



(970) 407-9800 • (800) 467-7282 • Fax (970) 472-0904

P.O. Box 455 Fort Collins, CO 80522

Diving Adverse Event Report

Please read entire form before completing and information

VICTIM INFORMATION:

Name of Victim _____ SS# _____
Address _____
Phone Number _____ Age _____ Date of Birth _____
Sex (check) M F Marital Status: _____ Height _____ Weight _____
Certified Diver YES NO If YES, what agency? _____
Level of Diver Certification: _____ Occupation _____
Date of Incident _____ Time of Incident _____

PERSON MAKING REPORT:

Name _____
Address _____
Phone Number: Work _____ Home _____
Did you witness the incident? YES NO Are you a certified diver? YES NO
Level of diver certification _____
Relationship to accident victim _____

DIVING LEADER INFORMATION:

Name _____
Address _____
Phone Number: Work _____ Home _____
Agencies certified by _____ Level of diver Certification? _____
Professional liability insurance company _____

DIVE BUSINESS INFORMATION:

Business Name _____
Business Address _____
Phone Number _____
Who to contact about this report _____
Business liability insurance company _____

Please complete all pages. Please do not provide this report to any other agency or party.



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WITNESS INFORMATION:

(If witness statements are taken, be sure the statements provide only facts and no opinions. Have witness date and sign each page. Attach copies to this report)

Name	Street	City, State, Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCIDENT INFORMATION:

Seriousness of incident: Non-Injury Bodily Injury Fatality
 Diving activity at time of incident: Introduction dive experience Receiving instruction
 Sponsored group dive Commercial Other _____
 Victim was: Scuba diving Snorkeling Other _____
 Location of incident: Pool Lake Quarry River Ocean Other _____
 Describe location by state, county and nearest geographic location _____
 Was there any apparent panic by victim? YES NO Describe _____
 Victim recovered: On surface Below, at depth of _____
 Length of time from incident to recovery of victim _____
 Who made rescue/recovery? _____
 Was rescue breathing attempted? YES NO Was CPR attempted? YES NO
 Was oxygen given? YES NO If YES, by whom? _____
 Were emergency medical services used? YES NO If YES, what agency? _____
 Was victim transported to medical facility? YES NO If YES, what facility? _____
 Did the victim receive recompression treatment? YES NO If YES, where? _____

Please attach a copy of any waiver, release or statement of understanding form. If the accident took place during training, please attach copies of the training records. If possible, attach a copy of the victim's log book.

VICTIM'S EQUIPMENT:

Of the following items, indicate those that apply:

- Mask Fins Snorkel BC Type & Size _____
- Regulator Protective Suit Type SPG Depth Gauge
- Alternate Air Source Type Knife Surface Float Type _____
- Underwater Light Dive Computer Brand & Model _____
- Other _____

Were there apparent equipment problems? YES NO Describe _____
 Was the equipment rented? YES NO If YES, from where? _____
 Amount of air in tank after incident _____ Current location of equipment _____

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Is equipment being tested? YES NO If YES, by whom? _____

DIVE INFORMATION:

Mode of entrance: Shore Boat Other _____

Incident occurred: On surface Below at depth of _____

Water conditions: Calm Rough

Wave height _____ Water temperature _____ Visibility _____

Victim was: Alone With buddy Buddy contact broken Entangled In what?

Type of diving: Deep dive Current dive Wreck dive Boat dive

Night dive Photography dive Limited visibility dive Cavern dive

Other _____

BRIEF NARRATIVE DESCRIPTION (Provide only the facts and no opinions.)

Attach separate sheet if necessary

List Emergency Services or other agencies known to have taken reports: _____

Date of this report: _____ Signature _____

Mail to: IMS PO Box 455 Fort Collins, CO 80522 Telephone: 800-467-7282 / Fax: 970-472-0904

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