

ALASKA MOTOR VEHICLE CRASH FORM 12-209

SR #

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	<input type="radio"/> North of: <input type="radio"/> East of:	<input type="radio"/> South of: <input type="radio"/> West of:	Name of Cross Street, Highway, Bridge, etc.				OFFICIAL USE ONLY Location Control Reference Point	
Weather		Lighting			Roadway / Junction					
<input type="radio"/> 01 Blowing dirt, snow <input type="radio"/> 02 Clear <input type="radio"/> 03 Cloudy <input type="radio"/> 04 Fog/ smoke <input type="radio"/> 05 Ice fog <input type="radio"/> 06 Rain	<input type="radio"/> 07 Sleet, hail (freezing rain) <input type="radio"/> 08 Severe crosswinds <input type="radio"/> 09 Snow <input type="radio"/> 10 Other* <input type="radio"/> 11 Not reported <input type="radio"/> 12 Unknown	<input type="radio"/> 01 Dark - lighted roadway <input type="radio"/> 02 Dark - not lighted <input type="radio"/> 03 Dark - unknown lighting <input type="radio"/> 04 Daylight <input type="radio"/> 05 Twilight <input type="radio"/> 06 Other*	<input type="radio"/> 07 Not reported <input type="radio"/> 08 Unknown	<input type="radio"/> 01 Crossover <input type="radio"/> 02 Driveway <input type="radio"/> 03 Not a junction <input type="radio"/> 04 On ramp <input type="radio"/> 05 Off ramp <input type="radio"/> 06 Railway crossing	<input type="radio"/> 07 Roundabout <input type="radio"/> 08 T - intersection <input type="radio"/> 09 Y - intersection <input type="radio"/> 10 Four way intersection <input type="radio"/> 11 Five point or more <input type="radio"/> 12 Unknown	<input type="radio"/> 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				NON-COLLISION			
<input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <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 Snowberrn <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	<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion / fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife	<input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other* <input type="radio"/> 44 Unknown		

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"/> 02 Gore <input type="radio"/> 03 Median	<input type="radio"/> 04 Outside of trafficway <input type="radio"/> 05 Parking lot <input type="radio"/> 06 Roadside	<input type="radio"/> 07 Roadway <input type="radio"/> 08 Shared use paths <input type="radio"/> 09 Shoulder	<input type="radio"/> 10 Unknown	<input type="radio"/> 01 Dry <input type="radio"/> 02 Ice <input type="radio"/> 03 Water	<input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 05 Slush <input type="radio"/> 06 Snow	<input type="radio"/> 07 Wet <input type="radio"/> 08 Other*	<input type="radio"/> Yes <input type="radio"/> 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 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"/> 02 Functional	<input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled	<input type="radio"/> 05 Unknown		Your Vehicle Owner's Mailing Address				
		CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		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							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	
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"/> 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		

Traffic Control			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

CRASH DESCRIPTION (Write a brief narrative describing the crash)

Write a brief narrative describing the crash.