

PURSE SEINE VESSELS' OWNERS ASSOCIATION

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Date: _____

Entity:

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

VESSEL ACCIDENT REPORT

Vessel Owner Name: _____ Phone: _____

Vessel: _____ Date/Time of Loss: _____

Skipper Name (if applicable): _____ Skipper Phone: _____

If Collision, list other Vessel Name and Owner: _____

Details of Accident in Full: _____

Approximate estimate of damages: \$ _____

Please list all crew members under contract at time of accident:

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

Signature

Date

For office use:

Member ID _____ Claim No _____ Deductible Amount \$ _____ Deductible Invoiced _____

Reserve \$ _____ Update spreadsheet _____