

Accident Report

Purpose: USPA collects information on skydiving accidents for the sole purpose of enhancing safety and preventing accidents.

Applicability: This form should be submitted in all cases in which a skydiving incident raises a safety issue, involves an injury requiring attention at a medical facility, or results in a death. It can also be used to report near-accidents or other incidents from which a lesson can be learned.

Instructions: A USPA Safety & Training Advisor or (in the absence of an S&TA) a USPA Instructor assigned by the S&TA should complete this form. In the event of a fatality

involving more than one person, please use a separate form for each individual.

Submit this original form to: Director of Safety & Training, USPA Headquarters, 5401 Southpoint Centre Blvd., Fredericksburg, VA 22407; (540) 604-9741 (fax).

Confidentiality: To ensure confidentiality of both the accident victim and the reporting official, USPA Headquarters will separate and destroy Section 2 of this form as soon as any necessary adjustments to the deceased member's data record is made. **Do not retain any copies of this form.**

Section 1: Complete for all incidents.

Demographic Info.	Age: _____ Height: _____ Exit Weight: _____ Wing Loading: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Student or USPA License held: <input type="checkbox"/> Student <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> None
Jump Type	Time In Sport: _____ Number of jumps: Total: _____ Last 30 days: _____ Last 12 mo.: _____
	Student jump (by type): <input type="checkbox"/> SL <input type="checkbox"/> IAD <input type="checkbox"/> AFF <input type="checkbox"/> Tandem <input type="checkbox"/> Coach <input type="checkbox"/> Other: _____
Equipment	Experienced (check all that apply): <input type="checkbox"/> Formation Skydiving <input type="checkbox"/> Freeflying <input type="checkbox"/> Video <input type="checkbox"/> Canopy Formation <input type="checkbox"/> Demo <input type="checkbox"/> Night <input type="checkbox"/> Water <input type="checkbox"/> Freestyle <input type="checkbox"/> Skysurfing <input type="checkbox"/> Canopy Swooping <input type="checkbox"/> Other: _____
	Harness and container system: Manufacturer: _____ Model: _____
	Main Canopy: Manufacturer: _____ Model: _____ Square feet: _____
	Main packed by: <input type="checkbox"/> Jumper <input type="checkbox"/> FAA Rigger <input type="checkbox"/> Supervised packer Condition: _____
	Reserve Canopy: Manufacturer: _____ Model: _____ Square feet: _____
	AAD: Manufacturer: _____ Model: _____ Turned on? <input type="checkbox"/> Yes <input type="checkbox"/> No
	RSL: <input type="checkbox"/> Yes <input type="checkbox"/> No Hooked up? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual Altimeter: <input type="checkbox"/> Analog <input type="checkbox"/> Digital <input type="checkbox"/> None Location: <input type="checkbox"/> Wrist <input type="checkbox"/> Chest <input type="checkbox"/> Other: _____
	Audible Altimeter: <input type="checkbox"/> Yes <input type="checkbox"/> No Turned on? <input type="checkbox"/> Yes <input type="checkbox"/> No Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
	Did the equipment, as far as can be determined, comply with Federal regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Include any other relevant equipment information (use a separate page if necessary). _____	

Section 2: Required for fatal accidents only.

Victim Info.	Name of deceased: _____ USPA membership #: _____
	Address: _____
	Address 2: _____
	City: _____ State: _____ Zip: _____
	Location of incident: _____
	Date and time of incident: _____

