

LOCATION	TIME	Date of Crash Month 10 / Day 21 / Year 13		Day of Week <table><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>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr></table>	1	2	3	4	5	6	7	S	M	T	W	T	F	S	Military Time 07:23	DLD Number	
	1	2	3	4	5	6	7														
	S	M	T	W	T	F	S														
	PLACE WHERE CRASH OCCURRED: If crash was outside city limits indicate distance from city limits or nearest town ROAD, STREET, HWY 12300 S CRASH OCCURRED: Street Name or Highway Number 300 E	COUNTY CODE 35	City or Town of Jurisdiction DRAPER		Case Number 2013-008144		Latitude 40.526682		Longitude -111.881992												
Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> City or Town		UDOT USE ONLY		REPORTABLE CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		UDOT USE															
1. AT THE INTERSECTION WITH 300 E 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 Tenth of a mile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of Mile Post _____ Be sure to complete if road has mile post		Nearest intersection, street, house no., landmark																			
VEH # 1	VIN#	NUMBER		STATE UT	EXP DATE 07/14 mm/yy	COLOR SILVER	MAKE TOYOTA	MODEL COROLLA/S/LE/XLE	YEAR 2010 yyyy	OCCUPANT(S) # 1											
DRIVER	FIRST MEAGAN	INITIAL D	LAST GRUNWALD		STREET, CITY, STATE, ZIP Draper Utah 84020		PHONE (805) 714-6111														
DRIVER LICENSE	STATE UT	NUMBER	CLASS D	ENDORSEMENT(S) -	RESTRICTION(S) A	DATE OF BIRTH / / mm/dd/yyyy	AGE 17	CHARGE(S) 41-6a-903(1)	CITATION # C125890020												
OWNER	FIRST	INITIAL	LAST		STREET, CITY, STATE, ZIP		PHONE														
<input checked="" type="checkbox"/> Same as Driver																					
COMMERCIAL VEHICLE INFO																					
CARRIER																					
<input type="checkbox"/> Same as Owner																					
US DOT #																					
CVSA INSPECTION #																					
GVWR / GVWR (check one) <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> MORE THAN 26,000 lbs																					
HAZ MAT RELEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																					
HAZ MAT PLACARD # or NAME - CLASS																					
CARGO CODE																					
PURPOSE OF USE <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE																					
GOVT <input type="checkbox"/> PERSONAL <input type="checkbox"/>																					
CDL Presented at Scene <input type="checkbox"/>																					
1ST TRAILER LICENSE PLATE #																					
STATE																					
EXP DATE mm / yy																					
LENGTH																					
2ND TRAILER LICENSE PLATE #																					
STATE																					
EXP DATE mm / yy																					
LENGTH																					
3RD TRAILER LICENSE PLATE #																					
STATE																					
EXP DATE mm / yy																					
LENGTH																					
SPEED	POSTED 35	POSTED ADVISORY	EST TRAVEL 20	EST IMPACT 20	ESTIMATED BY: <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Driver	SEQUENCE OF EVENTS (Codes 01 - 69, 96)	FIRST EVENT 20	SECOND EVENT 96	THIRD EVENT 96	FOURTH EVENT 96	MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69) 20										
VEHICLE DAMAGE	ESTIMATED DAMAGE <input type="checkbox"/> NO DAMAGE <input checked="" type="checkbox"/> \$1 - \$1,499 <input type="checkbox"/> \$1,500 or MORE		INSURANCE COMPANY PROGRESSIVE		EFFECTIVE DATE 08/19/2013		EXPIRATION DATE 02/19/2014		POLICY NUMBER 80761099-2												
INSURANCE APPEARS VALID <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			AGENCY/AGENT THAT SOLD POLICY			ADDRESS			PHONE (800) 776-4737												
VEH # 2	VIN#	NUMBER		STATE UT	EXP DATE 09/14 mm/yy	COLOR BLACK	MAKE JEEP	MODEL WRANGLER UNLIMITED X	YEAR 2012 yyyy	OCCUPANT(S) # 1											
