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)


*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)