IF A QUESTION DOES NOT APPLY, ENTER A "-", IF ANSWER IS UNKNOWN ENTER "U", OTHER EXPLAIN IN DESCRIPTION

DI-9 Rev. 1-97

1

Accident Severity
1. No injury
2. Possible injury
3. Bruises & Abrasions
4. Broken bones or bleeding wounds
5. Fatal

2 TRAFFIC CONTROL
1. Officer or watchman
2. Flagman
3. Traffic Signal
4. Traffic Signal (Flashing)
5. Stop Sign
6. Yield Sign
7. Railroad Gates or Signal
8. Other (Specify)
9. No Control Present
A. Slow or Warning Sign
B. Traffic Lanes Marked
C. No Passing Lanes
D. One-Way Road or Street
E. Construction or Work Area

3 ALIGNMENT (ROADWAY CHARACTER)
1. Straight and Level
2. Grade Straight
3. Hillcrest Straight
4. Curve Level
5. Curve Grade
6. Curve Hillcrest
7. Dip Straight
8. Dip Curve

4 WEATHER
1. Clear
2. Raining
3. Snowing
4. Fog
5. Dust
6. Mist
7. Sleeting
8. Cloudy
9. Windstorm

5 SURFACE CONDITIONS
1. Dry
2. Wet
3. Muddy
4. Snowy
5. Icy
6. Oily

6 ROADWAY CONDITIONS
1. Holes or Ruts In Shoulder
2. Holes, Ruts, Bumps in Roadway
3. Loose Material
4. Obstruction Not Lighted (Darkness)
5. Obstruction Not Marked (Daylight)
6. Road Under Construction
7. Roadway Repairs
8. Obstruction - Previous Accident
9. Other - Specify In Remarks

7 LIGHT
1. Daylight
2. Dawn
3. Darkness Street or Highway Not Lighted
4. Darkness Street or Highway Lighted
5. Dusk

8 KIND OF LOCALITY
1. Manufacturing/Industrial
2. Shopping/Business
3. Residential
4. School
5. Farms and Fields
6. Open Country
7. Church
8. Playground
9. Railroad Tracks

9 ROADWAY FLOW
1. Divided Highway (Median Strip)
2. Divided Highway (Guardrail)
3. Divided Highway (Other Barrier; or Barrier Type Unknown)
4. Not Physically Divided
5. One Way Traffic
6. Unknown

10 NUMBER OF LANES ON ROADWAY

11 NUMBER OF VEHICLES INVOLVED

WHICH VEHICLE OCCUPIED
1. Vehicle No. 1
2. Vehicle No. 2
O. Other

POSITION IN/ON VEHICLE
Addition Positions In and Outside of Vehicle.
50. Sleeper Section of Cab (Truck)
51. Other Passenger In Enclosed Passenger or Cargo Area
52. Other Passenger In Unenclosed Passenger or Cargo Area (Motorcycle)

13	23	33	43
12	22	32	42
11	21	31	41

54. Trailing Unit
55. Riding on Vehicle Exterior
88. Unattended Vehicle
99. Unknown

Type of Collision

SEE LIST ABOVE ON BACK OF FRONT COVER

15 TYPE OF ACCIDENT

1. MV - Pedestrian	R. Ran Off Road - Right	1st Event 16
2. MV - MV	L. Ran Off Road - Left	
3. MV - Train	A. Other Non-Collision	
4. MV - Bicycle	D. MV Animal (Domestic)	
5. MV - Animal (Wild)		2nd Event 17
6. MV - Fixed Object		
7. MV - Other Object		
8. Overturned		
9. Ran Off Roadway - Thru Median		3rd Event 18

