

# ALASKA MOTOR VEHICLE CRASH FORM 12-209

ED# **201607415**

## CRASH INFORMATION (One choice per field unless otherwise noted. Other\* should be explained in narrative)

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: <input type="radio"/> East of: <input type="radio"/> South of: <input type="radio"/> West of: <input type="radio"/> At intersection with:	Name of Cross Street, Highway, Bridge, etc.		
Weather				Lighting		
<input type="radio"/> 01 Blowing dirt, snow	<input type="radio"/> 07 Sleet, hail (freezing rain)	<input type="radio"/> 01 Dark - lighted roadway	<input type="radio"/> 07 Not reported	<input type="radio"/> 01 Crossover	<input type="radio"/> 07 Roundabout	<input type="radio"/> 13 Other*
<input type="radio"/> 02 Clear	<input type="radio"/> 08 Severe crosswinds	<input type="radio"/> 02 Dark - not lighted	<input type="radio"/> 08 Unknown	<input type="radio"/> 02 Driveway	<input type="radio"/> 08 T - intersection	
<input type="radio"/> 03 Cloudy	<input type="radio"/> 09 Snow	<input type="radio"/> 03 Dark - unknown lighting		<input type="radio"/> 03 Not a junction	<input type="radio"/> 09 Y - intersection	
<input type="radio"/> 04 Fog/ smoke	<input type="radio"/> 10 Other*	<input type="radio"/> 04 Daylight		<input type="radio"/> 04 On ramp	<input type="radio"/> 10 Four way intersection	
<input type="radio"/> 05 Ice fog	<input type="radio"/> 11 Not reported	<input type="radio"/> 05 Twilight		<input type="radio"/> 05 Off ramp	<input type="radio"/> 11 Five point or more	
<input type="radio"/> 06 Rain	<input type="radio"/> 12 Unknown	<input type="radio"/> 06 Other*		<input type="radio"/> 06 Railway crossing	<input type="radio"/> 12 Unknown	

**OFFICIAL USE ONLY**  
Location Control Reference Point

## 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)

<b>COLLISION</b>				<b>NON-COLLISION</b>			
<input type="radio"/> 01 Aircraft	<input type="radio"/> 09 Ditch	<input type="radio"/> 17 Median barrier	<input type="radio"/> 25 Train	<input type="radio"/> 33 Cargo loss / shift	<input type="radio"/> 40 Overturn		
<input type="radio"/> 02 Animal	<input type="radio"/> 10 Embankment	<input type="radio"/> 18 Moose	<input type="radio"/> 26 Tree / shrub	<input type="radio"/> 34 Crossed median / centerline	<input type="radio"/> 41 Ran off road		
<input type="radio"/> 03 Bicyclist	<input type="radio"/> 11 Fence	<input type="radio"/> 19 Parked vehicle	<input type="radio"/> 27 Utility pole	<input type="radio"/> 35 Downhill runaway	<input type="radio"/> 42 Separation of units		
<input type="radio"/> 04 Bridge / overpass	<input type="radio"/> 12 Guard rail face	<input type="radio"/> 20 Pedestrian	<input type="radio"/> 28 Vehicle in transit	<input type="radio"/> 36 Equipment failure	<input type="radio"/> 43 Other*		
<input type="radio"/> 05 Bridge rail	<input type="radio"/> 13 Guard rail end	<input type="radio"/> 21 Sideswipe	<input type="radio"/> 29 Vehicle - rear end	<input type="radio"/> 37 Explosion / fire	<input type="radio"/> 44 Unknown		
<input type="radio"/> 06 Crash cushion	<input type="radio"/> 14 Light support	<input type="radio"/> 22 Sign	<input type="radio"/> 30 Vehicle - head on	<input type="radio"/> 38 Immersion			
<input type="radio"/> 07 Culvert	<input type="radio"/> 15 Machinery	<input type="radio"/> 23 Snowberm	<input type="radio"/> 31 Vehicle - angle	<input type="radio"/> 39 Jackknife			
<input type="radio"/> 08 Curb / wall	<input type="radio"/> 16 Mail box	<input type="radio"/> 24 Traffic signal pole	<input type="radio"/> 32 Other fixed object				

