



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Administration

DIVISION OF RISK MANAGEMENT

10th Fl. State Office Building
PO Box 110218
Juneau, Alaska 99811-0218
Main: 907.465.2180
Fax: 907.465.3690
www.doa.alaska.gov/drm

December 31, 2015

Certificate of Self Insurance

To Whom It May Concern:

Re: Liability Insurance Coverage for Alaska State Owned Vehicles

This notice shall serve as verification that the State of Alaska provides automobile liability insurance protection for all State owned vehicles and employee drivers of such vehicles; including while traveling through the Sovereign Dominion of Canada.

The State of Alaska provides this coverage through the State Self-Insurance Program as authorized under AS 37.05.287. The State of Alaska and its agencies are covered for property and liability exposures through major worldwide insurance programs with large self-insured retentions and high excess limits appropriate for meeting the risk levels required by the State. Losses that fall within these self-insured (deductible) levels, including those for which we are contractually liable, are covered by the financial resources of the State and are administered under the self-insured claims program handled by this office.

Any inquiries should be addressed to this office at the address listed above, or you may phone (907) 465-5724 for additional information. Thank you for your courtesy and attention to this matter.

Sincerely,

Leasa Davis
Risk Manager

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	BUSINESS 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			
				AGE	STATE VEH. PASS	OTHER VEH. PASS	PED.		
NAME		ADDRESS	PHONE	EXTENT OF INJURY					
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)			

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:**
_____ **Proper Proper People**
_____ **Equipment Material**
_____ 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 _____

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)

COLLISION				NON-COLLISION			
<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				

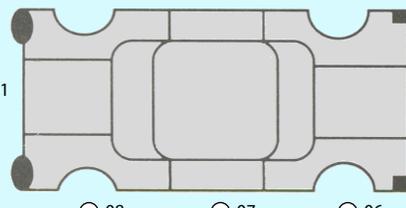
Location of First Sequence of Events (where did the crash happen first?)	Road Surface	Did police investigate this crash?
<input type="radio"/> 01 Bike lane	<input type="radio"/> 01 Dry	<input type="radio"/> Yes
<input type="radio"/> 02 Gore	<input type="radio"/> 02 Ice	<input type="radio"/> No
<input 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

Your Vehicle Damage	No. of Occupants	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		Vehicle License State	Vehicle License State
<input type="radio"/> 09		Your Vehicle's Direction of Travel	Damage Estimate
<input type="radio"/> 10		<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
<input type="radio"/> 11		Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)	
<input type="radio"/> 12		<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	



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	

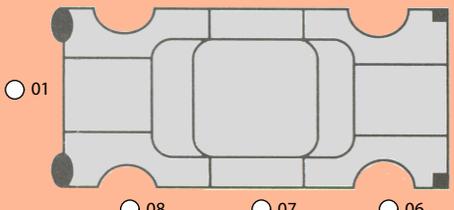
CRASH DESCRIPTION (Write a brief narrative describing the crash)

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 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="text"/>	Other Vehicle Owner's Mailing Address		
<input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 			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:

- Policy expired before crash
- Driver is not covered on policy
- Policy effective after crash
- Lapse in policy
- Policy number given is incorrect
- Other: _____

Authorized Representative Signature / Date

MAIL AD 83J THIS FORM TO:

DMV Main Office
P.O. Box 110221
Juneau, AK 99811-0221
BZa` V/907) 465-4361
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**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: _____				
	Street or Box		City	State	Zip
OWNER OF VEHICLE	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
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** Fax: (907) 465-5509
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING Phone: (907) 465-4361
PO BOX 110221
JUNEAU AK 99811-0221