

# 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 <input type="radio"/> AM <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> M <input type="radio"/> 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 <input type="radio"/> M <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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 checked="" type="radio"/> State <input type="radio"/> Sheriff <input type="radio"/> 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 <input type="radio"/> 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 <input type="radio"/> 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.				