

OREGON OCEAN PADDLING SOCIETY TRIP INCIDENT / ACCIDENT REPORT

INSURER MUST BE NOTIFIED ASAP (Preferably within 72 hours) OF ANY INCIDENT THAT MIGHT REASONABLY BE EXPECTED TO RESULT IN A CLAIM AGAINST OOPS

TRIP LEADERS / INSTRUCTORS: Fill out form & report incidents to **Trip or Education Coordinator and President COORDINATORS:** Report incidents and send forms to: **Philadelphia Insurance Companies**
One Bela Plaza, PA. 19004
610-617-7900 claimsreport@phly.com

Club policy: to be filled out by trip leader / instructor as soon as possible for any accident, injury, or "near miss".
IF IN DOUBT, FILL IT OUT!

Trip / Class Name: _____ Incident Date: _____
Trip Leader / Instructor: _____
Name of person involved: _____ Age: _____ Gender: _____
Home address: _____ Phone: _____

What were relevant conditions when and where the incident occurred? (wind, wave, and water conditions, weather, estimated air and water temperature, precipitation, visibility, how far from shore?) _____

Location of incident (estimate if necessary): _____
Describe in detail how the incident occurred? _____

If rescue was affected or attempted, describe: _____

Apparent nature of injury: _____ Is this a reinjury of an old condition? _____
Describe first aid given: _____

Did injured person refuse first aid or evacuation? _____ Who gave first aid? _____
Describe evacuation: _____

Apparent cause of incident: _____

Did injured person state that s/he contributed to incident in any way? _____ Describe statement and name witnesses to it.

_____ Did any other person contribute to the incident in any way? _____
Describe. _____

_____ Were there warnings or instructions not heeded? _____

Were any photographs taken? _____ By whom? _____ (Please forward)

Were other persons injured in this incident? _____ Names: _____ Fill out a separate incident form for each person.

List names and contact information of witnesses to the incident on the second page. Get witness statements, as detailed as possible, from each.

Form filled out by: _____ Your signature: _____ Date: _____

Leader/Instructor: Record how & when reported to Coordinator. Coordinator: Record how and when reported to P.I.C.

GIVE A COPY OF ALL REPORTS AND CORRESPONDENCE TO CLUB SECRETARY

OREGON OCEAN PADDLING SOCIETY TRIP INCIDENT / ACCIDENT REPORT
(page 2 - witnesses)

Witness Name _____

Address _____

City / State _____

Phone No. _____

E-mail _____

Summary of Incident / Causes / Responses / Apparent Injuries: _____

Witness Name _____

Address _____

City / State _____

Phone No. _____

E-mail _____

Summary of Incident / Causes / Responses / Apparent Injuries: _____

Witness Name _____

Address _____

City / State _____

Phone No. _____

E-mail _____

Summary of Incident / Causes / Responses / Apparent Injuries: _____
