

<b>CRASH INFORMATION</b>	(One choice per field unless otherwise noted. Other* should be explained in narrative)
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Total # Vehicles	Crash Date	Time of Crash <div style="display: flex; justify-content: space-between;"><span><input type="radio"/> am</span><span><input type="radio"/> pm</span></div>	Crash Day <div style="display: flex; justify-content: space-between;"><span><input type="radio"/> 01 MON</span><span><input type="radio"/> 02 TUE</span><span><input type="radio"/> 03 WED</span><span><input type="radio"/> 04 THU</span><span><input type="radio"/> 05 FRI</span><span><input type="radio"/> 06 SAT</span><span><input type="radio"/> 07 SUN</span></div>	Crash occurred in (City / Borough)
Name of Street or Highway				Name of Cross Street, Highway, Bridge, etc.
<div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> Miles</span> <span><input type="radio"/> North of:</span> <span><input type="radio"/> South of:</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> Feet</span> <span><input type="radio"/> East of:</span> <span><input type="radio"/> West of:</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span><input type="radio"/> At intersection with:</span> </div>		<b>OFFICIAL USE ONLY</b> <div style="display: flex; justify-content: space-between;"> <span>Location Control</span> <span>Reference Point</span> </div>		
<b>Weather</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Blowing dirt, snow  <input type="radio"/> 02 Clear  <input type="radio"/> 03 Cloudy  <input type="radio"/> 04 Fog/ smoke  <input type="radio"/> 05 Ice fog  <input type="radio"/> 06 Rain </div> <div> <input type="radio"/> 07 Sleet, hail (freezing rain)  <input type="radio"/> 08 Severe crosswinds  <input type="radio"/> 09 Snow  <input type="radio"/> 10 Other*  <input type="radio"/> 11 Not reported  <input type="radio"/> 12 Unknown </div> </div>		<b>Lighting</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Dark - lighted roadway  <input type="radio"/> 02 Dark - not lighted  <input type="radio"/> 03 Dark - unknown lighting  <input type="radio"/> 04 Daylight  <input type="radio"/> 05 Twilight  <input type="radio"/> 06 Other* </div> <div> <input type="radio"/> 07 Not reported  <input type="radio"/> 08 Unknown </div> </div>		<b>Roadway / Junction</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Crossover  <input type="radio"/> 02 Driveway  <input type="radio"/> 03 Not a junction  <input type="radio"/> 04 On ramp  <input type="radio"/> 05 Off ramp  <input type="radio"/> 06 Railway crossing </div> <div> <input type="radio"/> 07 Roundabout  <input type="radio"/> 08 T - intersection  <input type="radio"/> 09 Y - intersection  <input type="radio"/> 10 Four way intersection  <input type="radio"/> 11 Five point or more  <input type="radio"/> 12 Unknown </div> <div> <input type="radio"/> 13 Other* </div> </div>

First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK <u>ONLY ONE</u> FOR EITHER COLLISION OR NON-COLLISION)			
<b>COLLISION</b>		<b>NON-COLLISION</b>	
<input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <input type="radio"/> 08 Curb / wall	<input type="radio"/> 09 Ditch <input type="radio"/> 10 Embankment <input type="radio"/> 11 Fence <input type="radio"/> 12 Guard rail face <input type="radio"/> 13 Guard rail end <input type="radio"/> 14 Light support <input type="radio"/> 15 Machinery <input type="radio"/> 16 Mail box	<input type="radio"/> 17 Median barrier <input type="radio"/> 18 Moose <input type="radio"/> 19 Parked vehicle <input type="radio"/> 20 Pedestrian <input type="radio"/> 21 Sideswipe <input type="radio"/> 22 Sign <input type="radio"/> 23 Snowberm <input type="radio"/> 24 Traffic signal pole	<input type="radio"/> 25 Train <input type="radio"/> 26 Tree / shrub <input type="radio"/> 27 Utility pole <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 32 Other fixed object
<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion / fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife		<input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other* <input type="radio"/> 44 Unknown	
Location of First Sequence of Events (where did the crash happen first?)		Road Surface	
<input type="radio"/> 01 Bike lane <input type="radio"/> 02 Gore <input type="radio"/> 03 Median <input type="radio"/> 04 Outside of trafficway <input type="radio"/> 05 Parking lot <input type="radio"/> 06 Roadside <input type="radio"/> 07 Roadway <input type="radio"/> 08 Shared use paths <input type="radio"/> 09 Shoulder <input type="radio"/> 10 Unknown		<input type="radio"/> 01 Dry <input type="radio"/> 02 Ice <input type="radio"/> 03 Water <input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 05 Slush <input type="radio"/> 06 Snow <input type="radio"/> 07 Wet <input type="radio"/> 08 Other*	
		Did police investigate this crash?	
		<input type="radio"/> Yes <input type="radio"/> No	

