

FRONT SIDE OF DI-9 REPORT FORM

D1-9 Rev. 03/08 **DI 9 STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC CRASH DI 9** Page ____ of ____

1	TIME	Date of Crash Month / Day / Year	Day of Week 1 2 3 4 5 6 7 S M T W T F S	Military Time	DLD Number
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2	LOCATION	PLACE WHERE CRASH OCCURRED: <input type="checkbox"/> COUNTY CODE City or Town of Jurisdiction _____ If crash was outside city limits indicate distance from city limits or nearest town _____ Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ City or Town _____ ROAD, STREET, HWY CRASH OCCURRED: _____ Street Name or Highway Number _____ UDOT USE ONLY _____ 1. AT THE INTERSECTION WITH _____ 2. IF NOT AT INTERSECTION _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ _____ N S E W _____ N S E W _____ Nearest intersection, street, house no., landmark _____ _____ Tenth of a mile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of Mile Post _____ Be sure to complete if road has mile post _____	Case Number _____ Latitude _____ Longitude _____ REPORTABLE CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO UDOT USE	14
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3	VEH #	VIN # _____ PLATE NUMBER _____ STATE _____ EXP DATE _____ COLOR _____ MODEL _____ MODEL _____ YEAR _____ OCCUPANT(S) _____ (Code)	15
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4	DRIVER	FIRST INITIAL LAST STREET, CITY, STATE, ZIP PHONE () _____ STATE NUMBER CLASS ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH mm / dd / yyyy AGE CHARGES CITATION # _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> UNKNOWN	15
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4	DRIVER LICENSE	STATE NUMBER CLASS ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH mm / dd / yyyy AGE CHARGES CITATION # _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> UNKNOWN	16
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5	OWNER	FIRST INITIAL LAST STREET, CITY, STATE, ZIP PHONE () _____ <input type="checkbox"/> Same as Driver	16
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5	CARRIER	COMMERCIAL VEHICLE INFO NAME STREET, CITY, STATE, ZIP PHONE () _____ <input type="checkbox"/> Same as Driver	16
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5	VEHICLE INFO	US DOT # _____ CVSA INSPECTION # _____ GCWR / GVWR (check one) <input type="checkbox"/> 10,001 lbs or LESS <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> MORE THAN 26,000 lbs HAZ MAT RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO HAZ MAT PLACARD # or NAME - CLASS _____ CARGO CODE _____ <input type="checkbox"/> GOVT <input type="checkbox"/> PERSONAL <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE	17a
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6	TRAILERS	1ST TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE mm / yy _____ LENGTH _____ 2ND TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE mm / yy _____ LENGTH _____ 3RD TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE mm / yy _____ LENGTH _____	17b
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6	SPEED	POSTED POSTED ADVISORY EST TRAVEL EST IMPACT ESTIMATED BY: <input type="checkbox"/> Officer <input type="checkbox"/> Witness <input type="checkbox"/> Driver SEQUENCE OF EVENTS (Codes 01, 69 - 96) FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69) _____	17b
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7	VEHICLE DAMAGE	ESTIMATED DAMAGE <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> \$1 - \$999 <input type="checkbox"/> \$1,000 or MORE INSURANCE COMPANY _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ POLICY NUMBER _____ INSURANCE APPEARS VALID <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY/AGENT THAT SOLD POLICY _____ ADDRESS _____ PHONE () _____	18
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8	VEH #	VIN # _____ PLATE NUMBER _____ STATE _____ EXP DATE mm / yy _____ COLOR _____ MODEL _____ MODEL _____ YEAR _____ OCCUPANT(S) _____ (Code)	19
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8	DRIVER	FIRST INITIAL LAST STREET, CITY, STATE, ZIP PHONE () _____	19
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8	DRIVER LICENSE	STATE NUMBER CLASS ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH mm / dd / yyyy AGE CHARGES CITATION # _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> UNKNOWN	19
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9	OWNER	FIRST INITIAL LAST STREET, CITY, STATE, ZIP PHONE () _____ <input type="checkbox"/> Same as Driver	20
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9	CARRIER	COMMERCIAL VEHICLE INFO NAME STREET, CITY, STATE, ZIP PHONE () _____ <input type="checkbox"/> Same as Driver	20
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10	VEHICLE INFO	US DOT # _____ CVSA INSPECTION # _____ GCWR / GVWR (check one) <input type="checkbox"/> 10,001 lbs or LESS <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> MORE THAN 26,000 lbs HAZ MAT RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO HAZ MAT PLACARD # or NAME - CLASS _____ CARGO CODE _____ <input type="checkbox"/> GOVT <input type="checkbox"/> PERSONAL <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE	21
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10	TRAILERS	1ST TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE mm / yy _____ LENGTH _____ 2ND TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE mm / yy _____ LENGTH _____ 3RD TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE mm / yy _____ LENGTH _____	21
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10	SPEED	POSTED POSTED ADVISORY EST TRAVEL EST IMPACT ESTIMATED BY: <input type="checkbox"/> Officer <input type="checkbox"/> Witness <input type="checkbox"/> Driver SEQUENCE OF EVENTS (Codes 01, 69 - 96) FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69) _____	21
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11	VEHICLE DAMAGE	ESTIMATED DAMAGE <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> \$1 - \$999 <input type="checkbox"/> \$1,000 or MORE INSURANCE COMPANY _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ POLICY NUMBER _____ INSURANCE APPEARS VALID <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY/AGENT THAT SOLD POLICY _____ ADDRESS _____ PHONE () _____	22
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12	Work Zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Total # of Lanes on Roadway _____ Damage to Property Other than Vehicles (Name object and state nature) _____	23
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12	Workers Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown # Vehicles Involved _____ Name and Address of Owner of Object Struck _____ Phone () _____ PROPERTY DAMAGE ESTIMATE <input type="checkbox"/> \$1,000 OR MORE <input type="checkbox"/> LESS THAN \$1,000	23
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13	WITNESSES	Name _____ Address _____ Phone () _____ Name _____ Address _____ Phone () _____	23
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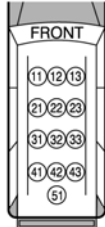
13	Law Enforcement Activity	Time Notified of Crash _____ Arrived at Scene _____ Date Notified of Crash mm / dd / yy Investigation Completed mm / dd / yy Use Military Time	23
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13	Field Diagram	<input type="checkbox"/> Yes <input type="checkbox"/> No Video <input type="checkbox"/> Yes <input type="checkbox"/> No Photo(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Digital <input type="checkbox"/> Film	23
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13	ORIGINAL REPORT	<input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> ADDITIONAL PERSONS REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> AMENDED REPORT	23
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State Law Requires a Reportable Crash Report to be Forwarded to Dept. of Public Safety Within 10 Days Following Completion of Investigation.
 Mail ORIGINAL REPORT TO: Driver License Division, 4501 South 2700 West, P.O. Box 144501, Salt Lake City, Utah 84114-4501