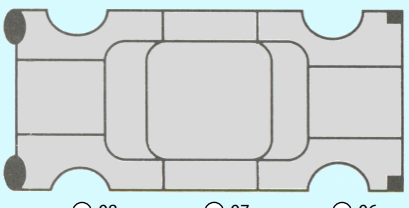
Location of First Sequence of Events (where did the crash happen first?)	Road Surface	Did police investigate this crash?
<input type="radio"/> 01 Bike lane	<input type="radio"/> 01 Dry	<input type="radio"/> Yes
<input type="radio"/> 02 Gore	<input type="radio"/> 02 Ice	<input type="radio"/> No
<input type="radio"/> 03 Median	<input type="radio"/> 03 Water	
<input type="radio"/> 04 Outside of trafficway	<input type="radio"/> 04 Sand, mud, oil	
<input type="radio"/> 05 Parking lot	<input type="radio"/> 05 Slush	
<input type="radio"/> 06 Roadside	<input type="radio"/> 06 Snow	
<input type="radio"/> 07 Roadway	<input type="radio"/> 07 Wet	
<input type="radio"/> 08 Shared use paths	<input type="radio"/> 08 Other*	
<input type="radio"/> 09 Shoulder		
<input type="radio"/> 10 Unknown		

## 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 City		Your Driver License Country	Your Driver License State
Your State	Your Zip Code	Your Residence Country	

## YOUR VEHICLE INFORMATION

<b>Your Vehicle Damage</b>	<b>No. of Occupants</b>	Your Vehicle Owner's Name (Last, First, Middle Initial)	Vehicle Owner's Telephone
<input type="radio"/> 01 None / minor	<input type="radio"/> 03 Disabling	Your Vehicle Owner's Mailing Address	
<input type="radio"/> 02 Functional	<input type="radio"/> 04 Totaled	Your Vehicle Owner's City	Your Vehicle Owner's State
<input type="radio"/> 05 Unknown		Your Vehicle Owner's Zip Code	Vehicle Owner's Zip Code
<input type="radio"/> 06		Vehicle Year	Vehicle Make
<input type="radio"/> 07		Vehicle Model	License Plate #
<input type="radio"/> 08		Your Vehicle's Direction of Travel	Vehicle License State
<input type="radio"/> 09		<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	Damage Estimate
<input type="radio"/> 10		Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)	<input type="radio"/> Over \$501
<input type="radio"/> 11		<input type="radio"/> 01 Fatal <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
<input type="radio"/> 12		<input type="radio"/> 02 Incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 06 Not reported	



CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT

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

## CRASH DESCRIPTION (Write a brief narrative describing the crash)

# 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 License Country	
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"/> 05	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"/> 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		

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	Telephone	Vehicle License
	<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 Driver's License State	
		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	Owner's License State	
		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.

### REASON FOR DENIAL:

<input type="radio"/> Policy expired before crash	<input type="radio"/> Driver is not covered on policy
<input type="radio"/> Policy effective after crash	<input type="radio"/> Lapse in policy
<input type="radio"/> Policy number does not correspond	<input type="radio"/> Other

### MAIL AD 83J THIS FORM TO:

**DMV Main Office**  
**P.O. Box 110221**  
**Juneau, AK 99811-0221**  
**BZa W (907) 465-4361**  
**85j, (+) (Z) " +**

## LIABILITY ACCIDENT NOTICE

Auto     Other

DEPARTMENT		SECTION		LOC. CODE	DIRECTOR				
DIVISION		REGION		LOC. NAME	SUPERVISOR				
<b>STATE EMPLOYEE</b>		<b>STATE EMPLOYEE</b>		<b>STATE EMPLOYEE</b>		<b>STATE EMPLOYEE</b>			
LAST NAME				FIRST NAME					
ADDRESS			ZIP	RESIDENCE PHONE	BUSINESS PHONE				
WHERE CAN EMPLOYEE BE CONTACTED?					WHEN?				
<b>ACCIDENT</b>		<b>ACCIDENT</b>		<b>ACCIDENT</b>		<b>ACCIDENT</b>			
DATE & TIME OF ACCIDENT OR LOSS <small>A.M./P.M.</small>		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)			POLICE TO WHOM REPORTED				
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)									
<b>STATE VEHICLE - AUTO ONLY</b>		<b>STATE VEHICLE - AUTO ONLY</b>			<b>STATE VEHICLE - AUTO ONLY</b>				
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?			
<b>PROPERTY DAMAGE</b>		<b>PROPERTY DAMAGE</b>			<b>PROPERTY DAMAGE</b>				
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?					
<b>INJURED</b>		<b>INJURED</b>		<b>INJURED</b>		<b>INJURED</b>			
				AGE	STATE VEH. PASS	OTHER VEH. PASS	PED.		
NAME		ADDRESS		PHONE	EXTENT OF INJURY				
<b>CLAIMANT: NON-AUTO</b>		<b>CLAIMANT: NON-AUTO</b>			<b>CLAIMANT: NON-AUTO</b>				
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
<b>WITNESS</b>		<b>WITNESS</b>		<b>WITNESS</b>		<b>WITNESS</b>			
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: \_\_\_\_\_

<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** Fax: (907) 465-5509  
**DIVISION OF MOTOR VEHICLES**  
**ATTN: DRIVER LICENSING** Phone: (907) 465-4361

State of Alaska  
**LOST / STOLEN / DAMAGED PROPERTY REVIEW**

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	<input type="checkbox"/> Destroyed
7. Police Notified	<input type="checkbox"/> Yes (attach report)	<input type="checkbox"/> No	8. Witnesses
		<input type="checkbox"/> Yes, explain in 13	<input type="checkbox"/> No
9. Property Description:			
10. Serial #	11. Tag #	12. Value	
13. Circumstances:			
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, disciplinary action taken?
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.		Recommendations:	
15. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
16. Signature of Division Director or Designee		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings. Item will <input type="checkbox"/> will not remain in service (for damaged items only).		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18.	<input type="checkbox"/> Approved	Signature of State Property Manager	Date
	<input type="checkbox"/> Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		Recommendations:	

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

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

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

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

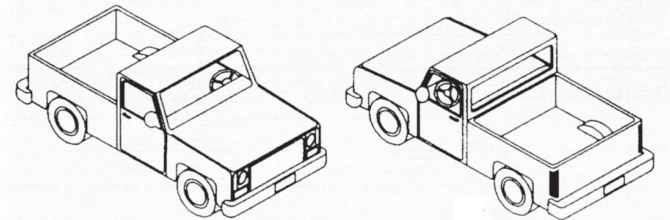
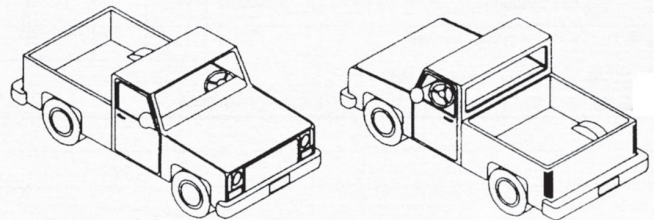
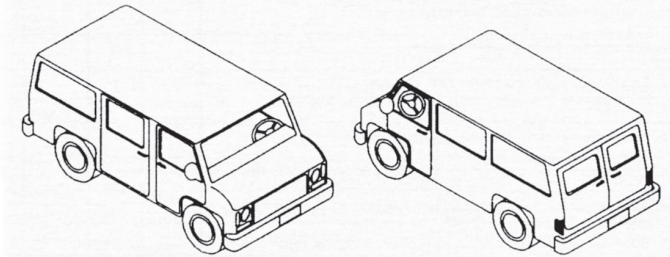
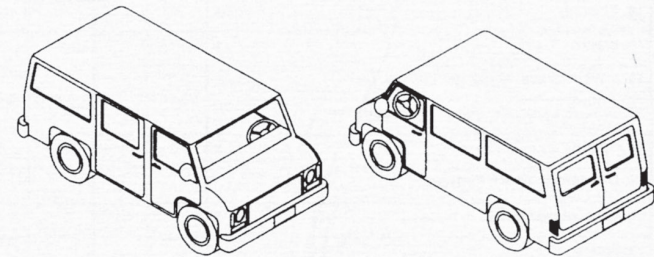
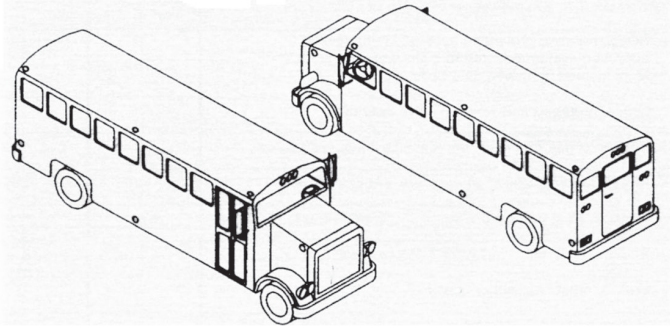
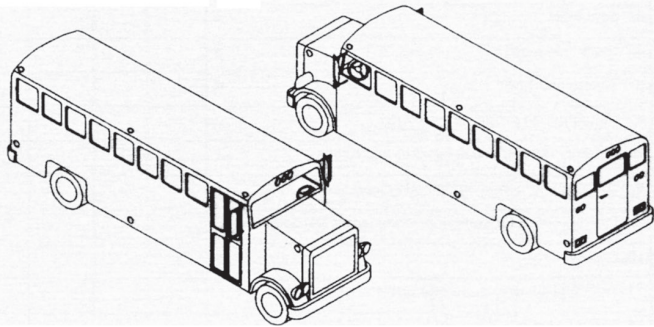
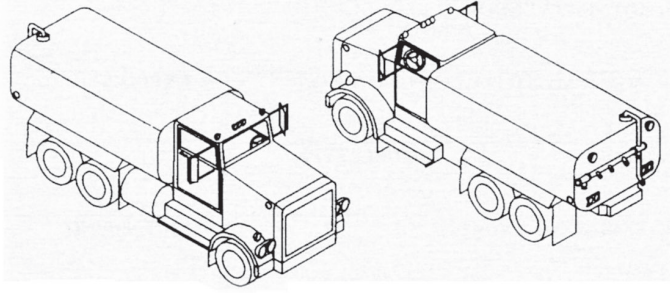
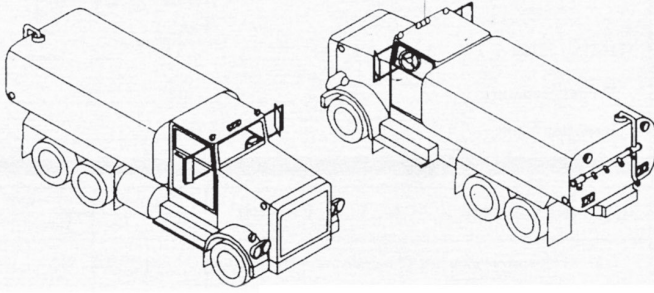
11. RELEASE	
<input type="checkbox"/> No Damage/No Claim	
MILES/HRS _____	DATE _____ TIME _____
Operator's printed name _____ Title _____	
Operator's signature _____ Date _____	
Inspector's printed name _____ Title _____	

Contractor \_\_\_\_\_ Resource Order No. \_\_\_\_\_

# Section IV, Item 23 - Truck, Bus, Van, Pickup, Body Condition Inspection

**Pre-Use Inspection**

**Release Inspection**



**Remarks**