

**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**

Vessel Owner Name: \_\_\_\_\_ Vessel: \_\_\_\_\_

Phone: \_\_\_\_\_ Date/Time of Loss: \_\_\_\_\_

Vessel Based out of: \_\_\_\_\_

Is there a signed contract Y N PLEASE RETURN THIS FORM WITH COPY OF CONTRACT

Location Accident Took Place: \_\_\_\_\_

Crewmember/Claimant Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Current Location: \_\_\_\_\_

Injury: \_\_\_\_\_

How did injury occur: \_\_\_\_\_

Medical Providers: \_\_\_\_\_

Position Held by Claimant: \_\_\_\_\_

Terms of Contract: \_\_\_\_\_

Rate of Compensation/% of Stock: \_\_\_\_\_

Vessel Crew Members and other witnesses to the accident:

Name/Address	Crew <small>(write Y or N)</small>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For office use:

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

Reserve \$ \_\_\_\_\_ Update spreadsheet \_\_\_\_\_