

**CENTRAL PACIFIC PLAZA**

**INJURY REPORT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Time Injury Occurred: \_\_\_\_\_ Location: \_\_\_\_\_

Witness (Use back of form if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How was the person injured? \_\_\_\_\_

What part of body was injured? \_\_\_\_\_

What was the cause of injury? \_\_\_\_\_

Was ambulance called? \_\_\_\_\_ If "No", tell why not \_\_\_\_\_

What hospital was injured transported to? \_\_\_\_\_

Name of personal doctor who was notified of injury: \_\_\_\_\_

Was first aid given by other than ambulance team? \_\_\_\_\_

If "Yes", give name and address of person giving first aid:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail completed form to the Building Management Office at:

**COLLIERS INTERNATIONAL, LLC.**

P.O. Box 257

Honolulu, Hawaii 96809