

ALASKA MOTOR VEHICLE COLLISION REPORT

SR #:

INCIDENT/CASE #

OFFICER / AGENCY INFORMATION

OFFICER NAME

OFFICER PERM ID

AGENCY

REVIEWING

OFFICER PERM ID

REVIEW DATE

CRASH INFORMATION - (One choice per field unless otherwise noted - "Other" should be explained in narrative)

LAW ENFORCEMENT USE ONLY	CRASH DATE	CRASH DAY <input type="radio"/> Mo <input type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thu <input type="radio"/> Fri <input type="radio"/> Sat <input type="radio"/> Su	CRASH TIME UNKNOWN <input type="checkbox"/>	CRASH TIME
CRASH LOCATION	LAT / LONG N: ° ' " W: ° ' "	CRASH CLASSIFICATION		
CRASH CITY / PLACE	COUNTY / BOROUGH	Property: 01 - Public Property <input type="checkbox"/> 02 - Private Property <input type="checkbox"/> 99 - Unknown	Location: 01 - Trafficway, on Road <input type="checkbox"/> 02 - Trafficway, not on Road <input type="checkbox"/> 03 - Non-Trafficway In Parking Lot <input type="checkbox"/>	
ON STREET OR HIGHWAY	DISTANCE	MEASUREMENT <input type="checkbox"/> FT - Feet MI - Miles IN - At Intersection	DIRECTION <input type="checkbox"/> 01 - N 05 - NE 02 - E 06 - NW 03 - S 07 - SE 04 - W 08 - SW 97 - N/A 99 - Unknown	FROM INTERSECTION WITH STREET/ NEAREST STREET, BRIDGE, etc.

PHOTOS TAKEN <input type="checkbox"/> 00 - No 01 - Yes	NON-VEHICULAR PROPERTY DAMAGE <input type="checkbox"/> 00 - No 01 - Yes 99 - Unknown	MOST CONTRIBUTING UNIT KNOWN <input type="checkbox"/> 00 - No 01 - Yes	TOTAL WITNESSES <input type="checkbox"/>
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TOTAL MOTORIZED UNITS <input type="checkbox"/>	TOTAL NON-MOTORIZED UNITS <input type="checkbox"/>	TOTAL MOTORISTS <input type="checkbox"/> (person types* 01, 02, 09)	TOTAL NON-MOTORISTS <input type="checkbox"/> (person types* 03, 04, 05, 06, 07, 08, 10, 19)
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FIRST HARMFUL EVENT	Collision with Motor Vehicle In-Transport: 12 - Motor Vehicle In-Transport 54 - Motor Vehicle In-Transport Strikes or is Struck by Cargo, Persons or Objects Set-in-Motion from/by Another Motor Vehicle In-Transport 55 - Motor Vehicle In Motion Outside the Trafficway	Collision with Fixed Object: 39 - Wall 40 - Fire Hydrant 41 - Shrubbery 42 - Tree (Standing Only) 43 - Other Fixed Object 46 - Traffic Signal Support 48 - Snow Bank 50 - Bridge Overhead Structure 52 - Guardrail End 53 - Mail Box 57 - Cable Barrier 58 - Ground 59 - Traffic Sign Support 99 - Unknown
Non-Collision: 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion, Full or Partial 04 - Gas Inhalation 05 - Fell/Jumped from Vehicle 06 - Injured in Vehicle (Non-Collision) 16 - Thrown or Falling Object 07 - Other Non-Collision 44 - Pavement Surface Irregularity (Ruts, Potholes, Grates, etc.) 51 - Jackknife 72 - Cargo/Equipment Loss or Shift	Collision with Non-Fixed Object: 08 - Pedestrian 09 - Pedalcycle 10 - Railway Vehicle 11 - Live Animal: 14 - Parked Motor Vehicle 15 - Non-Motorist on Personal Conveyance 18 - Other Object (Not Fixed) 45 - Working Motor Vehicle 49 - Ridden Animal or Animal Drawn Conveyance	

LOCATION OF FIRST HARMFUL EVENT RELATIVE TO TRAFFICWAY <input type="checkbox"/> 01 - On Roadway 05 - Outside Trafficway 10 - Separator 02 - On Shoulder 06 - Off Roadway - Location Unknown 11 - Continuous Left-Turn Lane 03 - On Median 07 - In Parking Lane/Zone 99 - Unknown 04 - On Roadside 08 - Gore	MANNER OF COLLISION IMPACT <input type="checkbox"/> 00 - Not a Collision with a Motor Vehicle In-Transport 01 - Front-to-Rear 02 - Front-to-Front 06 - Angle 07 - Sideswipe-Same Direction 08 - Sideswipe-Opposite Direction 09 - Rear-to-Side 10 - Rear-to-Rear 98 - Other 99 - Unknown
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WEATHER (must have 2 choices) <input type="checkbox"/> 00 - No Additional Atmospheric Conditions 01 - Clear 02 - Rain 03 - Sleet or Hail 04 - Snow 05 - Fog, Smog, Smoke 06 - Severe Crosswinds 07 - Blowing Sand, Soil, Dirt 10 - Cloudy 11 - Blowing Snow 12 - Freezing Rain or Freezing Drizzle 98 - Other 99 - Unknown	LIGHT CONDITION <input type="checkbox"/> 01 - Daylight 02 - Dark-Not Lighted 03 - Dark-Lighted 04 - Dawn 05 - Dusk 06 - Dark-Unknown Lighting 98 - Other 99 - Unknown	ROADWAY SURFACE CONDITION <input type="checkbox"/> 00 - Non-Trafficway Area 01 - Dry 02 - Wet 03 - Snow 04 - Ice/Frost 05 - Sand 06 - Water (Standing, Moving) 07 - Oil 10 - Slush 11 - Mud, Dirt, Gravel 98 - Other 99 - Unknown	CONTRIBUTING CIRCUMSTANCE(S), ENVIRONMENT CONDITION(S) <input type="checkbox"/> (up to 3 choices) 00 - None 01 - Weather Conditions 02 - Visual Obstruction(s) 03 - Glare 04 - Animal(s) in Roadway 98 - Other 99 - Unknown
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RELATION TO JUNCTION	INTERSECTION TYPE <input type="checkbox"/> 01 - Not at Intersection 02 - Four-Way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - L-Intersection 06 - Roundabout 07 - Five-Point, or More 99 - Unknown	SCHOOL BUS RELATED <input type="checkbox"/> 00 - No 01 - Yes, School Bus Directly Involved 02 - Yes, School Bus Indirectly Involved 99 - Unknown
WITHIN INTERCHANGE AREA <input type="checkbox"/> 00 - No 01 - Yes 99 - Unknown		

SPECIFIC LOCATION <input type="checkbox"/> 01 - Non-Junction 02 - Intersection 03 - Intersection-Related 04 - Driveway Access 20 - Entrance/Exit Ramp 05 - Entrance/Exit Ramp Related 06 - Railway Grade Crossing 07 - Crossover-Related 08 - Driveway Access Related 16 - Shared-Use Path or Trail 17 - Acceleration/Deceleration Lane 18 - Through Roadway 98 - Other Location not Listed Above Within an Interchange Area (Median, Shoulder or Roadside) 99 - Unknown	WORK ZONE <input type="checkbox"/> 00 - None 01 - Construction 02 - Maintenance 03 - Utility 04 - Work Zone, Type Unk	LOCATION OF THE CRASH <input type="checkbox"/> 01 - Before the First Work Zone Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 97 - Not Applicable	TYPE OF WORK ZONE <input type="checkbox"/> 01 - Lane Closure 02 - Lane Shift/Crossover 03 - Work on Shoulder or Median 04 - Intermittent or Moving Work 97 - Not Applicable 98 - Other
	WORKERS PRESENT <input type="checkbox"/> 00 - No 01 - Yes 97 - N/A 99 - Unk.	LAW ENFORCEMENT PRESENT <input type="checkbox"/> 00 - No 01 - Officer Present 02 - Law Enforcement Vehicle Only Present 97 - Not Applicable	

