

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

**GENERAL INFORMATION**

Name: Ana Vargas Birthdate: 11/3/74

If a Minor, Legal Guardian's Name:

Address: 1400 49th Ave State: CA Zip: 95010  
 City: Capitola

Phone#: Cell: 831-566-0098 Home: Work:

Email Address: aveerunsrapids@gmail.com

Employer: California Dental Assoc

Medical Insurance Carrier: Kaiser

Policy #:

Insurance Phone#: NA

Effective Date of Policy:

Subscriber's Name:

Group Name:

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

Date: 6/13/18 Time: 7:30 pm

Describe location where incident/accident occurred: Back of harbor

Describe the weather/air temperature: Sunny, nice, flat... ~

Describe the water conditions/water temperature:

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

# Scraped Manu Hope on right hand side, while turning, on dock

Describe in detail any equipment damage: Surface paint scratch (I think I can fix it)

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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.) Yoko
- 2.) Ruthie
- 3.) Mayra
- 4.) Stacie (New)
- 5.)
- 6.) Myself

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 *emailed to Tai & Duane*

If yes, please enclose all photographs.

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

Name of Injured Party: *N/A*

If Minor, Legal Guardian's Name:

Address:

City:

State:

Zip:

Phone#: Cell:

Home:

Work:

Email Address:

Employer:

Medical Insurance Carrier:

Policy #:

Insurance Phone#:

Effective Date of Policy:

Subscriber's Name:

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:

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): N/A

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: [Signature] Date: 6/13/18

Print Name: Ana Vargas

