

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

**GENERAL INFORMATION**

Name: *Key Miyamoto* Birthdate: *3-9-56*

If a Minor, Legal Guardian's Name:

Address: *7777 Celen Home Rd.*  
City: *Soquel* State: *CA* Zip: *95073*

Phone#: Cell: Home: Work:

Email Address: *millavok@yahoo.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: *Aug. 25, 2018* Time: *~10am*

Describe location where incident/accident occurred: *Kula Anela - Angel Island race*

Describe the weather/air temperature: *Sunny, breezy*

Describe the water conditions/water temperature: *Swirling water, current*

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

*OC6 - Lapa uila* Going between rock outcroppings + island. Swirling water pulled canoe towards rock outcropping ends up in right rear of canoe scraping against rocks.

Describe in detail any equipment damage:  
*Scrape in hull near seat 6, right side of canoe.*

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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.) Dana Levey
- 2.) Laurel Robinson
- 3.) Alma Pisani
- 4.) Hester Eurs
- 5.) Nicole Tsao
- 6.) Kay Miyamoto

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.

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

Name of Injured Party: NA

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:

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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:

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: Kay Miyamoto Date: 9-19-18

Print Name: Kay Miyamoto