ALASKA MO	TOR	VEHIC	LE CO	LLI	SION F	REP	O	R7	Γ		D	MV i	# :				li	ncide	ent/	Case	#	
Crash Information	– (One cho	oice per field ı	unless otherw	vise not	ed – Other *	shoul	d be	expl	laine	d in na	ırrativ	e)				ı						
Total # Crash Da	ate:	Crash Time	e (24 hr): Cras	sh Occu	rred in (City/I	Borou	gh):						Т	emp:		Pstd S	pd:	EMS	Ru	n #:		
Crash Day:	N:	W:	<u> </u>			01 Cr					Railwa					1 5 –		t or m	ore			
☐ 01 Mon ☐ 05 Fri ☐ 02 Tue ☐ 06 Sat	Photos Tal	ken: 01 Y	□ 02 N			02 Dr 03 No				☐ 07 ☐ 08						2 Othe 3 Unk						
☐ 03 Wed ☐ 07 Sun		cular Property				04 Or	n ram	р		□ 09	Y - in	tersec	tion		ш -		•					
04 Thu	Damage:	□ 01 Y □] 02 N ☐ 03			05 Of	ff ran	ıp		<u> </u>		•		ion								
Weather: 01 Blowing sand, soil, di	rt snow [07 Sleet, hail (freezing rain)		vay Character Straight/Lvl		7.06	Cur	ve/H	lerst	Road	Surfa Dry	ce:				г	7 05 5	Slus	h		
02 Clear	II, SHOW	08 Severe cros		02	Straight/Grd		∃ 07			icist	02	Ice					Ē	06 5	Snov	w		
03 Cloudy 04 Fog/smoke	F	09 Snow 10 Other *			Straight/Hlcr Curve/Lvl	st						Wate		l dirt	oil	gravel		☐ 07 ' ☐ 08 (
05 Ice Fog	_	11 Not Report	ed		Curve/Grd						L °.	Duna	, 1114	, un .,	, 011,	Siave		_ 00 .	Othe	,1		
06 Rain Lighting:		12 Unk	Lo	cation C	Control	1		Re	f Pt					(Lav	v Ent	forcen	nent i	use or	ılv)			
01 Dark – lighted roadwa	ny 🔲 05	Twilight	Lo	cation C	Control	İ		RC	111		İ			(Lav	v Liii	orcen	iciit t	150 011	пу)			
02 Dark – roadway not li 03 Dark – unknown light		Other * Not Reported	Name of Stre	eet or H	ighway			П	miles					Cro	ss St	reet, E	Bridg	e. ect				
04 Daylight	· =	Unk			-87	_			miles feet		□ N □ S	$\exists v$	V			, -		-,				
Crash Description	/ Violetic	n.				C	rock		at int								—		—	—		
Crash Description	/ Violanc)11 -					1 451	עו ו	iagi								Т	ТТ	Т	Indic	ate 1	North
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Violation Section(s):						╂	Н	\dashv									+	++	+	+		
Ticket Description: Location of First Sequence	e of Events					╫											+	++	+	+		\vdash
☐ 01 Bike Lane ☐ 04 Out			vav [☐ 10 Ur	nk												+	++	+	+		\vdash
☐ 02 Gore ☐ 05 Park	king lot	08 Share	d use paths					+									+	++	+	+		
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l *'	09 Ditch	П 17 Ме	edian barrier	☐ 25 T	Train .												+	++	+	+		\vdash
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03 Bicyclist 04 Bridge/Overpass	11 Fence 12 Guard rail	=	rked vehicle destrian	_	Jtility pole Jeh in transit	\parallel	\vdash	+	+			+			-	\vdash	+	++	+	+	\vdash	+
05 Bridge rail	13 Guard rail	end 21 Sid	deswipe	☐ 29 V	/eh – rear end	\parallel	+	\dashv	+		+	+				\vdash	+	+	+	+	H	\dashv
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35 Downhill runaway	□ 39.	Jackknife [43 Other *	ar or units	,		\coprod										\perp	$\sqcup \!\!\! \perp$	\perp	丄		\perp
36 Equipment failure			44 Unk				Ch	ieck	c if s	upple	emen	al di	agra	ım			丄	Ш	\perp	丄		Ш
Officer / Agency In	formatio		ffinar D- ID). I A			1	D -	ia '	~ O.C.	20 P	ID						D a'	F	o.t - :		
Officer Name:		10	fficer PermID	r. Ager	icy:		ŀ	ĸev	iewir	ng Offi	cer Pe	miD:					ŀ	Reviev	w Di	ate:		
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Page of					Part	A											1	12-200	, Ke	vised	9/12	2/01