DRIVER	FIRST ALLISON	INITIAL	LAST PARKER		STREET, CITY, STATE, ZIP Draper Utah 84020		PHONE (801) 712-1673														
DRIVER LICENSE	STATE UT	NUMBER	CLASS D	ENDORSEMENT(S) -	RESTRICTION(S) A	DATE OF BIRTH / / mm/dd/yyyy	AGE 37	CHARGE(S)	CITATION #												
OWNER	FIRST	INITIAL	LAST		STREET, CITY, STATE, ZIP		PHONE														
<input checked="" type="checkbox"/> Same as Driver																					
COMMERCIAL VEHICLE INFO																					
CARRIER																					
<input type="checkbox"/> Same as Owner																					
US DOT #																					
CVSA INSPECTION #																					
GVWR / GVWR (check one) <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> MORE THAN 26,000 lbs																					
HAZ MAT RELEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																					
HAZ MAT PLACARD # or NAME - CLASS																					
CARGO CODE																					
PURPOSE OF USE <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE																					
GOVT <input type="checkbox"/> PERSONAL <input type="checkbox"/>																					
CDL Presented at Scene <input type="checkbox"/>																					
1ST TRAILER LICENSE PLATE #																					
STATE																					
EXP DATE mm / yy																					
LENGTH																					
2ND TRAILER LICENSE PLATE #																					
STATE																					
EXP DATE mm / yy																					
LENGTH																					
3RD TRAILER LICENSE PLATE #																					
STATE																					
EXP DATE mm / yy																					
LENGTH																					
SPEED	POSTED 35	POSTED ADVISORY	EST TRAVEL 30	EST IMPACT 20	ESTIMATED BY: <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Driver	SEQUENCE OF EVENTS (Codes 01 - 69, 96)	FIRST EVENT 20	SECOND EVENT 96	THIRD EVENT 96	FOURTH EVENT 96	MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69) 20										
VEHICLE DAMAGE	ESTIMATED DAMAGE <input type="checkbox"/> NO DAMAGE <input checked="" type="checkbox"/> \$1 - \$1,499 <input type="checkbox"/> \$1,500 or MORE		INSURANCE COMPANY Bear River Mutual:		EFFECTIVE DATE 10/24/2013		EXPIRATION DATE 10/24/2014		POLICY NUMBER C294949												
INSURANCE APPEARS VALID <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			AGENCY/AGENT THAT SOLD POLICY			ADDRESS			PHONE (800) 925-5177												
Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Total # of Lanes on Roadway 6		Damage to Property Other than Vehicles (Name object and state nature)		Phone ()		PROPERTY DAMAGE ESTIMATE <input type="checkbox"/> \$1,000 OR MORE <input type="checkbox"/> LESS THAN \$1,000													
Workers Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		# Vehicles Involved 2		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													
WITNESSES																					
Name KIBBIE, KRISTINA N Address Bluffdale Utah 84065 Phone (801) 231-2368																					
Name Address Phone																					
Law Enforcement Activity																					
Time Notified of Crash 07:23		Arrived at Scene 07:28		Date Notified of Crash 10 / 21 / 13		Investigation Completed 10 / 21 / 13		Field Diagram <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Video <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Photo (s) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Digital <input type="checkbox"/> No <input type="checkbox"/> Film													
Use Military Time mm dd yy mm dd yy																					
<input checked="" 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. Mail ORIGINAL REPORT TO: Driver License Division, P.O.Box 144501, Salt Lake City, UT 84114-4501																					

