

A large, high-resolution image of water splashing, with numerous bubbles and droplets of varying sizes, set against a deep blue background. The water is captured in motion, creating a dynamic and textured appearance.

INCIDENT REPORT

2025/2026



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 _____

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____
Mo/Day/YearAddress: _____
Street City State Zip Code

2. Full Name: _____ Date of Birth: _____ or Age _____

Contact Information: Phone #1: _____ Phone #2: _____ Email: _____
Mo/Day/YearAddress: _____
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

