

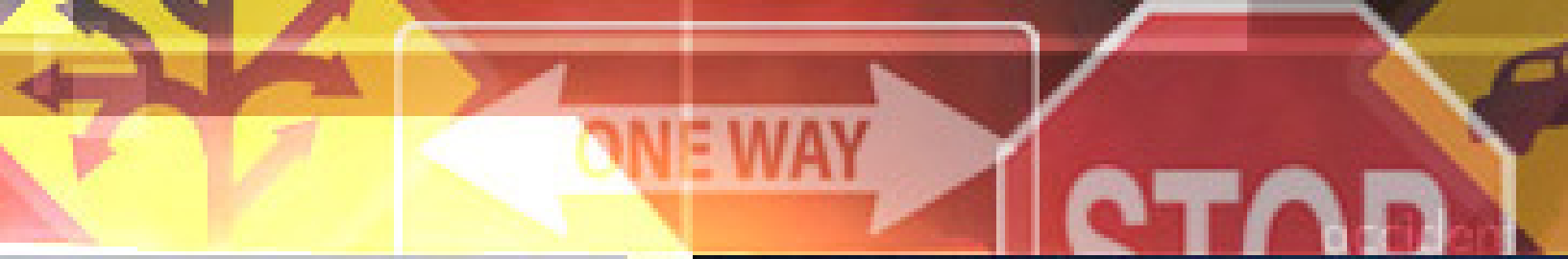


Companion Booklet

*Practice Materials for the
New DI-9 Crash Form*

Produced by:

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DI9 Training Companion Booklet

Thank you for participating in this training for the new DI9, the law enforcement crash investigation form. This DI9 Companion Booklet is designed to supplement the material on your DI9 Training CD-ROM, allowing you to have extra practice in filling out the DI9 form.

The new DI9 introduces a new layout and some new fields that may take some getting used to. Using the practice exercise in this booklet is recommended for use by both seasoned officers as well as new recruits.



Instructions

On the following pages, you will be given information about a crash scenario you might encounter on the job as a law enforcement officer. Many of the details should correspond to the scenario provided in the DI9 training video. Gather the appropriate information from this scenario and practice entering it into the new DI9 form, provided on pages 7-8 of this booklet. Feel free to tear out the DI9 forms to assist you.

When you are finished, check your answers using the completed DI9 form, provided on pages 12-13.

Remember, some fields might be filled out differently by some agencies. Be sure to check with your supervisor to ensure that the information is filled out properly. For additional information about each field, feel free to consult the DI9 Implementation Manual, provided on the training CD under the Resources button.



Crash Scenario

You are called by a dispatcher to a crash scene in Springville, Utah that took place at a 4-leg intersection on Highway 89. As you approach the vehicles, you can see that it was a collision between a tow truck (a Ford 350) and a small 2-door Volkswagon Rabbit. After ensuring that the scene is safe for you, you check to see if the occupants are OK. While the man in the tow truck appears to not be harmed, the woman in the car is bleeding from the head. You immediately radio the dispatcher to call for medical help.

Once the crash participants are stabilized by EMS, you begin your crash investigation for the DI9. Here are some of the critical crash details you discover:

- The crash took place on a Tuesday, November 29, 2005 at 9:40 a.m. in Springville (Utah County) at the intersection of Highway 89 and 1600 S. (GPS coordinates: Latitude = 40 N., Longitude = 111 W.)
- The case number you were given from dispatch was #01932.
- Apparently, the man in the truck ran a stop sign, and the young woman driving the car hit the truck as she was passing through the intersection. The driver of the truck would most likely be considered the driver at fault.
- The VIN number for the truck (a 2003 Ford 350) is #VXVWRQ04906PL002412. Its Utah license plate number is 207 WXJ and expires in September of 2006.
- The tow truck driver's name is Bradley R. Naylor, born 06/19/66. and he lives at 123 Elm Street, Anytown, UT 84123. His phone number is (801) 555-5555. He was the only occupant in his vehicle.
- His Utah commercial driver's license number is 159000000, which is Class B. There are no endorsements or restrictions.
- You issue the truck driver a citation for failure to obey the stop sign, which is citation #J4232047.



Crash Scenario, cont.

- The tow truck company owner is Performance Place Inc., located at 10246 S. Redwood Road, South Jordan, UT 84095, phone number (801) 254-0769.
- The USDOT number for the truck is 753332UT, and it is designed to carry vehicles up to 24,000 lbs. There was no inspection conducted. No hazardous materials were carried or released from the tow truck.
- The truck driver said he was on an intrastate job.
- The posted speed for the truck was 25 mph, and you believe that this is how fast he was going at the time of the crash.
- The truck received minor damage to its front bumper, and you estimate it will cost less than \$1,000 to repair
- The insurance company covering the truck was XYZ Insurance, located at 615 Arapeen Dr., SLC, UT 84108, and the phone number is (801) 585-9157. The agent's name was Sam Winkler and the policy number is U120254-D01-44V. The insurance is valid from 11/05 until 11/06.
- The driver of the 1996 VW Rabbit was LaFonda A. Kessler, born June 13, 1986. The Rabbit's VIN is WVWCA0155JK007696, and the Utah license plate number is 443 MYX, expiring 09/06. She lives at 209 Oakview Way, Riverton, UT 84000, phone number (801) 451-8282.
- Her Utah Class D driver's license number is 158000332 and has no endorsements, but a restriction for wearing eye glasses/contacts.
- She received no charges for this crash, and she is the owner of the vehicle.
- She estimated she was going 25 miles per hour during the crash, which is also the posted speed limit. We estimate her impact speed was also 25 mph.
- There was considerable damage to the front of her vehicle, certainly more than \$1,000. Her insurance company is GEICO Insurance, 8439 S. 4200 W., WVC, UT, 84001 with the phone number (801) 964-3319. Her policy number is U390301-R06-99C, the agent's name is A.J. Hortin, and the insurance is valid from 8/05 - 8/06.
- The crash did not take place in a work zone and no other property was damaged besides the vehicles.



