

DIAGRAM WHAT HAPPENED BELOW.

Reason For No Diagram

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

CASE NUMBER

2005 3004

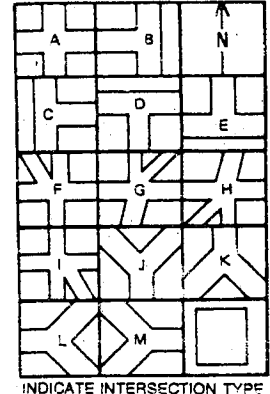
INDICATE DIRECTION OF NORTH



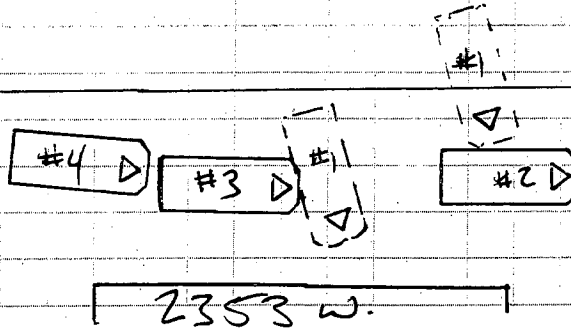
VEHICLE NO. 1 NO. 2

ESTIMATED TRAVEL SPEED	25	-
ESTIMATED IMPACT SPEED	20	-
POSTED SPEED	25	-
ADVISORY SPEED	10	-

1700 N.



INDICATE INTERSECTION TYPE



DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number)

Veh #1 was W. bound on 1700 N. The driver of Veh #1 lost control of his veh. because of the slick road (Snow on road). Veh #1 crossed over the center line and struck Veh #2 in the driver side with Veh #1's front bumper. Veh #1 then slid into the front end of Veh #3 with his passenger side pushing Veh #3 into the front end of Veh #4. Veh's 2, 3, and 4 were parked.

If Hazardous Materials were involved list the placard number from off the commercial vehicle:

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name object and state nature and amount of damage

\$ ESTIMATE

Name and address of owner of object struck

WITNESSES

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

FIRST AID ADMINISTERED BY

- 1 - Policeman
- 2 - Fireman
- 3 - Ambulance Personnel
- 4 - Paramedics
- 5 - Doctor
- 6 - Private Individual
- 7 - Hospital
- 8 - Helicopter Personnel
- 9 - None Administered
- 0 - Unknown

EMS REPORT NO.

EMS REPORT NO.

INJURED TAKEN BY

- 1 - Ambulance, Private
- 2 - Ambulance, Fire
- 3 - Paramedics
- 4 - Private Vehicle
- 5 - Helicopter
- 6 - Other

TIME: Amb. Called: _____ Arrived: _____

INJURED TAKEN TO _____

POLICE ACTIVITY

12 19 05 Date Notified of Accident

0504 Time Notified of Accident

0514 Arrived at Scene

Investigation of accident Completed at 0700 of X the same day the _____ day following

Source of Information

Officer at scene
 Driver No. _____ Contacted station
 Other _____

PHOTO(S) TAKEN YES NO
 VIDEO TAKEN YES NO
 FIELD DIAGRAM YES NO

Name Todd Puley Charge: Fail to stay in Ln.

Name _____ Charge: _____
CVSA Inspection Yes _____ No _____ If Yes, Report Number _____

Other action taken

PRINT Patrolman Jackson 3112 Patrol Provo 12-19-05
 OFFICER'S RANK AND NAME I.D. NO. PATROL DIVISION DEPARTMENT SUPERVISOR APPROVAL DATE OF REPORT

