

Boating Accidents

Name _____

Date of Birth _____ Marital Status S M W D

If married, Spouse's Name _____

Address _____

Telephone Home _____ Cell _____ Work _____

When/where is best time to reach you? _____

Date of Accident (approximate time if known) _____

Location of Accident _____

Adverse Boater _____

Brief Description of Accident _____

Your injuries _____

Did you go to the ER? YES _____ NO _____

Did you go to the ER via ambulance? YES _____ NO _____

Were police called to, or arrive at the scene? YES _____ NO _____

If so, do you have a copy of FWCDLE report? YES _____ NO _____

If not, did you subsequently make a report to the FWCDLE? (*Florida Fish & Wildlife Conservation Commission Division of Law Enforcement*) If so, when/where?

Anyone receive a citation in accident? YES _____ NO _____

If yes, do you know what citation(s) were for? _____

Your Boat Insurance information: _____

Your Healthcare Insurance information: _____

Adverse Insurance Company information: _____

Any other attorney involved? YES _____ NO _____