VEHICLE ACCIDENTS

Purpose

The purpose of this chapter is to assure all accidents involving state owned, leased, or rented (except through an EERA) equipment are reported properly and in a timely manner. Areas covered include:

- Introduction and General Information
- Procedures for Vehicles
    1. What to do in case of an accident and when should an accident be reported
    2. What forms are used and for what type of vehicles
    3. Where to Submit Forms - Forms Matrix
    4. Personal Vehicle use for State Business

Introduction and General Information

This section does NOT apply to vehicles rented under an EERA, specifically suppression or incident-related rentals. Accidents with EERA vendor-supplied and operated equipment are the responsibility of the vendor. Any relief from damage arising from such an accident will be dealt with through the claims process.

Employees requiring information or assistance should contact Risk Management at (907) 465-2180, the Division of Forestry Procurement Specialist at (907) 269-8461, or the appropriate Regional Transportation Manager (Coastal Region at 761-6231 or Northern Region at 451-2643).

All accidents or incidents which create a possible claim against the State of Alaska must be reported promptly by the employee citing date, time, location, names of those involved, and witnesses. Include any other information that is available. The report should be reviewed, approved, and signed by the Area or Regional Forester.

There is a difference between “Automobile Liability Coverage” and automobile Physical Damage (Collision) Coverage. The State of Alaska is “Self-Insured” and does not provide “Automobile Physical Coverage” for State-owned vehicles. This means that Risk Management does not pay for the repairs of a damaged State-owned vehicle resulting from any cause including an accident. The repairs of a State-owned vehicle are the responsibility of the Department/Division to which the vehicle is assigned, and are handled by the Department of Transportation and Public Facilities (DOT&PF) according to their established procedures. Risk Management would only cover a State-owned vehicle if the damage occurred while contained inside an insured building. The vehicle then becomes insured contents. The coverage is only for the peril of fire and has a $1,000.00 deductible, which is paid by the agency. The State of Alaska does provide “Automobile Liability Coverage” which would cover a non-state or private vehicle involved in an accident with a State vehicle.

DOT&PF is responsible for normal wear and tear on state-owned vehicles, but agencies may be responsible for repair of damage due to other than normal wear and tear.

Major claim notices should have a completed Supervisor's Accident Investigation Report attached. These reports are used to identify hazardous conditions or practices, and will aid in preventing future accidents.

Passengers not engaged in State business are not to be allowed as passengers in State vehicles. Non-state business passengers in your personal vehicle are not covered by the State.

All State employees are cautioned to **never accept liability**, nor make any statements alluding to guilt, nor furnish information on accidents to unauthorized persons. Obtain names and addresses of witnesses on all potential liability claims.

Procedures for Vehicles

If a State-owned vehicle is involved in an accident, the State employee (the driver) must fill out the following forms:

1. Police Report (over $2,000.00 damage or bodily injury)
   Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under $2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #12-466 (1/85). List owner as State of Alaska
5. If damaged government equipment is a total loss, a Lost-Stolen-Damaged Form #02-627 must be used

State-owned Vehicles in an accident – Fill out items # 1, 2, 3, and 4.

Leased Vehicles in an accident – Fill out items # 1, 2, 3, and 4.

A leased vehicle would be defined as a vehicle with a long term lease from a dealer in lieu of a State–owned vehicle. The State of Alaska does not provide Collision Coverage for State-leased vehicles. The repairs of State-leased vehicles are the responsibility of the Department/Division assigned the vehicle.

Rental Vehicles in an accident – Fill out items # 1, 2, and 3 plus any rental agency accident forms.

Rental vehicles are most often with a commonly recognized national auto rental company. For insurance purposes, there are two distinct classifications of auto rentals:

1. A mandatory contract exists for rental vehicles in the cities of Anchorage, Fairbanks, and Juneau with Budget. The contract specifies that the vendor will be responsible for both the physical damage and liability coverage (subject to their policy limits) for the rental vehicles. Not all vehicles rented from the contract holder are covered under these rules. They do include sedans and some small SUV's or a mini-van. Other vehicles and/or situations may be exempt from these contract requirements. Check specifically for off-road use limitations.
2. A non-mandatory contract exists for rental cars in the lower-48.
3. All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan.