CONTRIBUTING CIRCUMSTANCES

00 Did Not Contribute	21 Headlights Glaring	51 Towed Vehicle	PRIME CONTRIBUTOR
01 Speed Too Fast	22 Other Lights or Reflectors Defective	52 Vehicle Rolling in Traffic Lane	VEHICLE #1,3,5 19
02 Failed To Yield Right of Way	23 Steering Mechanism Defective		
03 Drove Left of Center	24 Tires Defective		
04 Improper Overtaking	25 Windshield Not Clear		VEHICLE #2,4,6 20
05 Passed Stop Sign	26 Other Defective Condition of Vehicle		
06 Disregard Traffic Signal	27 Hit and Run		SECONDARY CONTRIBUTOR
07 Followed Too Closely	28 DUI		
08 Made Improper Turn	29 Non-Collsion (Fire)		VEHICLE #1,3,5 21
09 Had Been Drinking	30 Collision (Fire)		
10 Under The Influence Of Drugs	40 Stolen		
11 Eyesight Defective Uncorrected	41 Non-Contact Vehicle Involved		VEHICLE #2,4,6 22
12 Asleep	42 Jackknife		
13 Fatigued	43 Downhill Runaway		
14 Ill	44 Cargo Loss or Shifted		
15 Improper Parking	45 Explosion or Fire		
16 Improper Lookout	46 Separation of Units		
17 Failed To Signal	47 Wrong Side of Road		
18 Other Improper Driving	48 Wrong Way on One Way Street		
19 Brakes Defective	49 Improper Backing		
20 Headlight Insufficient or Out	50 Immersion		

ALTERED VEHICLE

1. Suspension	VEHICLE #1,3,5 23
2. Body	
3. Tinted Windows	
4. Other	
5. None	VEHICLE #2,4,6 24

VEHICLE MANEUVER (DRIVER INTENT)

01. Go Straight Ahead	05. Make U Turn	09. Back	VEHICLE #1,3,5 25
02. Overtake (Passing)	06. Slow or Stop	10. Remain Stopped In Traffic Lane	
03. Make Right Turn	07. Start In Traffic Lane	11. Remain Parked	
04. Make Left Turn	08. Start From Parked Position	12. Changing Lanes	
		13. Merge off or onto roadway	VEHICLE #2,4,6 26

COLLISION WITH OBJECT

OBJECT STRUCK

A. Guardrail	G. Curb	N. Domestic Animal
B. Guardrail End Section	H. Curb or Safety Island	O. Snow Embankment
C. Utility Pole	I. Fence	P. Mailbox or Fire Hydrant
D. Sign Post	J. Rigid Barrier (Concrete)	Q. Traffic Channelization Device
E. Delineator Post	K. Crash Attenuator	R. Tree Shrubbery
F. Bridge Culvert or Other Highway Structure	L. Dirt Embankment/Ditch/Berm (Mountainside)	S. Building Other Structure (Wall)
	M. Wild Animal	T. Other

VEHICLE #1,3,5 27

VEHICLE #2,4,6 28

DRIVER VISION OBSCURED

1. Not Obscured	8. Signboard	
2. Rain, Snow, Etc. on Windshield	9. Hillcrest	VEHICLE #1,3,5 29
3. Windshield Otherwise Obscured By Vehicle Load	10. Parked Vehicles	
4. Vision Obscured By Vehicle Load	11. Moving Vehicles	
5. Trees, Crops, Etc.	12. Sun or Headlight Glare	
6. Building	13. Other	VEHICLE #2,4,6 30
7. Embankment		

PAVEMENT SURFACE TYPE 31

1. Concrete	5. Dirt
2. Blacktop (Bituminous)	6. Other
3. Brick or Block	
4. Gravel; Stone	

Pedestrian/Bicyclist Action

01. Crossing At Intersection - With Signal
02. Crossing At Intersection - Against Signal
03. Crossing At Intersection - No Signal
04. Crossing At Intersection - Diagonally
05. Crossing Not At Intersection
06. Walking In Roadway - With Traffic
07. Walking In Roadway - Against Traffic
08. Standing on Median Island In Crosswalk
09. Other Standing In Roadway
10. Getting On or Off Bus
11. Getting On or Off Other Vehicle
12. Pushing or Working on Vehicle In Roadway
13. Other Working In Roadway
14. Playing In Roadway
15. Coming From Behind Parked Cars
16. Hitching on Vehicle
17. Lying In Roadway
18. Vending In Roadway
19. Other In Roadway
20. Not In Roadway
21. Riding In Roadway With Traffic
22. Riding In Roadway Against Traffic
23. Walking To or from School
24. Walking on Sidewalk
25. Riding on Sidewalk
00 Not Stated

Alcohol/Drug Test

1. No Test	5. Unknown	VEHICLE #1,3,5 32
2. Blood	6. Refused	VEHICLE #2,4,6 33
3. Breath	7. Post Mortem	
4. Other	8. Drug Scan	PEDESTRIAN 34

Alcohol/Drug Test Results

Alcohol enter B.A.C.