Crash Scenario, cont.

- There was one witness to the crash, a gentleman by the name of Dan Pearson. He gave his address as 1040 Valley Way, Orem, UT 84020 and his phone number, (801) 623-0609.
- The time you were notified of the crash was 9:44 a.m. and you arrived at 9:47 a.m. You completed the report on the same day as the crash.
- You did not do a field diagram or video of the crash, but you did take a couple digital pictures.
- The tow truck driver was not injured and did not need transport or towing (and the airbag did not deploy).
- EMS was called at 9:47 a.m. and arrived at 9:55 a.m. The female driver was given first aid by EMS and refused transport to the hospital. The VW Rabbit, which did not have an air bag, was towed by Performance Place, Inc.
- All occupants in both vehicles were belted with a lap and shoulder belt. No occupants were ejected or extricated.
- The woman believed her head wound was caused by hitting the steering wheel.
- After the tow truck driver ran the stop sign, the manner of collision is an angle impact, where the Rabbit hit the driver's-side front corner of the truck.
- The tow truck was a single-unit truck with 2 axles and 6 tires. The rabbit was a small, 2-door passenger car.
- No alcohol or drug use is suspected for either vehicle.
- The Rabbit was traveling southbound, while the truck was traveling eastbound.
- There were no vehicle contributing circumstances.
- Both drivers appeared normal.
- The female driver told you she was on her cell phone during the crash and tow truck driver was listening to his radio.
- The truck driver also indicated there was a glare in his eyes.
- Each roadway was two-way, not divided.
- The weather was clear daylight. The roads were both straight, level, and dry asphalt.
- No non-motorists were involved.

TIME
Date of Crash: / /
Day of Week:

1	2	3	4	5	6	7
S	M	T	W	T	F	S

 Military Time:
DLD Number:

LOCATION
PLACE WHERE CRASH OCCURRED: COUNTY CODE City or Town of Jurisdiction
If crash was outside city limits indicate distance from city limits or nearest town Miles 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 of
N S E W N S E W Nearest intersection, street, house no., landmark
Tenth of a mile of Mile Post Be sure to complete if road has mile post

VEH # (Car)
VIN# LICENSE PLATE INFO NUMBER STATE EXP DATE MAKE 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 CHARGE(S) CITATION #
OWNER: FIRST INITIAL LAST STREET, CITY, STATE, ZIP PHONE ()
 Same as Driver

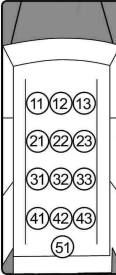
CARRIER
NAME STREET, CITY, STATE, ZIP PHONE ()
 Same as Owner CDL Presented at Scene
US DOT # CVSA INSPECTION # GCWR / GVWR (check one) 10,001 - 26,000 lbs MORE THAN 26,000 lbs HAZ MAT RELEASED YES NO HAZ MAT PLACARD # or NAME - CLASS CARGO CODE PURPOSE OF USE GOVT PERSONAL INTERSTATE INTRASTATE
1ST 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: Officer Witness Driver SEQUENCE OF EVENTS (Codes 01 - 99) FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69)
VEHICLE DAMAGE: ESTIMATED DAMAGE NO DAMAGE \$1 - \$999 \$1,000 or MORE INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE POLICY NUMBER
INSURANCE APPEARS VALID YES NO AGENCY/AGENT THAT SOLD POLICY ADDRESS PHONE ()

VEH # (Emp)
VIN# LICENSE PLATE INFO NUMBER STATE EXP DATE MAKE 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 CHARGE(S) CITATION #
OWNER: FIRST INITIAL LAST STREET, CITY, STATE, ZIP PHONE ()
 Same as Driver

CARRIER
NAME STREET, CITY, STATE, ZIP PHONE ()
 Same as Owner CDL Presented at Scene
US DOT # CVSA INSPECTION # GCWR / GVWR (check one) 10,001 - 26,000 lbs MORE THAN 26,000 lbs HAZ MAT RELEASED YES NO HAZ MAT PLACARD # or NAME - CLASS CARGO CODE PURPOSE OF USE GOVT PERSONAL INTERSTATE INTRASTATE
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SPEED: POSTED POSTED ADVISORY EST TRAVEL EST IMPACT ESTIMATED BY: Officer Witness Driver SEQUENCE OF EVENTS (Codes 01 - 99) FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69)
VEHICLE DAMAGE: ESTIMATED DAMAGE NO DAMAGE \$1 - \$999 \$1,000 or MORE INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE POLICY NUMBER
INSURANCE APPEARS VALID YES NO AGENCY/AGENT THAT SOLD POLICY ADDRESS PHONE ()

Work Zone? Yes No Unknown
Total # of Lanes on Roadway
Damage to Property Other than Vehicles (Name object and state nature)
Workers Present? Yes No Unknown
Vehicles Involved
Name and Address of Owner of Object Struck Phone ()
PROPERTY DAMAGE ESTIMATE \$1,000 OR MORE LESS THAN \$1,000

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 Yes No Field Diagram Yes No Video Yes No Photo (s) Yes No Digital No Film



SEATING POSITION

- 11 - Motorcycle Driver
- 12 - Motorcycle Passenger
- 13 - Front Row Other
- 21 - Second Row Other
- 22 - Third Row Other
- 23 - Fourth Row Other
- 31 - Sleeper Section of Cab (Truck)
- 32 - Enclosed Cargo Area
- 33 - Unenclosed Cargo Area
- 41 - Trailing Unit
- 42 - Riding on Vehicle Exterior
- 43 - Seating Position 11, Not Driver
- 50 - Sleeper Section of Cab (Truck)
- 51 - Enclosed Cargo Area
- 52 - Unenclosed Cargo Area
- 53 - Trailing Unit
- 54 - Riding on Vehicle Exterior
- 55 - Seating Position 11, Not Driver
- 56 - Sleeper Section of Cab (Truck)
- 57 - Right Side Driver
- 58 - Non-Motorist
- 59 - Other*
- 60 - Unknown

