



SLOW DOWN FOR WORKERS
 (for worker fatalities while on duty)



Preferred State Memorial location (please choose one):
 Actual locations may vary due to physical geography, other signage, and underground utilities. No signs will be installed on Interstates.

- Location as shown on the crash report** (provided by CDOT)
- Location as shown on the attached sketch** (provided by applicant)

Request of a small replica of the Memorial sign (please choose one):

Yes **No**

State Memorial Agent Attestation

Please complete one attestation for each deceased individual as shown on the application, up to three names. If approved, CDOT will bill \$150 to the first agent listed below. PLEASE DO NOT SEND ANY MONEY UNTIL SPECIFICALLY REQUESTED.

Name of the first deceased individual as shown on the application:		
Name and relationship of family member(s) who authorized application (write "self" if agent and family member are the same):		
Name:	Relationship:	
Agent Name:	Agent Daytime Phone Number:	Agent Email Address:

I have read and understand the information provided on this form and certify that the answers that are provided are correct to the best of my knowledge. I also certify that I have authorization from the family members of the deceased to apply for a State Memorial on their behalf. To the best of my knowledge, no relative of the deceased will object to the placement of the State Memorial.

Agent Signature _____ **Date** _____

Name of the second deceased individual as shown on the application:		
Name and relationship of family member(s) who authorized application (write "self" if agent and family member are the same):		
Name:	Relationship:	
Agent Name:	Agent Daytime Phone Number:	Agent Email Address:

I have read and understand the information provided on this form and certify that the answers that are provided are correct to the best of my knowledge. I also certify that I have authorization from the family members of the deceased to apply for a State Memorial on their behalf. To the best of my knowledge, no relative of the deceased will object to the placement of the State Memorial.

Agent Signature _____ **Date** _____

Name of the third deceased individual as shown on the application:		
Name and relationship of family member(s) who authorized application (write "self" if agent and family member are the same):		
Name:	Relationship:	
Agent Name:	Agent Daytime Phone Number:	Agent Email Address:

I have read and understand the information provided on this form and certify that the answers that are provided are correct to the best of my knowledge. I also certify that I have authorization from the family members of the deceased to apply for a State Memorial on their behalf. To the best of my knowledge, no relative of the deceased will object to the placement of the State Memorial.

Agent Signature _____ **Date** _____