## 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:	Amou	unt Receive	ed as of Ti	nis Date:		
	Payment Due Each Month By:	Amo	unt of Mon	thly Paym	ent:		
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 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 / 4001 Ingra Street, Suite 101 / Anchorage, Alaska 99503.							
NOTARY or DMV REPRESENTATIVE WITNESS REQUIRED:							(SEAL)
				/	/ 20	_	
Signature of Person Giving Release			Date	/	/ 20		
Signature of Person Accepting Terms of Settlement			Date		7 20	_	
Subscribed And Sworn To Before Me This		day of			, 20	_	
			Month		Year	_	
Notary or Alaska DMV Representative (LOGIN & Office Location)			My Com	My Commission Expires			
DMV USE ONLY:	SR#:	OLN:				DOA:	_

Alaska.gov/dmv E-mail: DOA.DMV.ADS@Alaska.gov Form 465 (Rev. 06/2023)