

## UTD Instructions for Accident Reporting

To Be Filled Out and Submitted As Soon As Possible.

Required By Your Insurance Carrier To Keep Your Policy In Effect.

This accident report and the information which is enclosed in this report is considered to be privileged, confidential, and specifically for the use of legal counsel. While it does not necessarily follow that each accident or incident involving a UTD member will result in some form of legal action, the possibility does exist that a legal claim could occur. By submitting this report immediately you will help us prepare to defend you against loss. If an accident does occur during the time that you have responsibility for students and/or divers, there are several steps you should follow in addition to completing this accident report:

- Render aid to the best of your ability, but do not attempt to perform medical procedures which exceed your skill and your training.
- Do not volunteer to anyone an opinion as to why the accident occurred. Limit your discussion to the facts as you know them. Do not make conjectures and do not attempt to assess "blame" on anyone. Do not tell people that "it's all my fault", or words to that effect. Even if you have a feeling of guilt, do not discuss it with others!
- Cooperate with all law enforcement personnel who may be called to assist. While answering their questions, follow the instructions outlined above (in bullet #2). Limit your answers to the facts as you know them.
- Be certain to obtain the names, addresses and telephone numbers of all witnesses. This includes even those who you may consider to be "hostile" ones. For your protection, we need to know all those who are in any way connected with the accident.
- It is essential that you keep track of any equipment which may be involved in the accident. This does not mean you need to keep the equipment, but rather, know and report to us where it went and who had control of it when you last saw it.
- Be certain that you include a photocopy or the original of all waiver and release forms that you had the victim complete if the victim was under your supervision.
- Please use as many additional sheets of paper as are necessary to ensure that a clear and complete accounting of the accident is submitted.
- After you have prepared this report to the best of your ability, it should be submitted as soon as possible to:

UTD Scuba Diving, LLC  
4653 Carmel Mountain Road  
Suite 308-301  
San Diego, CA 92130  
+1 760-654-5533  
info@utdscubadiving.com

If you have specific questions or problems relating to an accident or in filing this report, please Do Not Hesitate To Call!

**UTD Scuba Diving, LLC (UTD) Incident/Accident Reporting Form:**

**VICTIM INFORMATION:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender (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 \_\_\_\_\_  
Agency under which you are instructing under: \_\_\_\_\_  
Professional liability Insurance company \_\_\_\_\_

**WITNESS INFORMATION:**

Names, addresses and phone numbers of key witnesses (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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Report Information:**

GENERAL INFORMATION:

Type of incident:  Non-injury  Bodily injury  Fatality

Diving activity at time of incident:  Receiving instruction  Sponsored group diving

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

Victim recovered:  On surface  Below, at depth of \_\_\_\_\_

Length of time from incident to recovery of victim?

\_\_\_\_\_

Who made the 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 training records. If possible, attach a copy of victim's log book.

VICTIM'S EQUIPMENT:

Of the following items, indicate those that apply:

Mask

Fins

Snorkel

BC Type and Size \_\_\_\_\_

Regulator

Protective Suit Type \_\_\_\_\_  
 SPG  
 Depth Gauge  
 Alternate Air Source Type \_\_\_\_\_  
 Weighting system Amount \_\_\_\_\_  
 Tank Size & 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 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**DIVING 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 (Attach separate sheet. Provide only the facts and no opinions.)

Include a list of emergency services or other agencies known to have taken reports.

Date of this report \_\_\_\_\_

Signature \_\_\_\_\_

Do not provide this report to any other party.