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OL / 10 Per	Driver Information (One choice per field a	unless otherwise noted –	Other * should be expl	 ained in na	rrative)			
00 / 10 20 10 10 10 10 10 10			•	Sex:		DOB:	(Contact Phone:
State: Dir. State: Dir. Dir. Dir.	OL / ID #: State: License 01	CDL-A 03 CDL-C	□ 05 D □ 07 M2 [09 IP	Ejected:			
Paycent Authors Carpy Ca						NFR:		Ins Coverage:
O C Observation O A None O A None O C Observation O C Observation O None Observat	Physical Address:	City:		State: Z	Zip:			N L 01 Y L 02 N
Q C Desectors	Environment Circumstances: Injury Status		Driver Restr	aint / Airbag	g (4 choice max	x):		
0.1 None 0.2 Achested 0.2 Florage 0.4 Death 0.9 Roos 0.9 Reath 0.9 No gives 0.4 Reference 0.7 Florage of the None 0.7 None (Part and None 0.7 None (Part	☐ 02 Obstruction ☐ 05 Other * ☐ 02 Incapaci ☐ 03 Weather ☐ 06 Unk ☐ 03 Non-inca	tating *	orted 02 None ir 03 Helmet	nstld	06 Shldr only 07 Prp Chld Rst	10 A	/bag not Dp /bag switch	olyd 14 Unk off
Harman Circumstatanecs (2 choise max)				i	BAC Level:	i *		
0.1 Clinic 0.1	_	☐ 01 Blood ☐ 02 Brea	th ∐03 Not given ∐ 04	Refused				
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O1 Dog sled						oice max. cor	nmercial o	only):
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O2 Barkes defective O7 Tire failure/inadequate 12 Unk O2 Backing O3 Headlights defective O8 Tow hitch defective O9 Windshield damage O4 Entering traffic lane O9 Passing 14 Stopped 19 Unk O9 Endowly Circumstances: O8 Soversized wehicle O8 Shoulder O8 Shoulder O8 Shoulder O8 Shoulder O8 Shoulder O9 Passing	l— —			nd 🗆 06	Making II turn	□ 11 Skiddin	ng.	16 Turning right
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OL / 10 Per	Driver Information (One choice per field a	unless otherwise noted –	Other * should be expl	 ained in na	rrative)			
00 / 10 20 10 10 10 10 10 10			•	Sex:		DOB:	(Contact Phone:
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Q C Desectors	Environment Circumstances: Injury Status		Driver Restr	aint / Airbag	g (4 choice max	x):		
0.1 None 0.2 Achested 0.2 Florage 0.4 Death 0.9 Roos 0.9 Reath 0.9 No gives 0.4 Reference 0.7 Florage of the None 0.7 None (Part and None 0.7 None (Part	☐ 02 Obstruction ☐ 05 Other * ☐ 02 Incapaci ☐ 03 Weather ☐ 06 Unk ☐ 03 Non-inca	tating *	orted 02 None ir 03 Helmet	nstld	06 Shldr only 07 Prp Chld Rst	10 A	/bag not Dp /bag switch	olyd 14 Unk off
Harman Circumstatanecs (2 choise max)				i	BAC Level:	i *		
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report to CVE Unit, 12050 Industry Way – Bldg O – Suite #6, Anch, AK 99515) Carrier Name: Gross Weight (lbs): G		,po <u> </u>	Second Sec				.5	
Address: Carrier ID#:	report to CVE Unit, 12050 Industry Way - Bldg C) – Suite #6, Anch, AK 99	9515)	al list	13 Guard 14 Light s	rail end [support [24 Traffic 25 Train	c signal pole
City: State: Zip: Contact Phone: 08 Curb/Wall 19 Parked vehicle 30 Veh - head on 09 Ditch 20 Pedestrian 31 Veh - angle 32 Other fixed object 10 Embankment 21 Sideswipe 32 Other fixed object 11 Fence 22 Sign 22 Sign 22 Sign 24 Second Sequence of Events, Non-collision: 01 Driver/Vehicle 01 US DOT 01 Y 01 Y 33 Cargo loss/shift 37 Explosion/fire 41 Ran off road 34 Crossed median/centerline 38 Immersion 42 Separation of units 03 Shipping Papers 03 AKS 03 Unk 03 Unk 35 Downhill runaway 39 Jackknife 43 Other * 36 Equipment failure 40 Overturn 44 Unk 36 Equipment failure 40 Overturn 44 Unk 30 Description 41 Contact Phone: 38 Downhill runaway 39 Downhill runaway 39 Downhill runaway 30 Downhill runaway	Address:	Carrier ID#:	☐ 05 Bridg ☐ 06 Crash	e rail cushion	☐ 16 Mail b ☐ 17 Media	ox [n barrier [27 Utility 28 Veh ir	pole proposit
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Page of 12 200 Payigad 0/12/01	□ 02 Log Book □ 02 ICC □ 02 I □ 03 Shipping Papers □ 03 AKS □ 03 I	N 02 N	34 Cross 35 Down	sed median/ce nhill runaway	nterline 38	B Immersion B Jackknife	☐ 42 ☐ 43	Separation of units Other *
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Part B

