

CRASH INFORMATION	(One choice per field unless otherwise noted. Other* should be explained in narrative)
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Total # Vehicles	Crash Date	Time of Crash	<input type="radio"/> am <input type="radio"/> pm	Crash Day	<input type="radio"/> 01 MON <input type="radio"/> 02 TUE <input type="radio"/> 03 WED <input type="radio"/> 04 THU <input type="radio"/> 05 FRI <input type="radio"/> 06 SAT <input type="radio"/> 07 SUN	Crash occurred in (City / Borough)			
Name of Street or Highway						<input type="radio"/> Miles <input type="radio"/> Feet	North of: East of: South of: West of: At intersection with:	Name of Cross Street, Highway, Bridge, etc.	OFFICIAL USE ONLY Location Control Reference Point
Weather		Lighting		Roadway / Junction					
<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		<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		<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*		<input type="radio"/> 07 Not reported <input type="radio"/> 08 Unknown <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		<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 <input type="radio"/> 13 Other*	

First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK ONLY ONE FOR EITHER COLLISION OR NON-COLLISION			
COLLISION		NON-COLLISION	
<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?)			
<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
Road Surface		Did police investigate this crash?	
<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*	
<input type="radio"/> Yes <input type="radio"/> No			

YOUR DRIVER INFORMATION			
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 Driver License Country	
Your City	Your State	Your Zip Code	Your Residence Country

YOUR VEHICLE INFORMATION			
Your Vehicle Damage No. of Occupants		Your Vehicle Owner's Name (Last, First, Middle Initial)	
<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		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 #	
Vehicle License State		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's Direction of Travel			
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		

CRASH DESCRIPTION	(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 Mailing Address City			Other Driver's State		Other Driver's License Country	
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"/> 08		<input type="radio"/> 07		<input type="radio"/> 06	
<input type="radio"/> 05							
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	
		<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	

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	
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?	
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>Proper Equipment</i>	<i>Proper Material</i>	<i>People</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? _____

TOTAL _____

Investigated By _____ Date _____

Unit/Division/Department _____
FORMS/INVESTIG

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

LAW ENFORCEMENT INCIDENT NUMBER: _____

CRASH INFORMATION	Date of Crash: _____		City Where Crash Occurred: _____		
DRIVER	Name: _____ Date of Birth: _____		Driver License #: _____ State: _____		
	Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street or Box City State Zip </div>				
	Daytime Telephone: _____		E-mail: _____		
OWNER OF VEHICLE	Name: _____ Date of Birth: _____		Driver License #: _____ State: _____		
	Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street or Box City State Zip </div>				
VEHICLE	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

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. Crew Name or No. (O#, A#, E# or C#)	2. ID NO (Form OF-289) NOT APPLICABLE
		3. ISSUED TO (List: Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers – Fax, Cell, Work, etc.)	
4. ISSUING OFFICE OR CAMP NAME (Name of Incident Agency and the Incident Number)			
5. FIRE NAME	6. FIRE NO. (Fire Account Code)	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter/AD <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property/Serial No. if applicable. Include approximate year of or age of equipment.)		QUANTITY and VALUE per Each Unit	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: (Be specific – date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE , etc.)			
10. SIGNATURE			
11. DATE			
12. Witness report: (Be specific – date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE what did you see, etc.)			
13. SIGNATURE			
14. DATE			
15. Fire Boss or Property Control Officer comments regarding loss or damage: <div style="text-align: center; border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Do not complete this section, see next page. </div>			
16. SIGNATURE		17. TITLE	18. DATE

Requestor Name: _____

Resource Order#: _____

Incident Supervisor:

Comments:

Name and Position: _____

Phone and Email: _____

☐

Do Not Recommend

☐

Recommend

Signature & Date: _____

Subject Matter Expert:

Supply

Ground Support

Communications

Computer Specialist

Other: _____

Comments:

Name and Position: _____

Phone and Email: _____

☐

Do Not Recommend

☐

Recommend

Signature & Date: _____

Incident Agency Representative:

(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)

Decision if within Delegation:

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

Recommendation if above Delegation

☐

Do not Recommend

☐

Recommend

☐

Recommend with the following contingencies:

Comments:

Name and Title: _____

Signature & Date: _____ Contact

Phone: _____

IF ABOVE DELEGATION, SEND CLAIM TO LOCAL INCIDENT OFFICE

Supply Unit:

Sent to dispatch on: (date) _____

Resource Order(s) Assigned: **S**- _____

Requestor Name: _____

Resource Order#: _____

Area Forester:

Decision if \$5000.00 or Less:

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

Recommendation if above \$5000.00

☐

Do not Recommend

☐

Recommend

☐

Recommend with the following contingencies:

Name and Title: _____

Signature & Date: _____

Phone: _____

Regional Forester:

DECISION:

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

Comments:

Name and Title: _____

Signature & Date: _____

Phone: _____

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

10. PRE-USE INSPECTION		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
MILES/HR	DATE	TIME
Inspector's printed name _____ Title _____		
Inspector's signature _____		

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/HR	DATE	TIME
Operator's printed name _____ Title _____		
Operator's signature _____ Date _____		
Inspector's printed name _____ Title _____		

* 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

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