<b>YOUR DRIVER INFORMATION</b>			
Your Name (Vehicle Driver's Last Name, First Name, Middle Name)		Your Date of Birth	Your Contact Telephone
Your Mailing Address		Your Driver License Number	Your Driver License State
Your City		Your State	Your Zip Code
		Your Residence Country	

<b>YOUR VEHICLE INFORMATION</b>			
<b>Your Vehicle Damage</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 None / minor  <input type="radio"/> 02 Functional  <input type="radio"/> 03 Disabling  <input type="radio"/> 04 Totaled  <input type="radio"/> 05 Unknown </div> <div> <input type="radio"/> 06  <input type="radio"/> 07  <input type="radio"/> 08  <input type="radio"/> 09  <input type="radio"/> 10  <input type="radio"/> 11  <input type="radio"/> 12  <input type="radio"/> 13  <input type="radio"/> 14  <input type="radio"/> 15  <input type="radio"/> 16  <input type="radio"/> 17  <input type="radio"/> 18  <input type="radio"/> 19  <input type="radio"/> 20  <input type="radio"/> 21  <input type="radio"/> 22  <input type="radio"/> 23  <input type="radio"/> 24  <input type="radio"/> 25  <input type="radio"/> 26  <input type="radio"/> 27  <input type="radio"/> 28  <input type="radio"/> 29  <input type="radio"/> 30  <input type="radio"/> 31  <input type="radio"/> 32  <input type="radio"/> 33  <input type="radio"/> 34  <input type="radio"/> 35  <input type="radio"/> 36  <input type="radio"/> 37  <input type="radio"/> 38  <input type="radio"/> 39  <input type="radio"/> 40  <input type="radio"/> 41  <input type="radio"/> 42  <input type="radio"/> 43  <input type="radio"/> 44  <input type="radio"/> 45  <input type="radio"/> 46  <input type="radio"/> 47  <input type="radio"/> 48  <input type="radio"/> 49  <input type="radio"/> 50  <input type="radio"/> 51  <input type="radio"/> 52  <input type="radio"/> 53  <input type="radio"/> 54  <input type="radio"/> 55  <input type="radio"/> 56  <input type="radio"/> 57  <input type="radio"/> 58  <input type="radio"/> 59  <input type="radio"/> 60  <input type="radio"/> 61  <input type="radio"/> 62  <input type="radio"/> 63  <input type="radio"/> 64  <input type="radio"/> 65  <input type="radio"/> 66  <input type="radio"/> 67  <input type="radio"/> 68  <input type="radio"/> 69  <input type="radio"/> 70  <input type="radio"/> 71  <input type="radio"/> 72  <input type="radio"/> 73  <input type="radio"/> 74  <input type="radio"/> 75  <input type="radio"/> 76  <input type="radio"/> 77  <input type="radio"/> 78  <input type="radio"/> 79  <input type="radio"/> 80  <input type="radio"/> 81  <input type="radio"/> 82  <input type="radio"/> 83  <input type="radio"/> 84  <input type="radio"/> 85  <input type="radio"/> 86  <input type="radio"/> 87  <input type="radio"/> 88  <input type="radio"/> 89  <input type="radio"/> 90  <input type="radio"/> 91  <input type="radio"/> 92  <input type="radio"/> 93  <input type="radio"/> 94  <input type="radio"/> 95  <input type="radio"/> 96  <input type="radio"/> 97  <input type="radio"/> 98  <input type="radio"/> 99  <input type="radio"/> 100 </div> </div>		<b>No. of Occupants</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01  <input type="radio"/> 02  <input type="radio"/> 03  <input type="radio"/> 04  <input type="radio"/> 05  <input type="radio"/> 06  <input type="radio"/> 07  <input type="radio"/> 08  <input type="radio"/> 09  <input type="radio"/> 10  <input type="radio"/> 11  <input type="radio"/> 12  <input type="radio"/> 13  <input type="radio"/> 14  <input type="radio"/> 15  <input type="radio"/> 16  <input type="radio"/> 17  <input type="radio"/> 18  <input type="radio"/> 19  <input type="radio"/> 20  <input type="radio"/> 21  <input type="radio"/> 22  <input type="radio"/> 23  <input type="radio"/> 24  <input type="radio"/> 25  <input type="radio"/> 26  <input type="radio"/> 27  <input type="radio"/> 28  <input type="radio"/> 29  <input type="radio"/> 30  <input type="radio"/> 31  <input type="radio"/> 32  <input type="radio"/> 33  <input type="radio"/> 34  <input type="radio"/> 35  <input type="radio"/> 36  <input type="radio"/> 37  <input type="radio"/> 38  <input type="radio"/> 39  <input type="radio"/> 40  <input type="radio"/> 41  <input type="radio"/> 42  <input type="radio"/> 43  <input type="radio"/> 44  <input type="radio"/> 45  <input type="radio"/> 46  <input type="radio"/> 47  <input type="radio"/> 48  <input type="radio"/> 49  <input type="radio"/> 50  <input type="radio"/> 51  <input type="radio"/> 52  <input type="radio"/> 53  <input type="radio"/> 54  <input type="radio"/> 55  <input type="radio"/> 56  <input type="radio"/> 57  <input type="radio"/> 58  <input type="radio"/> 59  <input type="radio"/> 60  <input type="radio"/> 61  <input type="radio"/> 62  <input type="radio"/> 63  <input type="radio"/> 64  <input type="radio"/> 65  <input type="radio"/> 66  <input type="radio"/> 67  <input type="radio"/> 68  <input type="radio"/> 69  <input type="radio"/> 70  <input type="radio"/> 71  <input type="radio"/> 72  <input type="radio"/> 73  <input type="radio"/> 74  <input type="radio"/> 75  <input type="radio"/> 76  <input type="radio"/> 77  <input type="radio"/> 78  <input type="radio"/> 79  <input type="radio"/> 80  <input type="radio"/> 81  <input type="radio"/> 82  <input type="radio"/> 83  <input type="radio"/> 84  <input type="radio"/> 85  <input type="radio"/> 86  <input type="radio"/> 87  <input type="radio"/> 88  <input type="radio"/> 89  <input type="radio"/> 90  <input type="radio"/> 91  <input type="radio"/> 92  <input type="radio"/> 93  <input type="radio"/> 94  <input type="radio"/> 95  <input type="radio"/> 96  <input type="radio"/> 97  <input type="radio"/> 98  <input type="radio"/> 99  <input type="radio"/> 100 </div> </div>	
Your Vehicle Owner's Name (Last, First, Middle Initial)		Vehicle Owner's Telephone	
Your Vehicle Owner's Mailing Address			
Your Vehicle Owner's City		Your Vehicle Owner's State	
Vehicle Year		Vehicle Make	
Vehicle Model		License Plate #	
Your Vehicle's Direction of Travel		Damage Estimate	
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown		<input type="radio"/> Over \$501	
Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)			
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown			

Roadway Circumstances (that may have contributed to the crash)		Your Vehicle Action	
<input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder <input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None <input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown		<input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 02 Backing <input type="radio"/> 03 Changing lanes <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 06 Making U-turn <input type="radio"/> 07 Merging <input type="radio"/> 08 Out of control <input type="radio"/> 09 Passing <input type="radio"/> 10 Parked <input type="radio"/> 11 Skidding <input type="radio"/> 12 Slowing <input type="radio"/> 13 Starting in traffic <input type="radio"/> 14 Stopped <input type="radio"/> 15 Straight ahead <input type="radio"/> 16 Turning right <input type="radio"/> 17 Turning left <input type="radio"/> 18 Other* <input type="radio"/> 19 Unknown	
Traffic Control		Vehicle Configuration	
<input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No traffic controls <input type="radio"/> 03 Road construction signs <input type="radio"/> 04 RR crossing device <input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs <input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown		<input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian <input type="radio"/> 09 Other* <input type="radio"/> 10 Unknown	

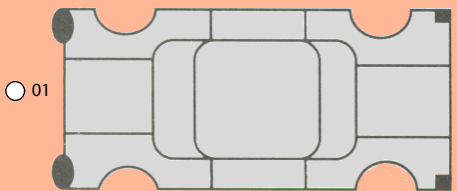
<b>CRASH DESCRIPTION</b>	(Write a brief narrative describing the crash)
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# ALASKA MOTOR VEHICLE CRASH FORM 12-209

## OTHER DRIVER'S INFORMATION

Other Driver's Name (Last Name, First Name, Middle Name)			Other Driver's Date of Birth		Other Driver's Contact Telephone	
Other Driver's Mailing Address			Other Driver's License #		Other Driver's License State	
Other Driver's License Country						
Other Driver's Mailing Address City		Other Driver's State		Other Driver's Zip Code		
Other Driver's Residence Country						

## OTHER DRIVER VEHICLE INFORMATION

Other Vehicle Damage		Other Vehicle No. of Occupants		Other Vehicle Owner's Name (Last, First, Middle Initial)		Other Vehicle Owner's Telephone	
<input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional		<input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled		<input type="radio"/> 05 Unknown			
<input type="radio"/> 02		<input type="radio"/> 03		<input type="radio"/> 04			
							
<input type="radio"/> 01				<input type="radio"/> 05			
<input type="radio"/> 08		<input type="radio"/> 07		<input type="radio"/> 06			
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT							
Other Vehicle Owner's Mailing Address							
Other Vehicle Owner's City				Other Vehicle Owner's State		Other Vehicle Owner's Zip	
Vehicle Year		Vehicle Make		Vehicle Model		License Plate #	
Vehicle License State							
Other Vehicle's Direction of Travel							Damage Estimate
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown							<input type="radio"/> Over \$501
Other Vehicle Driver's Injury Status (vehicle passengers are listed below)							
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown							

Other Driver's Roadway Circumstances (that may have contributed to the crash)			Other Driver's Vehicle Action		
<input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder			<input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None		
<input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown			<input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 02 Backing <input type="radio"/> 03 Changing lanes <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 06 Making U-turn <input type="radio"/> 07 Merging		
<input type="radio"/> 08 Out of control <input type="radio"/> 09 Passing <input type="radio"/> 10 Parked <input type="radio"/> 11 Skidding <input type="radio"/> 12 Slowing <input type="radio"/> 13 Starting in traffic <input type="radio"/> 14 Stopped			<input type="radio"/> 15 Straight ahead <input type="radio"/> 16 Turning right <input type="radio"/> 17 Turning left <input type="radio"/> 18 Other* <input type="radio"/> 19 Unknown		
Other Driver's Traffic Control (traffic control for the other driver may have been different from yours)			Other Driver's Vehicle Configuration		
<input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No traffic controls <input type="radio"/> 03 Road construction signs <input type="radio"/> 04 RR crossing device			<input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle		
<input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs			<input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian		
<input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown			<input type="radio"/> 09 Other* <input type="radio"/> 10 Unknown		

INJURY SECTION (Fill in the name of injured person, injury status, telephone number, and which vehicle they occupied when the crash occurred)			
Name		Injury Status	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
Telephone		Vehicle License	

YOUR INSURANCE INFORMATION		CERTIFICATE OF INSURANCE				Failure to complete the Certificate of Insurance could result in the suspension of your driver's license)	
CRASH INFORMATION		Crash Date		Crash Location			
DRIVER INFORMATION		Your Name (Driver's Last Name, First Name, Middle Initial)		Your Date of Birth		Your Driver's License Number	
		Your Mailing Address		Your City		Your State	
		Your Zip Code		Your Contact Telephone			
VEHICLE OWNER INFORMATION		Vehicle Owner's Name (Last Name, First Name, Middle Initial)		Owner's Date of Birth		Owner's License Number	
		Vehicle Owner's Mailing Address		Owner's City		Owner's State	
		Owner's Zip Code		Owner's Contact Telephone			
VEHICLE INFORMATION		Vehicle year		Vehicle make		Vehicle model	
		License plate #		Vehicle License State		Vehicle Identification Number (VIN)	
INSURANCE INFORMATION		Did you have a current automobile liability policy in effect covering this accident? <input type="radio"/> YES <input type="radio"/> NO					
		Insurance Company or Insurance Carrier Name				Insurance Policy Number	
		Address and Telephone Number of Insurance Agent				Insurance Policy Period: FROM TO	
SIGNATURE		YOUR SIGNATURE					

