

Vehicle Accident Reporting Quick Guide

Updated November 7, 2018

To be prepared in the event of an accident while driving on official state business, maintain these instructions and the attached LA State Driver's Accident Report Form (DA 2041) in your vehicle.

A vehicular accident is defined as "any incident in which the vehicle comes into contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred, or who was responsible."

When a vehicle accident occurs:

1. Call the local Police to report the accident and obtain a traffic accident report when available. If the accident involves an LSUHSC-owned vehicle, occurred on LSUHSC grounds, or involved an injury or death, notify University Police at 568-8999 or 568-8270.
2. Complete and submit an [on-line fillable DA 2041 form](#) within 48 business hours (2 business days). Alternatively, to expedite submittal if the DA 2041 form has been completed by hand, it may be scanned and emailed to DA2041@lsuhsc.edu and 6410StateofLouisiana@sedgwickcms.com.
3. Include a copy of the local police traffic accident report with the DA 2041 submission. However, if the local police traffic accident report is not immediately available, submit the DA 2041 without it and follow-up later when received. Due to the time constraints on reporting, the DA 2041 can be submitted by either the employee or the supervisor.
4. Completion of the DA 2000 form is not required for vehicle accidents.

Remember:

To maintain driver authorization privileges, please report ALL personal moving violation citations, as soon as possible, to the LSUHSC Environmental Health and Safety Office at rwil32@lsuhsc.edu or (504) 568-4500. See <https://www.lsuhs.edu/admin/pfm/ehs/driver.aspx> for more information.

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/lococodes.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 AM PM

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

DESCRIBE HOW ACC. HAPPENED	
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.

State Vehicle Driver's Address (Street No.)	City	State	Zip Code	Home Phone	Work Phone
Driver's License No.	Age	Sex M 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 M 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? Yes No
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Type Report State Sheriff 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	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
State Driver's Signature		Name of Driver's immediate Supervisor and Phone No.			