



Gary Herbert
Governor

Keith D. Squires
Commissioner

State of Utah

DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE DIVISION

Chris Caras
Director

PO BOX 144501
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Office: 801.965.4437 – Fax: 801.964.4499

Fee of \$5.00 enclosed

Request for Accident Reports

Form shall be used by all persons making requests for accident reports. For accident report information, call 801.965.4428. Before releasing an accident report (protected record), evidence of the requester’s identity and eligibility to receive the report shall be obtained. The Driver License Division will provide the most current report available from law enforcement.

CERTIFICATION OF REQUESTER

I, the undersigned, do hereby certify, that pursuant to Utah Code Annotated 41-6a-404, which classifies written accident reports filed by peace officers as “protected” that the following apply to me. Check appropriate box.

1. A person involved in the accident, excluding a witness to the accident
2. A person suffering loss or injury in the accident
3. An agent, parent, or legal guardian of a person involved in the accident. An agent is a person’s attorney, insurer, a general acute hospital that has an emergency room and is providing or has provided emergency services to the person in relation to the accident, or any other individual or entity with written permission from the person to receive the person’s written accident report
4. A licensed private investigator (NOTE: proof may be required that you represent one of the persons identified in paragraphs #1, #2, or #3 above)
5. A state, local, or federal agency that uses the accident report for official governmental, investigative, or accident prevention purposes
6. A member of the press or broadcast news media (NOTE: information provided to a member of the press or broadcast media is restricted)

Date of Request:

Name of Driver:

Name of Requester:

Case Number (if any):

Daytime Telephone:

Comments:

Organization (if any):

Signature:

Mailing Address:

City, State, Zip Code

Date of Accident: