

# Incident Report

Attach a complete sheet of the subject's Medical History Form to this report. Attach SOAP Note as applicable.  
Use additional sheets for documentation if necessary. Fill this form out completely and neatly in blue or black ink.

Subject Name: Bo Lee ☐ Staff ☒ Client Age: 19 Program Type: Multi-day  
Primary Caregiver's Name: n/a Course Director's Name: Riley L.  
Client Organization: n/a Day of Course Incident Occurred: 5  
Incident Date: March 1, 2021 Time: ~4:00 a.m./p.m. Geographical Location of Incident: Rosario Strait between Orcas I., Matia  
Course Location: Gulf Islans/San Juan Is. Course Dates: Feb 25-Mar 2 # Staff 2 # Participants 12 # Program Days 60

**Type of Incident:** (check all that apply) ☐ Injury ☐ Illness ☐ Motivational/Behavioral ☐ Property Damage  
☐ Near Miss ☐ Evacuation ☒ Missing Person ☐ Fatality

**Course Format:** ☐ Two-hour ☐ Half-day ☒ Multi-day ☐ Other: \_\_\_\_\_

**Type of Injury or Property Damage:** (check all applicable)

☐ Muscle sprain ☐ Ligament sprain ☐ Dislocation ☐ Fracture ☐ Tendonitis ☐ Laceration ☐ Puncture ☐ Blister ☐  
☐ Avulsion ☐ Sunburn ☐ Burn ☐ Frostbite ☐ Skin ☐ Eye injury ☐ Head injury (without loss of consciousness) ☐ Head  
☐ Dental ☐ Bruise, contusion or similar soft tissue trauma ☐ Other \_\_\_\_\_  
☐ injury (with loss of consciousness) ☐ Near drowning  
☐ If property damage, describe \_\_\_\_\_

**Anatomical Location of Injury:**

☐ Head ☐ Shoulder ☐ Wrist ☐ Upper Back ☐ Thigh ☐ Foot/toe ☐ Face ☐ Knee  
☐ Upper Arm ☐ Neck ☐ Hand/finger ☐ Eye ☐ Chest ☐ Pelvis ☐ Lower Leg ☐ Forearm  
☐ Abdomen ☐ Hip ☐ Ankle ☐ Lower Back ☐ Elbow ☐ Other: \_\_\_\_\_

**Type of Illness:** check all applicable

☐ Abdominal or other gastrointestinal problem (without diarrhea) ☐ Diarrhea  
☐ Allergic reaction (to: \_\_\_\_\_) ☐ Apparent food-related illness  
☐ Mild or localized ☐ Skin infection  
☐ Severe, generalized or anaphylaxis ☐ Eye infection  
☐ Upper respiratory illness (runny nose, congestion, "cold") ☐ Chest pain or cardiac condition  
☐ Lower respiratory illness (asthma, bronchitis) ☐ Altitude illness  
☒ Hypothermia (specify core temperature if known \_\_\_\_\_ °C) ☐ Nonspecific fever illness  
☐ Heat illness (specify core temperature if known \_\_\_\_\_ °C) ☐ Urinary tract infection  
☐ Heat cramps ☐ Heat exhaustion  
☐ Heat stroke ☐ Other \_\_\_\_\_

**Environmental Conditions at Time of Incident:**

Temperature: 14 °C Precipitation ☒ None ☐ Rain ☐ Snow Wind Speed: 30 kph  
Visibility: ☒ Clear ☐ Limited to \_\_\_\_\_ feet or ☐ miles  
Surface & Conditions: check all that apply

☒ On water ☐ On land ☐ Even ☐ Uneven ☐ Sloped ☐ Wet ☐ Dry  
☐ Grass ☐ Sand ☐ Dirt ☐ Rock ☐ Mud ☐ Snow ☐ Ice

**Immediate Cause: Prioritize major applicable categories 1, 2, 3 etc.**

___ Altitude	___ Avalanche	___ 7 Carelessness	___ Cold exposure
___ Dark/poor visibility	___ Dehydration	___ Exceeded ability	___ 3 Exhaustion
___ Fall/slip on trail	___ Fall on rock	___ Fall on snow	___ Falling rock
___ Failure to follow instructions	___ Falling tree/branch	___ Hazardous animal/insect (specify _____)	
___ Hostile bystander	___ Immersion/submersion	___ Improper screening	___ Inadequate equipment
___ 4 Inadequate instruction	___ 1 Inadequate supervision	___ 2 Inexperience/poor judgment	___ Intoxication (alcohol/drugs)
___ Lightning	___ Misbehavior	___ Missing/lost	___ Overuse injury
___ Plant poisoning/toxicity	___ Poor hygiene	___ Poor technique	___ Preexist. medical condition
___ Psychological	___ Sunburn	___ Tech. system failure	___ 6 Unfit
___ Unknown	___ 5 Weather	___ Other (explain) _____	

