

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
LIQUEFIED PETROLEUM GAS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT**

DATE OF ACCIDENT	TIME OF ACCIDENT	DATE DEALER NOTIFIED OF ACCIDENT
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ACTUAL LOCATION OF ACCIDENT:

CITY	PARISH	URBAN <input type="checkbox"/>	RURAL <input type="checkbox"/>
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TYPE OF DEALER VEHICLE:	MAKE	MODEL	YEAR
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CO. VEHICLE NO.	LICENSE PLATE NO.	STATE
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OWNER (DEALER)	DEALER NO.
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ADDRESS	PHONE NO.
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NAME AND TITLE OF PERSON MAKING REPORT:

NAME OF DRIVER	LP GAS CARD NO.	DRIVER'S LIC. NO.	STATE
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(PLACE N/A WHERE NOT APPLICABLE)

CARGO CONTAINER INFORMATION

MANUFACTURER	SERIAL NO.	DATE
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SIZE	WORKING PRESSURE	LPGAS TAG NO.
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GALLONS OF GAS IN CONTAINER AT TIME OF ACCIDENT	WEATHER CONDITION
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LOSS OF GAS Yes <input type="checkbox"/> No <input type="checkbox"/>	FIRE: Yes <input type="checkbox"/> No <input type="checkbox"/>
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MARK ONLY IF NO OTHER VEHICLES INVOLVED <input type="checkbox"/>	MARK ONLY IF NO INJURIES <input type="checkbox"/>
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OTHER VEHICLES INVOLVED TYPE	DRIVER NAME
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1. _____	-
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2. _____	-
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PERSONS INJURED NAME	EXTENT OF INJURIES
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1. _____	-
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2. _____	-
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3. _____	-
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EXTENT OF VEHICLE AND/OR PROPERTY DAMAGE:

PROBABLE CAUSE OF ACCIDENT OR REMARKS:

**ATTACH ANY AVAILABLE POLICE, FIRE OR NEWSPAPER REPORTS.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.**

DATE SIGNED	P.O. BOX 66209 BATON ROUGE, LA 70896 (225) 925-4895 FAX (225) 925-4898	SIGNATURE OF PERSON MAKING REPORT
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