NACD Accident Form

http://www.safecavediving.com/accident.htm

Below is a copy of an accident report form. For many years, NACD maintained a complete file of the cave diving accidents both in Florida and across the country. During the past five years, this important component of dive accident analysis has suffered. If we are to maintain a high degree of dive safety through education, it is vital that such data be available for analysis.

Please keep a copy of this report in your files. Should you be unfortunate enough to be at or near the site of a dive fatality, please complete the form, add such information as you may feel is helpful, and forward it to the NACD. Newspaper clippings, police reports, medical records and dive logs all serve to facilitate dive accident analysis.

Thank you for your assistance.

________________________________________
Date_____________________ Time________________________

Day of Week____________________ No. of Victims______________

Information from___________________________________________

1st Victim's:
Name___________________________________________________
Home___________________________________________________
Age__________ Sex__________
Certifications:_____________________________________________
Date Cave Certified________________________________________
Hrs of Experience__________ Abe Davis/Wakulla award__________
Physical condition________________________________________
Injury____________________________________________________
Medication________________________________________________
Careless_________________________________________________
Panic___________________________________________________
Lost_____________________________________________________
Solo_____________________________________________________
Team____________________________________________________

2nd Victim's
Name___________________________________________________
Home___________________________________________________
Age__________ Sex__________
Certifications:_____________________________________________
Date Cave Certified________________________________________
Hrs of Experience__________ Abe Davis/Wakulla award__________
Physical condition________________________________________
Injury____________________________________________________
Medication________________________________________________
Careless_________________________________________________
Panic___________________________________________________
Lost_____________________________________________________
Solo_____________________________________________________
Team____________________________________________________

Accident Site: >River_____ Spring_____ Sink_____
Cave_____ Lake_____ Ocean_____
Other___________________________________________________

Name of Site:__________________________________________ State
County_____________________________________ USA Other_________________________________
Conditions:_______________________________________________
Silt_____________________________________________________
Restrictions_____________________________________________
Depth of accident___________ Distance from surface___________
Time of accident ______________ Time of recovery ______________
Reported by ______________________________________________
Recovery by ______________________________________________
Survivors_________________________________________________
Accident Analysis factors: 1. training ___, 2. guideline___,
3. 2/3s air rule___, 4. depth___, 5. lights___
CAUSE__________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Equipment failure ___________ Regulator _____________________
Buoyancy control ___________ Light failure _________________
Suit problems _______________ Scooter ______________________
Valve _______________________ Wgts ________________________
Solo dive _________________ Computer Error _______________
Entanglement _____________________________
Site collapse ________________ "O" ring failure _____________
Water conditions ____________ Underwater conditions ______
Diver physical condition ______ Training deficit _________
Buddy Separation ____________ Narcosis/HPNS _____________
Gas Planning (out of air) ___________ Seizure/anoxia ______
Gas error/confusion ____________ Seizure/anoxia ________
Carelessness _________________ Companion error __________
Other ________________________
Equipment Status:
Owned: Borrowed: Rented:________________________
New: Used:______________
Mask ________________ Fins ________________________
BC ____________________ Compass _________________
Reel _________________ Line _______________ Markers ______________
Lights Operational _______ PSI gauge ___________ Computer_____ Watch ______
Wet suit ________________ Dry suit ________________ Skins ________ Other ________
Cylinder Configuration _______ Size ________________
Rebreather ________________ Tank Valve: H/Y __________
Dual Manifold ______________ Vol Remaining - doubles______
Side Mount ________________ Vol per cylinder __________
Travel Gas ________________ Vol remaining ____________
Deco Gas ________________ Bottom Gas ______________
Tables ____________________ Regulator(s) _____________
functional ________________ marked ________________
Recovery:__________________________________________

Name:_________________________________________________
Phone #________________________________________________
Autopsy done:__________________________________________

Comments:____________________________________________

Please complete this form and send it to the below address for any dive accident you are involved which occurs close enough for you to obtain the needed information. Include any local news articles If an Autopsey is performed, indicate where/who. If on-site, draw location on back.

National Assocation for Cave Diving
Accident Report
P.O. Box 14492
Gainesville, FL 32604
or fax it to: 1-888-565-NACD or 1-352-331-7666