

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. News paper 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: _____
Currents: _____
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) _____
Gas error/confusion _____ Seizure/anoxia _____
Carelessness _____ Companion error _____
Other _____

Equipment Status:
Owned: Borrowed: Rented:
New: Used: _____
Mask _____ Fins _____
BC _____ Compass _____
Reel _____ Line _____ Markers _____ Lights # _____
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 Autopsy is performed, indicate where/who. If on-site, draw location on back.

National Association 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