

INCIDENT/ACCIDENT REPORT

Outrigger Santa Cruz

www.outriggersantacruz.org

GENERAL INFORMATION

Name:

Birthdate:

If a Minor, Legal Guardian's Name:

Address:

City:

State:

Zip:

Phone#: Cell:

Home:

Work:

Email Address:

Employer:

CANOE DAMAGE ONLY

Medical Insurance Carrier:

NO INJURIES TO PADDLER(S)

Policy #:

Insurance Phone#:

Effective Date of Policy:

Subscriber's Name:

Group Name:

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

Date:

6/4/2019

Time:

6:45 PM

Describe location where incident/accident occurred:

COWELL'S BEACH

Describe the weather/air temperature:

SUNNY, ~ 70°C

Describe the water conditions/water temperature:

CALM / 54°C

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

OC6 DAD / JH-CAT DAN STEERING DAD. JACKSON STEERING JH-CAT. JACKSON STATIONARY. DAN

Describe in detail any equipment damage:

WAS PADDLING DAD AROUND JH-CAT CANOE & DAN'S CANOE (FRONT) WENT UNDER JH-CAT 1 AFT & OVER AFT & DAMAGED TOP OF AFT

NO INJURIES

1 CANOE AFT DAMAGED

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.) | 1. Verwon | 1. JAM O |
| 2.) | 2. Mike K | 2. DON |
| 3.) | 3. Roger | 3. Philip C |
| 4.) | 4. JASON | 4. DC |
| 5.) | 5. X | 5. Y |
| 6.) | 6. DAV C | 6. JACKSON |
| | DAD | JH. CA |

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

ATTN - EMAILED BOARD
PIC 6/4/15

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

Name of Injured Party:

NO INJURY

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): NA
Confused Calm Panicked Aggressive Other:

Describe Evacuation from incident/accident site: NA

Did any injured parties contribute to the accident in any way (circle)? Yes No
If yes, please describe: NA

Did any injured parties state that they contributed to the accident in any way (circle) Yes No
If yes, please describe: NA

Did another participant contribute to the injuries incurred by individuals (circle) Yes No
If yes, please describe: NA

Were any photographs taken of injuries incurred? (circle) Yes No
If so, please enclose all photographs NA

Was any Activity Time Lost (circle):
None Ended Participation Other (Describe): NA FOR JH / TAIHITIAN
SENT DAD INTO HARBOR TO URUW

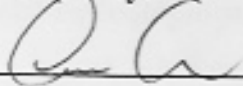
Describe any first aid given (include a list of any medications given): NA

Did the injured party refuse first aid or evacuation? (circle) Yes No NA
If yes, please describe:

Does the injured take any medications or have any allergies? (circle) Yes No NA
If yes, please describe:

Is this a re-injury of an old condition? (circle) Yes No NA

Has the injured party been at this location before? (circle) Yes No NA
If yes, indicate frequency:

Signature:  Date: 6/4/2019

Print Name: DAVID WAYMAN - TEAS COACH