Emergency Equipment Rentals With Operator
The vendor is responsible for filling out any paperwork that satisfies municipality or state requirements plus State forms listed in items #1, 2, and 3. A report to the police should be made if there are any injuries or if damage exceeds $2,000. If a vehicle sustains damage, document the damage on the Vehicle/Heavy Equipment Inspection Checklist #OF-296 (or a separate piece of paper) and keep it with the equipment packet.

Vehicle Damage Claims
Any damage to vehicles for which the owner wishes to submit a monetary claim must do so according to Chapter 11.

Where to Submit Forms
All accidents or incidents involving State-owned, leased, or rented equipment (**NOT equipment hired through an EERA**), must be reported to:

1. Immediate supervisor
2. Regional Forester or Regional Fire Management Officer (FMO)
3. Division of Forestry Procurement Specialist

All applicable forms will be routed through the Regional Administrative Officers:

- Northern Region – Karen Gordon
  State of Alaska/Dept. of Natural Resources/Div. of Forestry
  3700 Airport Way
  Fairbanks, Alaska 99709-4699

- Coastal Region – Michelle Demaline
  State of Alaska/Dept. of Natural Resources/Div. of Forestry
  101 Airport Rd.
  Palmer, Alaska 99645

Copies to:

1. State of Alaska/Dept. of Natural Resources/Div. of Forestry
   550 W. 7th Ave., Suite # 1450
   Anchorage, Alaska 99501
   Attn: Procurement Specialist
   (907) 269-8461

2. Department of Natural Resources/Division of Administrative Services/Property Officer
   550 W. 7th Ave., Suite #1230
   Anchorage, Alaska 99501-1361
   Attn: Debbie Denny
   (907) 269-8665
   (907) 269-8909 fax

3. State of Alaska/Risk Management
   P.O. Box 110218
   Juneau, Alaska 99811-0218
   (907) 465-2180

Personal Vehicle Use for State Business

Liability - Alaska Statute requires all drivers to have auto liability insurance and establishes minimum amounts of coverage. Anyone using his or her personal vehicle on State business must have liability insurance. Most insurance companies include incidental business use of a personal vehicle in their standard policy. Considerable or frequent business use may require an endorsement to your policy. Consult your insurance company for more information. It is the employee's responsibility to be aware of their policy limitations.

In the event of an accident, your personal liability insurance will cover damages and medical expenses to another party up to the maximum amount of your liability coverage.

The State of Alaska will usually cover any liability exposure in excess of your own liability coverage, except in certain areas indicating improper performance as determined by the Attorney General's Office (e.g., driving while intoxicated).

Collision - Your own collision insurance, if any, covers damage to your own vehicle while on State business. The State does not insure any physical damage to your vehicle while on State business. If another party is at fault you may be able to recover your damages through legal action brought by yourself or your insurance company on your behalf. The State of Alaska will not participate in any legal action brought on your behalf to receive damages as a result of an accident involving your personal vehicle while on State business.

Worker's Compensation - Any injury resulting in lost work time or medical expenses to a driver or other State employees riding as passengers while on official State business, will be handled as routine worker's compensation claim.

Notification of Claims or Accidents - You are required by State law to notify the Department of Public Safety for any accident involving personal injury or damage totaling $500 or more (per Scott Jordan memo dated 12/21/10). In addition to this, if you have an auto accident while on State business, you are required to complete a Liability Accident Notice (02-919), and forward it to the Area/Region office.

Passengers - Non-state business passengers in your personal vehicle are not covered by the State in any way.

STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☒ Auto ☐ Other

DEPARTMENT Natural Resources	SECTION 10	LOC. CODE	DIRECTOR Chris Maisch
DIVISION Forestry	REGION Coastal	LOC. NAME	SUPERVISOR Mike Curran

STATE EMPLOYEE

LAST NAME Owl	FIRST NAME Woody Z		
ADDRESS P.O. Box 133, Anchorage AK 99504	ZIP	RESIDENCE PHONE 907-333-3333	BUSINESS PHONE 907-761-6233
WHERE CAN EMPLOYEE BE CONTACTED? 907-761-6233		WHEN? Mon-Fri 0800-1630	

ACCIDENT

DATE & TIME OF ACCIDENT OR LOSS 5/3/xx 1130 A.M./P.M.	LOCATION OF ACCIDENT (INCLUDING CITY & STATE) Atwood Bldg Anchorage, AK	POLICE TO WHOM REPORTED N/A

DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)
While parking in the parking garage, hit a concrete Beam with front fender on passenger side causing damage to the right bumper.

STATE VEHICLE - AUTO ONLY

VEHICLE NO. 33333	YEAR 2000	MAKE Chevrolet	MODEL 15 Pass Van	VIN (VEHICLE IDENTIFICATION NO.) 1GHFG1X8439	PLATE NO. 33333
STATE OWNED ☒ OR LEASED ☐		ADDRESS OF LESSOR			PHONE
NAME OF DRIVER Woody Z Owl	AGE 40	ADDRESS OF DRIVER PO Box 133, Anchorage, AK 99504			PHONE 907-333-3333
WAS DRIVER A STATE EMPLOYEE? YES ☒ NO ☐		PURPOSE OF USE Transporting Passengers to Airport			USED WITH PERMISSION? YES ☒ NO ☐
DESCRIBE DAMAGE Front right Bumper and Fender			REPAIR ESTIMATE $200.00	WHERE CAN VEHICLE BE SEEN? Palmer Forestry Office	WHEN? M-F 0800-1630

PROPERTY DAMAGE

OWNER N/A	ADDRESS	PHONE
OTHER DRIVER ( ) SAME AS OWNER	ADDRESS	PHONE
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)	OTHER CAR OR PROPERTY INSURED YES ☐ NO ☐	COMPANY OR AGENCY NAME & POLICY NO.
DESCRIBE DAMAGE	REPAIR ESTIMATE $	WHERE CAN CAR BE SEEN?

INJURED

NAME	ADDRESS	PHONE	EXTENT OF INJURY	AGE	STATE VEH. PASS	OTHER VEH. PASS	PED.
N/A							

CLAIMANT: NON-AUTO

OCCUPATION		EMPLOYED BY	ADDRESS OF EMPLOYER		
PROBABLE DISABILITY WEEKS	RETURNED TO WORK ☐ YES ☐ NO	WHY ON PREMISES	STATE VEH.	OTHER VEH.	OTHER

WITNESS

NAME	ADDRESS	PHONE
John Hawkeye	PO Box 120, Wasilla, AK, 99654	907-345-6102

REMARKS I was a passenger in the said vehicle when the accident occured. Statements are true.

DATE	REPORTED BY	REPORTED TO	SIGNATURE (PREPARED BY)
5/3/xx	Woody Z Owl	Mike Curran	

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 V-33333 driven by Woody Z Owl

Job or Activity at Time of Accident Driving passengers to airport Date of Accident 5/3/0X

Exact Location Parking garage at the Atwood Building, Time 1130am

1. **WHAT HAPPENED?** While parking in the parking garage, hit a concrete beam with the front right fender, damaging bumper and fender.

Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. **WHY DID IT HAPPEN?** Could not maneuver into parking space correctly due to other vehicles parking to close an angle, obscuring vision.

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 Equipment	*Proper Material*	*People*
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. **WHAT SHOULD BE DONE?** Choose parking space without contrete beam obscuring vision of other vehicles

What action(s) will prevent similar accidents in the future?

4. **WHAT HAVE YOU DONE THUS FAR?** Counseled Mr. Owl on cost to State of repairs and on fact of being more cautious next time.

Take or recommend action, depending on your authority.

5. **HOW WILL THIS IMPROVE OPERATIONS?** Fewer cases of vehicle damage will result in less cost to the State

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? ..... -0-

Damage to State property or equipment? $2000.00

Damage to third parties, property and people? ..... -0-

TOTAL $2000.00

Investigated By A Hupschmidt, Trans. Manager Date 5/4/0X

Unit/Division/Department Coastal Zone / Forestry / Natural Resources.

FORMS\INVESTIG

STATE OF ALASKA - DIVISION OF MOTOR VEHICLES

CERTIFICATE OF INSURANCE

CRASH INFORMATION	**Crash Date:** **Location:**
DRIVER	**Name:** _____ **Date of Birth:** _____ **License #:** _____ **State:** AK **Mailing Address:** _____ **Street or Box, City, State & Zip**
OWNER OF VEHICLE	**Name:** _____ **Date of Birth:** _____ **License #:** _____ **State:** AK **Mailing Address:** _____ **Street or Box, City, State & Zip**
VEHICLE	**Year:** **Make:** **Model:** **License Plate #:** **VIN:**
INSURANCE	**Did you have an automobile liability policy in effect covering this crash?** **YES** ☐ **NO** ☐
	Name of Insurance Company: **Policy Number:**
	Name and Address of Policyholder: **Policy Period:** **From** **To**
SIGNATURE	**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 indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed below. If indicated coverage was in effect at the time of the crash, no action is required.

REASON FOR DENIAL:

- ☐ Policy Expired Before Crash
- ☐ Policy Effective After Crash
- ☐ Policy Number Given is Incorrect
- ☐ Driver Not Covered on Policy
- ☐ Lapse in Policy
- ☐ Other _____

Signature of Authorized Representative _____ Date _____

- - - - - - - - - - - - - - -

CUT ON LINE ABOVE. RETURN TOP PORTION ONLY.

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds $501.00, 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 (SR22 insurance); (4) a deposit of security and proof of future financial responsibility (SR22 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 (SR22 insurance), and pay a reinstatement fee of $100.00 to $250.00, in addition to the fee for the license you are requesting, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address will not invalidate the suspension if the notice was mailed to the last address you provided the driver's license office.

IMPORTANT: THE FORM ABOVE MUST BE FILLED IN AND SENT TO THE DIVISION OF MOTOR VEHICLES WITHIN 10 DAYS FROM THE DATE OF THE CRASH. A participant's accident report is also required if the crash was not investigated by a peace officer, and the total amount of damage exceeds $501.00, or there was personal injury.

Mail Completed Form To:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING
2760 Sherwood Lane, Suite B.
Juneau AK 99801

JDL@admin.state.ak.us

www.state.ak.us/dmv/

466 REV. 11/2000

ALASKA MOTOR VEHICLE CRASH FORM 12-209

DMV #

CRASH INFORMATION

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

Total # Vehicles | Crash Date | Time of Crash ○ am ○ pm | Crash Day ○ 01 MON ○ 02 TUE ○ 03 WED ○ 04 THU ○ 05 FRI ○ 06 SAT ○ 07 SUN | Crash occurred in (City / Borough)

Name of Street or Highway _____ ○ Miles _____ ○ 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
- ○ 01 Blowing dirt, snow
- ○ 02 Clear
- ○ 03 Cloudy
- ○ 04 Fog/ smoke
- ○ 05 Ice fog
- ○ 06 Rain
- ○ 07 Sleet, hail (freezing rain)
- ○ 08 Severe crosswinds
- ○ 09 Snow
- ○ 10 Other*
- ○ 11 Not reported
- ○ 12 Unknown

Lighting
- ○ 01 Dark - lighted roadway
- ○ 02 Dark - not lighted
- ○ 03 Dark - unknown lighting
- ○ 04 Daylight
- ○ 05 Twilight
- ○ 06 Other*
- ○ 07 Not reported
- ○ 08 Unknown

Roadway / Junction
- ○ 01 Crossover
- ○ 02 Driveway
- ○ 03 Not a Junction
- ○ 04 On ramp
- ○ 05 Off ramp
- ○ 06 Railway crossing
- ○ 07 Roundabout
- ○ 08 T - intersection
- ○ 09 Y - intersection
- ○ 10 Four way intersection
- ○ 11 Five point or more
- ○ 12 Unknown
- ○ 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
- ○ 01 Aircraft
- ○ 02 Animal
- ○ 03 Bicyclist
- ○ 04 Bridge / overpass
- ○ 05 Bridge rail
- ○ 06 Crash cushion
- ○ 07 Culvert
- ○ 08 Curb / wall
- ○ 09 Ditch
- ○ 10 Embankment
- ○ 11 Fence
- ○ 12 Guard rail face
- ○ 13 Guard rail end
- ○ 14 Light support
- ○ 15 Machinery
- ○ 16 Mail box
- ○ 17 Median barrier
- ○ 18 Moose
- ○ 19 Parked vehicle
- ○ 20 Pedestrian
- ○ 21 Sideswipe
- ○ 22 Sign
- ○ 23 Snowberm
- ○ 24 Traffic signal pole
- ○ 25 Train
- ○ 26 Tree / shrub
- ○ 27 Utility pole
- ○ 28 Vehicle in transit
- ○ 29 Vehicle - rear end
- ○ 30 Vehicle - head on
- ○ 31 Vehicle - angle
- ○ 32 Other fixed object

NON-COLLISION
- ○ 33 Cargo loss / shift
- ○ 34 Crossed median / centerline
- ○ 35 Downhill runaway
- ○ 36 Equipment failure
- ○ 37 Explosion / fire
- ○ 38 Immersion
- ○ 39 Jackknife
- ○ 40 Overturn
- ○ 41 Ran off road
- ○ 42 Separation of units
- ○ 43 Other*
- ○ 44 Unknown

Location of First Sequence of Events (where did the crash happen first?)
- ○ 01 Bike lane
- ○ 02 Gore
- ○ 03 Median
- ○ 04 Outside of trafficway
- ○ 05 Parking lot
- ○ 06 Roadside
- ○ 07 Roadway
- ○ 08 Shared use paths
- ○ 09 Shoulder
- ○ 10 Unknown

Road Surface
- ○ 01 Dry
- ○ 02 Ice
- ○ 03 Water
- ○ 04 Sand, mud, oil
- ○ 05 Slush
- ○ 06 Snow
- ○ 07 Wet
- ○ 08 Other*

Did police investigate this crash? ○ Yes ○ No

YOUR DRIVER INFORMATION

Your Name (Vehicle Driver's Last Name, First Name, Middle Name) | Your Date of Birth | Your Contact Telephone

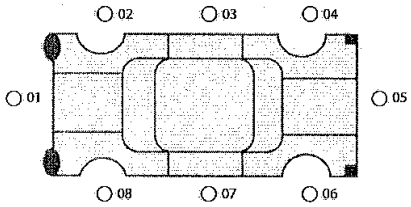
Your Mailing Address | Your Driver License Number | Your Driver License State | Your Driver License Country

Your City | Your State | Your Zip Code | Your Residence Country

YOUR VEHICLE INFORMATION

Your Vehicle Damage — No. of Occupants

- ○ 01 None / minor
- ○ 02 Functional
- ○ 03 Disabling
- ○ 04 Totaled
- ○ 05 Unknown



CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT

Your Vehicle Owner's Name (Last, First, Middle Initial) | Vehicle Owner's Telephone

Your Vehicle Owner's Mailing Address

Your Vehicle Owner's City | Your Vehicle Owner's State | Vehicle Owner's Zip Code

Vehicle Year | Vehicle Make | Vehicle Model | License Plate # | Vehicle License State

Your Vehicle's Direction of Travel: ○ 01 North ○ 02 South ○ 03 East ○ 04 West ○ 05 Unknown

Damage Estimate: ○ Over $501

Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)
- ○ 01 Fatal
- ○ 02 Incapacitating
- ○ 03 Non-incapacitating
- ○ 04 Possible
- ○ 05 None
- ○ 06 Not reported
- ○ 07 Unknown

Roadway Circumstances (that may have contributed to the crash)
- ○ 01 Debris
- ○ 02 Inoperative traffic device
- ○ 03 Missing traffic device
- ○ 04 Obscured traffic device
- ○ 05 Obstruction in roadway
- ○ 06 Shoulder
- ○ 07 Road surface condition
- ○ 08 Ruts, holes, bumps
- ○ 09 School zone
- ○ 10 Work zone
- ○ 11 Worn, polished road surface
- ○ 12 None
- ○ 13 Other*
- ○ 14 Unknown

