

T I M E	MONTH DAY YEAR	DAY OF WEEK	<table border="1" style="font-size:8px;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td><td>S</td></tr> </table>	1	2	3	4	5	6	7	M	T	W	T	F	S	S	MILITARY TIME	CASE NUMBER	15
	1	2	3	4	5	6	7													
M	T	W	T	F	S	S														
							16													

L O C A T I O N	PLACE WHERE ACCIDENT OCCURRED: COUNTY _____ CITY OR TOWN _____						FOR AGENCY USE									
	Accident was outside city limits indicate distance from city limits or nearest town _____ MILES <table style="display: inline-table; vertical-align: middle;"> <tr> <td>NORTH</td><td>S</td><td>E</td><td>W</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> of _____ CITY OR TOWN						NORTH	S	E	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D.L.D. USE ONLY	
	NORTH	S	E	W												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
ROAD ON WHICH ACCIDENT OCCURRED: _____ RAMP NO. _____																

L O C A T I O N	GIVE NAME OF STREET OR HIGHWAY NUMBER _____ INTERSECTION TYPE _____						STATE/LOCAL								
	1. AT ITS INTERSECTION WITH _____														
	2. IF NOT AT INTERSECTION <table style="display: inline-table; vertical-align: middle;"> <tr> <td>NORTH</td><td>S</td><td>E</td><td>W</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> FEET _____ of _____ NEAREST INTERSECTION, STREET, HOUSE NO. LANDMARK _____ OF MILE POST _____ BE SURE TO COMPLETE IF ROAD HAS MILE POST TENTH OF A MILE						NORTH	S	E	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NORTH	S	E	W												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

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 <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>
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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												
			<table border="1" style="font-size:8px;"> <tr><td>3</td><td>2</td><td>5</td><td>0</td><td>9</td><td>U</td></tr> <tr><td>1</td><td>2</td><td>5</td><td>0</td><td>7</td><td>T</td></tr> </table> COST OF REPAIR \$	3	2	5	0	9	U	1	2	5	0	7	T
3	2	5	0	9	U										
1	2	5	0	7	T										

OWNER OPERATOR CARRIER	FIRST	INITIAL	LAST	*	STREET, CITY, STATE, ZIP, PHONE NO.	PHONE ()
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DRIVER	FIRST	INITIAL	LAST	*	STREET, CITY, STATE, ZIP, PHONE NO.	PHONE ()
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DRIVER'S LICENSE	STATE NUMBER	DATE OF BIRTH	MONTH DAY YEAR	AGE	SEX	SAFE EQUIP TYPE	INJURY CAUSE AREA	EXTR CAUTION	EJECTION	THROUGH WHAT AREA EJECTED?
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DRIVER'S EDUCATION	1. PUBLIC 2. COM'L 3. NONE 4. UNKN	YEAHS DRIVE EXP.	LICENSE CLASS	ENDORSEMENT	RESTRICTIONS
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INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER
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INSURANCE APPEARS VALID	YES <input type="checkbox"/> NO <input type="checkbox"/>	AGENCY THAT SOLD POLICY	ADDRESS	PHONE ()
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NAME	1. PEDESTRIAN 2. BICYCLIST	DATE OF BIRTH	AGE	SEX	INJURY TYPE	CAUSE	AREA
ADDRESS							

O C C U P A N T S									

ORIGINAL

DIAGRAM WHAT HAPPENED BELOW.

Reason For No Diagram

- 1 Officer not at scene
- 2 Vehicles moved
- 3 Other _____

CASE NUMBER _____

INDICATE DIRECTION OF NORTH



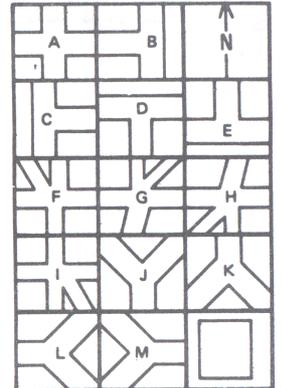
VEHICLE NO. _____ NO. _____

ESTIMATED TRAVEL SPEED _____

ESTIMATED IMPACT SPEED _____

POSTED SPEED _____

ADVISORY SPEED _____



INDICATE INTERSECTION TYPE

DESCRIBE WHAT HAPPENED
(Refer to Vehicle by Number)

