



# DIVE HEART

900 Ogden Avenue - #274 | Downers Grove, IL 60515 | Phone: (630) 964-1983

## DIVING ACCIDENT / INCIDENT REPORT

The information contained within this document is confidential. The information is intended for the use of the individual to whom it concerns. If the recipient is a person/business other than those listed, you are hereby notified that any dissemination, copying, or other use of this communication is strictly prohibited. If you have received this document in error, please notify Diveheart immediately at (630) 964-1983 and destroy this document immediately. Thank you for your cooperation and courtesy in relation to this matter.

Name of Victim: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_ Was this an Instructional or Supervised Dive?  
 Confined Water     Open Water                       Instructional     Supervised

Address of Victim: \_\_\_\_\_

Sex:  M     F                      Age: \_\_\_\_\_

Check all that apply:  Fatality     Bodily Injury     Bends     Embolism     Non-injury

Other (describe): \_\_\_\_\_

Describe the diving experience of the victim; was he/she a student? Novice diver? Experienced diver?

Describe the injuries suffered by the victim: \_\_\_\_\_

Please provide all details regarding weather conditions (water, visibility, wind, waves, etc.): \_\_\_\_\_

Please provide details of any equipment failure: \_\_\_\_\_

Please describe any rescue or emergency procedures used and first aid given: \_\_\_\_\_

Please list any other emergency personnel/agencies that attended: \_\_\_\_\_

Narrative Report: Describe the accident and the events leading up to it with your best overview, including the roles of the participants. Use additional pages in needed to give complete account:

Your name: \_\_\_\_\_ Your Diveheart Number: \_\_\_\_\_

Your address: \_\_\_\_\_ Email: \_\_\_\_\_

Your telephone Number                      Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Current diving status:  Adaptive Dive Buddy     Advanced Dive Buddy     Adaptive Scuba Instructor     Adaptive Instructor Trainer

Describe your personal participation in the incident (i.e. were you instructing the victim, a witness, called on to assist, etc.): \_\_\_\_\_

Please list the names, addresses, and phone numbers of all other participants/witnesses. Use additional sheets if needed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_