

This form is intended for use as a guide when completing a motor vehicle crash report involving an unknown vehicle with an unknown driver. Notes and comments included are for the unknown vehicle/driver only. Additional information is required for other vehicles, people, and property involved. All fields highlighted in red are required. Fields with entered text are recommended entry values. Detail notes have been added at the end of the document.

1	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 _____ of Mile Post _____ Be sure to complete if road has mile post												Case Number _____
2	VIN # (Use) Unknown PLATE NUMBER _____ STATE _____ EXP DATE _____ COLOR Unknown MODEL Unknown MODEL Unknown YEAR 1900 OCCUPANT(S) # 1												14
3	DRIVER: FIRST INITIAL LAST Unknown STREET CITY STATE ZIP _____ PHONE () _____ DRIVER LICENSE: STATE NUMBER CLASS ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH AGE CHARGES CITATION # OWNER: FIRST INITIAL LAST Unknown STREET CITY STATE ZIP _____ PHONE () _____ COMMERCIAL VEHICLE INFO: NAME _____ STREET CITY STATE ZIP _____ PHONE () _____ CARRIER: <input type="checkbox"/> Same as Driver												15
4	US DOT # _____ CVSA INSPECTION # _____ GCWR / GVWR (check one) <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> 10,001 lbs or LESS <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 _____ INTERSTATE <input type="checkbox"/> GOVT <input type="checkbox"/> PERSONAL <input type="checkbox"/> INTRASTATE												16
5	1ST TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE _____ LENGTH _____ 2ND TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE _____ LENGTH _____ 3RD TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE _____ LENGTH _____ SPEED _____ POSTED _____ POSTED ADVISORY _____ EST TRAVEL _____ EST IMPACT _____ ESTIMATED BY: <input type="checkbox"/> Officer <input type="checkbox"/> Occupant <input type="checkbox"/> Driver <input type="checkbox"/> Witness <input type="checkbox"/> None												17a
6	SEQUENCE OF EVENTS (Codes 01, 69 - 98) FIRST EVENT _____ SECOND EVENT _____ THIRD EVENT _____ FOURTH EVENT _____ MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69) _____ VEHICLE DAMAGE: <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> \$1 - \$999 <input type="checkbox"/> \$1,000 or MORE INSURANCE COMPANY Unknown EFFECTIVE DATE _____ EXPIRATION DATE _____ POLICY NUMBER _____ INSURANCE APPEARS VALID: <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY/AGENT THAT SOLD POLICY _____ ADDRESS _____ PHONE () _____												17b
7	VEH # (Use) _____ VIN # _____ PLATE NUMBER _____ STATE _____ EXP DATE _____ COLOR _____ MODEL _____ MODEL _____ YEAR _____ OCCUPANT(S) # _____ DRIVER: FIRST INITIAL LAST _____ STREET CITY STATE ZIP _____ PHONE () _____ DRIVER LICENSE: STATE NUMBER CLASS ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH AGE CHARGES CITATION # OWNER: FIRST INITIAL LAST _____ STREET CITY STATE ZIP _____ PHONE () _____ COMMERCIAL VEHICLE INFO: NAME _____ STREET CITY STATE ZIP _____ PHONE () _____ CARRIER: <input type="checkbox"/> Same as Driver												18
8	US DOT # _____ CVSA INSPECTION # _____ GCWR / GVWR (check one) <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> 10,001 lbs or LESS <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 _____ INTERSTATE <input type="checkbox"/> GOVT <input type="checkbox"/> PERSONAL <input type="checkbox"/> INTRASTATE												19
9	1ST TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE _____ LENGTH _____ 2ND TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE _____ LENGTH _____ 3RD TRAILER LICENSE PLATE # _____ STATE _____ EXP DATE _____ LENGTH _____ SPEED _____ POSTED _____ POSTED ADVISORY _____ EST TRAVEL _____ EST IMPACT _____ ESTIMATED BY: <input type="checkbox"/> Officer <input type="checkbox"/> Occupant <input type="checkbox"/> Driver <input type="checkbox"/> Witness <input type="checkbox"/> None												20
10	SEQUENCE OF EVENTS (Codes 01, 69 - 98) FIRST EVENT _____ SECOND EVENT _____ THIRD EVENT _____ FOURTH EVENT _____ MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69) _____ VEHICLE 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 () _____												21
11	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) _____ 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												22
12	WITNESSES: Name _____ Address _____ Phone () _____ Name _____ Address _____ Phone () _____ Law Enforcement Activity: Time Notified of Crash _____ Arrived at Scene _____ Date Notified of Crash _____ Investigation Completed _____ Use Military Time <input type="checkbox"/> mm dd yy <input type="checkbox"/> mm dd yy												23
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												
<input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> ADDITIONAL PERSONS REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> AMENDED REPORT State Law Requires a Reportable Crash Report to be Forwarded to Dept. of Public Safety Within 10 Days Following Completion of Investigation.													

