

INCIDENT/ACCIDENT REPORT
Outrigger Santa Cruz
www.outriggersantacruz.org

GENERAL INFORMATION

Name: *Ruth Romero* Birthdate: *6/23/56*

If a Minor, Legal Guardian's Name:

Address: City: *1925 46th Ave #41* State: *CA* Zip: *95010*

Phone#: Cell: *408-810-2923* Home: Work:

Email Address:

Employer:

Medical Insurance Carrier: *S*

Policy #:
Insurance Phone#:
Effective Date of Policy:
Subscriber's Name:
Group Name:

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

Date: *Day After Pig Run* Time: *6:00 PM*

Describe location where incident/accident occurred:

harbor

Describe the weather/air temperature:

nice

Describe the water conditions/water temperature:

N/A

Describe in detail how incident/accident happened; if in OC6, OC2, OC1 include canoe name:

OC6-Hand got smashed and finger tore on rail

Describe in detail any equipment damage:

N/A

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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.) ?
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)

Did equipment contribute in any way to the accident? Yes No *boat was close to*
If yes, please explain: *boilers.*

Were any photographs taken of the equipment or site? Yes No
If yes, please enclose all photographs.

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

Name of Injured Party: *Ruth Romero*

If Minor, Legal Guardian's Name:

Address:

City:

State:

Zip:

Phone#: Cell:

Home:

Work:

Email Address:

Employer:

Medical Insurance Carrier: *Ⓢ*

Policy #:

Insurance Phone#:

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Group Name:

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

Confused Calm Panicked Aggressive Other: N/A

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): yes two week (stayed)

None Ended Participation Other (Describe):

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

urgent care stitches

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: 3x week at least.

Signature: Ruth Romero Date: _____

Print Name: Ruth Romero