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# INCIDENT REPORT FORM

## THIS REPORT IS PREPARED IN ANTICIPATION OF LITIGATION

### INVOLVED/INJURED PARTY INFORMATION (PLEASE TYPE OR PRINT CLEARLY.)

Name \_\_\_\_\_  
First Initial Last

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_  Male  Female

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Contacted  Yes  No

### INVOLVED PARTY CERTIFICATION(S)

If previously certified, what level? \_\_\_\_\_

Date of Certification \_\_\_\_\_ Agency \_\_\_\_\_

Instructor Name \_\_\_\_\_ Number \_\_\_\_\_

(Attach a separate sheet of paper if necessary.)

If the involved party was receiving instruction please provide: Training Agency \_\_\_\_\_

Level of Training \_\_\_\_\_ Dive Number and Skill \_\_\_\_\_

### INCIDENT CLASSIFICATION (CHECK ALL THAT APPLY.)

- Nonscuba Related**  Noninjury  Swimming  Skin Diving/snorkeling  Class/Store  Boat
- Scuba Related**  Noninjury  Pool/Confined Water  Open Water  Technical  Commercial

Apparent Type of Incident/Injury/Illness \_\_\_\_\_

Fatal  Nonfatal If nonfatal, extent of injury \_\_\_\_\_

### TIME AND LOCATION OF INCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.  
day/month/year

Dive Site/Location \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Boat, Name of Boat \_\_\_\_\_

Shore  Ocean  Lake  Spring  Quarry  River  Pool

Other \_\_\_\_\_

Maximum Depth a Dive Site \_\_\_\_\_ Altitude (if applicable) \_\_\_\_\_

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**INVOLVED PARTY'S DIVE PROFILE**– Please include all dives in the 24 hours prior to the incident, recorded as accurately as possible. If any information is estimated or approximated, please indicate so. Also indicate the source of the dive profile information (i.e., dive computer log, written dive log, buddy's recollection, etc.) Do not guess or speculate as to the dive profiles.

DATE	BOTTOM TIME	DEPTH	SURFACE INTERVAL	DATE	BOTTOM TIME	DEPTH	SURFACE INTERVAL
1. _____	_____	_____	_____	5. _____	_____	_____	_____
2. _____	_____	_____	_____	6. _____	_____	_____	_____
3. _____	_____	_____	_____	7. _____	_____	_____	_____
4. _____	_____	_____	_____	8. _____	_____	_____	_____

Diving Alone  
  2 Person Buddy Team  
  Larger Buddy Team  
  Separated from Buddy  
 Group/Class Size \_\_\_\_\_  
 Were dive tables used in planning the dive?  
  No  
  Yes. If yes, please check:  
  U.S. Navy  
  RDP Table  
  RDP Wheel  
 Dive Computer — Brand \_\_\_\_\_  
  Other Table — Type \_\_\_\_\_  
 Tank pressure: Start of dive \_\_\_\_\_  
 End of dive \_\_\_\_\_

**ENVIRONMENTAL CONDITIONS**

Surf Condition \_\_\_\_\_  
 Surface Conditions \_\_\_\_\_  
 Current \_\_\_\_\_  
 Water Temperature \_\_\_\_\_  
 Visibility \_\_\_\_\_  
 Kelp  
  Rocks  
  Wreck  
  Night  
  In surf  
  Other \_\_\_\_\_

**EQUIPMENT OF INVOLVED PARTY**  
 COMPRESSED AIR  
 EANX (OXYGEN CONTENT \_\_%)  
 OTHER \_\_\_\_\_

Mask  
  Snorkel  
  Fins  
  Tank, size and type \_\_\_\_\_  
 Rebreather, type and make \_\_\_\_\_  
 Regulator  
 SPG  
 Depth Gauge  
 Alternate Air Source, type \_\_\_\_\_  
 LP Inflator  
 BCD:  
 Vest Style  
 Horsecollar  
 Wet Suit, thickness \_\_\_\_\_  
 Lycra®  
 Dry Suit  
 Weight System, kg \_\_\_\_\_ lbs \_\_\_\_\_  
 Is the equipment  
 Owned or  
 Rented by the involved party?  
 If rented, please provide name of dive center/resort \_\_\_\_\_

**RESCUE PROCEDURES**

Involved party was found  
 On Surface  
 On Bottom  
 Depth \_\_\_\_\_  
 Other \_\_\_\_\_  
 If a rescue was made, name of rescuer \_\_\_\_\_  
 Emergency care administered at the scene  
 Yes  
 No  
 Hospitalization  
 Yes  
 No  
 Recompression  
 Yes  
 No  
 Was rescue breathing (ventilations) given?  
 Yes  
 No  
 Was emergency oxygen administered?  
 Yes  
 No  
 Was CPR administered?  
 Yes  
 No  
  
 Mode of transportation to medical facility?  
 Air evac  
 Ground ambulance  
 Private vehicle  
 Other \_\_\_\_\_  
 Name of treating facility \_\_\_\_\_  
 Name of physician (if known) \_\_\_\_\_

**PLEASE CONTINUE ON NEXT PAGE**



