

St George Police Department Accident Request Form
Internet Copy – Please call before mailing, 435-627-4301

To: St George Police Department – 265 N. 200 E, St George UT 84770

Please note that accident reports have been designated by law (see Title 41-6a-402 & Title 41-6a-404 UCA) as protected records. These reports will only be provided to the following:

- A person involved in the accident, excluding witnesses to the accident.
- A person suffering loss or injury in the accident.
- Parent or legal guardian of a person involved in an accident. Child's name _____
- An agent. An agent is a person's attorney, insurer. (Circle one)
- Or any other individual or entity with written permission from the involved party to receive the report.
Provide written permission.
- A licensed private investigator. Badge # _____
- Public law enforcement officers acting in their official capacity. Badge # _____
- Local, state, and federal agencies that use crash information in their official capacity. Badge # _____
- A member of the press or broadcast news media (certain restrictions apply) ID# _____

Accident # _____

If accident # is unknown, please give the Date and Location of the Accident: _____

I hereby request a copy of:

- Accident report (DI-9 form)..... \$ 2.00
 - Additional statements..... 10 cents per page
 - Photographs (Digital) per disk.....\$ 5.00
- Total \$ _____

I hereby acknowledge all statements made above are true and correct, I understand if I make a false statement which I do not believe to be true, I may be subject to criminal penalty. I further understand the SGPD has up to ten (10) business days after receipt of written request to disclose the requested information.

Date of Request: _____ Print your Name: _____
Signature of person making request: _____
Home/Business address, City, State & Zip: _____
Contact Phone number: _____
Agent's Business or Company Name: _____

- St George Police Department Agency Use Only -

Request available for pick-up: _____ Receipt # _____

Signature of person filling request: _____ Date request completed: _____