

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. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 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 checked="" 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 | Phone | Witness <input type="radio"/> | Passenger <input type="radio"/> | PED <input type="checkbox"/> | Ins. Veh. <input type="checkbox"/> | Other Veh. <input type="checkbox"/> | (Specify) |
| Name and Address | Phone | Witness <input type="radio"/> | Passenger <input type="radio"/> | 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. | | | |