



CSPA A.I.M. REPORT – STUDENT

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:

INSTRUCTOR INFORMATION (PRIMARY):

CSPA #:

Full name:

Age:

Sex:

Weight:

Height:

of Instructor jumps:

Total # of jumps:

Date of previous instructor jump:

Instructor Role:

PFFI

JM

INSTRUCTOR ACCESSORIES: (click all that apply)

Helmet

Jumpsuit

Goggles

Hook knife

Altimeter

Audible Altimeter

Gloves

Camera

Radio

Other:

GROUND CONTROL INSTRUCTOR INFORMATION: (if applicable)

Same as
instructor above

CSPA #:

Full name:

Age:

Sex:

of radio contacts:

Date of previous radio contact:

STUDENT INFORMATION:

CSPA # (if applicable):

Full name:

Age:

Sex:

Weight:

Height:

Number of jumps:

STUDENT EQUIPMENT:

Container Manufacturer:

Main Canopy:

Model:

Size:

Reserve Canopy:

Model:

Size:

Release method

RSL:

Yes

No

AAD:

Other AAD:

Experience On Equipment:

Yes

No

jumps on equipment:

STUDENT ACCESSORIES: (click all that apply)

Helmet	Jumpsuit	Goggles	Hook knife	Altimeter	Audible Altimeter
Gloves	Radio	Flysight	Other		

SITUATION INFORMATION:

Student Jump type: Static Line IAD 2:1 PFF 1:1 PFF Other

Accompanied freefall Unaccompanied freefall

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 also include information on the reserve-side instructor or videographer as applicable.

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: