

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) Northwestern State University	Person to Contact Chelsea Eddington	Phone 318-357-4424	Vehicle Owner's Loc. Code 5160
State Vehicle Driver's Name		Driver's Agency Name and Location Code Northwestern State/5160	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 <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> M <input type="checkbox"/> F	Vehicle's Owner's Name and Address Northwestern State University 998 South Jefferson, Natchitoches, LA 71497		
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	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	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.			