

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)

SEND TO:

Corazon "Cora" Dumlao, Agent cdumlao@acwhawaii.com

Kainoa Scheer 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

Copy: Keri Mehling (kerionmaui@yahoo.com)

Walter Vierra (wpv@hawaiiantel.net)