

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

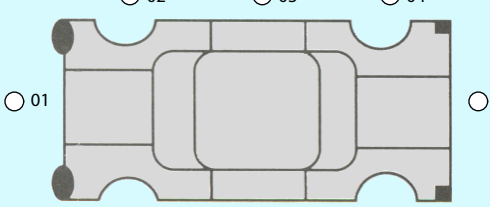
Location of First Sequence of Events (where did the crash happen first?)

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

YOUR DRIVER INFORMATION

Your Name (Vehicle Driver's Last Name, First Name, Middle Name)		Your Date of Birth	Your Contact Telephone	
Your Mailing Address		Your Driver License Number	Your Driver License State	Your Driver License Country
Your City	Your State	Your Zip Code	Your Residence Country	

YOUR VEHICLE INFORMATION

Your Vehicle Damage	No. of Occupants	Your Vehicle Owner's Name (Last, First, Middle Initial)	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					
<input type="radio"/> 02	<input type="radio"/> 03	Your Vehicle Owner's City	Your Vehicle Owner's State	Vehicle Owner's Zip Code		
<input type="radio"/> 01	<input type="radio"/> 04	Vehicle Year	Vehicle Make	Vehicle Model	License Plate #	Vehicle License State
		Your Vehicle's Direction of Travel		Damage Estimate		
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown		<input type="radio"/> Over \$501		
Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)						
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown						

Roadway Circumstances (that may have contributed to the crash)	Your Vehicle Action		
<input type="radio"/> 01 Debris	<input type="radio"/> 01 Avoiding objects in road	<input type="radio"/> 08 Out of control	<input type="radio"/> 15 Straight ahead
<input type="radio"/> 02 Inoperative traffic device	<input type="radio"/> 02 Backing	<input type="radio"/> 09 Passing	<input type="radio"/> 16 Turning right
<input type="radio"/> 03 Missing traffic device	<input type="radio"/> 03 Changing lanes	<input type="radio"/> 10 Parked	<input type="radio"/> 17 Turning left
<input type="radio"/> 04 Obscured traffic device	<input type="radio"/> 04 Entering traffic lane	<input type="radio"/> 11 Skidding	<input type="radio"/> 18 Other*
<input type="radio"/> 05 Obstruction in roadway	<input type="radio"/> 05 Leaving traffic lane	<input type="radio"/> 12 Slowing	<input type="radio"/> 19 Unknown
<input type="radio"/> 06 Shoulder	<input type="radio"/> 06 Making U-turn	<input type="radio"/> 13 Starting in traffic	
<input type="radio"/> 07 Road surface condition	<input type="radio"/> 07 Merging	<input type="radio"/> 14 Stopped	
<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			

Traffic Control	Vehicle Configuration		
<input type="radio"/> 01 Flashing signal	<input type="radio"/> 01 Dog sled	<input type="radio"/> 05 Off highway vehicle	<input type="radio"/> 09 Other*
<input type="radio"/> 02 No traffic controls	<input type="radio"/> 02 Light truck (4 tires)	<input type="radio"/> 06 Passenger car	<input type="radio"/> 10 Unknown
<input type="radio"/> 03 Road construction signs	<input type="radio"/> 03 Motorhome	<input type="radio"/> 07 Pedalcycle	
<input type="radio"/> 04 RR crossing device	<input type="radio"/> 04 Motorcycle	<input type="radio"/> 08 Pedestrian	
<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			

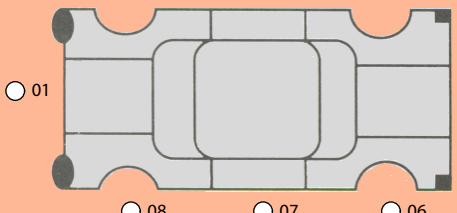
CRASH DESCRIPTION (Write a brief narrative describing the crash)

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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			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		

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
 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