

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 <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 No. of Occupants <input type="text"/>		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							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"/> 01 Incapacitating <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

CRASH INFORMATION Crash Date: _____ Crash Location: _____		Failure to complete the Certificate of Insurance could result in the suspension of your driver's license)					
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