This reporting form is entirely confidential.
This is not an insurance claim form.
send completed form to:
Research@DAN.org
or
Divers Alert Network
6 West Colony Place, Durham, NC 27705
Call the DAN Research Dept at (919) 684-2948 for questions.

Diving Fatality Reporting Form

Diver Personal Data							
LAST NAME			**FIRST NAME**			**MIDDLE NAME**	
HOME – CITY / STATE			**DAN MEMBER** ☐ Yes ☐ No	**JOIN DATE**		**INSURANCE PLAN**	**PDE PARTICIPANT** ☐ Yes ☐ No
DOB	**AGE**	**GENDER** ☐ M ☐ F	**RACE**	**HEIGHT** in cm	**WEIGHT** lbs kgs	**MARITAL STATUS**	**OCCUPATION**

Diver Class:

☐ Recreational ☐ Technical ☐ Rec/Tech ☐ Student ☐ Task
☐ Public Safety ☐ Uncertified ☐ Unknown ☐ Missing

Accident Time and Location				
Date of Accident	**Time of Accident**	**Accident Location**		
County	**City**	**State/Province**	**Island**	**Country**
Date of Death	**Time of Death**	**Death Location**		
County	**City**	**State/Province**	**Island**	**Country**

Case Summary ____

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____

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Form Completed by: ____

____

____

Relationship to Fatality: ____

Date: ______________________

Name: ______________________________ **Case #:** ______________________________

Diver Experience

CERTIFIED DIVER ☐ Yes ☐ No	YEAR of INITIAL CERTIFICATION	CERTIFYING AGENCY(s)
# DIVES in LAST 12 MONTHS	# DIVES in LAST 5 YEARS	LAST DIVE PRECEDING ACCIDENT Days Months Years

CERTIFICATION LEVEL			
☐ Student	☐ Rescue	☐ Technical	☐ Military
☐ Basic/Open Water	☐ Master/Asst. Instructor	☐ Commercial	☐ None
☐ Advanced/Specialty	☐ Instructor and Above	☐ Scientific	☐ Other:

GENERAL EXPERIENCE LEVEL		
☐ Uncertified	☐ Inexperienced (6-20)	☐ Advanced (41-60)
☐ Novice (0-5 dives)	☐ Intermediate (21-40)	☐ Experienced (61+ dives)

Diver Health

PREVIOUS DIVE ACCIDENT ☐ Yes ☐ No	If yes, what year	SMOKE CIGARETTES ☐ Yes ☐ No ☐ Past	# packs / week	# years smoking

PREVIOUS CONDITIONS	CURRENT CONDITIONS	CURRENT MEDICATIONS	MEDICATION NAME / DOSAGE
☐ None	☐ None	☐ None	
☐ Asthma	☐ Allergies	☐ Allergy	
☐ Back Surgery	☐ Asthma	☐ Asthma	
☐ Ear / Sinus Problems	☐ Ear / Sinus Problems	☐ Ear / Sinus	
☐ Neurological	☐ Neurological	☐ Neurological	
☐ Pulmonary	☐ Pulmonary	☐ Pulmonary	
☐ Other	☐ Diabetes	☐ Insulin	
Other:	☐ Flu or Cold	☐ Flu or Cold	
Other:	☐ Heart Disease	☐ Heart / Circulation	
	☐ High Blood Pressure	☐ Blood Pressure	
	☐ Depression	☐ Anti-depressants	
	☐ Peripheral Vascular	☐ PVD	
	☐ Seasickness	☐ Seasickness	
	☐ Back Pain	☐ Pain Relief	
	☐ Pregnant	☐ OBC	
	☐ Diarrhea	☐ Diarrhea	
	☐ Other	☐ Other	
	Other:	Other:	
	Other:	Other:	

Please describe health status and all known diagnoses:

Name: ______________________________ **Case #:** ______________________________

Dive Profile and Conditions

TOTAL # DAYS DIVING	TOTAL # DIVES IN SERIES	# DIVES LAST DAY	MAX DEPTH IN SERIES fsw msw	MAX DEPTH LAST DIVE fsw msw

DIVE PAIRING ☐ Buddy ☐ Solo	# DIVERS IN BUDDY TEAM	# DIVERS IN DIVE PARTY	1st TIME AT SITE ☐ Yes ☐ No

DIVE ACTIVITY

☐ Pleasure / Sightseeing	☐ Dive Leader	☐ Photography
☐ Instructing	☐ Personal Task	☐ Scientific
☐ Training	☐ Spearfishing / Game Collection	☐ Other:

EXPERIENCE LEVEL WITH ACTIVITY		DIVE ENVIRONMENT	
☐ Non certified	☐ Intermediate (21-40 dives)	☐ Ocean / Sea	☐ Chamber-wet
☐ Novice (0-5 dives)	☐ Advanced (41-60 dives)	☐ Lake / Quarry	☐ Chamber-dry
☐ Inexperienced (6-20 dives)	☐ Experienced (61+ dives)	☐ River / Spring	☐ Other:
		☐ Pool / Tank	