Drug enter.
D.P. for Drug Scan Positive
D.N. for Drug Scan Negative

VEHICLE #1,3,5 35

VEHICLE #2,4,6 36

PEDESTRIAN 37

PEDESTRIAN 38

12 13 14

NAME

ADDRESS

AGE	SEX	SAFE EQUIP	INJURY TYPE	INJURY CAUSE	INJURY AREA	EXTRI-CATION	EJECTION	THROUGH WHAT AREA EJECTED?

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

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

Extrication - Fill in appropriate number

0 - Not extricated
1 - Extricated
9 - Unknown

Ejection

1 - Not ejected
2 – Partially ejected
3 - Fully ejected

Description of Cargo

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

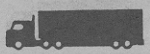
34 Tractor - 2 Trailers

35 Tractor - 2 Long Trailers

36 Tractor - Long Trailer Short Trailer

37 Tractor - 3 Short Trailers

38 Tractor & long trailer



Disposition Of Vehicle Code

1 Towed
2 Impounded
3 Retained by owner/driver
4 Hit and run

**Source of Carrier Name*

1 Side of truck
2 Paperwork
3 Driver

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 inury using these codes:

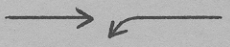
1 - Head
2 - Face
3 - Neck
4 - Chest
5 - Back
6 - Leg(s)
7 - Arm(s)
8 - Torso
9 - Unknown

TYPE OF COLLISION

REV 1-97

01 Opposite directions
Both vehicles straight
Head On

02 Opposite directions
One vehicle straight
One vehicle turning left



03 Same direction
Both vehicles straight
Rear End

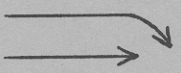
04 Same direction
One vehicle straight
One turning right
Rear End

05 Same direction
One vehicle straight
One turning left
Rear End

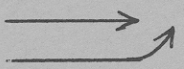
06 Opposite directions
Both straight
Side Swipe

07 Same direction
Both straight
Side Swipe

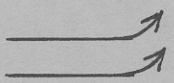
08 Same direction
One vehicle straight
One turning right



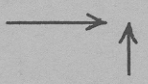
09 Same direction
One vehicle straight
One turning left



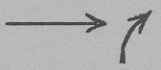
10 Same direction
Both vehicles turning left



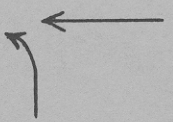
11 Both vehicles straight
Approaching at an angle



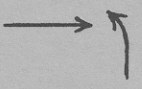
12 One vehicle straight
One coming from right
turning right



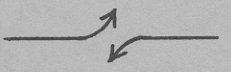
13 One vehicle straight
One coming from left
turning left



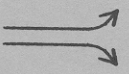
14 One vehicle straight
One coming from right
turning left



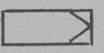
15 Opposite directions
Both vehicles turning left



16 Same Direction
One vehicle turning right
One vehicle turning left

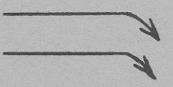


17 Single vehicle

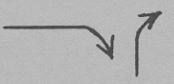


18 Backing

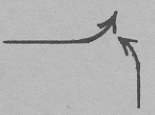
19 Same direction
Both vehicles turning right



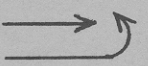
20 Approaching at an angle
Both vehicles turning right



21 Approaching at an angle
Both vehicles turning left

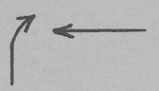


22 One vehicle straight
One vehicle making U-Turn

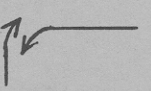
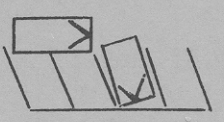


23 Opposite directions
One turning left
One turning right

24 One vehicle straight
One coming from left
turning right



25 Approaching at an angle
One turning left
One turning right



26 One vehicle moving
One vehicle parked