



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



ACCIDENT INFORMATION FORM
(For Fatal or Severe Injury Accident)

Please Fax To Appropriate Section within 24 Hours

☐ BOATING ACCIDENT
(850) 488 – 9284

☐ HUNTING ACCIDENT
(850) 921 – 6453

☐ ALLIGATOR INCIDENT
(850) 921 – 6283

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	Fatal	Missing	Injured	Uninjured
Operator/Shooter/Victim:	_____	_____	_____	<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"/>
Occupant 2:	_____	_____	_____	<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"/>

VESSEL # 2:	Name	DOB	City/State of Residence	Fatal	Missing	Injured	Uninjured
Operator/Shooter/Victim:	_____	_____	_____	<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"/>
Occupant 2:	_____	_____	_____	<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"/>

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)