If Hazardous Materials were involved list the placard number from off the commercial vehicle: _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name object and state nature and amount of damage _____

\$ _____ ESTIMATE

Name and address of owner of object struck _____

WITNESSES

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

FIRST AID ADMINISTERED BY

- 1 - Policeman
- 2 - Fireman
- 3 - Ambulance Personnel
- 4 - Paramedics
- 5 - Doctor
- 6 - Private Individual
- 7 - Hospital
- 8 - Helicopter Personnel
- 9 - None Administered
- 0 - Unknown

EMS REPORT NO. _____

INJURED TAKEN BY

- 1 - Ambulance, Private
- 2 - Ambulance, Fire
- 3 - Paramedics
- 4 - Private Vehicle
- 5 - Helicopter
- 6 - Other

TIME: Amb. Called: _____ Arrived: _____

EMS REPORT NO. _____

INJURED TAKEN TO _____

POLICE ACTIVITY

Month _____ Day _____ Year _____ Date Notified of Accident

Time Notified of Accident _____

(USE MILITARY TIME)

Arrived at Scene _____

Investigation of accident Completed at _____ of _____ the same day _____ the _____ day following

Source of Information

Officer at scene _____

Driver No. _____ Contacted station _____

Other _____

PHOTO(S) TAKEN
YES NO

VIDEO TAKEN
YES NO

FIELD DIAGRAM
YES NO

Name _____ Charge: _____

Name _____ Charge: _____

CVSA Inspection Yes _____ No _____ If Yes, Report Number _____

Other action taken _____

PRINT _____

OFFICER'S RANK AND NAME	I.D. NO.	PATROL DIVISION	DEPARTMENT	SUPERVISOR APPROVAL	DATE OF REPORT
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PLACE WHERE ACCIDENT OCCURRED

County 

COUNTY _____

Indicate the county where the accident occurred. Do not abbreviate.

Code the two digit number representing the county using the following list:

01 Beaver	21 Iron	41 Sevier
03 Box Elder	23 Juab	43 Summit
05 Cache	25 Kane	45 Tooele
07 Carbon	27 Millard	47 Uintah
09 Daggett	29 Morgan	49 Utah
11 Davis	31 Piute	51 Wasatch
13 Duchesne	33 Rich	53 Washington
15 Emery	35 Salt Lake	55 Wayne
17 Garfield	37 San Juan	57 Weber
19 Grand	39 Sanpete	

Body Style/Type Code

Enter the body style or type of vehicle; for example, 2-door sedan, sta.wag., pickup, etc. Also put the two-digit code describing the vehicle type in the space provided by using the following codes:

01 Passenger car - regular	28 Other, Horse-drawn carriage (plane, etc.)
02 Passenger car - compact	30 ATV, 3 & 4 wheelers
03 Passenger car & house trailer	31 Truck & 2 short trailers (95' total length)
04 Passenger car & boat	32 Truck & long trailer (77' total length)
05 Passenger car & other trailer	33 Tractor - 2 short trailers (trailer up to 28' each)
06 Passenger car - public owned	34 Tractor - 2 trailers (95' total length)
07 Pickup or panel	35 Tractor - 2 long trailers (permitted to 105' freeway)
08 Pickup or panel & house trailer	36 Tractor-long trailer-short trailer (98' total length)
09 Pickup or panel & boat	37 Tractor - 3 short trailers (permitted to 105' feet freeway)
10 Pickup or panel & other trailer	38 Tractor & long trailer
11 Pickup or panel & public owned	40 Hit & Run Vehicle
12 Pickup with camper	41 Cargo Tank
13 Single Unit enclosed box (Minimum 2 axles & 6 tires)	42 Passenger car w/vehicle in tow
14 Truck & trailer	43 Pickup w/vehicle in tow
15 Truck tractor-Bobtail (power unit only)	44 Tractor w/tractor in tow
16 Tractor & short trailer	45 Motorhome
17 Commercial Bus,	46 Motorhome w/boat or vehicle in tow
18 School Bus	47 Flatbed
19 Motorcycle	48 Dump Truck
20 Motorcycle - public owned	49 Concrete Mixer
21 Motor driven bicycle (scooter or moped)	50 Garbage/Refuse
22 Ambulance - not emergency	51 Auto Transporter
23 Ambulance - emergency	
24 Ambulance - public owned	
25 Farm tractor and/or equipment	
26 Special Mobile Equipment (Construction, Fire, UP&L, etc.)	
27 Truck & Mobile Home	

