

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM
within 48 hours of accident

| | | | | |
|---|----------------|----------------------|---------------------|---------------------------------|
| SUPERVISOR TO COMPLETE FIRST 4 ITEMS | 1. Agency Name | 2. Person to Contact | 3. Phone | 4. Loc. Code |
| 5. State Vehicle Driver's Name | | 6. Personnel Number | 7. Date of Accident | 8. Time of Accident AM PM |
| 9. Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location) | | | | |

| | | | | |
|---------------------------------------|--|--|--|--|
| 10. DESCRIBE HOW ACC. HAPPENED | | | | |
| 11. Seat Belt in Use Yes No | | | | |

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

| | | | | | | |
|--|------------------|-------------------|--|--|----------------|----------------|
| 12. State Vehicle Driver's Address (Street No) | | City | State | Zip Code | 13. Home Phone | 14. Work Phone |
| 15. Driver's License No. | 16. Age | 17. Sex M F | 18. Vehicle's Owner's Name and Address | | | |
| 19. Year Vehicle | 20. Make Vehicle | 21. Model Vehicle | 22. Body Type | 23. Vehicle Lic. No. / Equip No. / VIN | | |
| 24A. Where can the Vehicle be Seen ? | | | 24B. Describe Damage | | | |

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

| | | | | | | |
|---|------------------|--|--------------------------|----------------------------------|-------------------------------------|----------------|
| 25. Other Vehicle Driver's Name | | 26. Driver's Social Security No. --no longer required-- | 27. Driver's License No. | 28. Age | 29. Sex M F | |
| 30. Other Vehicle Driver's Address (Street No.) | | City | State | Zip Code | 31. Home Phone | 32. Work Phone |
| 33. Vehicle Owner's Name and Address (Street No.) | | City | State | Zip Code | | |
| 34. Year Vehicle | 35. Make Vehicle | 36. Model Vehicle | 37. Body Type | 38. Vehicle I.D. No. or Lic. No. | 39. Where can the vehicle be seen ? | |
| 40. Other Vehicle Insurance Co. | | | | 41. Policy No. | | |
| 42. Describe Damage | | | | | 43. Estimated Amount \$ | |

INJURED

| | | | | | |
|----------------------|-----------|-------------------------------------|---|--|---------------------------------------|
| 44. Name and Address | 45. Phone | 46. PED <input type="checkbox"/> | 47. Ins. Veh. <input type="checkbox"/> | 48. Other Veh. <input type="checkbox"/> | 49. Police Investigated ? Yes No |
| 44. Name and Address | 45. Phone | 46. PED <input type="checkbox"/> | 47. Ins. Veh. <input type="checkbox"/> | 48. Other Veh. <input type="checkbox"/> | 49. Type Report State Sheriff City |
| 44. Name and Address | 45. Phone | 46. PED <input type="checkbox"/> | 47. Ins. Veh. <input type="checkbox"/> | 48. Other Veh. <input type="checkbox"/> | 49. Report No. (Item No.) |

WITNESSES OR PASSENGERS

| | | | | | | |
|------------------------------|-----------------------|---|-------------------------------------|---|--|---------------|
| 50. Name and Address | 51. Witness Passenger | 52. Phone | 53. PED <input type="checkbox"/> | 53. Ins. Veh. <input type="checkbox"/> | 53. Other Veh. <input type="checkbox"/> | 53. (Specify) |
| 50. Name and Address | 51. Witness Passenger | 52. Phone | 53. PED <input type="checkbox"/> | 53. Ins. Veh. <input type="checkbox"/> | 53. Other Veh. <input type="checkbox"/> | 53. (Specify) |
| 54. State Driver's Signature | | 55. Name of Driver's immediate Supervisor and Phone No. | | | | |