

INJURY REPORT

- 1. JUMPER'S DETAILS** Name: _____
Address: _____
- Membership No: _____ Licence No: _____ Telephone No(s): _____
e-mail: _____ Sex: _____ Age: _____ Weight: _____ Height: _____
Category: _____ Number of jumps (S/L): _____ (F/F): _____
- 2. NAME OF PTO/DISPLAY TEAM:** _____ Location of Incident (DZ/PLA): _____
- 3. EQUIPMENT:** Container: _____ Deployment device: _____
Main (type, size): _____ Reserve (type, size): _____ AAD: _____
Student Harness Manufacturer (if Tandem): _____
- 4. Date/time of injury:** _____
- 5. Wind Speed:** _____ **6. Visibility/Cloud Base:** _____ **7. Temp** (hot/cold etc): _____
- 8. Type and altitude of descent** (S/L, Student FF, AFF, Tandem, FS, WS, etc) _____
- 9. IF TANDEM JUMP** (Tandem Instructor's Details) : Name of Instructor: _____
Weight: _____ Height: _____ Total number of Tandem Jumps: _____
Number of Tandem jumps in: Last twelve months: _____ Last three months: _____
- 10. DETAILS OF INJURY/SUSPECTED INJURY:** _____
- 11. First Aid given?** (if so by whom): _____
- 12. Did the injured go to hospital?** (If so by what method): _____
- 13. GIVE FULL DESCRIPTION OF HOW INJURY OCCURED** (Continue on separate sheet below if necessary)
- _____
- _____
- _____
- 14. FACTORS** (IN YOUR OPINION) **CONTRIBUTING TO THE INJURY** (Continue on separate sheet below if necessary)
- _____
- _____
- 15. Action taken** (if appropriate) **to help prevent a similar occurrence in the future:**
- _____
- _____
- 16. Type of surface landed on:** _____ **17. Type of footwear:** _____
- 18. Was landing videoed?** _____ **19. Slide or stand-up landing** (if Tandem): _____
- 20. Name of Jumpmaster:** _____ **21. Name of person talking down** (if applicable): _____
- 22. Name of DZ Controller:** _____ **23. Name of Pilot:** _____
- 24. Type and Registration of aircraft:** _____
- 25. Name and status of person making report** (CI, Instructor, Team Leader, J/M etc): _____
- 26. Signed:** _____ **Date:** _____

N.B. (1) If an Incident/Malfunction/Deployment Problem Report is required, Form 118 or 118A should also be completed.
(2) If there was any damage to property, or where a Third Party Claim is likely. Form 119 should also be completed.

INJURY REPORT – CONTINUATION SHEET

Name or parachutist involved:

Add any relevant information below if, insufficient space on report sheet.