

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

GENERAL INFORMATION

Name: *Ava Tobin* Birthdate: *10/27/2004*
If a Minor, Legal Guardian's Name: *Amy ~~Roczka~~ MROCKA*
Address: City: State: Zip:
Phone#: Cell: Home: Work:
Email Address: *Amy mrockka@hotmail.com*
Employer:
Medical Insurance Carrier:
Policy #:
Insurance Phone#:
Effective Date of Policy:
Subscriber's Name:
Group Name:

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

Date: *6/3/18* Time: *12:30 AM*
Describe location where incident/accident occurred: *Inside Harbor - near west jetty near Aides - close to beach*
Describe the weather/air temperature: *clear sunny 75° 60° water*
Describe the water conditions/water temperature: *Calm, flat,*
Describe in detail how incident/accident happened; if in OC6, OC2, OC1 include canoe name: *Nakua Heli Drill Yoko + Jeanne in set 1*
Describe in detail any equipment damage:
hit on fore head & hip w/ Ama
- Ava appeared to land in water outside of Ama
- canoe was rocking in an apparent attempt to heli + that may have caused Ava to end up away from boat

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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.) Jennie Bathke - experienced adult
- 2.) Ava Tobin - pfd, shorts rash guard
- 3.) Sonia Snyder - pfd - Junior - new
- 4.) Corina Colfer - pfd Junior - new
- 5.) Smaranda Proca - pfd Junior - 2nd year
- 6.) Yoko McMillian - experienced steers adult

Did equipment contribute in any way to the accident? Yes No
If yes, please explain: Ama hit Ava's head

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

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

Name of Injured Party: Ava Tobin

If Minor, Legal Guardian's Name: Amy Mroczka

Address: City: State: Zip:

Phone#: Cell: Home: Work:

Email Address: See page 1

Employer:

Medical Insurance Carrier:

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

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

Confused Calm Panicked Aggressive Other: Shaken, calm, crying

Describe Evacuation from incident/accident site:

Jennie held her in water swam her to beach where mom was. Delivered her to mom

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

If yes, please describe: Possibly ejected herself from canoe as it hit li's

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: all helped flip boat over

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

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): None - observation only.

* no visible signs of injury.

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

If yes, please describe:

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

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: [Signature] Date: 6/7/18

Print Name: Jan Bodell