

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

GENERAL INFORMATION

Name: Matt Gre Birthdate: 8/22/1953

If a 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:

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

Date: 1/26/2015 Time: 17:00

Describe location where incident/accident occurred: Harbor Mouth

Describe the weather/air temperature:

Describe the water conditions/water temperature:

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

Honokai

Describe in detail any equipment damage:

N/A

(Page 2)

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.) Myna
- 2.) Laurel
- 3.) Barbara
- 4.)
- 5.) Dave K.
- 6.) Matt L.

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:

NIA

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:

(Page 3)

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: _____ Date: _____

Print Name: _____

Entering harbor after an
8 mile paddle.

5 person crew

Very tired / not strong.

Caught 1st wave into harbor.

2nd swapped canoe and washed Mylee overboard

3rd swapped canoe again.

Dave back into my lap.

pushed back from jetty. Mylee brought

canoe back into harbor.

Crew cold. Went home to