



# CSPA A.I.M. REPORT – EXPERIENCED

(For all occurrences for Solo certified jumpers and higher)

Please print clearly.

This form will be returned if not completed in full and  
may cause delay/refusal of any future claims

An **Accident** shall be considered as any occurrence during parachuting activities resulting in injury requiring medical attention.

An **Incident** shall be considered as any occurrence during parachuting activities which could have resulted in a situation leading to injury or fatality.

A **Malfunction** shall be considered as any partial or complete failure of parachuting equipment which requires the initiation of emergency procedures.

Date of incident:

Time of incident:

Name of dropzone:

## SKYDIVER INFORMATION:

CSPA # (if applicable)

Full name:

Age:

Sex:

Weight:

Date of previous jump:

CoP Level (or equivalent):

Solo

A

B

C C

D

Total Number of jumps:

# of jumps in last 12 months:

## SKYDIVER ACCESSORIES: (click all that apply)

Helmet

Jumpsuit

Goggles

Hook knife

Altimeter

Audible Altimeter

Gloves

Camera

Flysight

Other:

## SKYDIVER EQUIPMENT:

Container Manufacturer:

Main Canopy:

Model:

Size:

Reserve Canopy:

Model:

Size:

Main Activation:

RSL:

Yes

No

Number of jumps on equipment

AAD:

Other AAD:

Deployment Bag Type:

## COACH INFORMATION: (if applicable)

CSPA # (if applicable)

Full name:

Age:

Sex:

Weight:

# of Coach jumps:

Total # of jumps:

Date of previous coach jump:

**SITUATION INFORMATION:**

Discipline: \_\_\_\_\_ Other: \_\_\_\_\_  
Exit method: \_\_\_\_\_ Cutaway performed: Yes No  
Winds (knts): \_\_\_\_\_ Weather: \_\_\_\_\_  
Aircraft type: \_\_\_\_\_ Exit speed: \_\_\_\_\_ Altitude: \_\_\_\_\_

Provide comprehensive information, including incident specifics, contributing factors, witness accounts, and equipment details.

**PLEASE PRINT CLEARLY**

Written by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Investigated by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATIONS AND/OR ROOT CAUSE ANALYSIS BY DZSO:**

(Please refer to standardized recommendations for assistance or guidance)  
**We strongly recommend the DZ retain a copy of any DZ-submitted AIMs for their records.**

**PLEASE PRINT CLEARLY**

Written by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_