1	TIME	MONTH DAY YEAR	DAY OF WEEK	1 2 3 4 5 6 7	MILITARY TIME	CASE NUMBER	15						
	Log	12 19 05	X	T W T F S S	0504	200530074	26						
2	PLACE WHERE ACCIDENT OCCURRED: COUNTY					FOR AGENCY USE		16					
	Ut 49					CITY OR TOWN		2					
B	Accident was outside city limits					D.L.D. USE ONLY		17					
	Indicate distance from city limits or nearest town, _____ MILES					CITY OR TOWN		2					
LOCATION	ROAD ON WHICH ACCIDENT OCCURRED:					RAMP NO.		18					
	1700 N					INTERSECTION TYPE		03					
2	1. AT ITS INTERSECTION WITH					STATE/LOCAL		20					
	2. IF NOT AT INTERSECTION					NEAREST INTERSECTION, STREET, HOUSE NO. LANDMARK		21					
4	VEHICLE #	YEAR	MAKE	MODEL	BODY STYLE/TYPE CODE	VEHICLE COLOR	G.V.W.R.	DESC. OF CARGO CODE	COMMERCIAL VEHICLE (Reg 12,000 lbs. or more)	22			
	198	98	Jeep	Gr. Chev.	4dr	01	BLK			INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>	23		
4	VEHICLE IDENTIFICATION NUMBER					DISPOSITION OF VEHICLE		NO. OF AXLES (INCLUDING ALL TRAILERS)		DIR OF TRAVEL	23		
	1J4GZ48Y3WK262456					CODE 3		W			5		
5	US DOT	LICENSE PLATE INFO	YEAR	MONTH	STATE	NUMBER	PARTS DAMAGED	COST OF REPAIR		24			
			06	02	UT	643NCU	3,69	\$ 2000		5			
4	OWNER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP, PHONE NO.			PHONE ()		25			
	OPERATOR	Todd	M	Polley	1176 N. 850 W. Provo UT					01			
X	DRIVER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP, PHONE NO.			PHONE ()		26			
										11			
4	DRIVER'S LICENSE	STATE	NUMBER	DATE OF BIRTH	MONTH	DAY	YEAR	AGE	SEX	SAFE EQUIP	INJURY	THROUGH WHAT AREA EJECTED?	27
		Ut	161996964	6	15	81							X
4	DRIVER'S EDUCATION	1. PUBLIC	3. NONE	2. COM'L	4. UNKN	YEARS DRIVE EXP.	LICENSE CLASS	ENDORSEMENT	RESTRICTIONS	24			29
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	D	None	Cor. Tex	24	M	21	XX01X
3	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER		30							
	Geico	1-9-06	7-9-06	4041-33-52-92									
3	INSURANCE APPEARS VALID	AGENCY THAT SOLD POLICY	ADDRESS		PHONE ()						31		
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Geico	1-800-841-3000								2		
9	VEHICLE #	YEAR	MAKE	MODEL	BODY STYLE/TYPE CODE	VEHICLE COLOR	G.V.W.R.	DESC. OF CARGO CODE	COMMERCIAL VEHICLE (Reg 12,000 lbs. or more)	32			
	2	82	Chevy.	New York	4dr	01	GRY			INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>	1		
4	VEHICLE IDENTIFICATION NUMBER					DISPOSITION OF VEHICLE		NO. OF AXLES (INCLUDING ALL TRAILERS)		DIR OF TRAVEL	32		
	2C3BF66K3CR229287					CODE 3		E			39		
4	US DOT	LICENSE PLATE INFO	YEAR	MONTH	STATE	NUMBER	PARTS DAMAGED	COST OF REPAIR		34			
			06	04	UT	616VAS	4,7	\$ 800		34			
10	OWNER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP, PHONE NO.			PHONE ()		35			
	OPERATOR	X	N	Fyring	2353 W 1700 N Provo					35			
11	DRIVER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP, PHONE NO.			PHONE ()		36			
		X		PAPICED						36			
4	DRIVER'S LICENSE	STATE	NUMBER	DATE OF BIRTH	MONTH	DAY	YEAR	AGE	SEX	SAFE EQUIP	INJURY	THROUGH WHAT AREA EJECTED?	37
		X											X
4	DRIVER'S EDUCATION	1. PUBLIC	3. NONE	2. COM'L	4. UNKN	YEARS DRIVE EXP.	LICENSE CLASS	ENDORSEMENT	RESTRICTIONS	38			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER		39							
	Allstate	11-2-05	5-2-06	907698116 05/02									
4	INSURANCE APPEARS VALID	AGENCY THAT SOLD POLICY	ADDRESS		PHONE ()						40		
	YES <input type="checkbox"/> NO <input type="checkbox"/>												
OCCUPANTS	1. PEDESTRIAN		2. BICYCLIST		DATE OF BIRTH		AGE	SEX	INJURY			41	
	NAME		ADDRESS						TYPE CAUSE AREA				

