

**INCIDENT/ACCIDENT REPORT**

**Outrigger Santa Cruz**

[www.outriggersantacruz.org](http://www.outriggersantacruz.org)

**GENERAL INFORMATION**

Name: Doog Brown Birthdate: 5/4/46

If a Minor, Legal Guardian's Name:

Address: 945 Pinetree Ln City: Aptos State: CA Zip: 95003

Phone#: Cell: 831 227 6414 Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: dobrown@cabrillo.edu

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: 11:10 am

Describe location where incident/accident occurred: harbor mouth

Describe the weather/air temperature: 60° overcast

Describe the water conditions/water temperature: small swell, ~60°

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

canoe: Kahalo - I was steering, rowboat coming out of harbor, OC6 returning. I couldn't see him, my stroker said he shouted a warning but I didn't hear it. When I saw him he was moving slightly to my left, I turned <sup>right</sup> to avoid but the canoe grazed his boat(?) and oar. No injuries, no major damage as far as I know.

Describe in detail any equipment damage:  
None except possible wood scuffs from rowboat ~~oar~~?

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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.) Jean (?) club member

2.) Antonia (?) " "

3.) Elizabeth ? " "

4.) Veerte ? guest

5.) Philipe ? guest

6.) Dary Brown

Jay Downer observed this incident

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: none

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: Doug Brown Date: 7/7/19

Print Name: Douglas Brown

(over)

Monday 7/18/19

Toby Goddard spoke w/ Leslie @ OSC shed in regards to an incident he experienced w/ an OSC Ocb yesterday in harbor mouth:

- he was purposefully stopped & waiting inside west side harbor mouth in his dory; south swell breaking
- Ocb came into harbor on west side; ama came up and over his gunnel; feared he was going to be severely injured or knocked into water
- upset that Ocb entered harbor on westside, hugging jetty; Ocb did not stop to check on his well being nor apologize
- Toby reported incident to Harbor office

Leslie looked for incident report. ~~o~~

7/19 Emailed Tai Tam

Toby Goddard - S.C. Harbor Port Commissioner  
(cell) 831 332 2483

(V) 831 475 6161

(F) 831 | 475 - 9558

email: scpd@santacruzharbor.org

OSC Sign In

Group: ROC

Date: 7/7/19

Float Plan: \_\_\_\_\_

Organizer: \_\_\_\_\_

1.	<u>Liz Evanovich</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
2.	<u>Ruth Komarov</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input checked="" type="checkbox"/> Steersperson
3.	<u>Dune</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input checked="" type="checkbox"/> Steersperson
4.	<u>ELIZABETH LEE</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
5.	<u>Rachel Hill</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
6.	<u>Jenny Seale</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
7.	<u>Mike Gibson</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
8.	<u>Zachary Grand</u>	<input type="checkbox"/> OSC Member	<input checked="" type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
9.	<u>Phil Crowley</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input checked="" type="checkbox"/> Steersperson
10.	<u>Marilyn Walker</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
11.	<u>Birane Yew</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
12.	<u>Andrea Borsuk</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
13.	<u>Jeanne Schindler</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
14.	<u>City Trade</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
15.	<u>Doug Brown</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input checked="" type="checkbox"/> Steersperson
16.	<u>FILIP HUYGHE</u>	<input type="checkbox"/> OSC Member	<input checked="" type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
17.	<u>VEERIE VANDENABRIK</u>	<input type="checkbox"/> OSC Member	<input checked="" type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
18.	<u>Raquel Castellanos</u>	<input type="checkbox"/> OSC Member	<input checked="" type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
19.	<u>Eric Ritland</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
20.	<u>KIMBERLY GUTTSZ</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
21.	<u>Sharon Reeves</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
22.	<u>Ale Black</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
23.	<u>Juliana F...</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
24.	<u>Robin...</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
25.	<u>...</u>	<input type="checkbox"/> OSC Member	<input checked="" type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
26.	<u>Eolande Harris</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input checked="" type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
27.	<u>Collyblab</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
28.	<u>Johi Deursdale</u>	<input type="checkbox"/> OSC Member	<input checked="" type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
29.	<u>Mann Liske</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
30.	<u>Mara Liske</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
31.	<u>Zack Liske</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
32.	<u>Joan Rippe</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
33.	<u>JAY</u>	<input checked="" type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input checked="" type="checkbox"/> Steersperson
34.	<u>J Doe</u>	<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
35.		<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson
36.		<input type="checkbox"/> OSC Member	<input type="checkbox"/> Guest	<input type="checkbox"/> First Time Paddler	<input type="checkbox"/> Steersperson