Safety Equipment

Indicate the types of safety equipment each driver or occupant(s) was using at the time of the accident. Use the following code list:

1 Lap belt used	7 Air bag inflated/without belts
2 Lap & shoulder belt used	8 Helmet worn
3 Belts not used	9 Eye protection used
4 Belts not installed	0 Helmet & eye protection used
5 Child restraints used	A Shoulder belt only
6 Air bag inflated with belts	B Other
	C Unknown

Extrication - Fill in appropriate number

0 - Not extricated	Ejection
1 - Extricated	1 - Not ejected
9 - Unknown	2 - Partially ejected
	3 - Fully ejected

Description of Cargo

A. General Freight	G. Solids in Bulk
B. Household Goods	H. Liquids in Bulk
C. Heavy Machinery	I. Explosives/Hazardous Materials*
D. Motor Vehicles	J. Refrigerated Foods
E. Gases in Bulk	K. Empty
F. Livestock	L. Other*

*List in accident description

EXAMPLE:

Body Style/Type Code

13 Single Unit Truck	
14 Truck and Short Trailer	
15 Truck Tractor - Bobtail (Power Unit Only)	
16 Tractor & short trailer	
31 Truck and 2 Short Trailers	
32 Truck and Long Trailer	
33 Tractor - 2 Short Trailers	
34 Tractor - 2 Trailers	
35 Tractor - 2 Long Trailers	
36 Tractor - Long Trailer Short Trailer	
37 Tractor - 3 Short Trailers	
38 Tractor & long trailer	

Disposition Of Vehicle Code

***Source of Carrier Name**

1 Towed	1 Side of truck
2 Impounded	2 Paperwork
3 Retained by owner/driver	3 Driver
4 Hit and run	

Injury Type-Cause Area

Type

Indicate the type of injury suffered in the accident, using these codes:

- 1 - No injury
- 2 - Possible injury
- 3 - Bruises & abrasions
- 4 - Broken bones or bleeding wounds
- 5 - Fatal

Cause

Indicate the object that caused the injury using these codes:

- 1 - Steering Wheel
- 2 - Dashboard/Windshield
- 3 - Roof
- 4 - Other Interior
- 5 - Motorcycle handbars
- 6 - Motorcycle gas tank
- 7 - Exterior vehicle part
- 8 - External object

Area

Indicate the area of the victim's body that suffered the most severe injury using these codes:

- 1 - Head
- 2 - Face
- 3 - Neck
- 4 - Chest
- 5 - Back
- 6 - Leg(s)
- 7 - Arm(s)
- 8 - Torso
- 9 - Unknown

TYPE OF COLLISION

REV 1-97

01 Opposite directions
Both vehicles straight
Head On



14 One vehicle straight
One coming from right
turning left



02 Opposite directions
One vehicle straight
One vehicle turning left



15 Opposite directions
Both vehicles turning left



03 Same direction
Both vehicles straight
Rear End



16 Same Direction
One vehicle turning right
One vehicle turning left



04 Same direction
One vehicle straight
One turning right
Rear End



17 Single vehicle



05 Same direction
One vehicle straight
One turning left
Rear End



18 Backing



06 Opposite directions
Both straight
Side Swipe



19 Same direction
Both vehicles turning right



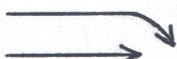
07 Same direction
Both straight
Side Swipe



20 Approaching at an angle
Both vehicles turning right



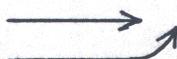
08 Same direction
One vehicle straight
One turning right



21 Approaching at an angle
Both vehicles turning left



09 Same direction
One vehicle straight
One turning left



22 One vehicle straight
One vehicle making U-Turn



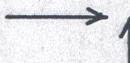
10 Same direction
Both vehicles turning left



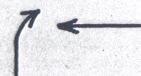
23 Opposite directions
One turning left
One turning right



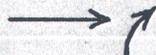
11 Both vehicles straight
Approaching at an angle



24 One vehicle straight
One coming from left
turning right



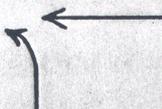
12 One vehicle straight
One coming from right
turning right



25 Approaching at an angle
One turning left
One turning right



13 One vehicle straight
One coming from left
turning left



26 One vehicle moving
One vehicle parked

