

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

SETTLEMENT AGREEMENT AND RELEASE

CRASH INFORMATION	Crash Date: _____ Location: _____
INVOLVED PARTIES	Printed Name: _____ Printed Name: _____
TERMS OF AGREEMENT	Amount of Settlement: _____ Amount Received as of This Date: _____ Payment Due Each Month By: _____ Amount of Monthly Payment: _____

Whereas the involved parties listed above were involved in a motor vehicle crash, and it is desired on the part of both parties that a settlement be reached.

IT IS ACCORDINGLY AGREED AND STIPULATED by and between the parties as follows: _____

_____ agrees to pay and _____
agrees to accept the terms of the agreement as set forth above until the balance is paid in full.

IT IS FURTHER AGREED that upon the payment of the amount agreed upon, _____
will be entitled to be forever released in full and to the complete satisfaction of this claim.

FURTHER, that in the case of the failure of _____

to make any one of the payments agreed upon, _____
shall have the right to proceed by any action prescribed by law to have and recover the full amount less credits of payments, or in the alternative to sue for such damages as may have been sustained as a result of the crash.

IT IS FURTHER AGREED that this document be filed with the Division of Motor Vehicles (DMV), for the State of Alaska, in compliance with the Financial Responsibility Law, and if there is any default in the payment of any installment, notice of such default will be furnished to the DMV / PO Box 110221 / Juneau, Alaska 99811-0221.

NOTARY or DMV REPRESENTATIVE WITNESS REQUIRED: (SEAL)

Signature of Person Giving Release	_____/_____/20____ Date
Signature of Person Accepting Terms of Settlement	_____/_____/20____ Date
Subscribed And Sworn To Before Me This _____ day of _____, 20____	_____ Month Year
Notary or Alaska DMV Representative (LOGIN & Office Location)	My Commission Expires _____

DMV USE ONLY: SR#: _____ OLN: _____ DOA: _____