

**ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM**

For questions regarding this form please call Joey Pons at 482-5357 or email at [jyp6188@louisiana.edu](mailto:jyp6188@louisiana.edu)

|   |  |                                |                     |                                     |
|---|--|--------------------------------|---------------------|-------------------------------------|
| <b>SUPERVISOR TO COMPLETE FIRST 4 ITEMS</b> | 1. Agency's Name   | 2. Person to Contact           | 3. Phone No.        | 4. Loc. Code                        |
|   | 5. State Vehicle Drivers Name (PRINT)  | 6. Drivers Social Security No. | 7. Date of Accident | 8. Time of Accident<br>€ AM<br>€ PM |
|   | 9. Exact Location of Accident (Use street numbers, mileage markers, etc. to pinpoint location) |                                |                     |                                     |
|   | <b>10. DESCRIBE HOW ACC. HAPPENED</b>  |                                |                     |                                     |
| 11. Seat Belt in Use<br>€ 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.

|  |                  |                      |                                      |                                    |
|--|------------------|----------------------|--------------------------------------|------------------------------------|
| 12. State Vehicle Driver's Address (Street No., City, State, Zip Code) |                  |                      | 13. Home Phone                       | 14. Work Phone                     |
| 15. Driver's Lic. No.  | 16. Age          | 17. Sex<br>€ M € F   | 18. Vehicle Owner's Name and Address |                                    |
| 19. Year Vehicle   | 20. Make Vehicle | 21. Model Vehicle    | 22. Body Type                        | 23. Vehicle Lic. No./Equip. No/Vin |
| 24A. Where can Vehicle be seen?  |                  | 24B. Describe Damage |                                      |                                    |

**OTHER VEHICLE INFORMATION**

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

|  |                  |                                  |                          |                                |                                |
|--|------------------|----------------------------------|--------------------------|--------------------------------|--------------------------------|
| 25. Other Vehicle Driver's Name  |                  | 26. Driver's Social Security No. | 27. Driver's License No. | 28. Age                        | 29. Sex<br>€ M € F             |
| 30. Other Vehicle Driver's Address (Street No., City, State, Zip Code)   |                  |                                  |                          | 31. Home Phone                 | 32. Work Phone                 |
| 33. Vehicle Owner's Name and Address (Street No., City, State, Zip Code) |                  |                                  |                          |                                |                                |
| 34. Year Vehicle   | 35. Make Vehicle | 36. Model Vehicle                | 37. Body Type            | 38. Vehicle I.D. No or Lic No. | 39. Where can Vehicle be seen? |
| 40. Other Vehicle Insurance Co.  |                  |                                  |                          | 41. Policy No.                 |                                |
| 42. Describe Damage  |                  |                                  |                          | 43. Estimated Amount<br>\$     |                                |

**INJURED**

|                      |                  |         |               |                |   |
|----------------------|------------------|---------|---------------|----------------|---|
| 44. Name and Address | 45. Phone<br>( ) | 46. Ped | 47. Ins. Veh. | 48. Other Veh. | 49. Police Investigated?<br>€ Yes € No          |
| 44. Name and Address | 45. Phone<br>( ) | 46. Ped | 47. Ins. Veh. | 48. Other Veh. | 49. Type Report:<br>€ Sheriff € State<br>€ City |
| 44. Name and Address | 45. Phone<br>( ) | 46. Ped | 47. Ins. Veh. | 48. Other Veh. | 49. Report No. (Item No)                        |

**WITNESSES OR PASSENGERS**

|                              |                                 |                  |   |               |             |
|------------------------------|---------------------------------|------------------|---|---------------|-------------|
| 50. Name and Address         | 51.<br>€ Witness<br>€ Passenger | 52. Phone<br>( ) | 53. PED   | 53. Ins. Veh. | 53. Specify |
| 50. Name and Address         | 51.<br>€ Witness<br>€ Passenger | 52. Phone<br>( ) | 53. PED   | 53. Ins. Veh. | 53. Specify |
| 54. State Driver's Signature |                                 |                  | 55. Name of Driver's Immediate Supervisor and Phone No. |               |             |