

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

SUZANNE O,)	CASE NO.: AB 2026-029(M)
)	DCD No.: 7-2025-341929
Claimant-Appellant,)	
Deceased,)	
)	D/A: August 15, 2025
vs.)	
)	
COUNTY OF MAUI - POLICE)	
DEPARTMENT,)	
)	May 21 2026, 1:08 pm
Employer-Appellee,)	FILED _{alkw}
)	Labor and Industrial Relations
and)	Appeals Board
)	
SEDGWICK CMS – HAWAII,)	
)	
Insurance Carrier-)	
Appellee,)	
)	
and)	
)	
SPECIAL COMPENSATION FUND,)	
)	
Appellee.)	

CERTIFICATE OF SERVICE

The undersigned certifies that a true and correct file marked copy of the Labor and Industrial Relations Appeals Board’s (“Board’s”) **ORDER TO SHOW CAUSE**, that was filed on **May 21, 2026**, was served on all parties, at their last known addresses, in the manner as indicated below, and on the date indicated below:

Susan Leeder, Esq.
200 South High Street, 3rd Floor
Wailuku, Hawaii 96793
[X] via U.S. Mail [] via email
For Employer COUNTY OF MAUI -
POLICE DEPARTMENT and

A digital copy of this Certificate of Service will be posted on the Board's website and will remain on the Board's website for at least 180 days from the date of filing noted above.

Susan Leeder, Esq.
For Employer/Insurance
Carrier-Appellee

Li-Ann Yamashiro, Esq.
For Special Compensation
Fund-Appellee

Beau Kikukawa (courtesy copy)

A certified copy of the foregoing was served upon the above-captioned parties or their legal representatives on the date of filing noted above.

May 21 2026

This Certificate of Service was served on all parties on _____.

LABOR APPEALS BOARD - 830 PUNCHBOWL ST, RM 404, HONOLULU, HI 96813 - (808)586-8600

If you need a language interpreter or if you need an auxiliary aid/service or other accommodation due to a disability, please contact the Board at (808) 586-8600 and/or dllr.appealsboard@hawaii.gov as soon as possible, preferably at least ten (10) business days prior to your hearing or conference date. Requests made as early as possible have a greater likelihood of being fulfilled. If a request is received after the reply date, the Board will try to obtain the interpreter, auxiliary aid/service, or accommodation, but the Board cannot guarantee that the request will be fulfilled.

Upon request, this notice is available in alternate/accessible formats such as large print, Braille, or electronic copy.

Equal Opportunity Employer/Program
Auxiliary aids and services are available
upon request to individuals with disabilities.
TDD/TTY Dial 711 then ask for (808) 586-8600

Suzanne O v. County of Maui - Police Department, et al.; AB 2026-029(M);
Certificate of Service

This certifies that the foregoing is a
full, true, and correct copy of the
original on file in this office.

/s/ H. Watanabe for LIRAB