* For person types go to the PERSON page

ALASKA MOTOR VEHICLE COLLISION REPORT

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INCIDENT/CASE # _____

CRASH DESCRIPTION

CRASH DIAGRAM

Check if supplemental diagram

ALASKA MOTOR VEHICLE COLLISION REPORT

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INCIDENT/CASE #

MOTOR VEHICLE # <input type="text"/>	MOST CONTRIBUTING UNIT 00 - No 01 - Yes <input type="text"/>	TOTAL NUMBER OF PEOPLE IN VEHICLE: <input type="text"/> (page 1 of 2)					
MOTOR VEHICLE TYPE 01 - Motor Vehicle In-Transport (Inside or Outside the Trafficway) - Within the roadway travel lanes (in motion or stopped) - Anywhere within or outside the trafficway boundaries - in motion 02 - Motor Vehicle Stopped Inside the Trafficway Excluding Roadway - Parked in designated curbside parking lane - Parked in designated curbside parking lane with an open door crossing into the travel lane - Stopped completely on the shoulder, median or roadside 03 - Motor Vehicle Stopped Outside the Trafficway - Parked outside the trafficway - Private construction - outside the trafficway 04 - Working Motor Vehicle (highway construction, maintenance, utility only) - Active construction, maintenance or utility vehicles - Law enforcement vehicle participating strictly in a stationary construction or mobile maintenance activity as a traffic slowing, control, signaling or calming influence		DRIVER PRESENCE 00 - No Driver Present 01 - Yes 97 - Not Applicable 99 - Unknown					
VIN	LICENSE PLATE #	STATE	REG. YEAR	COLOR	MAKE		
MODEL	MODEL YEAR	VEHICLE OWNER NAME (Last, First, Middle, Suffix)					
MAILING ADDRESS		CITY	STATE	ZIP	CONTACT PHONE		
BODY TYPE	Automobiles: AM - Ambulance BZ - Biohazard CH - Coach CV - Convertible CP - Coupe HT - Hardtop 2T - Hardtop, 2-door 4T - Hardtop, 4-door HB - Hatchback/Fastback 2H - Hatchback, 2-door 4H - Hatchback, 4-door HR - Hearse LV - Law Enforcement LM - Limousine RH - Retractable Hardtop RD - Roadster SQ - Search and Rescue SD - Sedan 2D - Sedan, 2-door Automobile 4D - Sedan, 4-door Automobile SW - Station Wagon TO - Touring Car	Farm & Garden Equipment: BH - Backhoe BK - Backhoe / Loader BC - Brush Chipper BD - Bulldozer CO - Combine CI - Corn Picker CK - Cotton Picker CZ - Cotton Stripper DE - Detasseling Equipment FS - Fertilizer Spreader FD - Field Chopper FC - Flotation Chassis FL - Fork Lift GE - Generator GD - Grader HV - Harvester HL - Hay Bale Loader HY - Hay Baler HD - Hydraulic Dump LF - Lift Broom LD - Loader LK - Log Skidder MO - Mower, Riding or Garden Tractor MR - Mower-Conditioner DI - Potato Digger	Terrain Vehicles: EB - Enclosed Body, Removable Enclosure EN - Enclosed Body, Nonremovable Enclosure MV - Multi-wheel Vehicle OP - Open Body Trucks: 3D - 3-Door 4D - 4-Door AM - Ambulance AR - Armored Truck BR - Beverage Rack BZ - Biohazard BA - Bulk Agriculture BU - Bus TM - Camper (Truck Mount) LL - Carry-all CB - Chassis and Cab CM - Concrete or Transit Mixer DP - Dump Truck FT - Fire Truck FB - Flatbed or Platform FR - Flatrack Truck GG - Garbage or Refuse GN - Grain Truck GR - Glass Rack HO - Hopper (Bottom Dump) LV - Law Enforcement LF - Lift Boom LS - Livestock Rack LG - Log LW - Lunch Wagon MH - Motorized Home PL - Pallet PK - Pickup PM - Pickup with Mounted Camper RF - Refrigerated Van SQ - Search and Rescue ST - Stake or Rack TN - Tanker TT - Tow Truck / Wrecker DS - Tractor Truck, Diesel TR - Tractor Truck, Gasoline VN - Van VC - Van Camper VT - Vanette WD - Well Driller	Construction Equipment: AE - Aerial Platform AI - Air Compressor AD - Asphalt Distributor BH - Backhoe BK - Backhoe / Loader BC - Brush Chipper BG - Buggy, Concrete BD - Bulldozer CS - Construction Signal CR - Crane DR - Drill, Rock EX - Excavator FL - Forklift GE - Generator GD - Grader HM - Hammer HD - Hydraulic Dump LF - Lift Boom LT - Light Tower LD - Loader LK - Log Skidder PV - Paver PR - Prime Mover RO - Roller SZ - Saw SC - Scraper SH - Shovel SO - Snowblower SI - Striper SS - Sweeper TC - Tractor, Track-type TF - Tractor, Wheel-type TH - Trencher VA - Vacuum Cleaner WE - Welder WS - Wood Splitter CE - Unlisted Style of Construction Equipment	Trailers: GN - Grain Trailer HO - Hopper HE - Horse Trailer HS - House Trailer LV - Law Enforcement LS - Livestock Rack LB - Lowboy or Lowbed Trailer MT - Motorcycle Trailer PT - Passenger Tram or Trailer LP - Pole Trailer RF - Refrigerated Van SQ - Search and Rescue SE - Semi-Trailer SR - Service Trailer SP - Shipping Container SM - Snowmobile Trailer ST - Stake or Rack TN - Tanker TE - Tent Trailer TD - Tow Dolly, Auto CT - Travel Trailer TV - Travel Trailer UT - Utility Trailer VN - Van, Van Trailer GA - Wagon-Type Trailer	Motorcycles: MK - Minibike MY - Minicycle MD - Moped MB - Motorbike MC - Motorcycle MS - Motorscooter MV - Multi-wheel	Snowmobiles: EB - Enclosed Body, Removable Enclosure EN - Enclosed Body, Nonremovable Enclosure OP - Open Body
SPECIAL FUNCTION 00 - No Special Function 01 - Taxi 02 - Vehicle Used as School Bus 03 - Vehicle Used as Other Bus 04 - Military 05 - Police 06 - Ambulance 07 - Fire Truck 08 - Emergency Services Vehicle 09 - Incident Response 99 - Unknown	EMERGENCY USE 01 - Non-Emergency, Non-Transport 02 - Non-Emergency, Transport 03 - Emergency Operation, Emergency Warning Equipment not in Use 04 - Emergency Operation, Emergency Warning Equipment in Use 97 - Not Applicable 99 - Unknown	POSTED SPEED LIMIT <input type="text"/> mph.	TRAFFICWAY DESCRIPTION 00 - Non-Trafficway Area 01 - Two-Way, Not Divided 02 - Two-Way, Not Divided, With a Continuous Left Turn Lane 03 - Two-Way, Divided, Unprotected (Painted >4 Feet) Median 04 - Two-Way, Divided, Positive Median Barrier 06 - One-Way Trafficway 08 - Entrance/Exit Ramp 99 - Unknown	TOTAL THRU LANES 00 - Non-Trafficway Area 01 - One Lane 02 - Two Lanes 03 - Three Lanes 04 - Four Lanes 05 - Five Lanes 06 - Six Lanes 07 - Seven or More Lanes 99 - Unknown			
ROADWAY ALIGNMENT AND GRADE Horizontal Alignment: 00 - Non-Trafficway Area 01 - Straight 02 - Curve Right 03 - Curve Left 04 - Curve - Unk Direction 99 - Unknown Grade: 00 - Non-Trafficway Area 01 - Level 02 - Grade, Unk Slope 03 - Hillcrest 04 - Sag (Bottom) 05 - Uphill 06 - Downhill 99 - Unknown		TRAFFIC CONTROL DEVICE TYPE 00 - No Controls 01 - Traffic Control Signal (on colors) without Pedestrian Signal 02 - Traffic Control Signal (on colors) with Pedestrian Signal 03 - Traffic Control Signal (on colors) not known whether or not Pedestrian Signal 04 - Flashing Traffic Control Signal 07 - Lane Use Control Signal 08 - Other Highway Traffic Signal 09 - Unknown Highway Traffic Signal 20 - Stop Sign 21 - Yield Sign 23 - School Zone Sign/Device 28 - Other Regulatory Sign 29 - Unk Regulatory Sign 40 - Warning Sign 50 - Person (flagger, law enforcement, crossing guard, etc.) 65 - Railway Crossing Device 98 - Other 99 - Unknown					
TRAFFIC CONTROL DEVICE WORKING 00 - No Controls 01 - Device Not Functioning 02 - Device Functioning Improperly 03 - Device Functioning Properly 99 - Unknown		VEHICLE MANEUVER / ACTION PRIOR TO RECOGNITION OF CRITICAL EVENT 00 - No Driver Present 01 - Going Straight 02 - Decelerating In Road 03 - Accelerating In Road 04 - Starting In Road 05 - Stopped In Road 06 - Passing Or Overtaking Another Vehicle 07 - Disabled Or "Parked" In Travel Lane 08 - Leaving A Parking Position 09 - Entering A Parking Position 10 - Turning Right 11 - Turning Left 12 - Making A U-Turn 13 - Backing Up (Other Than For Parking Position) 14 - Negotiating A Curve 15 - Changing Lanes 16 - Merging 17 - Successful Avoidance Maneuver To A Previous Critical Event 98 - Other: 99 - Unknown					
BUS USE 00 - Not a Bus 01 - School 04 - Intercity 05 - Charter/Tour 06 - Transit/Commuter 07 - Shuttle 08 - Modified for Personal/Private Use 98 - Other 99 - Unknown							

