

# SSI INCIDENT REPORT



The information contained within all of the pages that make up this report is PRIVILEGED and CONFIDENTIAL. The information is only for use by the designated legal representative of SSI. Email the report and associated paperwork to [incident@us.divessi.com](mailto:incident@us.divessi.com) if you have not received a response email within 2 business days of emailing the report to SSI, then you must call SSI to verify delivery of same at (800)-821-4319.

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Check all that apply:  Fatal  Training  Intro Dive  Snorkeling  Recreational Dive  Missing Diver  
 Non-Fatal  Non-Training  Non-Diving  Freediving  XR Tech Dive  Other, \_\_\_\_\_

## VICTIM INFORMATION

Name of Victim \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  M  F Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Certified Diver  NO  YES If yes, what agency \_\_\_\_\_ Certification Level \_\_\_\_\_

Student in Training  NO  YES If yes, what agency \_\_\_\_\_ Course Title \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_ Contacted  NO  YES

## PERSON MAKING REPORT

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Did you Witness the Incident  NO  YES Relationship to Victim &/or Involvement \_\_\_\_\_

Agencies Certified by \_\_\_\_\_ Certification Level \_\_\_\_\_ SSI Cert. Number \_\_\_\_\_

Professional Liability Insurance Company \_\_\_\_\_

Has incident been reported to insurance company  NO  YES

## SSI BUSINESS INFORMATION

(Choose one)  Dive Center  Resort  Boat  Facility Business Name \_\_\_\_\_

Owner Name \_\_\_\_\_ MAP Monitor Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Dive Professionals w/most knowledge of incident \_\_\_\_\_

Business Liability Insurance Company \_\_\_\_\_

Has incident been reported to insurance company  NO  YES

## WITNESS INFORMATION

Name, relationship, cell phone and email address of witnesses. If witness statements are prepared, be sure a copy of each witness statement is obtained. ie., take a photo of the witness statement with your cell phone.

NAME	RELATIONSHIP	CELL PHONE	EMAIL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# INCIDENT REPORT CONTINUED

## INCIDENT INFORMATION

**Victim condition**  Non-Injury  Bodily Injury  Illness  Fatality  Missing Diver  Other - Describe \_\_\_\_\_

**Activity at time of incident**  Swim  Lifeguard  Snorkel  Freedive  Rec OC Scuba  XR OC Scuba  Rec SCR/CCR  XR SCR/CCR  
 SSA/Hookah  Other - Describe \_\_\_\_\_

**Dive team**  Solo  Partner (Single)  Team/Group Dive List each dive team member in the **Witness Information** section

**Diver separation**  NO  YES --->  Before Incident  During Incident  After Incident Describe \_\_\_\_\_

**Location of incident**  Pool  Lake  Quarry  River  Ocean **Name of geographic location (Lat/Long)** \_\_\_\_\_

**Was there any apparent panic by victim**  NO  YES  UNKNOWN Describe \_\_\_\_\_

**Incident occurred**  On Surface  Underwater, at depth of \_\_\_\_\_ **Victim recovered**  On Surface  Underwater, at depth of \_\_\_\_\_

**Length of time from incident to recovery of victim** \_\_\_\_\_ **Who made the rescue/recovery** \_\_\_\_\_

**Was rescue breathing administered**  NO  YES **Was CPR administered**  NO  YES **Was AED administered**  NO  YES

**Was oxygen administered**  NO  YES By whom \_\_\_\_\_

**Were emergency medical services involved**  NO  YES What Agency \_\_\_\_\_

**Was victim transported to medical facility**  NO  YES What Facility \_\_\_\_\_

**Did the victim receive medical treatment**  NO  YES What Treatment \_\_\_\_\_

**Did the victim receive recompression treatment**  NO  YES Where \_\_\_\_\_

**Photo/video (at any time prior to, during or after the incident)**  NO  YES Who \_\_\_\_\_

**List of government agencies involved** \_\_\_\_\_

**Attach a copy of all relevant liability releases, training records and or associated paperwork.**

## DIVE EQUIPMENT

**Victim rented dive equipment**  NO  YES From who \_\_\_\_\_

Snorkel/Freedive  OC Scuba  SCR/CCR Make/Model \_\_\_\_\_  SSA

**OC Gas Start/End Pressure** \_\_\_\_\_ / \_\_\_\_\_  Air  EANx O<sub>2</sub> \_\_\_\_\_ %  Trimix O<sub>2</sub> \_\_\_\_\_ % He \_\_\_\_\_ % N<sub>2</sub> \_\_\_\_\_ %

**SCR Gas Start/End Pressure** \_\_\_\_\_ / \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_ % He \_\_\_\_\_ % N<sub>2</sub> \_\_\_\_\_ %

**CCR Gas O<sub>2</sub> Start/End Pressure** \_\_\_\_\_ / \_\_\_\_\_ Dil Start /End Pressure \_\_\_\_\_ / \_\_\_\_\_ Diluent O<sub>2</sub> \_\_\_\_\_ % He \_\_\_\_\_ % N<sub>2</sub> \_\_\_\_\_ %

**Victim using a dive computer**  NO  YES Make/Model \_\_\_\_\_ **Downloaded**  NO  YES

**Partner/professional using dive computer**  NO  YES Make/Model \_\_\_\_\_ **Downloaded**  NO  YES

**Weights, amount** \_\_\_\_\_ **Belt**  NO  YES **Integrated**  NO  YES **Harness**  NO  YES **Released during incident**  NO  YES

**Wetsuit**  NO  YES Thickness \_\_\_\_\_  1 pc  2 pc  1/2 suit **Drysuit**  NO  YES Make/Model \_\_\_\_\_

**BC Make/Model** \_\_\_\_\_ **Regulator Make/Model** \_\_\_\_\_ **Cylinder Type/Size** \_\_\_\_\_

**Equipment problem/malfunction/out of gas**  UNKNOWN  NO  YES Describe \_\_\_\_\_

**Who has possession of equipment** \_\_\_\_\_

## DIVE INFORMATION

**Mode of entry**  Shore  Boat **Type of dive**  Deep  Wreck  Night  Photography  Spearfishing  Overhead  Other \_\_\_\_\_

**Water conditions**  Calm  Moderate  Rough **Wave height** \_\_\_\_\_ **Current**  None  Slight  Moderate  Strong

**Water temperature** \_\_\_\_\_ **Visibility** \_\_\_\_\_

### BRIEF FACTUAL DESCRIPTION OF INCIDENT

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

**Date of this report** \_\_\_\_\_ **Person Submitting Form** \_\_\_\_\_

Email to: [incident@us.divessi.com](mailto:incident@us.divessi.com) • SSI • 902 Clint Moore Rd. Suite 210 • Boca Raton, FL 33487  
For information call: (800) 821-4319 • DO NOT PROVIDE THIS REPORT TO ANY OTHER PERSON OR ENTITY