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 Properly	Air Bag	Ejection	Ejection Path	Extrication
			Level	Area	Cause							

PERSON(S) INVOLVED

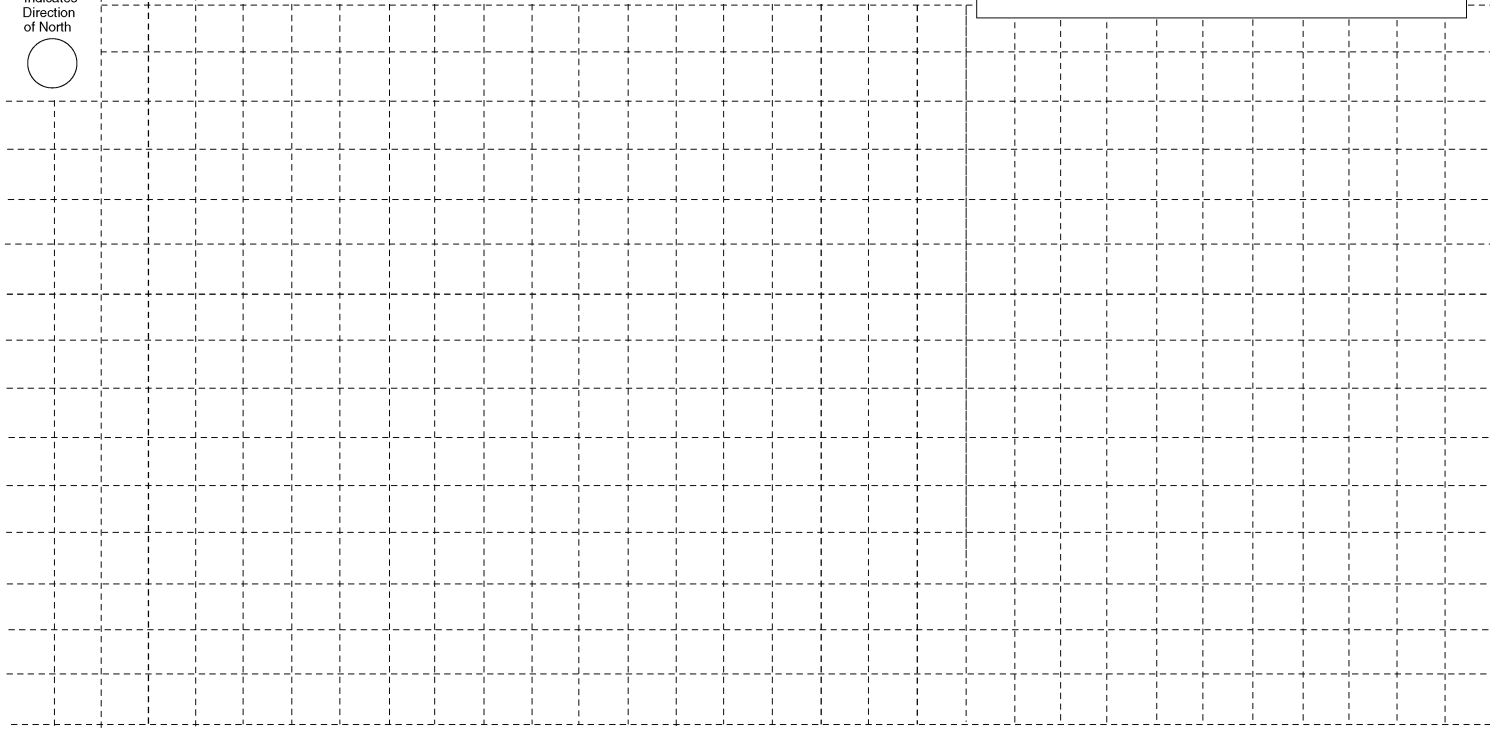
VEH #	DRIVER	Transported to: _____	BAC	
VEH #	DRIVER	Transported to: _____	BAC	
VEH #	Name _____	DOB _____	Age _____	Transported to: _____
	Address _____	Phone () _____		BAC
VEH #	Name _____	DOB _____	Age _____	Transported to: _____
	Address _____	Phone () _____		BAC
VEH #	Name _____	DOB _____	Age _____	Transported to: _____
	Address _____	Phone () _____		BAC
VEH #	Name _____	DOB _____	Age _____	Transported to: _____
	Address _____	Phone () _____		BAC

DIAGRAM of CRASH

NO DIAGRAM - Reason: _____

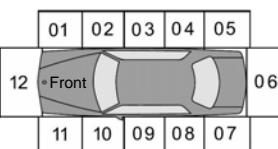
1. Officer not at scene 2. Vehicles moved
3. Other _____

DLD# _____



DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number)