Your Vehicle Action
- ○ 01 Avoiding objects in road
- ○ 02 Backing
- ○ 03 Changing lanes
- ○ 04 Entering traffic lane
- ○ 05 Leaving traffic lane
- ○ 06 Making U-turn
- ○ 07 Merging
- ○ 08 Out of control
- ○ 09 Passing
- ○ 10 Parked
- ○ 11 Skidding
- ○ 12 Slowing
- ○ 13 Starting in traffic
- ○ 14 Stopped
- ○ 15 Straight ahead
- ○ 16 Turning right
- ○ 17 Turning left
- ○ 18 Other*
- ○ 19 Unknown

Traffic Control
- ○ 01 Flashing signal
- ○ 02 No traffic controls
- ○ 03 Road construction signs
- ○ 04 RR crossing device
- ○ 05 School zone signs
- ○ 06 Stop sign
- ○ 07 Traffic control signal
- ○ 08 Warning signs
- ○ 09 Officer / Flagman / Guard
- ○ 10 Yield sign
- ○ 11 Other*
- ○ 12 Unknown

Vehicle Configuration
- ○ 01 Dog sled
- ○ 02 Light truck (4 tires)
- ○ 03 Motorhome
- ○ 04 Motorcycle
- ○ 05 Off highway vehicle
- ○ 06 Passenger car
- ○ 07 Pedalcycle
- ○ 08 Pedestrian
- ○ 09 Other*
- ○ 10 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

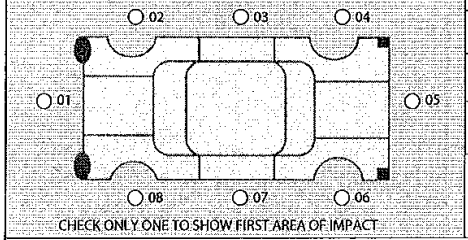
Other Driver's Mailing Address | Other Driver's License # | Other Driver's License State | Other Driver's License Country

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

○ 01 None / minor ○ 03 Disabling ○ 05 Unknown
○ 02 Functional ○ 04 Totaled



CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT

Other Vehicle Owner's Name (Last, First, Middle Initial) | Other Vehicle Owner's Telephone

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: ○ 01 North ○ 02 South ○ 03 East ○ 04 West ○ 05 Unknown

Damage Estimate: ○ Over $501

Other Vehicle Driver's Injury Status (vehicle passengers are listed below)
○ 01 Fatal ○ 03 Non-incapacitating ○ 05 None ○ 07 Unknown
○ 02 Incapacitating ○ 04 Possible ○ 06 Not reported

Other Driver's Roadway Circumstances (that may have contributed to the crash)
○ 01 Debris
○ 02 Inoperative traffic device
○ 03 Missing traffic device
○ 04 Obscured traffic device
○ 05 Obstruction in roadway
○ 06 Shoulder
○ 07 Road surface condition
○ 08 Ruts, holes, bumps
○ 09 School zone
○ 10 Work zone
○ 11 Worn, polished road surface
○ 12 None
○ 13 Other*
○ 14 Unknown

Other Driver's Vehicle Action
○ 01 Avoiding objects in road
○ 02 Backing
○ 03 Changing lanes
○ 04 Entering traffic lane
○ 05 Leaving traffic lane
○ 06 Making U-turn
○ 07 Merging
○ 08 Out of control
○ 09 Passing
○ 10 Parked
○ 11 Skidding
○ 12 Slowing
○ 13 Starting in traffic
○ 14 Stopped
○ 15 Straight ahead
○ 16 Turning right
○ 17 Turning left
○ 18 Other*
○ 19 Unknown

Other Driver's Traffic Control (traffic control for the other driver may have been different from yours)
○ 01 Flashing signal
○ 02 No traffic controls
○ 03 Road construction signs
○ 04 RR crossing device
○ 05 School zone signs
○ 06 Stop sign
○ 07 Traffic control signal
○ 08 Warning signs
○ 09 Officer / Flagman / Guard
○ 10 Yield sign
○ 11 Other*
○ 12 Unknown

