



Incident Report

United States Parachute Association® Publications

Purpose: USPA collects information on skydiving incidents 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-incidents 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, safety@uspa.org; USPA Headquarters, 5401 Southpoint Centre Blvd., Fredericksburg, VA 22407; (540) 604-9741 (fax).

Confidentiality: To ensure confidentiality of both the incident 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.

DEMOGRAPHIC INFO

Age: _____ Height: _____ Exit Weight: _____ Wing loading: _____ Sex: Male Female
Student or USPA License held (mark all that apply): Student A B C D Foreign
Time in sport: _____ Jumps Total: _____ Jumps Last 30 days: _____ Jumps Last 12 mo: _____

JUMP TYPE

Student jump (by type): SL IAD AFF Tandem Coach Other: _____
Experienced (check all that apply): Formation Skydiving Video Canopy Formation Demo Night
 Water Canopy Piloting Other: _____
 Wingsuit: Manufacturer/model: _____ Number of wingsuit jumps: _____

EQUIPMENT

Harness and container system | Manufacturer: _____ Model: _____

Main canopy | Manufacturer: _____ Model: _____ Square feet: _____
Main packed by: Jumper FAA rigger Supervised packer Condition: _____

Reserve canopy | Manufacturer: _____ Model: _____ Square feet: _____

RSL | Installed? Yes No Connected? Yes No

AAD | Installed? Yes No Turned on? Yes No Was the AAD activated? Yes No
Manufacturer: _____ Model: _____

Visual altimeter | Type: Analog Digital None Location: Wrist Chest Other: _____

Audible altimeter | Worn? Yes No Turned on? Yes No

Helmet | Worn? Yes No Type: _____

Did the equipment, as far as can be determined, comply with Federal regulations? Yes No

Include any other relevant equipment information (use a separate page if necessary).

AIRCRAFT

Type of aircraft: _____
Other applicable aircraft _____
and pilot information: _____

WEATHER

Visibility: _____ Ceiling: _____ Surface winds: _____ Temperature: _____
Other applicable weather conditions: _____

| DESCRIPTION OF INCIDENT |

Describe the incident including factual information obtained from the investigation and any witness accounts. Do not add speculation or conjecture in this section. Use a separate sheet, if necessary, and attach all statements to this form. All accompanying documentation will be destroyed with this report.

Lined area for describing the incident.

| CONCLUSION |

Provide speculation or conjecture in this section to explain the incident using history of the individual, gear, location or training.

Lined area for providing speculation or conjecture.

Information below this line will be destroyed after processing

| VICTIM INFORMATION |

Name of victim: _____ USPA membership #: _____
Address: _____
Address2: _____
City: _____ State: _____ Zip: _____
Location of incident: _____
Date and time of incident: _____

| INVESTIGATOR INFORMATION |

Name of investigator: _____ USPA #: _____
Ratings: _____
Phone number: _____ Email: _____
Signature: _____ Date _____