12-208 Revised 9/77

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ACTION	Accident Number

STATE OF ALASKA
Uniform Police
REPORT ON TRAFFIC COLLISION
OFFICER'S COPY

POLICE CASE NUMBER	BOROUGH CODE
CITY	
CITY CODE	DETACH CODE

ACCIDENT DATE MO DA YR	DAY OF WEEK	TIME	NO. OF VEH.	NO. INJURED	NO. KILLED	OTHER PROPERTY DAMAGE $	NON-HIGHWAY	NOT INV. AT SCENE	LEFT SCENE	POLICE	OTHER NO. PHOTOS

VEHICLE 1	VEHICLE 2
LAST NAME DRIVER 1 / FIRST NAME / MIDDLE INITIAL	LAST NAME DRIVER 2 / FIRST NAME / MIDDLE INITIAL
MAILING NUMBER AND STREET	MAILING NUMBER AND STREET
MAILING CITY / STATE / ZIP	MAILING CITY / STATE / ZIP
RESIDENCE NUMBER AND STREET	RESIDENCE NUMBER AND STREET
RESIDENCE CITY / STATE / ZIP	RESIDENCE CITY / STATE / ZIP
OPERATOR LICENSE NO. / STATE / SEX / DATE OF BIRTH MO DA YR	OPERATOR LICENSE NO. / STATE / SEX / DATE OF BIRTH MO DA YR
LAST NAME OWNER 1 / FIRST NAME / MIDDLE INITIAL	LAST NAME OWNER 2 / FIRST NAME / MIDDLE INITIAL
NUMBER AND STREET	NUMBER AND STREET
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
PLATE NUMBER / STATE OF REG. / VEH. YEAR & MAKE / VEH. TYPE / COMMERCIAL ☐ / NO. OF OCCUP.	PLATE NUMBER / STATE OF REG. / VEH. YEAR & MAKE / VEH. TYPE / COMMERCIAL ☐ / NO. OF OCCUP.
VIN	VIN

1. REAR END
2. OVERTAKING
3. LEFT TURN
4. INTERSECTION
5. RIGHT TURN
6. RIGHT TURN
7. HEAD ON
8. SIDESWIPE
9.

ACCIDENT DIAGRAM

Vehicle 1 Damage

NO DAMAGE ☐ UNDERCARRIAGE ☐

INSURANCE YES ☐ NO ☐ R A Estimated Repair Cost $

Vehicle 2 Damage

NO DAMAGE ☐ UNDERCARRIAGE ☐

INSURANCE YES ☐ NO ☐ R A Estimated Repair Cost $

INS. CO.

SUPPLEMENTAL ACCIDENT DIAGRAM ☐

INS. CO.

ACTUAL RE. / BASE REF.	LOCATION CONTROL	REF. PT.	DISTANCE ACTUAL / BASE REF.	OFFICE USE ONLY

SPACE BELOW OFFICE ONLY

Name of Street or Highway ☐ MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W OF _____ AT INTERSECTION WITH (Cross St., Bridge, etc.)

N-S	E-W	Dist. from inter	Dir.

OPERATOR TICKET DESCRIPTION

Violation Section(s)

Accident Description

	10	11	12	13	14	15	16	17	18	19	20	21	Names of Occupants-If deceased include date of death.
ALL INVOLVED A													
B													
C													
D													

SIGN HERE	OFFICER'S RANK AND NAME	BADGE NO.	DEPARTMENT	Investigation Requested State ☐ Local ☐	REVIEWING OFFICER	Date Reviewed