**Program Activity at Time of Incident:**

☒ Sea kayaking    ☐ Road Travel    ☐ Cooking    ☐ Day Hike    ☐ In Camp    ☐ Initiative/Game    ☐ Solo  
☐ Swimming    ☐ Unaccompanied Travel    ☐ Unstructured Time    ☐ Other: \_\_\_\_\_

**Briefly describe incident:** What happened and how? Who was involved? Where? When? Why?

Group was making the approx 2.7 km crossing from Orcas Island to Matia. Launch was slightly delayed due to slow start at camp. Did not pay close attention to tidal currents, and group was paddling against the tide, making very slow progress. Wind and waves picked up shortly after beginning crossing, creating headwind and difficult paddling, further slowing group. Several group members began to pull ahead of last paddlers. One paddler in back capsized and guide went to assist. Second paddler in back capsized when guide was busy with 1st capsize, lost paddle, was unable to get back in boat, and could not be located. Attempt was made to radio Coast Guard for assistance but radio batteries dead. Emergency services reached via participant cell phone. Participant, after approx 1.5 hrs in water, rescued by Coast Guard boat with mild hypothermia but otherwise ok. Participant re-warmed and rejoined group at end of expedition.

**Analysis:** Include any observations, recommendations or suggestions regarding prevention.

Lack of attention to tide-caused water currents, and onset of strong winds and larger waves, made travel difficult, and led to group spreading out. Poor communications and failure of guides to keep boats in close proximity exacerbated environmental hazards. Late start may have helped lead to paddling against the current. Failure to check weather before scheduling long crossing was an issue. Client could not get back in boat post-capsize and lost paddle & ability to signal.

**Outcomes of Incident:**

Did the participant leave the field? ☐ No ☒ Yes Date: March 1

If yes, type of evacuation: ☐ Walk ☐ Vehicle ☒ Boat ☐ Backboard Carry ☐ Aircraft ☐ Other \_\_\_\_\_

If yes, evacuation or runner team leader Coast Guard vessel

Was outside assistance used? ☐ No ☒ Yes If yes, name of organization(s): Coast Guard

Name of primary contact person: unk. Contact Phone Number: 911

Did participant go to medical facility? ☒ No ☐ Yes Date: \_\_\_\_\_ If yes, Facility Name: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Attending Physician's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Was physician permission granted for patient to return to course? ☐ Yes ☐ No If yes, obtain in writing and attach to incident report.

Were there any physical activity restrictions for patient returning to course? ☐ Yes ☒ No

If yes, explain \_\_\_\_\_

Was it necessary for patient to leave the course? ☐ Yes ☒ No If yes, Pickup Date: \_\_\_\_\_ Pickup Time: \_\_\_\_\_

Location where evacuee was picked up: \_\_\_\_\_

Full name of person who picked-up evacuee: (print) \_\_\_\_\_

Signature of person who picked up evacuee: \_\_\_\_\_

**Notification Log**

Initial call to base: Date: Mar 1 Time: 7 pm Contacted Person: Director

Response: Received info on missing person and recovery by Coast Guard

Parent/Guardian: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contacted Person: n/a

Response: \_\_\_\_\_

Other Calls: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contacted Person: \_\_\_\_\_

Response: \_\_\_\_\_

Other Calls: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contacted Person: \_\_\_\_\_

Response: \_\_\_\_\_

**Details of Primary Evacuation Plan**

Include routes on marked map, anticipated timetable and return of evacuation or runner team.

Evacuation by Coast Guard vessel to land. Participant cleared to re-join group for end of expedition.

**Details of Backup or Contingency Plan**

Number of days on course (until evacuation date): 5 Number of days missed: 1

Date this report was completed: March 2 2021 Full name of person completing this report: (print) Tori P.

Title: (print) Lead Guide Signature of person completing this report: Tory Pedersen

Program Coordinator comments; initial & date: Unfortunate incident could have been much worse. Appropriate analysis. Further investigation useful.  
C. L. 2021-03-03

Director signature: E. L. Cory Date: March 5, 2021