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the bottom right corner on page 2 of this form. If indicated coverage was in effect at the time of the crash, no action is required.		MAIL AD 83J THIS FORM TO:	
REASON FOR DENIAL:		DMV Main Office	
<input type="radio"/> Policy expired before crash <input type="radio"/> Driver is not covered on policy		P.O. Box 110221	
<input type="radio"/> Policy effective after crash <input type="radio"/> Lapse in policy		Juneau, AK 99811-0221	
<input type="radio"/> Policy number given is incorrect <input type="radio"/> Other: _____		BZa` W/907) 465-4361	
Authorized Representative Signature / Date		8Sj , /+") fi&(' ž ' " +	

# LIABILITY ACCIDENT NOTICE

☐ Auto ☐ Other

DEPARTMENT		SECTION		LOC. CODE		DIRECTOR	
DIVISION		REGION		LOC. NAME		SUPERVISOR	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME				FIRST NAME			
ADDRESS				ZIP		RESIDENCE PHONE	
WHERE CAN EMPLOYEE BE CONTACTED?				WHEN?			
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)				POLICE TO WHOM REPORTED	
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY			
VEHICLE NO.		YEAR		MAKE		MODEL	
VIN (VEHICLE IDENTIFICATION NO.)		PLATE NO.					
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				PHONE	
NAME OF DRIVER		AGE		ADDRESS OF DRIVER			
PHONE							
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE				USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN VEHICLE BE SEEN?	
						WHEN?	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE			
OWNER		ADDRESS				PHONE	
OTHER DRIVER ( ) SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?	
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH. OTHER VEH. OTHER	
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE		REPORTED BY		REPORTED TO		SIGNATURE(PREPARED BY)	

02-919 (03/06)

ONE COPY – RISK MANAGEMENT

SECOND COPY – AGENCY FILES

**STATE OF ALASKA**  
**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Name of Injured/Damaged Equipment/Property \_\_\_\_\_

Job or Activity at Time of Accident \_\_\_\_\_ Date of Accident \_\_\_\_\_

Exact Location \_\_\_\_\_ Time \_\_\_\_\_

1. **WHAT HAPPENED?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. **WHY DID IT HAPPEN?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.  
**OPERATION FACTORS TO BE CONSIDERED:**

<i><b>Proper Equipment</b></i>	<i><b>Proper Material</b></i>	<i><b>People</b></i>
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

\_\_\_\_\_  
\_\_\_\_\_

3. **WHAT SHOULD BE DONE?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ What action(s) will prevent similar accidents in the future?

4. **WHAT HAVE YOU DONE THUS FAR?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Take or recommend action, depending on your authority.

5. **HOW WILL THIS IMPROVE OPERATIONS?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ How will it help us meet our objective – ACCIDENT PREVENTION?

6. **WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?**

Cost of lost wage and medical expenses? ..... \_\_\_\_\_

Damage to State property or equipment? ..... \_\_\_\_\_

Damage to third parties, property and people? ..... \_\_\_\_\_

I \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Investigated By \_\_\_\_\_ Date \_\_\_\_\_

Unit/Division/Department \_\_\_\_\_  
FORMS/INVESTIG

**STATE OF ALASKA - DIVISION OF MOTOR VEHICLES  
CERTIFICATE OF INSURANCE**

LAW ENFORCEMENT INCIDENT NUMBER: \_\_\_\_\_

<b>CRASH INFORMATION</b>	Date of Crash: _____		City Where Crash Occurred: _____	
<b>DRIVER</b>	Name: _____ Date of Birth: _____		Driver License #: _____ State: _____	
	Mailing Address: _____ Street or Box _____ City _____ State _____ Zip _____			
	Daytime Telephone: _____		E-mail: _____	
<b>OWNER OF VEHICLE</b>	Name: _____ Date of Birth: _____		Driver License #: _____ State: _____	
	Mailing Address: _____ Street or Box _____ City _____ State _____ Zip _____			
<b>VEHICLE</b>	Year: _____	Make: _____	Model: _____	License Plate #: _____
			VIN: _____	
Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Policy Number: _____				
Name & Address of Insurance Agent: _____			Phone Number of Insurance Agent: _____	
Name of Insurance Company: _____			Policy Period: _____ To _____	
Your Signature: _____			Date: _____	

