

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. Driver's Personnel No.	7. Date of Accident / /	8. Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> 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. - -		27. Driver's License No.		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> State <input type="checkbox"/> Sheriff <input type="checkbox"/> 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. <input type="checkbox"/> Witness <input type="checkbox"/> 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. <input type="checkbox"/> Witness <input type="checkbox"/> 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. [] - [] - []						