

ALASKA MOTOR VEHICLE CRASH FORM 12-209

ED# **201721731**

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				

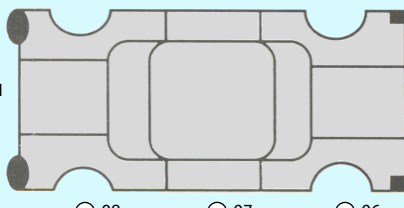
Location of First Sequence of Events (where did the crash happen first?)	Road Surface	Did police investigate this crash?
<input type="radio"/> 01 Bike lane	<input type="radio"/> 01 Dry	<input type="radio"/> Yes
<input type="radio"/> 02 Gore	<input type="radio"/> 02 Ice	<input type="radio"/> No
<input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



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"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08		Other Vehicle Owner's City		Other Vehicle Owner's State	Other Vehicle Owner's Zip
		Vehicle Year	Vehicle Make	Vehicle Model	License Plate #
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
8Sj, /+")) fR(' Z ' ' +

**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 and 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 below. 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: THE FORM ON THE REVERSE 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