

INCIDENT REPORT

2022/2023



INCIDENT REPORT

Date of Report: _____

Person Completing Report: _____

Date of Incident: _____

Time of Incident: _____ AM PM

Name of Injured Party: _____

Location of Incident: _____

Type of Diving Activity:

- Instructional Supervised Unsupervised
- Rebreather Freediving Snorkeling/Skindiving
- Other _____

Type of Injury (check all that apply):

- Fatality Serious Bodily Injury
- Suspected Embolism Suspected DCI

Weather

- Cloudy Rain Snow Windy Ice

Temperature at Time of Incident: _____ Type of Equipment Used: _____ Personal Rented

First Aid Rendered at Scene: _____

Name of Person Providing First Aid: _____

Transportation of Injured Party:

Personal Transport Ambulance Other Medical Evac Name of Service: _____

Describe the Incident:

Injured Party's Information:

Full Name: _____ Date of Birth: _____ or Age _____
Mo/Day/Year

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____ @ _____

Address: _____
Street City State Zip Code

Experience Level

Student Novice Experienced Dive Professional **PROVIDE DIVE PROFILE AT END OF REPORT**

Health Insurance: Yes No Name: _____

Person Completing Form:

Full Name: _____ Training Agency: _____ No. _____

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____ @ _____

Address: _____
Street City State Zip Code**Professional Level** Instructor Divemaster In-Training Technical

Witness Information (use separate pages for statements):1. Full Name: _____ Date of Birth: _____ or Age _____
Mo/Day/Year

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____ @ _____

Address: _____
Street City State Zip Code2. Full Name: _____ Date of Birth: _____ or Age _____
Mo/Day/Year

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____ @ _____

Address: _____
Street City State Zip Code

Supplemental Information:

PROVIDE INFORMATION ON DIVE CENTER/RESORT/BOAT AT END OF REPORT

Witness Statements Taken: Yes No Photographs of Accident Scene Taken: Yes No Diagram of Accident Scene Prepared: Yes No Equipment Involved in Accident: Yes No

Identify Equipment Involved: _____

Other Information: _____

Name/Signature of Person Completing Form:_____
Print Name_____
Signature

Injured Party’s Dive Profile

Include all available information for dives taken during the previous 72 hours of the incident, recorded as accurately as possible. If any information is estimated or approximated, please so indicate. Do not guess or speculate as to the dive profiles. Provide computer log if available.

Source: Diver’s Recollection/Computer Dive Pro’s Computer Paper Logbook Buddy’s Recollection

Date	Bottom Time	Depth	Surface Interval	Date	Bottom Time	Depth	Surface Interval

Dive Center/Resort/Boat Information:

Name of Dive Center/Resort: _____ Contact Person: _____

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____ @ _____

Address: _____
Street City State Zip Code

Liability Insurance Carrier/Contact: _____

Name of Dive Boat: _____

Liability Insurance Carrier/Contact: _____