

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO. _____

Passenger Injury Report
(Ferry)

Location Code:

Name and type of vessel			Equipment number	
Name of Captain	Age	Home Address		Phone number () -
Date of accident	Hour	Where accident occurred		
Name of injured passenger		Address		Phone number () -
Nature of injuries				
Where was the injured taken and by whom				Direction
Weather at time of accident		Was deck of vessel wet or dry		Speed

WITNESS and/or DECK HANDS

Name	Address		Phone number () -	
Name	Address		Phone number () -	
Name	Address		Phone number () -	

Captains statements of how accident occurred

Signature of Captain	Signature of Port Captain
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