

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	Witness Passenger	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Witness Passenger	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.				