



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: MANUFACTURER:

MODEL:

SIZE:

RESERVE CANOPY: MANUFACTURER

MODEL:

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**