**DO NOT WRITE BELOW THIS LINE. THE DIVISION OF MOTOR VEHICLES WILL CONTACT YOUR INSURANCE COMPANY.**

**Insurance Verification:** If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash please check the appropriate box below and mail or fax this form to the Division of Motor Vehicles at the address or fax number listed on the reverse of this form. If indicated coverage was in effect at the time of the crash, no action is required.

**REASON NOT VERIFIED:** ☐ Insurance information is incorrect ☐ No insurance in effect at time of crash

Signature of

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE**

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR-22 insurance); (4) a deposit of security and proof of future financial responsibility (SR-22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR-22 insurance), and pay a reinstatement fee of \$100 to \$500, in addition to the fee for the license being requested, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address on your driver's license or DMV records will not invalidate the suspension if the notice was mailed to the last address you provided to DMV.

**IMPORTANT:** THIS FORM MUST BE COMPLETED IN FULL AND MAILED OR FAXED TO THE DIVISION OF MOTOR VEHICLES WITHIN 15 DAYS FROM THE DATE OF THE CRASH. A participant's crash report is required if the crash was not investigated by a peace officer and the total amount of damage exceeds \$2,000, or there was personal injury.

Mail or Fax Completed Form To:

**STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES  
ATTN: DRIVER LICENSING**

Fax: (907) 465-5509

Phone: (907) 465-4361



State of Alaska  
**LOST~STOLEN~DAMAGED PROPERTY REVIEW**  
 (See State Property Manual for Instructions)

No. \_\_\_\_\_

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged, Repairable <input type="checkbox"/> Destroyed		
7. Police Notified <input type="checkbox"/> Yes (attach report) <input type="checkbox"/> No, explain in 13	8. Serial Number		
9. Description			
10. Class Code	11. Property Tag Number	12. Value \$	
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian	Printed Name & Title	Date	

**COMPLETE 14-18 AND EXPLAIN ACTION TAKEN**

14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, has disciplinary action been taken?			
Explain precautions taken to safeguard State property.			
14a. Signature of Immediate Supervisor		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken.		Recommendations:	
15. Signature of Division Director		Printed Name & Title	Date
The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies.  Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		Recommendations:	
16. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended.		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18.	Approved	Signature of State Property Manager	Date
	Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory.		Recommendations:	

Form 02-627

Revised 10/25/13



<b>PROPERTY LOSS OR DAMAGE REPORT</b> <b>Fire Suppression</b>		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed:			
10. SIGNATURE		11. DATE	
12. Witness report:			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE		17. TITLE	18. DATE

NSN 7540-01-124-7634

ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81)  
 USOA/USDI  
 50289-101



ALASKA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

**VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST**

GENERAL EQUIPMENT INFORMATION		
1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.	
3. CONTRACTOR NAME		
4. AGREEMENT NO.	5. EXPIRATION DATE	
6. MAKE/MODEL	7. EQUIPMENT TYPE	
8. VIN/SERIAL NO.	9. LICENSE NO./STATE	

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section III—LIABILITY
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.
Operator's printed name _____ Title _____
Operator's signature _____ Date _____

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, locks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/body properly attached.	*	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required.	*	
Fire extinguisher _____ Spare fuses _____ Reflectors _____		
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No. _____ Class _____		
Endorsement _____ Med. Cert. Expiration Date _____		

11. RELEASE	<input type="checkbox"/> No Damage/No Claim
MILES/HRs _____ DATE _____ TIME _____	
Operator's printed name _____ Title _____	
Operator's signature _____ Date _____	
Inspector's printed name _____ Title _____	

Section V—REMARKS
(Describe all unsatisfactory items and identify by line number)

\* Safety item—Do not accept until brought into compliance.

† Include information for additional operators in REMARKS section.

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY

7540-01-120-0687

PREVIOUS EDITION NOT USABLE.



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FINANCE COPY - PRE-USE

OPTIONAL FORM 298 (REV. 6-2015)  
50296-103