

**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