

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.				