OFFICER'S RANK AND NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT
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1	1 Crash Severity 01 No Injury/PDO 02 Possible Injury 04 Incapacitating Injury 03 Non-Incapacitating Injury 05 Fatal	Counties (location section) 01 Beaver 25 Kane 37 Salt Lake 47 Uintah 03 Box Elder 27 Millard 39 Sanpete 51 Wasatch 05 Cache 29 Morgan 41 Sevier 53 Washington 07 Carbon 31 Piute 43 Summit 55 Wayne 09 Daggett 33 Rich 45 Tooele 57 Weber 11 Davis 13 Duchesne 15 Emery 17 Garfield 19 Grand 21 Iron 23 Juab
2-Odd Veh.	2 Motor Vehicle Body Type 01 Passenger Car (2 door) 09 Truck Tractor 18 RV/Motor Home 02 Passenger Car (4 door) 10 Truck/Trailer 19 No Motor Vehicle 03 Station Wagon 11 Heavy Truck Other (trailer only) 04 Pickup 12 Motorcycle 97 Other* 05 Sport Utility Vehicle 13 School Bus 99 Unknown 06 Van or Mini Van 14 Bus/Motorcoach (not school) 07 Single Unit Truck (2 axles, 6 tires) 15 Farm Equipment (combine, etc.) 08 Single Unit Truck (3 or more axles) 16 Motorized Scooter/Moped, etc. 17 Off Road Vehicle (snowmobile, ATV, etc.)	14 Direction of Vehicle Travel 01 Northbound 96 Not Applicable 02 Southbound (immobile from previous crash, stuck, etc.) 03 Eastbound 99 Unknown 04 Westbound 05 Not on Roadway (also for parked motor vehicle)
2-Even Veh.	3 Trailing Unit(s) 00 No Trailer/Attachment 04 Horse Trailer 09 Semi-Trailer - Triples 01 Utility Trailer 05 Towed Motor Vehicle 10 Mobile Home 02 Boat Trailer 06 Combination - 2 or More 11 Farm Equipment/Trailer 03 Camping Trailer 07 Semi-Trailer - Single 97 Other* 08 Semi-Trailer - Doubles 99 Unknown	15 Vehicle Contributing Circumstances 00 None 07 Headlights 14 Cargo 01 Brakes 08 Signal Lights 15 Fuel System 02 Steering 09 Tail Lights 16 Mirrors 03 Power Train 10 Horn 17 Wipers 04 Suspension 11 Windows/Windshield 18 Body, Doors, Hood 05 Tires 12 Wheels 97 Other* 06 Exhaust 13 Trailer Hitch 99 Unknown
3-Odd Veh.	4 Cargo Body Type 06 Auto Transporter 09 Flatbed 96 Not Applicable 07 Concrete Mixer 10 Cargo Tank 01 Van/Enclosed Box 08 Garbage/Refuse 11 Pole 02 Hopper (grain, gravel, etc.) 12 Log Truck 03 Bus/Van (seats for 9 - 15 people, including driver) 13 Dump 04 Bus (seats more than 15 people, including driver) 97 Other* 05 Intermodal Container Chassis 99 Unknown	16 Driver Condition 01 Normal 04 Exceeded HOS Limits 06 Emotional 02 Illness 05 Under the Influence of 97 Other* 03 Fatigue/Asleep Alcohol/Drugs/Medications 99 Unknown
3-Even Veh.	5 Special Function of Motor Vehicle 00 None 06 Fire - Non-Emer 01 Law Enforcement - Emer 07 Snowplow - in Use 02 Law Enforcement - Non-Emer 08 Tow Truck - in Use 03 Ambulance - Emer 09 Construction - in Use 04 Ambulance - Non-Emer 99 Unknown 05 Fire - Emer	17 Driver Contributing Circumstances 00 None 08 Disregard Traffic Signals 16 Improper Backing 01 Exceeded Posted Speed Limit 09 Disregard Road Markings 17 Improper Signal 02 Too Fast for Conditions 10 Swerved or Evasive Action 18 Improper Passing 03 Failed to Yield Right-of-Way 11 Followed too Closely 19 Improper Turn 04 Failed to Keep in Proper Lane 12 Reckless/Aggressive 20 Hit and Run 05 Improper Lane Change 13 Wrong Side/Wrong Way 21 Street Racing 06 Over-Correcting/Over-Steering 14 Improper Parking/Stopping 97 Other* 07 Disregard Traffic Signs 15 Ran Off Road 99 Unknown
4-Odd Veh.	6 Area of Initial Impact  00 Impact, No Damage 13 Top (roof) 14 Undercarriage 15 Damage, No Impact 16 No Impact, No Damage 99 Unknown	18 Vehicle Maneuver 01 Straight Ahead 07 Making U-turn 13 Parked 02 Backing 08 Leaving Traffic Lane 14 Parking Maneuvers 03 Changing Lanes 09 Entering Traffic Lane 97 Other* 04 Overtaking/Passing 10 Stopped in Traffic Lane 99 Unknown 05 Turning Right 11 Slowing in Traffic Lane 06 Turning Left 12 Immobile From Previous Crash
4-Even Veh.	7 Most Damaged Area	19 Driver Distraction 00 None 03 Other Electronic Device 01 Cell Phone 04 Passengers 02 Radio/CD/DVD etc. 97 Other* 99 Unknown
5-Odd Veh.	8 Extent of Deformity for Most Damaged Area 00 None 03 Severe 01 Minor 99 Unknown 02 Moderate	20 Traffic Control Device 00 None 07 HOV Lane 01 Traffic Control Signal 08 Ramp Metering - Active 02 Flashing Traffic Control Signal 09 School Zone 03 Stop Sign 10 School Zone Reduced Speed - Active 04 Yield Sign 11 Railroad Crossing-No Signal 05 Warning Sign 12 Railroad Crossing-Signal/Gate 06 Flagger or Officer 97 Other* 99 Unknown
5-Even Veh.	9 Alcohol/Drug Use Suspected 00 None 03 Both 01 Alcohol 99 Unknown 02 Drugs	21 Roadway Description 01 Two-Way, Not Divided 02 Two-Way, Not Divided With a Continuous Left Turn Lane 03 Two-Way, Divided, Unprotected Median 04 Two-Way, Divided, Positive Median Barrier 05 One-Way 99 Unknown
6-Odd Veh.	10 Alcohol/Drug Test 00 Not Given 01 Refused 04 Both 02 Alcohol 97 Other* 03 Drug	22 Manner of Collision (two or more motor vehicles) 96 Not Applicable 04 Sideswipe Same Direction 01 Angle 05 Sideswipe Opposite Direction 02 Front to Rear 06 Parked Vehicle 08 Rear to Rear 03 Head On (front-to-front) 07 Rear to Side 99 Unknown
6-Even Veh.	11 Test Results 96 Not Applicable 01 Alcohol-Pos. 02 Drug-Pos. 04 Negative 03 Both-Pos. 05 Pending	23 Roadway Contributing Circumstances 00 None 97 Other* 01 Debris 99 Unknown 02 Rut, Hole, Bump 03 Road Surface Condition (wet, icy, snow, slush, etc.) 04 Work Zone (construction/maintenance/utility) 05 Worn, Travel-Polished Surface 06 Traffic Control Device (inoperative, missing, or obscured) 07 Shoulder (none, low, soft, high) 08 Animal Caused Evasive Action 09 Non-Motorist Caused Evasive Action 10 Non-Contact Vehicle Caused Evasive Action 11 Obstruction from Previous Crash
7-Odd Veh.	12 Work Zone Type 96 Not Applicable 03 Work on Shoulder or Median 97 Other* 01 Lane Closure 04 Intermittent or Moving Work 99 Unknown 02 Lane Shift/Crossover	13 Work Zone Location 96 Not Applicable 01 Before the First Work Zone Warning Sign 02 Advance Warning Area (after the first warning sign, but before the work area) 03 Transition Area (where lanes are shifted or tapered for lane closure) 04 Activity Area (adjacent to actual work area, whether workers and equipment were present or not) 05 Termination Area (after the activity area, but before traffic resumes normal conditions) 99 Unknown
7-Even Veh.	8-Odd Veh. 8 Extent of Deformity for Most Damaged Area 00 None 03 Severe 01 Minor 99 Unknown 02 Moderate	8-Even Veh. 8 Extent of Deformity for Most Damaged Area 00 None 03 Severe 01 Minor 99 Unknown 02 Moderate
8-Odd Veh.	9-Odd Veh. 9 Alcohol/Drug Use Suspected 00 None 03 Both 01 Alcohol 99 Unknown 02 Drugs	9-Even Veh. 9 Alcohol/Drug Use Suspected 00 None 03 Both 01 Alcohol 99 Unknown 02 Drugs
9-Odd Veh.	10-Odd Veh. 10 Alcohol/Drug Test 00 Not Given 01 Refused 04 Both 02 Alcohol 97 Other* 03 Drug	10-Even Veh. 10 Alcohol/Drug Test 00 Not Given 01 Refused 04 Both 02 Alcohol 97 Other* 03 Drug
9-Even Veh.	11-Odd Veh. 11 Test Results 96 Not Applicable 01 Alcohol-Pos. 02 Drug-Pos. 04 Negative 03 Both-Pos. 05 Pending	11-Even Veh. 11 Test Results 96 Not Applicable 01 Alcohol-Pos. 02 Drug-Pos. 04 Negative 03 Both-Pos. 05 Pending
10-Odd Veh.	12-Odd Veh. 12 Work Zone Type 96 Not Applicable 03 Work on Shoulder or Median 97 Other* 01 Lane Closure 04 Intermittent or Moving Work 99 Unknown 02 Lane Shift/Crossover	12-Even Veh. 12 Work Zone Type 96 Not Applicable 03 Work on Shoulder or Median 97 Other* 01 Lane Closure 04 Intermittent or Moving Work 99 Unknown 02 Lane Shift/Crossover
10-Even Veh.	13-Odd Veh. 13 Work Zone Location 96 Not Applicable 01 Before the First Work Zone Warning Sign 02 Advance Warning Area (after the first warning sign, but before the work area) 03 Transition Area (where lanes are shifted or tapered for lane closure) 04 Activity Area (adjacent to actual work area, whether workers and equipment were present or not) 05 Termination Area (after the activity area, but before traffic resumes normal conditions) 99 Unknown	13-Even Veh. 13 Work Zone Location 96 Not Applicable 01 Before the First Work Zone Warning Sign 02 Advance Warning Area (after the first warning sign, but before the work area) 03 Transition Area (where lanes are shifted or tapered for lane closure) 04 Activity Area (adjacent to actual work area, whether workers and equipment were present or not) 05 Termination Area (after the activity area, but before traffic resumes normal conditions) 99 Unknown