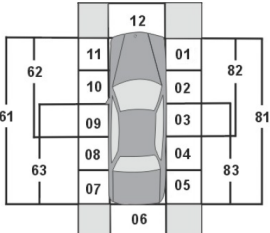
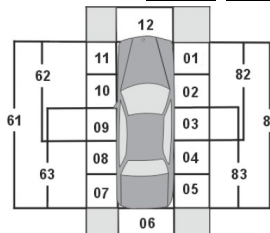
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MOTOR VEHICLE # (cont.)

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INITIAL CONTACT POINT ON VEHICLE <input type="text"/>	DAMAGED AREA(S) <input type="text"/>	UNDERCARRIAGE DAMAGE 00 - No 01 - Yes 99 - Unk. <input type="text"/>	VEHICLE REMOVAL <input type="text"/>
		DAMAGE > \$501 00 - No 01 - Yes 99 - Unk. <input type="text"/>	01 - Driven Away 02 - Towed Due to Disabling Damage 03 - Towed Not Due to Disabling Damage 04 - Abandoned/Left at Scene 99 - Unknown
00 - Non-Collision 15 - Cargo Loss 13 - Top 99 - Unknown 14 - Undercarriage	00 - No Damage 98 - All Areas 13 - Top 99 - Unknown 14 - Undercarriage	EXTENT OF DAMAGE 00 - No Damage 02 - Minor Damage 04 - Functional Damage 06 - Disabling Damage 99 - Unknown	TOWED BY <input type="text"/>
MOST HARMFUL EVENT (this vehicle only) <input type="text"/>			HIT AND RUN <input type="text"/>

SEQUENCE OF EVENTS (this vehicle only)	Collision with Motor Vehicle In-Transport:	Collision With Fixed Object:
1st <input type="text"/> Non-Collision Harmful Events: 01 - Rollover/Overturn 02 - Fire/Explosion 03 - Immersion, Full or Partial 04 - Gas Inhalation 05 - Fell/Jumped from Vehicle 06 - Injured in Vehicle (Non-Collision) 07 - Other Non-Collision	12 - Motor Vehicle In-Transport 13 - Not-In-Motion or Working Motor Vehicle is Struck by Motor Vehicle In-Transport 54 - Motor Vehicle In-Transport Strikes or is Struck by Cargo, Persons or Objects Set-in-Motion from/by Another Motor Vehicle In-Transport 55 - Motor Vehicle In Motion Outside the Trafficway	30 - Utility Pole/Light Support 31 - Other Post, Other Pole or Other Supports 32 - Culvert 33 - Curb 34 - Ditch 35 - Embankment 38 - Fence 39 - Wall 40 - Fire Hydrant 41 - Shrubbery 42 - Tree (Standing Only) 48 - Snow Bank 53 - Mail Box 43 - Other Fixed Object 99 - Unknown
2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/>	Collision with Object Not Fixed: 08 - Pedestrian 09 - Pedalcyclist 10 - Railway Vehicle 11 - Live Animal: 14 - Parked Motor Vehicle 15 - Non-Motorist on Personal Conveyance 18 - Other Object (Not Fixed) 45 - Working Motor Vehicle 49 - Ridden Animal or Animal-Drawn Conveyance	57 - Cable Barrier 26 - Other Traffic Barrier 58 - Ground 59 - Traffic Sign Support 46 - Traffic Signal Support
	Non-Harmful Events: (For Sequence of Events Fields ONLY)	
	60 - Cargo/Equipment Loss or Shift (non-harmful) 61 - Equipment Failure (blown tire, (non-harmful) brake failure, etc.)	62 - Separation of Units 63 - Ran Off Roadway-Right 64 - Ran Off Roadway-Left 65 - Cross Median 66 - Downhill Runaway 67 - Vehicle Went Airborne 68 - Cross Centerline 69 - Re-entering Roadway 70 - Jackknife (non-harmful) 71 - Vehicle Set in Motion

