

# 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 if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **FACTORS (IN YOUR OPINION) CONTRIBUTING TO THE INJURY** (Continue on separate sheet 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.**