

Give a brief description and identity of obstruction, if known.

What efforts did you make to identify the party who may be responsible for the obstruction?

D. CLAIM INFORMATION

Total amount of claim: \$

In your own words, describe the damage to your vessel and/or gear. Give a detailed description of the gear that was damaged.

Do you have an insurance policy on this vessel? YES NO

If yes, complete the following:

Policy Number:		Insurance Company	
Insurance Agent Information:	NAME		TELEPHONE NUMBER
	MAILING ADDRESS		
	CITY	STATE	ZIP CODE

Did you file with the insurance company? YES NO Received Payment? YES NO

Is any of the damage stated above covered under this policy? YES NO

Have you ever filed a claim for the damage stated above under any United States Government Compensation program? YES NO

If yes, which program and when:

Have you ever filed a claim with this program? YES NO

If yes, when did you last file? Month: Year:

Have you ever filed a lawsuit on this matter? YES NO

****IF YOU ARE PAID BY AN INSURANCE COMPANY OR OIL AND GAS COMPANY, YOU ARE REQUIRED TO REPORT PAYMENT TO THE FUND****

Give NAME, ADDRESS, and TELEPHONE NUMBER of all witnesses to the encounter. You must submit a notarized handwritten statement from each witness.

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE NUMBER	PHONE NUMBER

E. AFTER COMPLETION, THIS FORM MUST BE SIGNED BEFORE A NOTARY OR OTHER OFFICIAL EMPOWERED TO ADMINISTER OATHS. LOUISIANA LAW PROVIDES PENALTIES FOR FRAUD.

I certify that the information appearing herein is true and correct to the best of my knowledge.

Signature

Sworn to and subscribed before me this _____ day of _____

Sign & Print name
Notary Public (include ID number)