ORIGINAL

1	TIME	MONTH DAY YEAR	DAY OF WEEK	1 2 3 4 5 6 7	MILITARY TIME	CASE NUMBER	15													
		12 19 05	X T W T F S S	0504	20053004	26														
B	LOCATION	PLACE WHERE ACCIDENT OCCURRED: COUNTY	UT 49	CITY OR TOWN	Provo	FOR AGENCY USE	17													
		Accident was outside city limits indicate distance from city limits or nearest town _____ MILES	NORTH S E W			D.L.D. USE ONLY	18													
2	LOCATION	ROAD ON WHICH ACCIDENT OCCURRED:	1700 N	RAMP NO.		STATE/LOCAL	19													
		1. AT ITS INTERSECTION WITH	2353 W.	INTERSECTION TYPE			20													
2	LOCATION	2. IF NOT AT INTERSECTION	NORTH S E W	FEET			21													
		TENTH OF A MILE					22													
2	VEHICLE #	YEAR	88	MAKE	Camry Toy	MODEL	4dr 01	23												
		VEHICLE IDENTIFICATION NUMBER	IT25Z21E5J324093	DISPOSITION OF VEHICLE	CODE 3	NO. OF AXLES (INCLUDING ALL TRAILERS)	DIR OF TRAVEL	E												
4	OPERATOR	FIRST	Nicole	INITIAL		LAST	LUKE	25												
		STREET, CITY, STATE, ZIP, PHONE NO.	2353 W.	PHONE ()	1700 W Provo			26												
X	DRIVER	FIRST	X	INITIAL		LAST	PARKER	27												
		STREET, CITY, STATE, ZIP, PHONE NO.		PHONE ()				28												
4	DRIVER'S LICENSE	STATE	X	NUMBER		DATE OF BIRTH		29												
		INJURY		CAUSE		AREA		THROUGH WHAT AREA EJECTED?												
4	DRIVER'S EDUCATION	1. PUBLIC 2. COM'L 3. NONE 4. UNKN		YEARS DRIVE EXP.		LICENSE CLASS		30												
		INSURANCE COMPANY	Allstate	EFFECTIVE DATE	8-21-02	EXPIRATION DATE	2-21-03	POLICY NUMBER	907115804											
3	INSURANCE APPEARS VALID	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AGENCY THAT SOLD POLICY	Unknown	ADDRESS	PHONE ()		31												
		VEHICLE #	4	YEAR	90	MAKE	Olds	MODEL	Cutlass	4dr 01	VEHICLE COLOR	Red	G.V.W.R.		DESC. OF CARGO		COMMERCIAL VEHICLE (Reg 12,000 lbs. or more)	INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>	NO. OF AXLES (INCLUDING ALL TRAILERS)	DIR OF TRAVEL
4	VEHICLE IDENTIFICATION NUMBER	IG3NF54D9LM779779	DISPOSITION OF VEHICLE	CODE 3	NO. OF AXLES (INCLUDING ALL TRAILERS)	DIR OF TRAVEL	E	33												
		US DOT		LICENSE PLATE INFO	06 03	YEAR	03	MONTH	IN	STATE	32A	NUMBER	470	PARTS DAMAGED	2,3	COST OF REPAIR	\$ 600	34		
2	OPERATOR	FIRST	B. Carol	INITIAL		LAST	DODSON	35												
		STREET, CITY, STATE, ZIP, PHONE NO.	3360 E. Main st.	PHONE ()	Danville IN.			36												
4	DRIVER	FIRST	X	INITIAL		LAST	PARKER	37												
		STREET, CITY, STATE, ZIP, PHONE NO.		PHONE ()				38												
4	DRIVER'S LICENSE	STATE	X	NUMBER		DATE OF BIRTH		39												
		INJURY		CAUSE		AREA		THROUGH WHAT AREA EJECTED?												
4	DRIVER'S EDUCATION	1. PUBLIC 2. COM'L 3. NONE 4. UNKN		YEARS DRIVE EXP.		LICENSE CLASS		40												
		INSURANCE COMPANY	Allstate	EFFECTIVE DATE		EXPIRATION DATE		POLICY NUMBER	902073935											
3	INSURANCE APPEARS VALID	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AGENCY THAT SOLD POLICY		ADDRESS	PHONE ()		41												
		1. PEDESTRIAN 2. BICYCLIST		DATE OF BIRTH		AGE	SEX	INJURY	TYPE CAUSE AREA											
OCCUPANTS	NAME			ADDRESS																

