PLEASE COMPLETE AND SEND IMMEDIATELY
TO YOUR PADI OFFICE

OFFICE USE ONLY

INCIDENT REPORT FORM

THIS REPORT IS PREPARED FOR THE PURPOSE OF RECEIVING LEGAL ADVICE
OR FOR USE IN ANTICIPATED LITIGATION.

Date of Incident _____ (Day/Month/Year) Time _____ ☐ a.m. ☐ p.m.

☐ Fatal ☐ Non-Fatal ☐ Training ☐ Non-Training ☐ Diving ☐ Non-Diving ☐ Recreational Dive ☐ Technical Dive

Extent of injury if known _____

VICTIM/INJURED PARTY INFORMATION (Please print clearly.)

Name _____ (First / Initial / Last)

Mailing Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone (_____)_____ Age _____ Height _____ Weight _____

Occupation_____ Gender ☐ Male ☐ Female

Next of Kin _____ Relationship _____

Phone (_____)_____ Contacted: ☐ Yes ☐ No

If previously certified: Agency _____ Certification Level _____ Certification Date _____ (Day/Month/Year)

ALL MEASUREMENTS IN THIS REPORT ARE: ☐ METRIC ☐ IMPERIAL

LOCATION OF INCIDENT

City _____ State/Province _____ Country _____

Name of Dive Site _____ ☐ Shore ☐ Boat ☐ Ocean ☐ Lake ☐ Quarry ☐ Altitude _____

Other _____ Depth incident started _____

Water temperature _____°C ____°F Visibility _____ Current _____ Surface conditions _____

VICTIM/INJURED PARTY'S DIVE PROFILE

Please include all dives in the last 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 in your information (i.e. dive computer log, written dive log, buddy's recollection, etc.) Do not guess or speculate as to the dive profiles. *Provide computer log if available.*

DATE	BOTTOM TIME	DEPTH	SURFACE INTERVAL	DATE	BOTTOM TIME	DEPTH	SURFACE INTERVAL

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PLEASE CONTINUE ON NEXT PAGE

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PLEASE COMPLETE IF DIVER UNDER INSTRUCTION

Instructor's Name _____ Member No. _____
First Initial Last

Contact Number (_____)_____ Email _____

Name of Dive Course _____ Dive #_____ Skill _____

Class Size _____ Training Agency _____

Dive Center/Resort Name _____ Member No. _____

Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____

Assistant's Name _____ Member No. _____

Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____

PLEASE SUBMIT A COPY OF ALL TRAINING RECORDS WITH THIS REPORT

1. Student Record File
2. Medical Statement/Physician's Release
3. Safe Diving Practices Statement of Understanding
4. Liability Release and Express Assumption of Risk

ALSO SUBMIT ANY OTHER DOCUMENTS RELEVANT TO THE COURSE OR DIVE ACTIVITY

PLEASE COMPLETE IF DIVER UNDER SUPERVISION

Dive Group Size _____

Dive Guide's Name _____ Member No. _____
First Initial Last

Dive Center/Resort Name _____ Member No. _____

Contact Number (_____)_____ Email _____

Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____

PLEASE SUBMIT A COPY OF ALL DOCUMENTS RELATING TO ACTIVITY SUCH AS LIABILITY RELEASES, ETC.

DIVE CENTER/RESORT/BOAT INFORMATION (If not provided previously.)

Name of Dive Center/Resort _____ Member No. _____

Contact Number (_____)_____ Email _____

Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____

Name of Boat _____ Member No. _____

Boat insurance: ☐ Yes ☐ No If yes: Name of Agent _____

EQUIPMENT OF VICTIM/INJURED PARTY

If rented, name of rental party _____ Member No. _____

☐ Compressed Air ☐ EANx _____% Other _____

☐ Rebreather – Type and make: _____

☐ Wet Suit, thickness _____ ☐ Dry Suit ☐ Weights, amount _____ Equipment: ☐ Owned ☐ Rented

Dive computer used: ☐ Yes ☐ No Make _____

☐ Other tables, type _____

Tank pressure: Start of dive _____ End of dive _____

RESCUE PROCEDURES

Name of Rescuer _____ Member No. _____
First Initial Last

Additional Rescuers _____

Victim was found: ☐ On Surface ☐ On Bottom ☐ Depth _____ Other _____

Emergency care administered at the scene: ☐ Yes ☐ No Oxygen administered at scene: ☐ Yes ☐ No CPR administered: ☐ Yes ☐ No

Was AED used at the scene: ☐ Yes ☐ No

Transportation: ☐ Ambulance ☐ Air ☐ Other _____

Recompression: ☐ Yes ☐ No Hospitalization: ☐ Yes ☐ No

Name of treating facility _____

Name of treating physician _____

INCIDENT REPORT COMPLETED BY: (If different than above members.)

Name _____ Member No. _____
First Initial Last

Phone Number (_____)_____ Email _____

Involvement in incident: _____

_____

IF REPORT WAS COMPLETED BY A NON-PADI MEMBER, PLEASE COMPLETE SECTION BELOW

Mailing Address_____

City _____ State/Province _____

Zip/PostalCode _____ Country _____

SUMMARY OF INCIDENT

THIS REPORT IS PREPARED FOR THE PURPOSE OF RECEIVING LEGAL ADVICE OR FOR USE IN ANTICIPATED LITIGATION.

Please describe in detail what happened. Use additional sheets of paper if necessary to provide a complete account, and attach diagrams and photographs if available. Be certain to include all of the information you have obtained about the incident and include whether or not statements were taken by authorities. Be sure to include the identity and contact information for all witnesses and crew members, as well as boat rosters, class lists and other documents containing witness contact information. Attach any witness reports if available.

PLEASE PRINT NARRATIVE OF INCIDENT LEGIBLY OR TYPE

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PLEASE CONTINUE ON NEXT PAGE

Member Name_____ Member No. _____

Signature _____ Date Completed _____
Day/Month/Year

If you have any questions, please call your PADI Office.

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