

Louisiana Department of Public Safety and Corrections



OFFICE OF MOTOR VEHICLES

CRUSHED VEHICLE AFFIDAVIT (R.S. 32:1728.2, R.S. 32:1728.3)

BEFORE ME, this undersigned competent authority, personally came and appeared:

_____	_____
Owner/Operator	Name of Towing/Storage Facility

Street Address, City, State, Zip	

who after being duly sworn and deposed did state that the following vehicle(s) was/were crushed as to render the vehicle(s) in such a condition that it/they can never be used or rebuilt for use as a motor vehicle.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>IDENTIFICATION NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____
License Plate Number of Towing Vehicle	Signature of Owner/Operator
_____	_____
Date Crushed	Signature of Person Authorized to Crush Vehicle/Co. Name

Sworn and subscribed before me this _____ day of _____, 20_____.

_____	_____
Notary Public Signature/ID Number	Notary Public (Printed Name)

COPY OF PHYSICAL INSPECTION MUST BE ATTACHED FOR EACH VEHICLE