

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

GENERAL INFORMATION

Name: *Emelina Hollis* Birthdate:

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: *7/7/19*

Time: *12:45pm*

Describe location where incident/accident occurred: *Slipped on launch ramp while moving wheels.*

Describe the weather/air temperature: *Scraped left Palm.*

Describe the water conditions/water temperature:

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

Describe in detail any equipment damage: *She washed w/ Soap & water w/ Jeanne B.*

She was fine and said all good.

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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.)

2.)

3.)

4.)

5.)

6.)

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:

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: _____ Date: _____

Print Name: _____