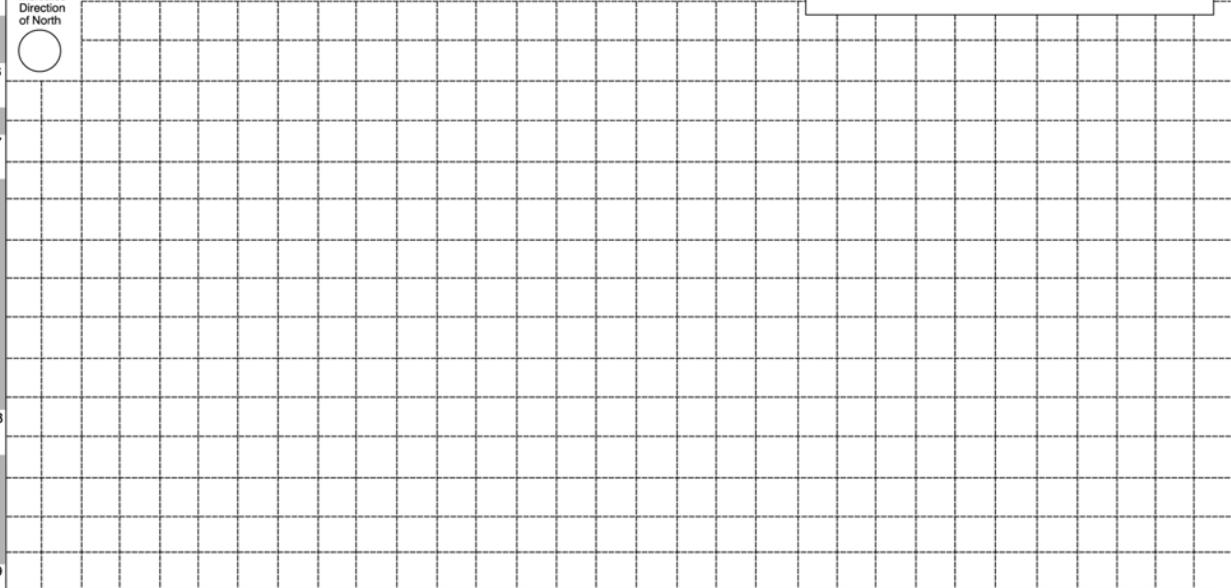
BACK SIDE OF DI-9 REPORT FORM

	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 # 05		TOWED BY:																
Disposition of Vehicle #		TOWED BY:																

#3

PERSON(S) INVOLVED	VEH #	DRIVER	Transported to:	BAC	Person Type	Seating Position	Sex	Level	ARea	Cause	Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Extrication
		VEH #	DRIVER	Transported to:	BAC	01	11	U	01	00	00	01	99	99	99	00	96
	VEH #	DRIVER	Transported to:	BAC													
	VEH #	Name	DOB	Age	Transported to:			BAC									
	VEH #	Address		Phone ()													
	VEH #	Name	DOB	Age	Transported to:			BAC									
	VEH #	Address		Phone ()													
24	VEH #	Name	DOB	Age	Transported to:			BAC									
24	VEH #	Address		Phone ()													
	VEH #	Name	DOB	Age	Transported to:			BAC									
	VEH #	Address		Phone ()													

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



#1 Posted and Advisory should be entered as applicable - if estimated travel and impact are entered officers must selected who made the estimate. If no estimated values are entered select "none" in "estimated by" field.

#2 Sequence of events involving the unknown vehicle must be entered, including the most harmful event. Events refer to what occurred involving that vehicle. If the unknown vehicle struck a parked vehicle the event code would be "21 - Collision with parked motor vehicle."

#3 Driver specific values as shown reflect basic information for a completely unknown driver. Any information that is known to the officer at the time of investigation should be added in place of default values.

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