

# ACCIDENT REPORT

## LOUISIANA STATE DRIVER SAFETY PROGRAM

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

Submit report to ORM  
within 48 hours of accident

<b>SUPERVISOR TO COMPLETE FIRST 4 ITEMS</b>	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 <span style="float: right;">AM PM</span>

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 Vehicle section substituting property owner information for vehicle driver.

State Vehicle Driver's Address (Street No.)	City	State	Zip Code	Home Phone	Work Phone
Drivers License No.	Age	Sex M F	Vehicles Owners 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	Drivers 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 Owners 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	Witness Passenger	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Phone	Witness Passenger	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.			