**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: 07:24

EMS Time Arrived: 07:29

Disposition of Vehicle # 1

02

TOWED BY: BEEHIVE TOWING

Disposition of Vehicle # 2

02

TOWED BY: MCNEILS TOWING

Person Type	Seating Position	Sex	INJURY			Transported By	Safety Equipment	Used Properly	Air Bag	Ejection	Ejection Path	Extraction
			Level	Area	Cause							
01	11	F	02	99	96	02	01	01	01	00	96	01
01	11	F	01	96	96	96	01	01	01	00	96	01
VEH #	Name	DOB	Age	Transported to:			BAC					
#	Address	Phone										
VEH #	Name	DOB	Age	Transported to:			BAC					
#	Address	Phone										
VEH #	Name	DOB	Age	Transported to:			BAC					
#	Address	Phone										
VEH #	Name	DOB	Age	Transported to:			BAC					
#	Address	Phone										

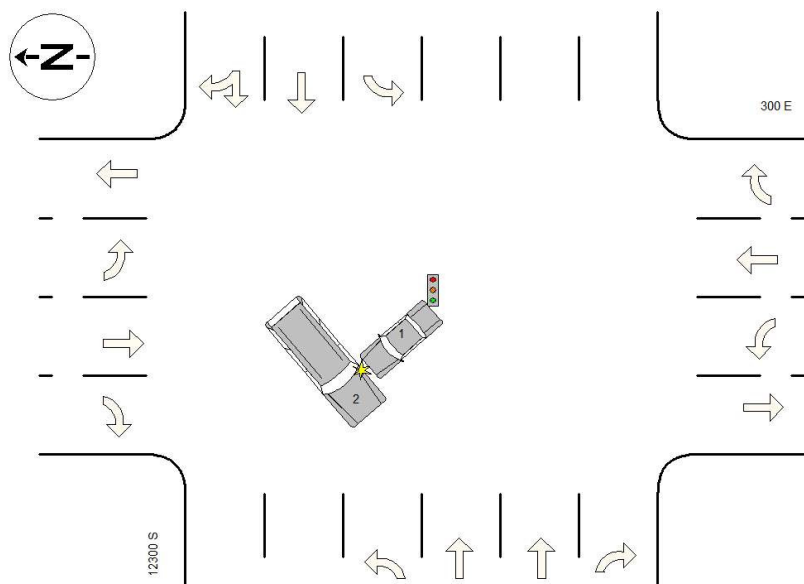
DIAGRAM of CRASH



NO DIAGRAM - Reason:

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

DLD#

**DESCRIBE WHAT HAPPENED**
(Refer to Vehicle by Number)

VEHICLE 2 TRAVELING SB ON 300 E 12300 S. VEHICLE 1 TRAVELING NB ON 300 E. VEHICLE 1 TURNED LEFT ONTO 12300 S STRIKING VEHICLE 2. VEHICLE 1 DRIVER TRANSPORTED TO ALTA VIEW WITH NECK INJURIES, VEHICLE 2 DRIVER NOT INJURED. BOTH VEHICLES REQUIRED TOWS. DRIVERS EXCHANGE FORMS GIVEN TO BOTH PARTIES (VEHICLE 2 EXCHANGE FORM LEFT IN MAILBOX PER REQUEST OF VEHICLE 2 DRIVER). CITATION FOR FAILURE TO YIELD WHEN TURNING LEFT AND EXCHANGE FORM GIVEN TO VEHICLE 1 DRIVER'S FATHER (GERRY GRUNWALD) AT HOSPITAL DUE TO VEHICLE 1 DRIVER IN XRAYS. FIRES CASE IS 13D021481. VEHICLE 1 TOWED BY MCNEILS, VEHICLE 2 TOWED BY BEEHIVE. WITNESS FILLED OUT WITNESS STATEMENT WHICH WILL BE ATTACHED TO THE REPORT. I WAS ABLE TO CONTACT VEHICLE 1'S INSURANCE TO VERIFY POLICY NUMBER AND EFFECTIVE DATES FOR ACCIDENT REPORT.

OFFICER'S NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT
PRINT Kevin Easter	9P16	Draper PD	2013-008144		10/21/2013