

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/lccodes.pdf>)

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner)	Person to Contact	Phone	Vehicle Owner's Loc. Code
State Vehicle Driver's Name		Driver's Agency Name and Location Code	Date of Accident	Time of Accident <input type="radio"/> AM <input type="radio"/> PM

Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

DESCRIBE HOW ACC. HAPPENED				
	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.

State Vehicle Driver's Address (Street No)		City	State	Zip Code	Home Phone	Work Phone
Driver's License No.	Age	Sex <input type="radio"/> M <input type="radio"/> F	Vehicle's Owner's Name and Address			
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle Lic. No. / Equip No. / VIN	LPAA Fleet ID No.	
Where can the Vehicle be Seen ?			Describe Damage			

OTHER VEHICLE INFORMATION

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

Other Vehicle Driver's Name		Driver's Social Security No. --no longer required--	Driver's License No.	Age	Sex <input type="radio"/> M <input type="radio"/> F
Other Vehicle Driver's Address (Street No.)		City	State	Zip Code	Home Phone Work Phone
Vehicle Owner's Name and Address (Street No.)		City	State	Zip Code	
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle I.D. No. or Lic. No.	Where can the vehicle be seen ?
Other Vehicle Insurance Co.				Policy No.	
Describe Damage				Estimated Amount \$	

INJURED

Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Police Investigated ? <input type="radio"/> Yes <input type="radio"/> No
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Type Report <input type="radio"/> State <input type="radio"/> Sheriff <input type="radio"/> City
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Report No. (Item No.)

WITNESSES OR PASSENGERS

Name and Address	Witness Passenger <input type="radio"/>	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Witness Passenger <input type="radio"/>	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
State Driver's Signature "Electronically signed by"		Name of Driver's immediate Supervisor and Phone No.				