

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 ODM
within 48 hours of accident

SUPERVISOR Agency Name (Owner)	Person to Contact	Phone	Vehicle Owner's Loc. Code
State Vehicle Drives 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 Vehicle section substituting property owner information for vehicle driver.

State Vehicle Drives Address (Street No.)	City	State	Zip Code	Home Phone	Work Phone
Drivers License No.	Age	Sex	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 Drives Name	Drivers Social Security No.	Drivers License No.	Age	Sex M F	
Other Vehicle Drives 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 ID 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 Drives Signature	Name of Drives immediate Supervisor and Phone No.					