Other Driver's Vehicle Configuration
○ 01 Dog sled
○ 02 Light truck (4 tires)
○ 03 Motorhome
○ 04 Motorcycle
○ 05 Off highway vehicle
○ 06 Passenger car
○ 07 Pedalcycle
○ 08 Pedestrian
○ 09 Other*
○ 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
	○ 02 Incapacitating ○ 03 Non-incapacitating ○ 04 Possible ○ 05 None ○ 07 Unknown		
	○ 02 Incapacitating ○ 03 Non-incapacitating ○ 04 Possible ○ 05 None ○ 07 Unknown		
	○ 02 Incapacitating ○ 03 Non-incapacitating ○ 04 Possible ○ 05 None ○ 07 Unknown		
	○ 02 Incapacitating ○ 03 Non-incapacitating ○ 04 Possible ○ 05 None ○ 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' 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? ○ YES ○ 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
○ Policy effective after crash
○ Policy number given is incorrect
○ Driver is not covered on policy
○ Lapse in policy
○ Other:_____

Authorized Representative Signature / Date

MAIL THIS FORM TO:
DMV Main Office
P.O. Box 110221
Juneau, AK 99811-0221
(907) 465-4361

Crash Form 12-209 - Page 2

STATE OF ALASKA

LOST-STOLEN-DAMAGED PROPERTY REVIEW

NO. 286633

(See State Property Manual, Chapter VI for instructions)

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One ☐ Lost ☐ Stolen ☐ Damaged, repairable ☐ Destroyed	7. Police Notified ☐ Yes, attach report ☐ No, explain in 13	
8. Serial No.	9. Description		10. Class Code
11. Tag No.			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:
If yes, has disciplinary action been taken?

Explain precautions taken to safeguard state property.

Signature of Immediate Supervisor	Printed Name & Title	Date

15. I ☐ concur ☐ do not concur with the above findings and action taken.
RECOMMENDATIONS:

Signature of Division Director	Printed Name & Title	Date

REPORT OF REVIEW

16. Above findings ☐ are ☐ are not consistent with State and Department policies
RECOMMENDATIONS:

Item ☐ will ☐ will not remain in service (for damaged items only).

Signature of Dept. Property Officer	Printed Name & Title	Date

17. I ☐ concur ☐ do not concur with the above findings and/or authorize that action be taken as recommended.
RECOMMENDATIONS:

Signature of Commissioner or Designee	Printed Name & Title	Date

18. I ☐ concur ☐ do not concur with the above findings; item ☐ will ☐ will not be dropped from inventory.
RECOMMENDATIONS:

Signature of State Property Manager	Printed Name & Title	Date

02-627 (Rev. 10/85)

STATE PROPERTY MGR.

State of Alaska

LOST-STOLEN-DAMAGED PROPERTY REVIEW

(See State Property Manual for Instructions)

No. 47244

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One ☐ Lost	rable ☐ Destroyed	7. Police Notified ☐ Yes, attach report ☐ No, explain in 13
8. Serial No.	9. Description		10. Class Code
11. Tag No.			12. Value $
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian	Printed Nam		Date

COMPLETE 14 ACTION TAKEN

14. I certify that, to the best of my knowledge, the above is t

Negligence apparent: ☐ Yes ☐ No y action been taken?

Explain precautions taken to safeguard State property.

Signature of Immediate Supervisor	Printed Nam		Date

15. I ☐ concur ☐ do not concur with the above findings a
RECOMMENDATIONS:

Signature of Division Director	Printed Nam		Date

W.

16. The above findings ☐ are ☐ are not consistent v olicies.
RECOMMENDATIONS:

Item ☐ will ☐ will not remain in service (for da

Signature of Department Property Officer	Printed Name		Date

17. I ☐ concur ☐ do not concur with the above findings be taken as recommended.
RECOMMENDATIONS:

Signature of Commissioner or Designee	Printed Nam		Date

18. I ☐ concur ☐ do not concur with the above findings be dropped from inventory.
RECOMMENDATIONS:

Signature of State Property Manager	Printed Name	Date

02-627 (12/92)

STATE PROPERTY MANAGER

SAMPLE