FRONT SIDE

ONLY ONE CODE per BOX

***Explain in Narrative**

DRIVER(S) AND PERSON(S) INVOLVED INFORMATION (Back Page, Upper Right)

Person Type 01 Driver 02 Passenger 03 Pedestrian	04 Pedalcyclist 05 Scooter/Skater 97 Other* 99 Unknown	Sex M Male F Female U Unknown	Transport By 01 Not Transported 02 Ambulance 03 Helicopter	04 Law Enforcement 05 Private Vehicle 97 Other* 99 Unknown	Ejection 00 Not Ejected 01 Totally Ejected 02 Partially Ejected 96 Not Applicable (motorcycle, snowmobile, pedestrian, pedalcyclist, etc.) 99 Unknown
Injury Level 01 No Injury 02 Possible Injury 03 Non-Incapacitating Injury 04 Incapacitating Injury 05 Fatal	Injury Area 00 None 01 Head 02 Face 03 Neck 04 Chest	05 Abdomen/Pelvis 06 Spine 07 Upper Extremity 08 Lower Extremity 99 Unknown	Safety Equipment 00 None 01 Lap & Shoulder Belt 02 Shoulder Belt Only 03 Lap Belt Only 04 Child Restraint - Forward Facing 05 Child Restraint - Rear Facing	06 Booster Seat 07 Helmet 08 Helmet Plus Other 97 Other* 99 Unknown	Ejection Path 96 Not Applicable 01 Windshield 02 Side Window/Door 03 Rear Window/Door
Injury Cause 00 None 01 Steering Wheel 02 Dash/Windshield 03 Airbag 04 Seatbelt 05 Roof	06 Other Interior 07 Vehicle Exterior 08 External Object 97 Other* 99 Unknown	Disposition of Vehicle 01 Retained by Driver 02 Towed/Disabled 03 Towed/Impounded 04 Towed Other 05 Hit and Run 96 Not Applicable	Used Properly 01 Yes 02 No	96 Not Applicable 99 Unknown	Extrication 01 Not Extricated 02 Extricated 99 Unknown
			Air Bag 00 None 01 Not Deployed 02 Deployed - Front 03 Deployed - Side	04 Deployed - Other 05 Deployed - Combination 06 Deactivated 07 Missing 99 Unknown	

