

ALASKA MOTOR VEHICLE PUBLIC COLLISION REPORT

DMV #

CRASH INFORMATION

Total Vehicles:	1	Crash Time:	23:00:00
Crash Date:	01/08/2024	Crash Time Unknown:	FALSE
Crash Day:	MON		

CRASH LOCATION

Crash City / Place:	HOMER	On:	STERLING HIGHWAY
Nearest Street, Intersection, Bridge, etc.:			

Weather:	CLEAR
Lighting:	DARK-NOT LIGHTED
Roadway / Junction:	OTHER
First Sequence of Events:	OVERTURN/ROLLOVER
Location of First Sequence of Events:	ON ROADWAY
Road Surface:	ICE/FROST
Did Police Investigate the Crash?	YES

CRASH DESCRIPTION

STARTED NEGOTIATING A CURVE, BACKEND STARTED FISHTAILING WHERE I THEN BEGAN TO SPIN AND DID MULTIPLE 360'S. OVERCORRECTED AND STARTED GOING DIRECTLY TOWARD THE SNOWBIRD IN THE LANE OPPOSING. I SLAMMED ON MY BRAKES AND HIT AN ICE CHUNK WHERE MY CAR THEN FLIPPED IN THE AIR, FLIPPING ME TWO TO THREE MORE TIMES AND LANDING UPSIDE DOWN IN THE DITCH.

DRIVER INFORMATION

Full Name:		DOB:	
Mailing Address:			
City:	ANCHOR POINT	State:	AK
Residence Country:		Zip:	99556
Contact Phone:			
DL#:		License State:	AK
		License Country:	US
Driver's Injury Status:	SUSPECTED MINOR INJURY		

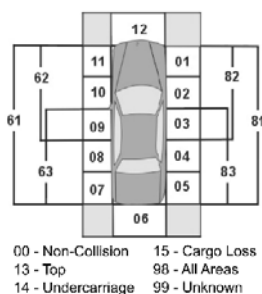
DRIVER'S VEHICLE INFORMATION**OWNER**

Full Name:		Contact Phone:	
Mailing Address:			
City:	ANCHOR POINT	State:	AK
		Zip:	99556

License Plate #:		State:	AK
Vehicle Year:	2006	Make:	MINI
		Model:	COOPER S

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No. of Occupants: 1
Vehicle Damage: NO
Area of Impact: FRONT
Direction Of Travel: NORTHBOUND
Damage > \$501: NO
Roadway Circumstances:
Your Vehicle Action: NEGOTIATING A CURVE
Traffic Control: NO CONTROLS
Vehicle Configuration: HATCHBACK, 2-DOOR

OTHER DRIVER'S INFORMATION

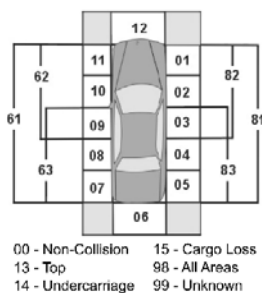
Full Name: DOB:
Mailing Address:
City: State: Zip:
Residence Country:
Contact Phone:
DL#: License State: License Country#:
Driver's Injury Status:

OTHER DRIVER'S VEHICLE INFORMATION

OWNER

Full Name: Contact Phone:
Mailing Address:
City: State: Zip:

License Plate #: State:
Vehicle Year: Make: Model:



No. of Occupants:
Vehicle Damage: NO
Area of Impact:
Direction Of Travel: NORTHBOUND
Damage > \$501: NO
Roadway Circumstances:
Your Vehicle Action:
Traffic Control:
Vehicle Configuration:

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CERTIFICATE OF INSURANCE**CRASH INFORMATION****Crash Date:** 01/08/2024 **Crash Location:** STERLING HIGHWAY**DRIVER INFORMATION**

Full Name: [REDACTED] **DOB:** [REDACTED]
Mailing Address: [REDACTED]
City: ANCHOR POINT **State:** AK **Zip:** 99556
Contact Phone: [REDACTED]
DL#: [REDACTED] **License State:** AK

VEHICLE OWNER INFORMATION

Full Name: [REDACTED] **DOB:** [REDACTED]
Mailing Address: [REDACTED]
City: ANCHOR POINT **State:** AK **Zip:** 99556
Contact Phone: 9075137022
DL#: [REDACTED] **License State:** AK

VEHICLE INFORMATION

Vehicle Year: 2006 **Make:** MINI **Model:** COOPER S
License Plate #: [REDACTED] **State:** AK
VIN: [REDACTED]

INSURANCE INFORMATION

Did you have a current automobile liability policy in effect covering this accident? true
Insurance Company or Insurance Carrier Name: PROGRESSIVE
Insurance Policy Number: [REDACTED]
Insurance Policy Period From: [REDACTED] **To:** [REDACTED]
Insurance Agent Name: [REDACTED] **Contact Phone:** [REDACTED]
Mailing Address: [REDACTED]
City: [REDACTED] **State:** [REDACTED] **Zip:** [REDACTED]

Reason for Denial:**INJURY SECTION**