VEHICLE CONTRIBUTING CIRCUMSTANCE(S) (up to 2 choices) <input type="text"/>	CONTRIBUTING CIRCUMSTANCE(S), ROAD (up to 3 choices) <input type="text"/>
00 - None 08 - Signal Lights 14 - Body, Doors 01 - Tires 09 - Other Lights 15 - Truck Coupling / Trailer Hitch / Safety Chains 02 - Brake System 10 - Wipers 03 - Steering 11 - Wheels 16 - Safety Systems 04 - Suspension 12 - Mirrors 98 - Other 05 - Power Train 13 - Windows / Windshield 06 - Exhaust System 07 - Head Lights	00 - None 08 - Work Zone (construction / maintenance / utility) 01 - Backup Due to Prior Crash 09 - Worn, Travel-Polished Surface 02 - Backup Due to Prior Non-Recurring Incident 10 - Obstruction in Roadway 03 - Backup Due to Regular Congestion 11 - Traffic Control Device Inoperative, Missing, or Obscured 04 - Toll Plaza Related 12 - Shoulders (none, low, soft, high) 05 - Road Surface Condition (wet, icy, snow, slush, etc.) 13 - Non-Highway Work 06 - Debris 98 - Other 07 - Rut, Holes, Bumps 99 - Unknown
HEADLIGHTS ON <input type="text"/>	
00 - No 01 - Yes 99 - Unk.	

CARRIER (If this crash involves a carrier, forward a copy of the report to: Commercial Vehicle Operations, 11900 Industry Way, Anchorage, AK 99515)

MOTOR CARRIER TYPE <input type="text"/>	IDENTIFICATION # <input type="text"/>	ISSUING AUTHORITY <input type="text"/>	CARRIER NAME SOURCE <input type="text"/>
01 - Interstate Carrier 02 - Intrastate Carrier 03 - Not in Commerce/Government 04 - Not in Commerce/Other Truck (Over 10,000 lbs. GVWR/GCWR) 97 - Not Applicable	00 - None 01 - Identification # 97 - Not Applicable 99 - Unknown	00 - None 01 - State 02 - US DOT 03 - MC/MX 04 - Canada 05 - Mexico 97 - Not Applicable 99 - Unknown	00 - None 01 - Driver/Vehicle 02 - Log Book 03 - Shipping Papers 04 - Trip Manifest 97 - Not Applicable

CARRIER NAME <input type="text"/>	ADDRESS <input type="text"/>	GVWR / GCWR <input type="text"/>
VEHICLE CONFIGURATION <input type="text"/>	CITY <input type="text"/>	01 - 10,000 lbs. or less 02 - 10,001 lbs. - 26,000 lbs. 03 - 26,001 lbs. or more 97 - Not Applicable 99 - Unknown
01 - Single-Unit Truck (2-axle and GVWR > 10,000 lbs.) 02 - Single-Unit Truck (3 or more Axles) 04 - Truck Pulling Trailer 05 - Truck Tractor (Bobtail or Saddle-mount, without Trailer) 06 - Truck Tractor/Semi-Trailer (One Trailer) 07 - Truck Tractor/Double (Two Trailers) 08 - Truck Tractor/Triple (Three Trailers) 10 - Passenger Car (Only If Vehicle Has HM Placard) 11 - Light Truck (Only If Vehicle Has HM Placard) 19 - Truck More Than 10,000 lbs., Cannot Classify 20 - Bus/Large Van (Seats for 9-15 People, Including Driver) 21 - Bus (Seats for 16 People or More, Including Driver) 97 - Not Applicable 98 - Other 99 - Unknown	ZIP <input type="text"/> COUNTRY <input type="text"/> PHONE <input type="text"/>	

CARGO BODY TYPE(S) (up to 2 choices) <input type="text"/>	<input type="text"/>
01 - Van/Enclosed Box 02 - Cargo Tank 03 - Flatbed 04 - Dump 05 - Concrete Mixer 06 - Auto Transporter 07 - Garbage/Refuse 08 - Grain/Chips/Gravel 09 - Pole Trailer 10 - Logging	11 - Intermodal Container Chassis 12 - Vehicle Towing Another Vehicle 22 - Bus (Seats for 9-15 People, Including Driver) 23 - Bus (Seats for 16 People or More, Including Driver) 96 - No Cargo Body - (Bobtail, Light Motor Vehicle with Hazardous Materials [HM] Placard, etc.) 97 - Not Applicable - (Motor Vehicle 10,000 lbs. or Less not Displaying HM Placard) 98 - Other 99 - Unknown

HAZARDOUS MATERIALS (Cargo Only)	Involvement <input type="text"/>	Placard Displayed <input type="text"/>	HM 4-Digit # <input type="text"/>	HM Class # <input type="text"/>	Was Haz Mat Released from this Vehicle's Cargo? <input type="text"/>
	00 - No 01 - Yes	00 - No 01 - Yes 97 - Not Applicable	or name from diamond or box	from bottom of diamond	00 - No 01 - Yes 97 - Not Applicable

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PERSON # <input style="width:40px;" type="text"/>	MOTOR VEHICLE # <input style="width:40px;" type="text"/> <small>(for person types 01, 02, 03 & 09)</small>	MOST CONTRIBUTING UNIT <input style="width:40px;" type="text"/>	<small>00 - No 01 - Yes</small>	<small>(page 1 of 2)</small>
PERSON TYPE				
MOTORISTS 01 - Driver of a Motor Vehicle In-Transport 02 - Passenger of a Motor Vehicle In-Transport 09 - Unknown Person Type in a Motor Vehicle In-Transport		NON - MOTORISTS 03 - Occupant of a Motor Vehicle Not In-Transport 04 - Occupant of a Non-Motor Vehicle Transport Device 05 - Pedestrian 06 - Bicyclist 07 - Other Cyclist 08 - Person on Personal Conveyance 10 - Person In/On Building 19 - Unknown Type of Non-Motorist		
FULL NAME (Last, First, Middle, Suffix) <input style="width:500px;" type="text"/>			SEX <input style="width:40px;" type="text"/>	
<small>01 - Male 02 - Female 99 - Unknown</small>				
MAILING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS		CITY	STATE	ZIP
CONTACT PHONE	DOB	OL / DL #	STATE	APSIN ID #
INJURY STATUS <input style="width:40px;" type="text"/>		SOURCE OF TRANSPORT TO FIRST MEDICAL FACILITY <input style="width:40px;" type="text"/>		EMS VEHICLE AGENCY ID _____
00 - No Apparent Injury 01 - Possible Injury 02 - Suspected Minor Injury 03 - Suspected Serious Injury 04 - Fatal Injury (Killed) 06 - Died Prior to Crash 99 - Unknown		00 - Not Transported 04 - Transported Unk. Source 01 - EMS Air 05 - EMS Ground 02 - Law Enforcement 98 - Other 03 - EMS Unk. Mode 99 - Unknown		EMS RUN # _____
		NAME OF MEDICAL FACILITY _____		
CONTRIBUTING ACTION(S) / CIRCUMSTANCE(S) AT TIME OF CRASH <small>(up to 4 choices)</small>				
00 - No Contributing Action / Circumstance 01 - Ran Off Roadway 02 - Failed to Yield Right-of-Way 03 - Ran Red Light 04 - Ran Stop Sign 05 - Failure to Obey Other Traffic Signs, Signals, Officer etc. 06 - Failure to Signal Intentions 07 - Disregarded Other Road Markings 08 - Improper Turn 09 - Improper Merge 10 - Improper Backing 11 - Improper Passing 12 - Passing with Insufficient Distance or Inadequate Visibility 13 - Failure to Yield to Overtaking Vehicle 14 - Improper or Erratic Lane Changing 15 - Making Improper Entry to or Exit from Trafficway 16 - Wrong Side or Wrong Way 17 - Followed Too Closely 18 - Failed to Keep in Proper Lane 19 - Operated Motor Vehicle in an Inattentive, Careless, Erratic, or Negligent Manner 20 - Operated Motor Vehicle in a Reckless or Aggressive Manner 21 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 22 - Over-Correcting / Over-Steering 23 - Reaction to or Failure to Take Drugs / Medication 24 - Unlawful Driving on Sidewalk or Pathway 25 - Improper / Unsecure Load (with Passengers or Cargo) 26 - Towing or Pushing Improperly 27 - Operating Without Required Equipment 28 - Interfering with Driver 29 - Construction / Maintenance / Utility Worker 30 - Operator Inexperience 31 - Pedestrian Error / Confusion 32 - Emergency Services Personnel 33 - Police or Law Enforcement Officer 34 - Police Pursuing this Driver 35 - Police Officer in Pursuit 36 - Dart / Dash 37 - In Roadway Improperly (Standing, Lying, Working, Playing) 38 - Disabled Vehicle Related (Working on, Pushing, Leaving / Approaching) 39 - Entering / Exiting Vehicle 40 - Improper Crossing of Roadway or Intersection (Jaywalking) 41 - Not Visible (Dark Clothing, No Lighting, etc.) 42 - Set Vehicle in Motion 98 - Other Contributing Action / Circumstance 99 - Unknown				
SPEEDING SUSPECTED <input style="width:40px;" type="text"/>			VISUAL OBSTRUCTION <input style="width:40px;" type="text"/>	
00 - No 01 - Racing 02 - Exceeded Speed Limit 03 - Too Fast for Conditions 97 - Not Applicable 99 - Unknown			00 - None 01 - Interior 02 - Exterior 97 - Not Applicable	
RESTRAINT SYSTEM / SAFETY EQUIPMENT(S) <small>(up to 4 choices)</small>				
01 - Shoulder Belt Only Used 02 - Lap Belt Only Used 03 - Shoulder and Lap Belt Used 04 - Child Restraint System – Forward Facing 05 - Child Restraint System – Rear Facing 06 - Child Restraint Type Unknown 07 - Booster Seat 08 - Restraint Used – Type Unknown 09 - Reflective Equipment / Clothing (Jacket, Backpack, etc.) 10 - Protective Clothing / Pads (Elbows, Knees, Shins, etc.) 11 - Lighting 12 - DOT-Compliant Motorcycle Helmet 13 - Helmet, Other than DOT-Compliant Motorcycle Helmet 14 - Helmet, Unknown if DOT-Compliant Motorcycle Helmet 15 - No Helmet 16 - No Restraint System Used 17 - No Safety Equipment Used 96 - Other Restraint System 97 - Other Safety Equipment 98 - Unknown if Helmet Worn 99 - Unknown if Used				
DISTRACTED BY <input style="width:40px;" type="text"/>			CONDITION(S) AT TIME OF CRASH <small>(up to 2 choices)</small> <input style="width:40px;" type="text"/>	
00 - Not Distracted 01 - Manually Operating an Electronic Communication Device (Texting, Typing, Dialing) 02 - Talking on Hand-Free Electronic Device 03 - Talking on Hand-Held Electronic Device 04 - Other Activity, Electronic Device (Navigation Device, DVD Player, etc.) 05 - Passenger 06 - Other Inside the Vehicle (Eating, Personal Hygiene, etc.) 07 - Outside the Vehicle (Includes Unspecified External Distractions) 97 - Not Applicable 99 - Unknown if Distracted			00 - None/Apparently Normal 01 - Ill, Blackout 02 - Asleep or Fatigued 03 - Walking with a Cane or Crutches 04 - Paraplegic Or Restricted to Wheelchair 05 - Impaired Due To Previous Injury 06 - Deaf 07 - Blind 08 - Emotional (depressed, angry, disturbed, etc) 09 - Under the Influence of Alcohol, Drugs or Medication 10 - Physical Impairment 98 - Other 99 - Unknown If Impaired	
ALCOHOL SUSPECTED <input style="width:40px;" type="text"/>	ALCOHOL TEST STATUS <input style="width:40px;" type="text"/>	ALCOHOL TEST TYPE <input style="width:40px;" type="text"/>	ALCOHOL TEST RESULT <input style="width:40px;" type="text"/>	
00 - No 01 - Yes 99 - Unknown	00 - Test Not Given 01 - Test Refused 02 - Test Given 99 - Unknown if Tested	00 - Test Not Given 01 - Blood "BAC" 02 - Breathalyzer "BrAC" 04 - Vitreous 05 - Blood Plasma/Serum 10 - Preliminary Breath Test (PBT) 97 - Other Test Type 98 - Unknown Test Type 99 - Unknown if Tested	00 - Test Not Given 01 - Test Given - Reading Value: _____ 99 - Unknown if Tested	

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DRUGS SUSPECTED 00 - No 01 - Yes 99 - Unknown	DRUG TEST STATUS 00 - Test Not Given 01 - Test Refused 02 - Test Given 99 - Unknown if Tested	DRUG TEST TYPE 00 - Test Not Given 01 - Blood 02 - Urine 03 - Both: Blood and Urine Tests 07 - Unknown Test Type 98 - Other Test Type 99 - Unknown if Tested	DRUG TEST RESULT 00 - Test Not Given 01 - Positive 02 - Negative 99 - Unknown
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DRUG(S) DETECTED (up to 4 choices) 01 - Marijuana 02 - Cocaine 03 - Opiate 04 - Amphetamine 05 - PCP 06 - Other Controlled Substance 07 - Other Drug (Excludes Post-Crash Drugs) 97 - Not Applicable	CHARGE(S) 00 - No Charges 01 - Yes Total charges for this person: _____ 99 - Unknown
---	---

Fill these only for person type 01 (DRIVERS only)

CDL 00 - No 01 - Yes 97 - Not a Driver 99 - Unknown	DL CLASS(ES) (up to 2 choices) Enter 00 for Not Licensed 97 for Not a Driver 99 for Unknown	NON-CDL STATUS 00 - Not Licensed or CDL 01 - Suspended 02 - Revoked 03 - Expired 04 - Canceled or Denied 06 - Valid 07 - Limited 08 - Temporary 97 - Not a Driver 99 - Unknown	CDL STATUS 00 - Not Licensed or Not a CDL 01 - Suspended 02 - Revoked 03 - Expired 04 - Canceled or Denied 05 - Disqualified 06 - Valid 07 - Learner's Permit 08 - Other - Not Valid 09 - Temporary 97 - Not a Driver 99 - Unknown
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LICENSE COMPLIANCE WITH CLASS OF VEHICLE 00 - Not licensed 01 - No license required for this class vehicle 02 - No valid license for this class vehicle 03 - Valid license for this class vehicle 08 - Unknown if CDL and/or CDL endorsement required for this vehicle 97 - Not a Driver 99 - Unknown	DL ENDORSEMENT(S) (up to 5) Enter: 00 for None or Not Licensed 97 for Not a Driver 99 for Unknown
COMPLIANCE WITH CDL ENDORSEMENT(S) 00 - No Endorsements Required for the Vehicle 01 - Endorsement(s), Complied With 02 - Endorsement(s), Not Complied With 03 - Endorsement(s), Compliance Unk. 97 - Not a Driver 99 - Unknown, if Required	

DRIVER LICENSE RESTRICTION(S) (up to 3 choices) Enter: 0 for None or Not Licensed 97 for Not a Driver 99 for Unk.	COMPLIANCE WITH DRIVER'S LICENSE RESTRICTION(S) 00 - No Restrictions 01 - Restrictions Complied With 02 - Restrictions Not Complied With 03 - Restrictions, Compliance Unknown 97 - Not a Driver 99 - Unknown
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INSURANCE COVERAGE 00 - No 01 - Yes 97 - Not a Driver 99 - Unk.	INSURANCE COMPANY	INSURANCE POLICY #	NFR 00 - No 01 - Yes
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Fill these only for person types 01, 02, 03, 04 and 09

ROW 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (Bus, 15 Passenger Van, etc.) 97 - Not Applicable 99 - Unknown	SEAT 01 - Left 02 - Middle 03 - Right 97 - Not Applicable 98 - Other 99 - Unknown	OTHER LOCATION 00 - No Other Location 01 - Sleeper Section of Cab (Truck) 02 - Other Enclosed Cargo Area 03 - Unenclosed Cargo Area 04 - Trailing Unit 05 - Riding on Motor Vehicle Exterior (Non-Trailing Unit) 97 - Not Applicable 99 - Unknown
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AIRBAG DEPLOYED 00 - Not Deployed 01 - No Airbags Available 02 - Deployed - Front 03 - Deployed - Side (Door, Seatback) 04 - Deployed - Curtain (Roof) 07 - Deployed - Other (Knee, Air Belt, etc.) 08 - Deployed - Combination 09 - Deployment - Unk. Location 28 - Switched Off 97 - Not Applicable 99 - Deployment Unknown	EJECTION 00 - Not Ejected 01 - Totally Ejected 02 - Partially Ejected 97 - Not Applicable 99 - Unknown if Ejected	EJECTION PATH 00 - Not Ejected 01 - Through Side Door Opening 02 - Through Side Window 03 - Through Windshield 04 - Through Back Window 05 - Through Back Door / Tailgate Opening 06 - Through Roof Opening (Sun-Roof, Convertible Top Down) 07 - Through Roof (Convertible Top Up) 97 - Not Applicable 98 - Other Path (e.g. Back of Pick-Up Truck) 99 - Unknown / Unknown Path
EXTRICATION 00 - Not Extricated 01 - Extricated 97 - Not Applicable 99 - Unknown		

Fill these only for person types 04, 05, 06, 07, 08, 10 and 19

COLLISION WITH MOTOR VEHICLE UNIT #	DIRECTION OF TRAVEL 00 - Northbound 02 - Eastbound 01 - Southbound 03 - Westbound 04 - Not on Roadway 97 - Not Applicable 99 - Unknown	ACTION(S) / CIRCUMSTANCE(S) PRIOR TO CRASH (up to 2 choices) 00 - None 08 - Adjacent to Roadway (e.g., Shoulder, Median) 09 - Working in Trafficway (Incident Response) 10 - Entering/Exiting a Vehicle 11 - Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 97 - Not Applicable 98 - Other 99 - Unknown
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TRAFFIC CONTROL DEVICE TYPE 00 - No Controls 01 - Traffic Control Signal (On Colors) without Pedestrian Signal 02 - Traffic Control Signal (On Colors) with Pedestrian Signal 03 - Traffic Control Signal (On Colors) not Known Whether or not Pedestrian Signal 04 - Flashing Traffic Control Signal 07 - Lane Use Control Signal 08 - Other Highway Traffic Signal 09 - Unknown Highway Traffic Signal 20 - Stop Sign 21 - Yield Sign 23 - School Zone Sign/Device 28 - Other Regulatory Sign 29 - Unk Regulatory Sign 40 - Warning Sign 50 - Person (Flagger, Law Enforcement, Crossing Guard, etc.) 65 - Railway Crossing Device 97 - Not Applicable 98 - Other 99 - Unknown	GOING TO OR FROM SCHOOL (K-12) 00 - No 01 - Yes 97 - Not Applicable 99 - Unknown
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LOCATION AT TIME OF CRASH 01 - Intersection - In Marked Crosswalk 02 - Intersection - Unmarked Crosswalk 03 - Intersection - Not In Crosswalk 09 - Intersection - Unknown Location 10 - Non-Intersection - In Marked Crosswalk 11 - Non-Intersection - On Roadway, Not in Available Marked Crosswalk 12 - Non-Intersection - On Roadway, Marked Crosswalk Unavailable 13 - Non-Intersection - On Roadway, Crosswalk Availability Unknown 14 - Parking Lane / Zone 16 - Bicycle Lane 20 - Shoulder/Roadside 21 - Sidewalk 22 - Median/Crossing Island 23 - Driveway Access 24 - Shared-Use Path/Trail 25 - Non-Trafficway Area 96 - Travel Lane - Other Location 97 - Not Applicable 98 - Other 99 - Unknown Location

ALASKA MOTOR VEHICLE COLLISION REPORT

SR #:

INCIDENT/CASE #

CHARGES FOR THIS CRASH

PERSON # _____ CITATION NUMBER _____ CHARGE (STATUTE OR ORDINANCE CITE) _____
CITATION ISSUED _____
CHARGE DESCRIPTION _____

PERSON # _____ CITATION NUMBER _____ CHARGE (STATUTE OR ORDINANCE CITE) _____
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PERSON # _____ CITATION NUMBER _____ CHARGE (STATUTE OR ORDINANCE CITE) _____
CITATION ISSUED _____
CHARGE DESCRIPTION _____

ALASKA MOTOR VEHICLE COLLISION REPORT

SR #:

INCIDENT/CASE #

WITNESSES TO THIS CRASH

FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
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DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #
FULL NAME (Last, First, Middle, Suffix)		SEX	<input type="checkbox"/>	OL / DL #	STATE	
		01 - Male 02 - Female 99 - Unk.				
DOB	PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT PHONE	APSIN ID #