24 Visual Contributing Circumstances

00 None	07 Moving Vehicle(s)
01 Weather Condition	08 Building
02 Physical Obstruction	09 Guardrail/Barrier
03 Windshield or Other Window Obscured	10 Glare
04 Trees, Crops, Bushes, Other Vegetation	11 Smoke
05 Parked Vehicle(s)	97 Other*
06 Signs, Billboards, etc.	99 Unknown

30 Non-Motorist Action

96 Not Applicable	05 Cycling	97 Other*
01 Entering or Crossing Road	06 Working	99 Unknown
02 Walking, Running, Jogging, Playing, etc.	07 Working on Vehicle	
03 Approaching or Leaving Motor Vehicle	08 Pushing Motor Vehicle	
04 Standing, Lying, Sitting	09 Alcohol/Drugs	

25 Weather Condition

01 Clear	04 Snowing	07 Fog, Smog	99 Unknown
02 Cloudy	05 Blowing Snow	08 Severe Crosswinds	
03 Rain	06 Sleet, Hail	09 Blowing Sand, Soil, Dirt	

31 Non-Motorist Contributing Circumstances

96 Not Applicable	05 Inattentive
00 None	06 Failure to Obey Traffic Signs, Signals, or Officer
01 Improper Crossing	07 Failure to Yield Right-of-Way
02 Daring	08 In Roadway (standing, on knees, lying, etc.)
03 Wrong Side of Road	97 Other*
04 Not Visible	99 Unknown

26 Light Condition

01 Daylight	04 Dark - Unknown Lighting	99 Unknown
02 Dark - Lighted	05 Dawn	
03 Dark - Not Lighted	06 Dusk	

32 Non-Motorist Location

96 Not Applicable	08 Shoulder	97 Other*
01 Marked Crosswalk at Intersection	09 Island	99 Unknown
02 Unmarked Crosswalk at Intersection	10 Sidewalk	
03 Mid-Block Crosswalk	11 Roadside	
04 School Crosswalk at Intersection	12 Dedicated Bike Path	
05 Mid-Block School Crosswalk	13 Shared Use Path/Trail	
06 In Roadway (no crosswalk or intersection)	14 Outside Right-of-Way	
07 Median (not on shoulder)	15 Inside Building	

27 Roadway Surface Condition

01 Dry	07 Mud
02 Wet	08 Sand, Dirt, Gravel
03 Snow	09 Oil
04 Slush	97 Other*
05 Ice	99 Unknown
06 Water (standing, moving)	



28 Roadway/Junction Feature

Non-Intersection	Intersection
00 No Special Feature/Junction	20 4-Leg Intersection
01 Bridge (overpass/underpass)	21 T-Intersection
02 Railroad Crossing	22 Y-Intersection
03 Business Drive	23 5-Leg or More Intersection
04 Farm/Residential Drive	24 Roundabout
05 Alley	25 Ramp Intersection With Crossroad
06 Crossover in Median	26 Bike/Ped Path Intersection
07 On-Ramp Merge Area	
08 Off-Ramp Diverge Area	97 Other*
09 On-Ramp	99 Unknown
10 Off-Ramp	

ONLY ONE CODE per BOX

33 Horizontal Alignment

01 Straight	02 Curve	99 Unknown
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34 Vertical Alignment

01 Level	03 Hillcrest	99 Unknown
02 Grade	04 Sag (bottom)	

35 Pavement Type

01 Concrete	04 Dirt
02 Asphalt (blacktop)	97 Other*
03 Gravel, Stone	99 Unknown

29 Road Jurisdiction

01 State (I, US, SR)	05 Private Property
02 County	97 Other*
03 City	99 Unknown
04 Federal (NP, BLM, FS, etc)	

***Explain in Narrative**

36 Location of First Harmful Event

01 On Roadway	06 In Parking Lane or Zone
02 Shoulder	07 Off Roadway, Location Unknown
03 Median	08 Outside Right-of-Way
04 Gore	99 Unknown
05 Roadside (outside of shoulder)	

Sequence of Events (codes 01 - 96 only) (front page, each vehicle)
Most Harmful Event (codes 00, 07 - 69 only)

37 First Harmful Event (codes 07 - 69 only)

Non-Collision: 00 No Damage or Injury, This Vehicle 01 Ran Off Road Right 02 Ran Off Road Left 03 Crossed Median/Centerline 04 Equipment Failure (tire, brakes, etc.) 05 Separation of Units 06 Downhill Runaway 07 Overturn/Rollover 08 Cargo/Equipment Loss or Shift 09 Jackknife 10 Fire/Explosion 11 Immersion 12 Fell/Jumped From Motor Vehicle 19 Other Non-Collision*	Collision With Person, Vehicle, or Non-Fixed Object: 20 Motor Vehicle in Transport 21 Parked Motor Vehicle (off roadway) 22 Pedestrian 23 Pedalcycle 24 Skates, Scooters, Skateboards 25 Animal - Wild 26 Animal - Domestic 27 Work Zone/Maintenance Equipment 28 Freight Rail 29 Light Rail 30 Passenger Heavy Rail 31 Thrown or Fallen Object 39 Other Non-Fixed Object*	Collision With Fixed Object: 40 Guardrail 41 Concrete Barrier 42 Cable Barrier 43 Crash Cushion 44 Guardrail End Section 45 Concrete Sloped End Section 46 Cable Barrier End Section 47 Access Control Cable 48 Bridge Rail 49 Bridge Pier or Support 50 Bridge Overhead Structure 51 Traffic Sign Support 52 Delineator Post 53 Other Post, Pole or Support	54 Utility Pole/Light Support 55 Traffic Signal Support 56 Culvert 57 Ditch 58 Embankment 59 Snow Bank 60 Tree/Shrubbery 61 Mailbox/Fire Hydrant 62 Fence 69 Other Fixed Object* 96 Not Applicable (used only to fill unused box(es))
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Answer Key

Please check your completed DI9 form with the answer key on the following pages.

