



State of Alaska
 Department of Administration
 Division of Risk Management
 PO Box 110218
 Juneau, AK 99811-0218

AMHS M/V (✓One):

- | | | |
|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Aurora | <input type="checkbox"/> Hubbard | <input type="checkbox"/> Malaspina |
| <input type="checkbox"/> Chenega | <input type="checkbox"/> Kennicott | <input type="checkbox"/> Matanuska |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> LeConte | <input type="checkbox"/> Taku |
| <input type="checkbox"/> Fairweather | <input type="checkbox"/> Lituya | <input type="checkbox"/> Tazlina |
| | | <input type="checkbox"/> Tustumena |

VEHICLE ACCIDENT / PROPERTY DAMAGE REPORT

***THIS IS NOT A CLAIM FORM – AMHS EMPLOYEE/INTERNAL AGENCY USE ONLY*
 DO NOT PROVIDE THIS FORM TO OWNER/OPERATOR**

CHECK ONE: **VEHICLE ACCIDENT** **PROPERTY DAMAGE ONLY** - no vehicle involved

ACCIDENT/LOSS (USE ADDITIONAL PAGES IF NECESSARY)

DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT/LOSS (CAR DECK LOCATION, PORT/TERMINAL, OTHER)	REPORTING CREWMEMBER
UNDER DIRECTION OF AMHS CREW <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE VERBAL/HAND DIRECTIONS FOLLOWED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	PICTURES OF DAMAGES (ATTACH) <input type="checkbox"/> YES <input type="checkbox"/> NO
AMHS EMPLOYEE DETAILED ACCOUNT AND OPINION OF ACCIDENT OR LOSS – DO NOT RECORD PASSENGER’S OPINION			

PROPERTY DAMAGE (USE ADDITIONAL PAGES IF NECESSARY)

OWNER	ADDRESS	PHONE
OTHER DRIVER <input type="checkbox"/> SAME AS OWNER	ADDRESS	PHONE
DESCRIBE PROPERTY (IF AUTO: YEAR, MAKE, MODEL, LICENSE PLATE #/STATE)		
DESCRIBE DAMAGE IN DETAIL		

PROVIDED POTENTIAL CLAIMANT WITH RISK MANAGEMENT CLAIM FILING INSTRUCTION BUSINESS CARD YES

WITNESS (USE ADDITIONAL PAGES IF NECESSARY)

NAME	ADDRESS	PHONE
REMARKS		

DATE	REPORTED TO	VESSEL MASTER
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DISTRIBUTION: Original: Scan to Risk Management Copy to: AMHS Safety Officer Copy to: Vessel File