Form#: 7.14

DA 2041
Rev. 12/98

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 Social Security No. - -	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 then 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. - -	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 ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Police Investigated ? ☐ Yes ☐ No
44. Name and Address		45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Type Report ☐ State ☐ Sheriff ☐ City
44. Name and Address		45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Report No. (Item No.)

WITNESSES OR PASSENGERS

50. Name and Address		51. ☐ Witness ☐ Passenger	52. Phone [ ] -	53. PED ☐	53. Ins. Veh. ☐	53. Other Veh. ☐	53. (Specify)
50. Name and Address		51. ☐ Witness ☐ Passenger	52. Phone [ ] -	53. PED ☐	53. Ins. Veh. ☐	53. Other Veh. ☐	53. (Specify)

54. State Driver's Signature	55. Name of Driver's immediate Supervisor and Phone No. [ ] -