ALASKA MOTOR VEHICLE COLLISION REPORT DMV #: Incident/Case #									se#	
Passenger / Witness Information (One choice per field unless otherwise noted – Other * should be explained in narrative)										
Unit #: Name (Last,	First, MI):			Sex: 01 M	1 🗌 02	F OL/II) #:		State:	
Person Type:	Physical Address:		Ci	ity:		State:	Zip:	Contact Phone:		
01 Passenger										
02 Witness Seat Location:	Restraint / Airbag Information (4 c	choice max):	Ejected: ☐ 01 Y	Injury Status 01 Fatal			Transported Dy:	01 Y 02 N 03 Transpor		
01 Center front	□ 01 Not used □ 08 Imp 0		□ 01 1 □ 02 N	02 Incapa	citating	*	01 Air Ambula			
02 Right front	02 None instld 09 A/bag		□ 03 P □ 04 Unk	03 Non-in		iting *	02 Airplane	□ 02 Hos		
☐ 03 Left rear ☐ 04 Center rear	☐ 03 Helmet ☐ 10 A/baş		Extricated:	04 Possible 05 None	e		03 EMS 04 Helicopter	☐ 03 Mo ☐ 04 Res		
05 Right rear	05 Lap only 12 Side		01 Y	06 Not Re	ported		05 Police	05 Unl		
☐ 06 Other * ☐ 07 N/A	☐ 06 Shldr only ☐ 13 Not F☐ 07 Prp Chld Rst ☐ 14 Unk		□ 02 N □ 03 Unk	☐ 07 Unk			06 Private vehi	icle 06 N/A	L	
08 Unk							☐ 08 N/A			
Unit #: Name (Last,	First, MI):			Sex: 01 N	1 🗆 02	F OL/II) #:		State:	
				DOB:						
Person Type:	Physical Address:		Ci	ity:		State:	Zip:	Contact Phone:		
☐ 01 Passenger ☐ 02 Witness	Restraint / Airbag Information (4 c	hoise may).	Ejected:	Injury Status			Transported	01 Y 02 N 03	Unk	
Seat Location:	Kestramit / Airoag information (4 C		□ 01 Y	☐ 01 Fatal			Transported By:			
01 Center front	01 Not used 08 Imp (□ 02 N □ 03 P	02 Incapa			01 Air Ambula 02 Airplane			
☐ 02 Right front☐ 03 Left rear	☐ 02 None instld ☐ 09 A/baş ☐ 03 Helmet ☐ 10 A/baş		□ 03 P □ 04 Unk	☐ 03 Non-in ☐ 04 Possibl		iting *	02 Airplane 03 EMS	02 Hos		
04 Center rear	☐ 04 Lap/Shldr ☐ 11 A/bag	g switch off I	Extricated:	05 None			04 Helicopter	□ 04 Res	idence	
☐ 05 Right rear ☐ 06 Other *	☐ 05 Lap only ☐ 12 Side ☐ 06 Shldr only ☐ 13 Not F		□ 01 Y □ 02 N	☐ 06 Not Re	ported		05 Police 06 Private vehi	icle 05 Unl		
□ 07 N/A	07 Prp Chld Rst 14 Unk		03 Unk	_			☐ 07 Unk			
08 Unk							□ 08 N/A			
Unit #: Name (Last,	First, MI):			Sex: 01 N	1 🗌 02	F OL/II) #:		State:	
Person Type:	Physical Address:		l C:	DOB:		State:	Zip:	Contact Phone:		
□ 01 Passenger	Filysical Address.			ity.	i	State.	zīp.	Contact Filone.		
02 Witness	Restraint / Airbag Information (4 c		Ejected:	Injury Status		I		01 Y 02 N 03	Unk	
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02 Right front	☐ 02 None instld ☐ 09 A/baş	g Dplyd	□ 03 P	03 Non-in	capacita		02 Airplane	02 Hos		
03 Left rear	☐ 03 Helmet ☐ 10 A/baş ☐ 04 Lap/Shldr ☐ 11 A/baş		04 Unk Extricated:	04 Possibl	e		03 EMS 04 Helicopter	☐ 03 Mo ☐ 04 Res		
☐ 04 Center rear☐ 05 Right rear	☐ 05 Lap only ☐ 12 Side		□ 01 Y	05 Note	ported		04 Helicopter 05 Police	□ 04 Res		
☐ 06 Other * ☐ 07 N/A	☐ 06 Shldr only ☐ 13 Not F☐ 07 Prp Chld Rst ☐ 14 Unk		□ 02 N □ 03 Unk	☐ 07 Unk			06 Private vehi	icle 06 N/A		
□ 07 N/A □ 08 Unk	14 Olik		03 Unk				07 Unk 08 N/A			
Unit #: Name (Last,	First MI):			Sex: 01 N	1 🔲 02	F OL/II) #·		State:	
Valle (Last,	1 1151, 1411).			DOB:	1 🔲 02	OL/II	σπ.		State.	
Person Type:	Physical Address:		Ci	ity:		State:	Zip:	Contact Phone:		
01 Passenger				T						
02 Witness Seat Location:	Restraint / Airbag Information (4 c		Ejected: ☐ 01 Y	Injury Status 01 Fatal			Transported Dy:			
☐ 01 Center front	□ 01 Not used □ 08 Imp 0	Chld Rst	□ 02 N	02 Incapa	citating	*	01 Air Ambula	ance 01 Clin	nic	
☐ 02 Right front☐ 03 Left rear	☐ 02 None instld ☐ 09 A/baş ☐ 03 Helmet ☐ 10 A/baş	g Dplyd	□ 03 P □ 04 Unk	☐ 03 Non-in ☐ 04 Possibl	capacita e	iting *	02 Airplane 03 EMS	02 Hos		
03 Left fear			Extricated:	☐ 05 None			04 Helicopter	□ 03 M0		
☐ 05 Right rear ☐ 06 Other *	☐ 05 Lap only ☐ 12 Side ☐ 06 Shldr only ☐ 13 Not F		□ 01 Y □ 02 N	☐ 06 Not Re ☐ 07 Unk	ported		05 Police 06 Private vehi	□ 05 Unl icle □ 06 N/A		
□ 07 N/A	07 Prp Chld Rst 14 Unk		□ 02 N □ 03 Unk	U O O O IIK			☐ 07 Unk	UO N/A	•	
08 Unk							08 N/A			

)M	V	#	•

Incident/Case #

Check all that apply.

Pedestrian Information

	Crossing with Signal	
	Crossing against signal	
	Crossing, no signal, marked crosswalk	
	Crossing, no signal or marked crosswalk	
	Walking with traffic	
	Walking against traffic	
	Emerging in front of/behind parked vehicle	
	Child getting on/off school bus	
	Getting on/off vehicle other than school bus	
	Pushing/working on vehicle	
	Parking in roadway	
	Playing in Roadway	
	Playing in roadway	
	Other actions in roadway	
	Not in roadway	
	Alcohol involved	
	Bike visibility flag	
	Bike helmet worn	
_	Land Usage at Accident Location	
	School / playground	
	One / two family residential	
	Apartment residential	
	Business / shopping	
	Industrial / manufacturing	
Ц	Agricultural / undeveloped	
	Recreational / park / camping	
Other property damage	e \$	
☐ Non – highway	☐ Not investigated at scene	Left scene
Number of photograph	s taken by: Police	Other

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Supplement

12-200 Revised 11/6/01