

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO. _____

Private Vehicle Report
(Ferry)

Location Code:

Name of vessel	Equipment number
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Name of Captain	Age	Home Address	Phone number () -
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Date of accident	Hour	Where accident occurred
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Driver of vehicle	Address	Phone number () -
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Owner of vehicle	Address	Phone number () -
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Description of damage

Year and model of vehicle	State and license number
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PERSONS INJURED

Name	Address	Phone number () -
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Name	Address	Phone number () -
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Nature of injuries

Where was the injured taken and by whom

PASSENGERS IN VEHICLE

Name	Address	Phone number () -
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Name	Address	Phone number () -
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WITNESS and/or DECK HANDS

Name	Address	Phone number () -
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Name	Address	Phone number () -
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Damage to D.O.T.D. vessel

Weather at time of accident	Direction of our vessel	Speed
Agencies notified		Was report made by agency

Captains statement of how accident occurred

Signature of Captain	Signature of Port Captain
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For office use only: 6410 State of Louisiana AU