

1/12/19

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

GENERAL INFORMATION

Name: *Matt Love* Birthdate:

If a Minor, Legal Guardian's Name:

Address:
City: State: Zip:

Phone#: Cell: Home: Work:

Email Address:
mtlove53@gmail.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: *1/12/19 - Saturday* Time: *10:00am*

Describe location where incident/accident occurred: *back harbor, west side, Dock:*

Describe the weather/air temperature:

Describe the water conditions/water temperature: *flat*

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

OC-6 Nappy 1/12/2019 Fitness Riddle

Describe in detail any equipment damage:

*Paint scrape on Ama from riding up on outboard
Motor in upper Harbor Betty J.
Blue Paint flaked
Cracked gill coat at point (front) Ama*

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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.) Jane K
- 2.) Nawita
- 3.) Lisa Franklin
- 4.) Laurel Robinson
- 5.)
- 6.) Matt Lee

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.

On OC1's: Theresa & Yoko took pics of Betty's prop - said they saw chip out of prop

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

Name of Injured Party:

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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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: Matthew J Love Date: 1/12/2019

Print Name: Matthew J Love







