

INSTRUCTIONS ON HOW TO COMPLETE THE LOUISIANA STATE DRIVER'S ACCIDENT REPORT
FORM #DA2041

(The "*" marked items are mandatory to be completed). This form must be completed within 48 hours after an automobile accident in a State-owned vehicle and/or a rented/leased vehicle being used on State business. The report is to be sent to the UNO Risk Management Coordinator, UCC 212A or scanned and sent to safety@uno.edu. (If you are unable to complete all mandatory items in allotted time period, please complete as many as possible and submit this report within the 48-hour period.)

- *1. Agency's Name (example: University of New Orleans)
- *2. The Name of the Contact Person for the Agency (UNO Risk Mgmt Coordinator)
- *3. Phone Number of this Contact Person in #2 (504.280.6768)
- *4. ORM Location Code Number for your Agency (Leave blank – will be completed by Risk Management)
- *5. State Vehicle Driver's Name (example: Print-Sam J. Jones)
- *6. State Driver's Social Security Number (example: 111-11-1111)
- *7. Date of this Accident (example: 5-26-98)
- *8. Time of this Accident (example: 2:00p.m.)
- *9. Exact Physical Address of this Accident (example: Intersection of Florida Blvd. and Wooddale Blvd., BR., LA)
- *10. Description of how this Accident Happened (example: The other driver was stopped for a red light on Florida blvd. and the State driver struck this vehicle from behind)
- *11. Was State Driver using Seat Belts at time of Accident? (example: yes or no)

State Owned Vehicle or Rented / Leased Vehicle Used for State Business

- *12. State Vehicle Driver's Home Physical Address (example: 100 Ave A, Baton Rouge, LA 70804)
- *13. State Vehicle Driver's Home Phone Number (example: area code/000-0000)
- *14. State Vehicle Driver's Work Phone Number (example: area code/000-0000)
- *15. State Vehicle Driver's License Number (example: LA 0011111111)

16. Age of State Driver (example: 24)
17. Sex of State Driver (example: male or female)
- *18. Full Name of Vehicle Registered Owner and address (example: University of New Orleans, 2000 Lakeshore Dr., New Orleans, LA 70148)
- *19. Year of Vehicle (example: 1998)
- *20. Make of Vehicle (example: Ford)
- *21. Model of Vehicle (example: Crown Victoria)
- *22. Body Type (example: 4 Door, SUV, Van)
- *23. Vehicle License Number / Equipment Number / VIN (example: PP100000/123-890/2FALP81W5tX156000)
Equipment number is the vehicle bumper number – example UP 13, if marked
- *24A. Where can the vehicle be seen for inspection? (example: 2000 Lakeshore Dr., New Orleans, LA)
- *24B. Describe damages (What part of vehicle if damaged. example: right front fender and grill)
- *25. Other Vehicle Driver's Name: (example: Henry J. Smith)
26. Other Vehicle Driver's Social Security Number (example: 000-00-0000)
- *27. Other Vehicle Driver's License Number (example: 0022222222)
- *28. Other Vehicle Driver's Age (example: 35)
- *29. Other Vehicle driver's Sex (example: male or female)
- *30. Other Vehicle Driver's Address (street #, city, state, zip code) (example: 1000 Able Street, Morgan City, LA 70000)
- *31. Other Vehicle Driver's Home Phone # (example: area code/000-0000)
32. Other Vehicle Driver's Work Phone # (example: area code/890-9090)
- *33. Vehicle Owner's Name and Address (if different from other driver's name) (example: Sam Smith, 100 South St., Baton Rouge, LA 70805)
- *34. Year of Vehicle (example: 1997)
- *35. Make of Vehicle (example: Chevrolet)
- *36. Model of Vehicle (example: Caprice)
- *37. Body Type of Vehicle (example: 4 Door)
38. License #, equipment # or VIN of Vehicle (example: BBB 123,23-890, or 1D09FGH90RTF123456)
- *39. Where can the vehicle be seen? (example: 123 19th St., Baton Rouge, LA 70806)

- *40. Other Vehicle Insurance Co. (example: State Farm Ins. Co.)
- *41. Policy Number (example: 123-456)
- *42. Describe damage(s) to Vehicle (What part of vehicle is damaged. example: right front fender and grill)
- 43. Estimate Amount (example: \$2500.00)

INJURED

(If you need more space, please use a separate sheet)

- *44. Name and Address of Injured Person (example: John Smith, 10 South St., Baton Rouge, LA 70804)
- *45. Phone Number (example: area code/000-0000)
- *46. "Ped" for Pedestrian (example: If a pedestrian was hit by vehicle, then place a check mark in this box)
- *47. "Ins. Veh." for Insured Vehicle (example: If the driver and/or passenger was injured in the State Vehicle, then place a check mark in this box)
- *48. "Other Veh." For Other Vehicle (example: If the driver and /or passenger in the other vehicle were injured then place a check mark in this box)
- *49. Police Investigation (example: Did the police investigate? Yes or No Type of Report: Sheriff, City or State), Item/report number

WITNESSESS OR PASSENGERS

- *50. Name and Address of Witnesses or Passengers (example: John Smith, 10 South St., Baton Rouge, LA 70804)
- *51. Was this person a Witness or a Passenger?
- *52. Phone Number (example: area code/000-0000)
- *53A. "Ped" for Pedestrian (example: If the witness was a pedestrian, then, place a check mark in this box.)
- *53B. "Ins. Veh." for Insured Vehicle (example: If the witnesses or passengers were in the State Vehicle, then place a check mark in this box.)
- *53C. "Other Veh." For Other Vehicle (example: If the witnesses /or passengers were in the other vehicle then place a check mark in this box)
- *54. State Driver Signature
- *55. Name of Driver's Immediate Supervisor and Phone number (example: John Smith 504.280.1234)