

# 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: \_\_\_\_\_

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### Transportation of Injured Party:

☐ Personal Transport ☐ Ambulance ☐ Other Medical Evac Name of Service: \_\_\_\_\_

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### Describe the Incident:

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### 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: \_\_\_\_\_

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**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

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**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 Code

2. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ or Age \_\_\_\_\_  
Mo/Day/Year

Contact Information: Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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**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: \_\_\_\_\_

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**Name/Signature of Person Completing Form:**

Print Name

Signature

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.

[illegible]

Liability Insurance Carrier/Contact: \_\_\_\_\_