DIVE PLATFORM	DIVE ALTITUDE	SEAS	CURRENT
☐ Beach / Shore	☐ Sea level (below 1000 ft)	☐ Calm	☐ None
☐ Pier	☐ 1000 – 3000 ft	☐ Moderate	☐ Slight
☐ Charter / Private Boat	☐ Greater than 3000 ft	☐ Rough	☐ Strong
☐ Liveaboard			
☐ Other:			

VISIBILITY	WATER TEMPERATURE	TIME OF DAY
☐ Poor (< 10 ft)	☐ Warm (80° +)	☐ Dawn
☐ Moderate (10 - 50 ft)	☐ Comfortable (75°-85°)	☐ Day
☐ Excellent (> 50 ft)	☐ Cold (60°-74°)	☐ Dusk
	☐ Very cold (45°-59°)	☐ Night
	☐ Freezing (< 45°)	

BOTTOM TYPE		OVERHEAD ENVIRONMENT	
☐ Freshwater weeds	☐ Mud / Silt / Clay	☐ None	☐ Wreck Penetration
☐ Sand	☐ Manmade	☐ Cavern	☐ Other:
☐ Rock	☐ Wall / Slope	☐ Cave	
☐ Kelp	☐ Other:	☐ Ice	
☐ Coral			

Dive Equipment

FAMILIAR WITH EQUIPMENT ☐ Yes ☐ No

APPARATUS	GAS	%O2	DIVE PLAN	SUIT	WEIGHT	SOURCE
☐ Scuba Open	☐ Air		☐ Computer	☐ Dive Skin	☐ Belt	☐ Owned
☐ Rebreather	☐ O2		☐ Table	☐ Wetsuit	☐ Integrated	☐ Borrowed
☐ Surface Supplied	☐ Nitrox		☐ Another Diver	☐ Dry suit	☐ None	☐ Rented
☐ Other:	☐ Heliox		☐ Other:	☐ Swimsuit		☐ Other:
	☐ TriMix					
	☐ Combination					

Comments:

Name: ______________________________ ***Case #:*** ______________________________

Accident Scenario

EVENT EYEWITNESSED: ☐ Yes ☐ No **If yes, by whom:**

DIVE PROBLEMS		**EQUIPMENT PROBLEMS**	
☐ None	☐ Share air	☐ None	☐ Fins
☐ Buoyancy	☐ Missed stop	☐ Mask	☐ Computer
☐ Equalization	☐ Heavy exertion	☐ Fins	☐ Depth gauge
☐ Rapid Ascent	☐ Seasickness	☐ Weight belt	☐ Pressure gauge
☐ Out of air	☐ Other:	☐ BC	☐ Regulator
☐ Low on air		☐ Exposure Suit	☐ Other:

WHEN PROBLEM STARTED	**When did witness first become aware that deceased may have been in trouble?**
☐ Surface, pre-dive	
☐ Descent and early dive	
☐ Bottom	
☐ Ascent	
☐ Surface, post dive	
☐ Out of Water	
WHERE CONSCIOUSNESS LOST	**Please describe:**
☐ Surface, pre dive	
☐ Underwater	
☐ Surface, post dive	
☐ Out of water	
RECOVERY	**Please describe:**
☐ Surfaced on own	
☐ Body never found	
☐ Found at surface	
☐ Found at the bottom	

REGULATOR FOUND ☐ Out of mouth ☐ In mouth	**ENTANGLED** ☐ Yes **If yes, where:** ☐ No	**TRAPPED** ☐ Yes **If yes, where**: ☐ No
BUDDY SYSTEM ☐ Separated ☐ Not Separated	**Please describe:**	
WEIGHT SYSTEM DROPPED ☐ No ☐ Yes, dropped by diver ☐ Yes, dropped on assistance ☐ Yes, dropped at recovery	**Please describe:**	

Equipment Findings

EQUIPMENT RECOVERED ☐ Yes ☐ No

EQUIPMENT TESTED ☐ Yes ☐ No	**Equipment test findings:**
AIR TESTED ☐ Yes ☐ No	**Air test findings:**

Name: ______________________________ **Case #:** ______________________________

Medical Examiner Findings

EXTERNAL INJURIES	DIVING INJURIES	
☐ Mechanical injury	☐ Pneumothorax	☐ Gas in left ventricle
☐ Bites	☐ Ruptured lungs	☐ Gas in cerebral circulation
☐ Subcutaneous emphysema		

NARRATIVE:	TOXICOLOGY:

TRIGGER EVENT		INITIAL INJURY	
☐ Health problem	☐ Entangled	☐ Drowning	☐ Near drowning
☐ Loss of gas	☐ Trapped	☐ Loss of consciousness	☐ Bite / sting
☐ Contaminated gas	☐ Other:	☐ AGE	☐ Intoxication
☐ Equipment problem		☐ Heart problem	☐ Other:
		☐ Breathing problem	

PRIMARY CAUSE OF DEATH:	**ICD-9-CM CODE**
DEATH DUE TO:	**ICD-9-CM CODE**
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**
CONTRIBUTING FACTORS:	**ICD-9-CM CODE**
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**
INCIDENTAL DIAGNOSES:	**ICD-9-CM CODE**
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**

MANNER OF DEATH:

☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending ☐ Unknown ☐ Missing