



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

Jamie Woodford, Sr. Acct Manager

SERVCO

808-564-2509 (ph)

Jamie.woodford@servco.com

Copy: Keri Mehling (kerionmaui@yahoo.com)

Walter Vierra (wpv@hawaiiantel.net)

Dean Hirahara, Sr. VP/Marine Manager
(dean.hirahara@servco.com)

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 _____

SIGNATURE: _____ DATE: _____

(Use back of page if necessary)

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)

WEATHER & SEA CONDITIONS: _____

WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT? _____

HOW FAR WERE YOU FROM THE INJURED PERSON? _____

GIVE IDENTITY OF ANY OTHER WITNESSES:

NAME / ADDRESS: _____ PHONE: _____

NAME / ADDRESS: _____ PHONE: _____

WAS FIRST AID ADMINISTERED? YES ___ NO ___ IF SO, WHO PROVIDED IT? _____

PLEASE DESCRIBE THE TYPE OF INJURY SUSTAINED? _____

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

NAME / ADDRESS OF PHYSICIAN OR HOSPITAL: _____

ADDITIONAL INFORMATION REGARDING THE ACCIDENT? _____

SIGNATURE OF WITNESS: _____ DATE: _____

HOME ADDRESS: _____ HOME PH: _____

LOCAL HOTEL / ADDRESS: _____ LOCAL PH: _____

EMPLOYMENT POSITION: _____ NO. OF YEARS: _____

WORK ADDRESS: _____ WORK PH: _____

(Use back page if necessary)