BACK SIDE OF DI-9 REPORT FORM



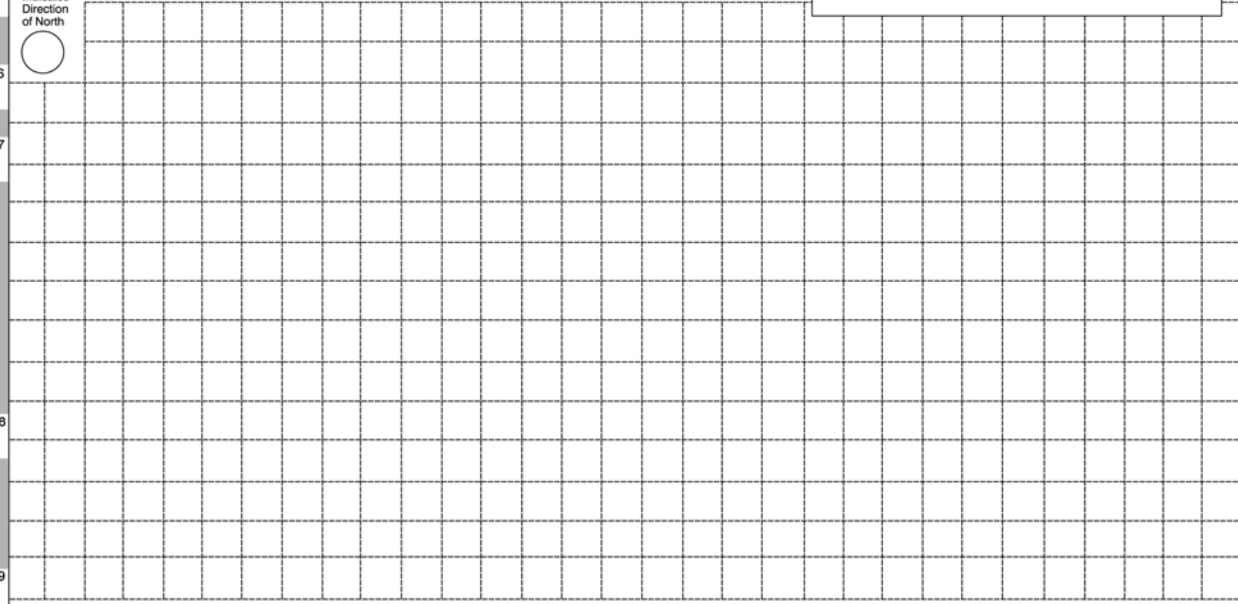
- SEATING POSITION**
- | | | |
|---------------------------|--------------------------------------|------------------------|
| 11 - Motorcycle Driver | 50 - Sleeper Section of Cab (Truck) | 57 - Right Side Driver |
| 21 - Motorcycle Passenger | 51 - Enclosed Cargo Area | 60 - Non-Motorist |
| 18 - Front Row Other | 52 - Unenclosed Cargo Area | 97 - Other* |
| 28 - Second Row Other | 54 - Trailing Unit | 99 - Unknown |
| 38 - Third Row Other | 55 - Riding on Vehicle Exterior | |
| 48 - Fourth Row Other | 56 - Seating Position 11, Not Driver | |

EMS Time Called: _____		EMS Time Arrived: _____	
Disposition of Vehicle # _____	TOWED BY: _____		
Disposition of Vehicle # _____	TOWED BY: _____		

Person Type	Seating Position	Sex	INJURY			Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Extrication
			Level	Area	Cause							

PERSON(S) INVOLVED	VEH #	DRIVER	Transported to:	BAC																
	VEH #	DRIVER	Transported to:	BAC																
	VEH #	Name	DOB	Age	Transported to:	BAC														
	#	Address _____ Phone () _____																		
	VEH #	Name	DOB	Age	Transported to:	BAC														
	#	Address _____ Phone () _____																		
	24	VEH #	Name	DOB	Age	Transported to:	BAC													
		#	Address _____ Phone () _____																	
	24	VEH #	Name	DOB	Age	Transported to:	BAC													
		#	Address _____ Phone () _____																	

25 **DIAGRAM of CRASH** NO DIAGRAM - Reason: _____ 1. Officer not at scene 2. Vehicles moved 3. Other _____ **DLD#** _____



29 DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number)

PRINT

OFFICER'S RANK AND NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT
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