



# CSPA A.I.M. REPORT

**PLEASE PRINT CLEARLY**  
**FORM WILL BE RETURNED IF NOT COMPLETED IN FULL**  
**AND MAY CAUSE DELAYS/REFUSAL OF ANY FUTURE CLAIMS.**

Date of Occurrence:

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.

## LOCATION

DROPZONE

INSTRUCTOR NAME (IF APPLICABLE)

## STATISTICS

Information is only for  
the jumper, student,  
or passenger

Name:

AGE:

GENDER:

CSPA #:

WEIGHT:

HEIGHT:

NUMBER OF JUMPS

DATE OF TRAINING:

DATE OF PREVIOUS JUMP:

EXPERIENCE:

EXIT METHOD:

MAIN ACTIVATION POSITION:

CUTAWAY  
PERFORMED:

TIME OF DAY:

WINDS (KNTS):

WEATHER:

AIR CRAFT TYPE:

EXIT SPEED:

ALTITUDE:

## EQUIPMENT

HARNESS:

MAIN CANOPY:

SIZE:

RESERVE CANOPY: CANOPY

SIZE:

RELEASE METHOD:

OTHER METHOD:

EXPERIENCED ON EQUIPMENT: YES

NO

# JUMPS ON EQUIPMENT

RSL: YES

NO

AAD:

OTHER ADD:

## ACCESSORIES - CLICK ALL THAT APPLY

BOOTS

SNEAKERS

SANDALS

HELMET

JUMPSUIT

WINGSUIT

GOGGLES

HOOK KNIFE

ALTIMETER

AUDIBLE ALTIMETER

GLOVES

RADIO

OTHER:

**ACCIDENT/INCIDENT/MALFUNCTION DESCRIPTION:**

List type of injury sustained, location, etc...as well as the events causing the A.I.M. in detail

**PLEASE PRINT CLEARLY**

**WRITTEN BY:**

**Signature:** \_\_\_\_\_

**INVESTIGATED BY:**

**Signature:** \_\_\_\_\_

**RECOMMENDATIONS BY DZSO:**

**Name:**

**Signature:** \_\_\_\_\_

**\*\* ALL WITNESS STATEMENTS MUST BE INCLUDED WHEN REMITTING A.I.M. REPORT**

Forward this form to: **CSPA/ACPS 204-1468 Laurier, Rockland, Ontario, K4K 1C7 OR aim@cspa.ca OR fax: 613-916-6008**