DI-9 Rev. 10/93

STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC ACCIDENT

Page ____ of ____

1 TIME

MONTH DAY YEAR

DAY OF WEEK: 1 2 3 4 5 6 7 / M T W T F S S

MILITARY TIME

CASE NUMBER

FOR AGENCY USE

D.L.D. USE ONLY

STATE/LOCAL

2 LOCATION

PLACE WHERE ACCIDENT OCCURRED: COUNTY _____ CITY OR TOWN _____

Accident was outside city limits indicate distance from city limits or nearest town _____ MILES NORTH ☐ S ☐ E ☐ W ☐ of _____ CITY OR TOWN

ROAD ON WHICH ACCIDENT OCCURRED: _____ RAMP NO. _____

GIVE NAME OF STREET OR HIGHWAY NUMBER

INTERSECTION TYPE

1. AT ITS INTERSECTION WITH _____

3 2. IF NOT AT INTERSECTION _____ FEET ☐ NORTH ☐ S ☐ E ☐ W ☐ of _____ NEAREST INTERSECTION, STREET, HOUSE NO. LANDMARK

_____ TENTH OF A MILE NORTH ☐ S ☐ E ☐ W ☐ OF MILE POST _____ BE SURE TO COMPLETE IF ROAD HAS MILE POST

4 VEHICLE # | YEAR | MAKE | MODEL | BODY STYLE/TYPE CODE | VEHICLE COLOR | G.V.W.R. | DESC. OF CARGO CODE | COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE ☐ INTRASTATE ☐

VEHICLE IDENTIFICATION NUMBER | DISPOSITION OF VEHICLE CODE | NO. OF AXLES (INCLUDING ALL TRAILERS) | DIR OF TRAVEL

US DOT / ICC MC | LICENSE PLATE INFO | YEAR | MONTH | STATE | NUMBER | PARTS DAMAGED | U T | COST OF REPAIR $

5 OWNER / OPERATOR / CARRIER: FIRST | INITIAL | LAST * | STREET, CITY, STATE, ZIP, PHONE NO. | PHONE ( )

6 DRIVER: FIRST | INITIAL | LAST | STREET, CITY, STATE, ZIP, PHONE NO. | PHONE ( )

DRIVER'S LICENSE: STATE | NUMBER | DATE OF BIRTH: MONTH DAY YEAR | AGE | SEX | SAFE EQUIP | INJURY: TYPE CAUSE AREA | EXTRI CAUTION | EJECTION | THROUGH WHAT AREA EJECTED?

7 DRIVER'S EDUCATION: 1. PUBLIC 2. COM'L 3. NONE 4. UNKN ☐ | YEARS DRIVE EXP. | LICENSE CLASS | ENDORSEMENT | RESTRICTIONS

INSURANCE COMPANY | EFFECTIVE DATE | EXPIRATION DATE | POLICY NUMBER

8 INSURANCE APPEARS VALID YES ☐ NO ☐ | AGENCY THAT SOLD POLICY | ADDRESS | PHONE ( )

9 VEHICLE # | YEAR | MAKE | MODEL | BODY STYLE/TYPE CODE | VEHICLE COLOR | G.V.W.R. | DESC. OF CARGO CODE | COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE ☐ INTRASTATE ☐

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1. PEDESTRIAN | 2. BICYCLIST | DATE OF BIRTH | AGE | SEX | INJURY: TYPE CAUSE AREA

NAME | ADDRESS

OCCUPANT