ORIGINAL

PROVO POLICE DEPARTMENT

Accident Information Report

- { } Driver's Account of Accident
- { } Witness' Account of Accident

Dept. Use Only TA# 20053004 Officer # 3112

FULL NAME Todd Pulley

HOME ADDRESS 1176 N 850 W Provo UT 84604
Street City State Zip

TELEPHONE: HOME 377-0492 WORK _____

WHERE EMPLOYED eagle laundry

ACCIDENT LOCATION ~~1176 N~~ 2353 W 1700 W

ACCIDENT OCCURRED: DATE 12-19-05 TIME 4:30 am am/pm

Give details of what took place prior to and at the time of the accident:

I was going down the hill on sandhill road and I started sliding at the bottom corrected then lost it again slid side ways and hit two cars before stopping. I hit the first car on the side with my front bumper then the other with the passenger side of the jeep.

SIGNATURE Todd Pulley
DATE 12-19-05

TURN OVER IF DRIVER

VEHICLE INFORMATION: Year 98 Make Jeep Model Cherokee

Color Black VIN# _____ License plate# _____ State Ut Expires _____

OWNER (If different than Driver): Name _____

Home Address _____

Phone: Home _____ Work _____

DRIVER INFORMATION: Type of drivers education: Public / Commercial / None (circle one)

Years driving B License class D Endorsements _____ Age 24

Restrictions _____ Drivers license# 161996964 State Ut Date of Birth 6-15-81

Were you wearing a seat belt? yes Are you injured? no Where? _____

INSURANCE INFORMATION: Company Geico

Effective from _____ to _____ Policy# 4041-33-52-92

Agent and/or agency _____

Address _____ Phone# 1-800-841-3000

PASSENGER INFORMATION (If any):

Name _____ Age _____

Home Address _____

Male _____ Female _____ Seat Belted _____ Yes _____ No _____ Where seated in vehicle? _____

Injured _____ Where _____

Name _____ Age _____

Home Address _____

Male _____ Female _____ Seat Belted _____ Yes _____ No _____ Where seated in vehicle? _____

Injured _____ Where _____

Name _____ Age _____

Home Address _____

Male _____ Female _____ Seat Belted _____ Yes _____ No _____ Where seated in vehicle? _____

Injured _____ Where _____

Name _____ Age _____

Home Address _____

Male _____ Female _____ Seat Belted _____ Yes _____ No _____ Where seated in vehicle? _____

Injured _____ Where _____