DA 2041
Rev. 9/14

ACCIDENT REPORT
LOUISIANA STATE DRIVER SAFETY PROGRAM
(If you do not know your location code, please refer to http://www.laorm.com/documents/loccodes.pdf)

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner)	Person to Contact	Phone	Vehicle Owner's Loc. Code
State Vehicle Driver's 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 then 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 M F	Vehicle's Owner's 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 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 ☐	Ins. Veh. ☐	Other Veh. ☐	Police Investigated ? Yes No
Name and Address	Phone	PED ☐	Ins. Veh. ☐	Other Veh. ☐	Type Report State Sheriff City
Name and Address	Phone	PED ☐	Ins. Veh. ☐	Other Veh. ☐	Report No. (Item No.)

WITNESSES OR PASSENGERS

. Name and Address Witness Passenger	Phone	PED ☐	Ins. Veh. ☐	Other Veh. ☐	(Specify)
Name and Address Witness Passenger	Phone	PED ☐	Ins. Veh. ☐	Other Veh. ☐	(Specify)

State Driver's Signature	Name of Driver's immediate Supervisor and Phone No.