03 1 TIME Date of Crash Month Day Year 11 / 29 / 05 Day of Week S M T W T F S Military Time 0940 DLD Number

07 2 LOCATION PLACE WHERE CRASH OCCURRED: 49 COUNTY CODE City or Town of Jurisdiction Springville Case Number 01932
 01 2 If crash was outside city limits indicate distance from city limits or nearest town Miles N S E W of City or Town
 ROAD, STREET, HWY CRASH OCCURRED: SR 89 + 1600 S. Street Name or Highway Number UDOT USE ONLY
 1. AT THE INTERSECTION WITH SR 89 + 1600 S. UDOT USE ONLY
 2. IF NOT AT INTERSECTION Feet of of UDOT USE
 N S E W N S E W Nearest intersection, street, house no., landmark
 Be sure to complete if road has mile post

00 3 VEH # 1 VIN# V XVWRQ04906PL002412 LICENSE PLATE INFO 207 WXS STATE UT EXP DATE 09/06 MAKE FORD MODEL 350 YEAR 2003 OCCUPANT(S) # 1
 09 4 DRIVER Bradlee R. Naylor 123 Elm Street, Anytown, UT 84123 PHONE (801) 585-5555
 96 4 DRIVER LICENSE UT 159000000 CLASS B ENDORSEMENT(S) - RESTRICTION(S) - DATE OF BIRTH 6/19/1963 AGE 43 CHARGE(S) M14 FAILURE TO STOP CITATION # J4232047
 OWNER Performance Place Inc. 10246 S. Redwood Rd. S. JORDAN, UT 84095 PHONE (801) 254-0769

08 5 CARRIER COMMERCIAL VEHICLE INFO NAME STREET, CITY, STATE, ZIP PHONE ()
 00 5 US DOT # 753332UT CVSA INSPECTION # GCWR / GVWR (check one) 10,001 - 26,000 lbs HAZ MAT RELEASED YES NO HAZ MAT PLACARD # or NAME - CLASS CARGO CODE 09 PURPOSE OF USE GOVT PERSONAL INTERSTATE INTRASTATE
 12 6 1ST TRAILER LICENSE PLATE # STATE EXP DATE LENGTH 2ND TRAILER LICENSE PLATE # STATE EXP DATE LENGTH 3RD TRAILER LICENSE PLATE # STATE EXP DATE LENGTH
 01 6 SPEED POSTED 25 POSTED ADVISORY - EST TRAVEL 25 EST IMPACT 25 ESTIMATED BY: Driver SEQUENCE OF EVENTS 20 MOST HARMFUL EVENT FOR VEHICLE 20
 12 7 VEHICLE DAMAGE ESTIMATED DAMAGE \$1 - \$999 NO DAMAGE \$1,000 or MORE XYZ Insurance EFFECTIVE DATE 11/05 EXPIRATION DATE 11/06 POLICY NUMBER U120254-001-44V
 12 7 INSURANCE APPEARS VALID AGENCY/AGENT THAT SOLD POLICY SAM WINKLER ADDRESS 615 Arapeen Dr. SLC UT 84108 PHONE (801) 585-9157

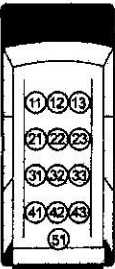
01 8 VEH # 2 VIN# W VVWCA0155JK007696 LICENSE PLATE INFO 443 MYX STATE UT EXP DATE 09/06 MAKE VW MODEL RABBIT 96 OCCUPANT(S) # 1
 02 8 DRIVER LAFONDA A. KESSLER 209 OAKVIEW WAY, Riverton, UT 84000 PHONE (801) 451-8282
 00 8 DRIVER LICENSE UT 158000332 CLASS D ENDORSEMENT(S) B RESTRICTION(S) - DATE OF BIRTH 6/13/1964 AGE 41 CHARGE(S) - CITATION # -
 00 8 OWNER Same as Driver

00 9 CARRIER COMMERCIAL VEHICLE INFO NAME STREET, CITY, STATE, ZIP PHONE ()
 00 9 US DOT # CVSA INSPECTION # GCWR / GVWR (check one) 10,001 - 26,000 lbs HAZ MAT RELEASED YES NO HAZ MAT PLACARD # or NAME - CLASS CARGO CODE PURPOSE OF USE GOVT PERSONAL INTERSTATE INTRASTATE
 10 10 1ST TRAILER LICENSE PLATE # STATE EXP DATE LENGTH 2ND TRAILER LICENSE PLATE # STATE EXP DATE LENGTH 3RD TRAILER LICENSE PLATE # STATE EXP DATE LENGTH
 00 10 SPEED POSTED 25 POSTED ADVISORY - EST TRAVEL 25 EST IMPACT 25 ESTIMATED BY: Driver SEQUENCE OF EVENTS 20 MOST HARMFUL EVENT FOR VEHICLE 20
 96 11 VEHICLE DAMAGE ESTIMATED DAMAGE \$1 - \$999 NO DAMAGE \$1,000 or MORE GEICO EFFECTIVE DATE 8/05 EXPIRATION DATE 8/06 POLICY NUMBER U390501-R06-90
 96 11 INSURANCE APPEARS VALID AGENCY/AGENT THAT SOLD POLICY A. J. Hortin ADDRESS 8439 S. 4200 W. WVC UT 84001 PHONE (801) 964-3519

