



**Within 7 days of an incident, send completed Insurance Incident Reporting forms to:**

**Corazon "Cora" Dumlao, Agent**

[cdumlao@acwhawaii.com](mailto:cdumlao@acwhawaii.com)

**Kainoa Scheer**

[kscheer@acwhawaii.com](mailto:kscheer@acwhawaii.com)

**ACW Group, LLC**

Insurance, Bonding & Employer Solutions

1000 Bishop Street, Suite 600 | Honolulu, Hawaii 96813

Tel: (808) 535-5076 | Fax: (808) 535-5055 | Mobile: (808) 392-2056

| [www.acwgroup.com](http://www.acwgroup.com)

Copy: Keri Mehling ([kerionmaui@yahoo.com](mailto:kerionmaui@yahoo.com))

Walter Vierra ([wpv@hawaiiantel.net](mailto:wpv@hawaiiantel.net))

**Be sure to include information for the contact person at the Canoe Club that is submitting the report!**

**Include the waiver for the person(s) injured.**

**Include the crew list with phone numbers for the crew members & each witness statement.**

**If an escort boat is involved, include the escort boat waiver and contact information.**

# PERSONAL INJURY ACCIDENT REPORT

(To be completed by Injured party in complete detail)

YOUR NAME: \_\_\_\_\_

LOCAL/HOTEL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_ BUS PHONE: \_\_\_\_\_

YOUR DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DATE/TIME OF ACCIDENT: \_\_\_\_\_

WHERE DID THE ACCIDENT HAPPEN (Please be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE A DETAILED DESCRIPTION OF THE ACCIDENT (Use back of page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID ANYONE ELSE WITNESS THE ACCIDENT? YES  NO  IF SO, WHO?

NAME/ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

WHAT WERE YOU DOING WHEN THE ACCIDENT HAPPENED? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS ANY FOOD OR DRINK INGESTED? \_\_\_\_\_

YES  NO  IF SO, WHAT TYPE OF FOOD OR DRINK WAS INVOLVED? \_\_\_\_\_

\_\_\_\_\_

WAS FIRST AID ADMINISTERED? YES  NO  IF SO, WHO PROVIDED IT AND WHAT WAS PROVIDED?

\_\_\_\_\_

NAME AND ADDRESS OF YOUR FAMILY DOCTOR \_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF DOCTOR WHO TREATED YOU FOR THIS INJURY/ILLNESS \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Use back of page if necessary)

SEND TO:

**Corazon "Cora" Dumlao, Agent** [cdumlao@acwhawaii.com](mailto:cdumlao@acwhawaii.com)

**Kainoa Scheer** [kscheer@acwhawaii.com](mailto:kscheer@acwhawaii.com)

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# PERSONAL INJURY WITNESS REPORT

(To be completed by Witness to Injury)

NAME OF WITNESS: \_\_\_\_\_ (Check one) Passenger  Crew

NAME OF PERSON INJURED: \_\_\_\_\_ VESSEL: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

EXACT LOCATION WHERE ACCIDENT OCCURRED: \_\_\_\_\_

PLEASE GIVE A DETAILED DESCRIPTION OF THE ACCIDENT (use back of page if necessary)

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WEATHER & SEA CONDITIONS: \_\_\_\_\_

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WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT? \_\_\_\_\_

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HOW FAR WERE YOU FROM THE INJURED PERSON? \_\_\_\_\_

GIVE IDENTITY OF ANY OTHER WITNESSES:

NAME/ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WAS FIRST AID ADMINISTERED? YES  NO  IF SO, WHO PROVIDED IT? \_\_\_\_\_

PLEASE DESCRIBE THE TYPE OF INJURY SUSTAINED? \_\_\_\_\_

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WAS THE INJURED PERSON TAKEN TO A PHYSICIAN OR HOSPITAL? YES  NO

NAME/ADDRESS OF PHYSICIAN OR HOSPITAL: \_\_\_\_\_

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ADDITIONAL INFORMATION REGARDING THE ACCIDENT? \_\_\_\_\_

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Witness Statement

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PH.: \_\_\_\_\_

LOCAL HOTEL/ADDRESS: \_\_\_\_\_ LOCAL PH.: \_\_\_\_\_

EMPLOYMENT POSITION: \_\_\_\_\_ NO. OF YEARS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ WORK PH.: \_\_\_\_\_

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