

**INCIDENT/ACCIDENT REPORT**

**Outrigger Santa Cruz**

[www.outriggersantacruz.org](http://www.outriggersantacruz.org)

**GENERAL INFORMATION**

Name: *Leslie Eurs* Birthdate: *5/24/57*

If a Minor, Legal Guardian's Name:

Address: *4303 BAIN AVE*  
City: *SANTA CRUZ* State: *CA* Zip: *95062*

Phone#: Cell: *(831) 5352971* Home: *(831) 4762804* Work: *N/A*

Email Address: *leura56@gmail.com*

Employer: *N/A*

Medical Insurance Carrier: *N/A*

Policy #:

Insurance Phone#:

Effective Date of Policy:

Subscriber's Name:

Group Name:

**DESCRIPTION OF INCIDENT/ACCIDENT (use reverse side if necessary)**

Date: Time: *7:30pmish*

Describe location where incident/accident occurred: *2nd swim buoy from Harbor - Twin Lakes Beach*

Describe the weather/air temperature:  
*flat, calm, warm evening*

Describe the water conditions/water temperature:  
*flat, calm, 51°*

Describe in detail how incident/accident happened; if in OC6, OC2, OC1 include canoe name:  
*A planned on advance OC6 huli; accredited steerer & provisional steerer knew 24-hrs in advance; 4 novice women racers did not*

Describe in detail any equipment damage:

*0*

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Name(s) others on site at time of incident; include age and experience; apparel worn by individuals if a water incident. If in an OC6, OC2, OC1 indicate seating arrangement:

- 1.) Julie Dinsdale
- 2.) Nicole Koerth
- 3.) Doreen Dawson
- 4.) Jenny Scala
- 5.) Matt Lowe (AS)
- 6.) Rachel Marusan (PS)

Did equipment contribute in any way to the accident? Yes  No

If yes, please explain:

Were any photographs taken of the equipment or site? Yes  No

If yes, please enclose all photographs.

- NO ONE INJURED -

**DESCRIPTION OF INJURED PARTY (if more than one, use separate report/person)**

Name of Injured Party: Julie Dinsdale prosthetic leg slid off and sank; recovered by Tow Boat US Santa Cruz diver Alex Springer - Carter following ddy.

If Minor, Legal Guardian's Name:

Address:

City:

State:

Zip:

Phone#: Cell:

Home:

Work:

Email Address:

Employer:

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Describe the injured's mental status at the time of the incident/accident (circle):

Confused Calm Panicked Aggressive Other:

Describe Evacuation from incident/accident site:

Did any injured parties contribute to the accident in any way (circle)? Yes No

If yes, please describe:

Did any injured parties state that they contributed to the accident in any way (circle) Yes No

If yes, please describe:

Did another participant contribute to the injuries incurred by individuals (circle) Yes No

If yes, please describe:

Were any photographs taken of injuries incurred? (circle) Yes No

If so, please enclose all photographs

Was any Activity Time Lost (circle):

None Ended Participation Other (Describe):

Describe any first aid given (include a list of any medications given):

Did the injured party refuse first aid or evacuation? (circle) Yes No

If yes, please describe:

Does the injured take any medications or have any allergies? (circle) Yes No

If yes, please describe:

Is this a re-injury of an old condition? (circle) Yes No

Has the injured party been at this location before? (circle) Yes No

If yes, indicate frequency:

Signature: Leslie Eurs Date: \_\_\_\_\_

Print Name: LESLIE EURS

Asst. Women's Coach