

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #:

Incident/Case #

Driver Information (One choice per field unless otherwise noted – Other * should be explained in narrative)

Unit #:	Driver Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	DOB:	Contact Phone:
OL / ID #:	State:	License Class: <input type="checkbox"/> 01 CDL-A <input type="checkbox"/> 02 CDL-B <input type="checkbox"/> 03 CDL-C <input type="checkbox"/> 04 CDL-IC <input type="checkbox"/> 05 D <input type="checkbox"/> 06 MI <input type="checkbox"/> 07 M2 <input type="checkbox"/> 08 IM <input type="checkbox"/> 09 IP	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk	Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:
Environment Circumstances: <input type="checkbox"/> 01 Glare <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 03 Weather <input type="checkbox"/> 04 None <input type="checkbox"/> 05 Other * <input type="checkbox"/> 06 Unk		Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk		Driver Restraint / Airbag (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk
Alcohol/Drugs Suspected: <input type="checkbox"/> 01 None <input type="checkbox"/> 02 Alcohol <input type="checkbox"/> 03 Drugs <input type="checkbox"/> 04 Both		Test Given: <input type="checkbox"/> 01 Blood <input type="checkbox"/> 02 Breath <input type="checkbox"/> 03 Not given <input type="checkbox"/> 04 Refused		BAC Level: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk
Human Circumstances (2 choice max): <input type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional <input type="checkbox"/> 09 Failure to yield <input type="checkbox"/> 10 Fell asleep <input type="checkbox"/> 11 Following too closely <input type="checkbox"/> 12 Illness <input type="checkbox"/> 13 Improper lane usage/change <input type="checkbox"/> 14 Improper passing <input type="checkbox"/> 15 Improper turn <input type="checkbox"/> 16 Loss of consciousness <input type="checkbox"/> 17 Passenger distraction <input type="checkbox"/> 18 Pedestrian error/confusion <input type="checkbox"/> 19 Physical disability <input type="checkbox"/> 20 Red light violation <input type="checkbox"/> 21 Stop sign violation <input type="checkbox"/> 22 Taking prescription meds <input type="checkbox"/> 23 Unsafe speed <input type="checkbox"/> 24 Wrong side/way <input type="checkbox"/> 25 Other * <input type="checkbox"/> 26 Unk		Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N?A		Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A

Vehicle Information

Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input type="checkbox"/> 02 Functional <input type="checkbox"/> 03 Disabling <input type="checkbox"/> 04 Totaled <input type="checkbox"/> 05 Unk	No. of Occupants: _____	Vehicle Owner Name (Last, First, MI):		Contact Phone:
		Mailing Address:		City: State: Zip:
		Damage Estimate: <input type="checkbox"/> Over \$501	VIN:	License Plate #:
Undercarriage Damage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N	Veh Year:	Make:	Model:	Color:
Direction of Travel: <input type="checkbox"/> 01 North <input type="checkbox"/> 02 South <input type="checkbox"/> 03 East <input type="checkbox"/> 04 West <input type="checkbox"/> 05 Unk		Veh Towed: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		
Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axles) <input type="checkbox"/> 02 Single unit (3+ axles) <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 06 tractor/doubles <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 10 Other * <input type="checkbox"/> 11 Unk		Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 04 School bus <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 07 Dump <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 11 Pole <input type="checkbox"/> 12 Other * <input type="checkbox"/> 13 Unk		
Vehicle Circumstances: <input type="checkbox"/> 01 Accelerator defective <input type="checkbox"/> 02 Brakes defective <input type="checkbox"/> 03 Headlights defective <input type="checkbox"/> 04 Other lighting defective <input type="checkbox"/> 05 Oversized vehicle <input type="checkbox"/> 06 Steering failure <input type="checkbox"/> 07 Tire failure/inadequate <input type="checkbox"/> 08 Tow hitch defective <input type="checkbox"/> 09 Windshield damage <input type="checkbox"/> 10 None <input type="checkbox"/> 11 Other * <input type="checkbox"/> 12 Unk		Vehicle Action: <input type="checkbox"/> 01 Avoiding objects in road <input type="checkbox"/> 02 Backing <input type="checkbox"/> 03 Changing lanes <input type="checkbox"/> 04 Entering traffic lane <input type="checkbox"/> 05 Leaving traffic lane <input type="checkbox"/> 06 Making U-turn <input type="checkbox"/> 07 Merging <input type="checkbox"/> 08 Out of control <input type="checkbox"/> 09 Passing <input type="checkbox"/> 10 Parked <input type="checkbox"/> 11 Skidding <input type="checkbox"/> 12 Slowing <input type="checkbox"/> 13 Starting in traffic <input type="checkbox"/> 14 Stopped <input type="checkbox"/> 15 Straight ahead <input type="checkbox"/> 16 Turning right <input type="checkbox"/> 17 Turning left <input type="checkbox"/> 18 Other * <input type="checkbox"/> 19 Unk		
Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 08 Ruts, holes, bumps <input type="checkbox"/> 09 School zone <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 12 None <input type="checkbox"/> 13 Other * <input type="checkbox"/> 14 Unk		Traffic Control: <input type="checkbox"/> 01 Flashing signal <input type="checkbox"/> 02 No controls <input type="checkbox"/> 03 Road const signs <input type="checkbox"/> 04 RR crossing device <input type="checkbox"/> 05 School zone signs <input type="checkbox"/> 06 Stop sign <input type="checkbox"/> 07 Traffic control signal <input type="checkbox"/> 08 Warning signs <input type="checkbox"/> 09 Yield sign <input type="checkbox"/> 10 Officer/flagman/guard <input type="checkbox"/> 11 Other * <input type="checkbox"/> 12 Unk		

Commercial Vehicle Information

(If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE Unit, 12050 Industry Way – Bldg O – Suite #6, Anch, AK 99515)

Carrier Name:		Gross Weight (lbs):		Second Sequence of Events, Collision <input type="checkbox"/> 01 Aircraft <input type="checkbox"/> 02 Animal <input type="checkbox"/> 03 Bicyclist <input type="checkbox"/> 04 Bridge/Overpass <input type="checkbox"/> 05 Bridge rail <input type="checkbox"/> 06 Crash cushion <input type="checkbox"/> 07 Culvert <input type="checkbox"/> 08 Curb/Wall <input type="checkbox"/> 09 Ditch <input type="checkbox"/> 10 Embankment <input type="checkbox"/> 11 Fence <input type="checkbox"/> 12 Guard rail face <input type="checkbox"/> 13 Guard rail end <input type="checkbox"/> 14 Light support <input type="checkbox"/> 15 Machinery <input type="checkbox"/> 16 Mail box <input type="checkbox"/> 17 Median barrier <input type="checkbox"/> 18 Moose <input type="checkbox"/> 19 Parked vehicle <input type="checkbox"/> 20 Pedestrian <input type="checkbox"/> 21 Sideswipe <input type="checkbox"/> 22 Sign <input type="checkbox"/> 23 Snowberm <input type="checkbox"/> 24 Traffic signal pole <input type="checkbox"/> 25 Train <input type="checkbox"/> 26 Tree/shrub <input type="checkbox"/> 27 Utility pole <input type="checkbox"/> 28 Veh in transit <input type="checkbox"/> 29 Veh - rear end <input type="checkbox"/> 30 Veh – head on <input type="checkbox"/> 31 Veh – angle <input type="checkbox"/> 32 Other fixed object	
Address:		Carrier ID#:			
City:	State:	Zip:	Contact Phone:		
Carrier ID Source: <input type="checkbox"/> 01 Driver/Vehicle <input type="checkbox"/> 02 Log Book <input type="checkbox"/> 03 Shipping Papers <input type="checkbox"/> 04 Trip Manifest	Issuing Authority: <input type="checkbox"/> 01 US DOT <input type="checkbox"/> 02 ICC <input type="checkbox"/> 03 AKS	Placard: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Haz Mat Released: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		
Second Sequence of Events, Non-collision: <input type="checkbox"/> 33 Cargo loss/shift <input type="checkbox"/> 34 Crossed median/centerline <input type="checkbox"/> 35 Downhill runaway <input type="checkbox"/> 36 Equipment failure <input type="checkbox"/> 37 Explosion/fire <input type="checkbox"/> 38 Immersion <input type="checkbox"/> 39 Jackknife <input type="checkbox"/> 40 Overturn <input type="checkbox"/> 41 Ran off road <input type="checkbox"/> 42 Separation of units <input type="checkbox"/> 43 Other * <input type="checkbox"/> 44 Unk					

ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #:

Incident/Case #

Driver Information (One choice per field unless otherwise noted – Other * should be explained in narrative)

Unit #:		Driver Name (Last, First, MI):				Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		DOB:		Contact Phone:			
OL / ID #:		State:		License Class: <input type="checkbox"/> 01 CDL-A <input type="checkbox"/> 02 CDL-B <input type="checkbox"/> 03 CDL-C <input type="checkbox"/> 04 CDL-IC <input type="checkbox"/> 05 D <input type="checkbox"/> 06 MI <input type="checkbox"/> 07 M2 <input type="checkbox"/> 08 IM <input type="checkbox"/> 09 IP		Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk		Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk					
Mailing Address:				City:		State:		Zip:		NFR: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk			
Physical Address:				City:		State:		Zip:		Ins Coverage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N			
Environment Circumstances: <input type="checkbox"/> 01 Glare <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 03 Weather <input type="checkbox"/> 04 None <input type="checkbox"/> 05 Other * <input type="checkbox"/> 06 Unk		Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk		Driver Restraint / Airbag (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk									
Alcohol/Drugs Suspected: <input type="checkbox"/> 01 None <input type="checkbox"/> 02 Alcohol <input type="checkbox"/> 03 Drugs <input type="checkbox"/> 04 Both				Test Given: <input type="checkbox"/> 01 Blood <input type="checkbox"/> 02 Breath <input type="checkbox"/> 03 Not given <input type="checkbox"/> 04 Refused				BAC Level:		Transported: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk			
Human Circumstances (2 choice max): <input type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional <input type="checkbox"/> 09 Failure to yield <input type="checkbox"/> 10 Fell asleep <input type="checkbox"/> 11 Following too closely <input type="checkbox"/> 12 Illness <input type="checkbox"/> 13 Improper lane usage/change <input type="checkbox"/> 14 Improper passing <input type="checkbox"/> 15 Improper turn <input type="checkbox"/> 16 Loss of consciousness <input type="checkbox"/> 17 Passenger distraction <input type="checkbox"/> 18 Pedestrian error/confusion <input type="checkbox"/> 19 Physical disability <input type="checkbox"/> 20 Red light violation <input type="checkbox"/> 21 Stop sign violation <input type="checkbox"/> 22 Taking prescription meds <input type="checkbox"/> 23 Unsafe speed <input type="checkbox"/> 24 Wrong side/way <input type="checkbox"/> 25 Other * <input type="checkbox"/> 26 Unk						Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N?A		Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A					

Vehicle Information

Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input type="checkbox"/> 02 Functional <input type="checkbox"/> 03 Disabling <input type="checkbox"/> 04 Totaled <input type="checkbox"/> 05 Unk		No. of Occupants: _____				Vehicle Owner Name (Last, First, MI):				Contact Phone:							
		Mailing Address:				City:		State:		Zip:							
		Damage Estimate: <input type="checkbox"/> Over \$501		VIN:				License Plate #:		State:							
		Undercarriage Damage: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N		Veh Year:		Make:		Model:		Color:							
Direction of Travel: <input type="checkbox"/> 01 North <input type="checkbox"/> 02 South <input type="checkbox"/> 03 East <input type="checkbox"/> 04 West <input type="checkbox"/> 05 Unk						Veh Towed: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk						Towed By:					
Vehicle Configuration (non-commercial only): <input type="checkbox"/> 01 Dog sled <input type="checkbox"/> 02 Light truck (only 4 ties) <input type="checkbox"/> 03 Motorhome <input type="checkbox"/> 04 Motorcycle <input type="checkbox"/> 05 Off highway vehicle <input type="checkbox"/> 06 Passenger car <input type="checkbox"/> 07 Pedalcycle <input type="checkbox"/> 08 Pedestrian <input type="checkbox"/> 09 Other * <input type="checkbox"/> 10 Unk				Vehicle Configuration (commercial only): <input type="checkbox"/> 01 Single-unit (2-axles) <input type="checkbox"/> 02 Single unit (3+ axles) <input type="checkbox"/> 03 Truck/trailer <input type="checkbox"/> 04 Tractor (bobtail) <input type="checkbox"/> 05 Tractor/semi-trailer <input type="checkbox"/> 06 tractor/doubles <input type="checkbox"/> 07 Tractor/triples <input type="checkbox"/> 08 Van/enclosed box <input type="checkbox"/> 09 Unk heavy truck <input type="checkbox"/> 10 Other * <input type="checkbox"/> 11 Unk				Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 04 School bus <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 07 Dump <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 11 Pole <input type="checkbox"/> 12 Other * <input type="checkbox"/> 13 Unk									
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Roadway Circumstances: <input type="checkbox"/> 01 Debris <input type="checkbox"/> 02 Inoperative traffic device <input type="checkbox"/> 03 Missing traffic device <input type="checkbox"/> 04 Obscured traffic device <input type="checkbox"/> 05 Obstruction in roadway <input type="checkbox"/> 06 Shoulder <input type="checkbox"/> 07 Road surface condition <input type="checkbox"/> 08 Ruts, holes, bumps <input type="checkbox"/> 09 School zone <input type="checkbox"/> 10 Work zone <input type="checkbox"/> 11 Worn, polished <input type="checkbox"/> 12 None <input type="checkbox"/> 13 Other * <input type="checkbox"/> 14 Unk				Traffic Control: <input type="checkbox"/> 01 Flashing signal <input type="checkbox"/> 02 No controls <input type="checkbox"/> 03 Road const signs <input type="checkbox"/> 04 RR crossing device <input type="checkbox"/> 05 School zone signs <input type="checkbox"/> 06 Stop sign <input type="checkbox"/> 07 Traffic control signal <input type="checkbox"/> 08 Warning signs <input type="checkbox"/> 09 Yield sign <input type="checkbox"/> 10 Officer/flagman/guard <input type="checkbox"/> 11 Other * <input type="checkbox"/> 12 Unk													

Commercial Vehicle Information

(If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE Unit, 12050 Industry Way – Bldg O – Suite #6, Anch, AK 99515)

Carrier Name:		Gross Weight (lbs):		Second Sequence of Events, Collision <input type="checkbox"/> 01 Aircraft <input type="checkbox"/> 02 Animal <input type="checkbox"/> 03 Bicyclist <input type="checkbox"/> 04 Bridge/Overpass <input type="checkbox"/> 05 Bridge rail <input type="checkbox"/> 06 Crash cushion <input type="checkbox"/> 07 Culvert <input type="checkbox"/> 08 Curb/Wall <input type="checkbox"/> 09 Ditch <input type="checkbox"/> 10 Embankment <input type="checkbox"/> 11 Fence <input type="checkbox"/> 12 Guard rail face <input type="checkbox"/> 13 Guard rail end <input type="checkbox"/> 14 Light support <input type="checkbox"/> 15 Machinery <input type="checkbox"/> 16 Mail box <input type="checkbox"/> 17 Median barrier <input type="checkbox"/> 18 Moose <input type="checkbox"/> 19 Parked vehicle <input type="checkbox"/> 20 Pedestrian <input type="checkbox"/> 21 Sideswipe <input type="checkbox"/> 22 Sign <input type="checkbox"/> 23 Snowberm <input type="checkbox"/> 24 Traffic signal pole <input type="checkbox"/> 25 Train <input type="checkbox"/> 26 Tree/shrub <input type="checkbox"/> 27 Utility pole <input type="checkbox"/> 28 Veh in transit <input type="checkbox"/> 29 Veh - rear end <input type="checkbox"/> 30 Veh - head on <input type="checkbox"/> 31 Veh - angle <input type="checkbox"/> 32 Other fixed object											
Address:		Carrier ID#:													
City:		State:										Zip:		Contact Phone:	
Carrier ID Source: <input type="checkbox"/> 01 Driver/Vehicle <input type="checkbox"/> 02 Log Book <input type="checkbox"/> 03 Shipping Papers <input type="checkbox"/> 04 Trip Manifest		Issuing Authority: <input type="checkbox"/> 01 US DOT <input type="checkbox"/> 02 ICC <input type="checkbox"/> 03 AKS		Placard: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Haz Mat Released: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk		Second Sequence of Events, Non-collision: <input type="checkbox"/> 33 Cargo loss/shift <input type="checkbox"/> 34 Crossed median/centerline <input type="checkbox"/> 35 Downhill runaway <input type="checkbox"/> 36 Equipment failure <input type="checkbox"/> 37 Explosion/fire <input type="checkbox"/> 38 Immersion <input type="checkbox"/> 39 Jackknife <input type="checkbox"/> 40 Overturn <input type="checkbox"/> 41 Ran off road <input type="checkbox"/> 42 Separation of units <input type="checkbox"/> 43 Other * <input type="checkbox"/> 44 Unk							

ALASKA MOTOR VEHICLE COLLISION REPORT	DMV #:	Incident/Case #
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Passenger / Witness Information (One choice per field unless otherwise noted – Other * should be explained in narrative)

Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #:	State:	
		DOB:			
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:	Contact Phone:
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center rear <input type="checkbox"/> 05 Right rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint / Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A

Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #:	State:	
		DOB:			
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:	Contact Phone:
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center rear <input type="checkbox"/> 05 Right rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint / Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A

Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #:	State:	
		DOB:			
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:	Contact Phone:
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center rear <input type="checkbox"/> 05 Right rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint / Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A

Unit #:	Name (Last, First, MI):	Sex: <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	OL/ID #:	State:	
		DOB:			
Person Type: <input type="checkbox"/> 01 Passenger <input type="checkbox"/> 02 Witness	Physical Address:	City:	State:	Zip:	Contact Phone:
Seat Location: <input type="checkbox"/> 01 Center front <input type="checkbox"/> 02 Right front <input type="checkbox"/> 03 Left rear <input type="checkbox"/> 04 Center rear <input type="checkbox"/> 05 Right rear <input type="checkbox"/> 06 Other * <input type="checkbox"/> 07 N/A <input type="checkbox"/> 08 Unk	Restraint / Airbag Information (4 choice max): <input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Ejected: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 P <input type="checkbox"/> 04 Unk Extricated: <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk	Injury Status <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk	Transported <input type="checkbox"/> 01 Y <input type="checkbox"/> 02 N <input type="checkbox"/> 03 Unk Transported By: <input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	Transported To: <input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A

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
- Agricultural / undeveloped
- Recreational / park / camping

Other property damage \$ _____

 Non – highway Not investigated at scene Left scene

Number of photographs taken by:

Police _____

Other _____