



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION DIVISION OF LAW ENFORCEMENT

ACCIDENT/INCIDENT FORM (For Fatal or Severe Injury Accident)

Please Email and/or FAX To Appropriate Section within 24 Hours

BOATING INCIDENT

HUNTING INCIDENT

WILDLIFE INCIDENT

Incident/ Summary #: _____ Agency: _____

Date of Incident: _____ Day of Week: _____ Time of Day (mil): _____

County: _____ Nearest City or Town: _____

Location of the Incident: _____ State Waters Off Shore

No. of Vessel(s) Involved: _____ No. of Injured: _____

No. of Fatalities: _____ No. of Missing: _____

Vessel Description(s):

Vessel # 1: Reg #: _____ Year: _____ Length: _____ Make: _____

Type of Vessel: _____ Rec Com Gov

Vessel # 2: Reg #: _____ Year: _____ Length: _____ Make: _____

Type of Vessel: _____ Rec Com Gov

Subject Information: (Use additional sheets if necessary)

| VESSEL # 1: | Name | DOB | City/State of Residence | PFD Worn | Fatal | Missing | Injured | Uninjured |
|--------------------------|-------|-------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Operator/Shooter/Victim: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupant 1: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupant 2: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupant 3: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VESSEL # 2: | Name | DOB | City/State of Residence | PFD Worn | Fatal | Missing | Injured | Uninjured |
| Operator/Shooter/Victim: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupant 1: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupant 2: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupant 3: | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notified Fatality Investigator YES NO Arrival Time (mil): _____

Investigator: _____ Supervisor: _____ Phone Number: _____ () - _____

Medical Examiner on Scene: YES NO Name: _____

Other Officers on Scene: YES NO Name: _____

Other Agencies on the Scene: YES NO Name: _____

Alcohol Related: YES NO UNKNOWN Arrests: YES NO PENDING

Name: _____

State Attorney Notified: YES NO Next of Kin Notified: YES NO

Accident Description: (Briefly describe what happened)