

PURSE SEINE VESSELS' OWNERS ASSOCIATION

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Date: _____

Return To: RACHEL AGENT

Entity:

- Seine Vessels' Reserve Bristol Bay Reserve SE Fishermen's Alliance Reserve

PERSONAL INJURY REPORT – TO BE COMPLETED BY CLAIMANT

Name: _____

Phone: _____

Address: _____

Current Location (home/hospital etc): _____

Vessel Owner's Name & Vessel Name: _____

Date/Time of Injury: _____

Location Accident Took Place: _____

Injury: _____

How did injury occur: _____

Medical Providers: _____

Medical Treatment Plan (if known): _____

Position Held on Vessel: _____

Vessel Crew Members and other witnesses to the accident:

Name/Address

Crew (write Y or N)

Signature

Date