

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: _____

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? _____

Witness Statement

SIGNATURE OF WITNESS: _____ DATE: _____

HOME ADDRESS: _____ HOME PH.: _____

LOCAL HOTEL/ADDRESS: _____ LOCAL PH.: _____

EMPLOYMENT POSITION: _____ NO. OF YEARS: _____

WORK ADDRESS: _____ WORK PH.: _____

SEND TO:

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

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