96 12 Work Zone? Total # of Lanes on Roadway 2 Damage to Property Other than Vehicles (Name object and state nature)
 Workers Present? # Vehicles Involved 2 Name and Address of Owner of Object Struck Phone () PROPERTY DAMAGE ESTIMATE \$1,000 or more LESS THAN \$1,000

96 13 WITNESSES Name DAN PEARSON Address 1040 Valley Way, Orem UT 84020 Phone (801) 623-0619
 Name Address Phone ()

96 13 Law Enforcement Activity Time Notified of Crash 0944 Arrived at Scene 0947 Date Notified of Crash 11 / 29 / 05 Investigation Completed 11 / 29 / 05
 Field Diagram Yes No Video Yes No Photo (s) Yes No Digital Yes No Film



SEATING POSITION

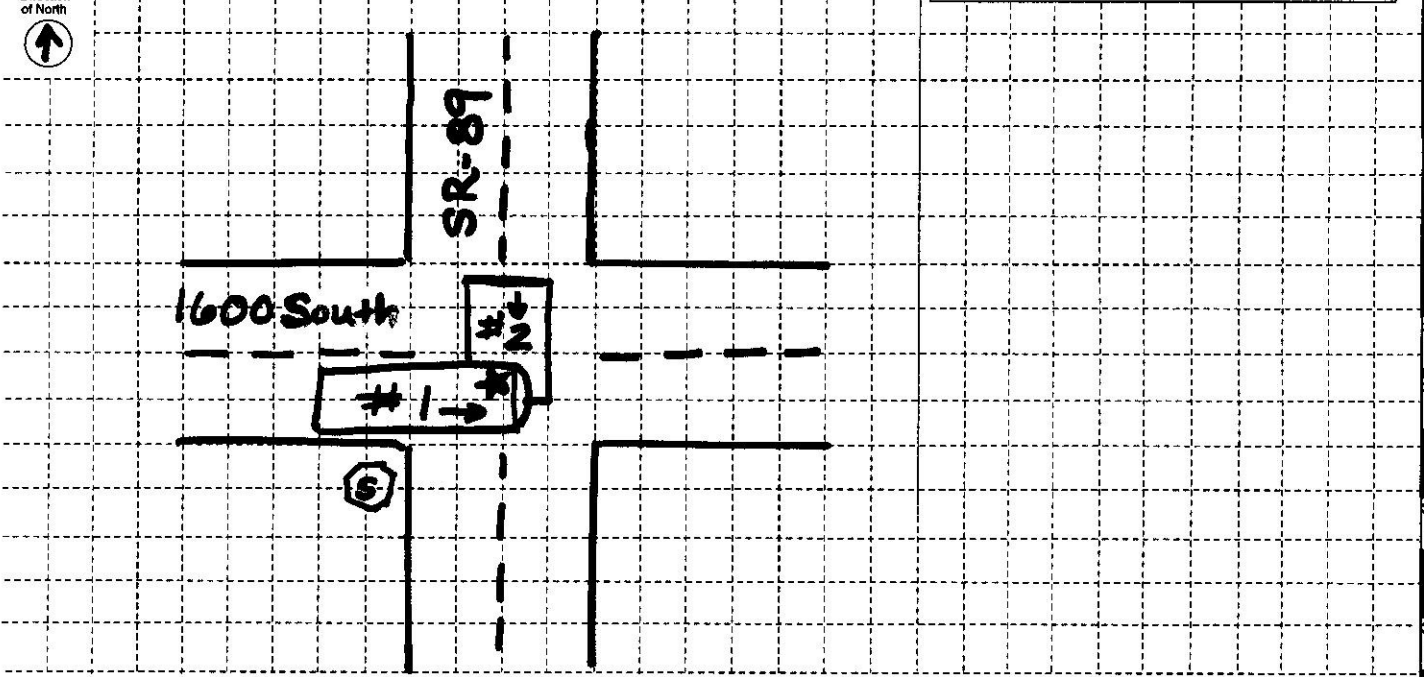
- 11 - Motorcycle Driver
- 21 - Motorcycle Passenger
- 18 - Front Row Other
- 28 - Second Row Other
- 38 - Third Row Other
- 48 - Fourth Row Other
- 50 - Sleeper Section of Cab (Truck)
- 51 - Enclosed Cargo Area
- 52 - Unenclosed Cargo Area
- 54 - Trailing Unit
- 55 - Riding on Vehicle Exterior
- 56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

EMS Time Called: **0947** EMS Time Arrived: **0955**
 Disposition of Vehicle # **1** **01** TOWED BY: _____
 Disposition of Vehicle # **2** **02** TOWED BY: **Performance Place Inc.**

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

PERSON(S) INVOLVED	VEH #	DRIVER	Transported to:	BAC	Person Type	Seating Position	Sex	Level	Area	Cause	Transported By	Safety Equipment	Used Properly	Air Bag	Ejection	Ejection Path	Extrication
		1	DRIVER	Transported to: _____	BAC -	01	11	M	01	00	00	01	01	01	01	00	96
	2	DRIVER	Transported to: _____	BAC -	01	11	F	03	01	01	01	01	01	00	00	96	01

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



DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number) **VEH #1 was east bound on 1600S. and VEH #2 was Southbound on SR 89. Driver #1 stated that the sun was in his eyes & could not see stop sign. Veh #1 failed to stop at sign & hit veh #2 in (R) front. Driver 2 stated she was on cell phone & did not see Veh #1 coming. Driver 2 complained of head injury and driver 2 refused transport. Veh #2 towed.**

OFFICER'S RANK AND NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT
Officer P. Dempsey	5082	S. Jordan Rd	01932	Sgt. Whittaker	11/29/05