



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:

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: