

# SeaTREK®

## Incident Report Form

(SeaTREK® Operator Name)

To be completed by the SeaTREK® Guide, Participant(s), and Witness(es) involved with the incident. Complete to the best of your ability and submit ASAP to **Sub Sea Systems®**.

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● **Incident**

**Incident Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Incident Time:** \_\_\_\_ : \_\_\_\_ **AM** \_\_\_\_ **PM** \_\_\_\_

**Incident Location:** \_\_\_\_\_ **Weather Conditions:** \_\_\_\_\_

**INJURED**  
person

● **Injured Participant**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:**  M  F

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Parent or Guardian (if minor):** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**E-mail:** \_\_\_\_\_ **Medical Insurance:**  Y  N

\* Please attach additional sheets if more room is required. Label description by Section:

**Section A** ● **Injured Participant description of incident (to be filled out by injured Participant):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Injured participant (print name)** \_\_\_\_\_

**Injured Participant Signature:** (X) \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent or Guardian, of Injured participant (if minor):**

**Parent or Guardian Signature:** (X) \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WITNESS(es)** \* Please attach additional sheets if more room is required. Label description by Section:

**Section B** ● **Witness description of incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **Witness(es) Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section B** ● **Witness description of incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **Witness(es) Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
 (SeaTREK<sup>®</sup> Operator Name)

GUIDE

● Possible Injury (√ or describe other):

Coral Scrape / Cut \_\_\_\_\_ Air Embolism \_\_\_\_\_ Inner Ear \_\_\_\_\_ Sinus Squeeze \_\_\_\_\_ Fatality \_\_\_\_\_ Heart \_\_\_\_\_  
 Other \_\_\_\_\_

Section C

● Treatment:

Emergency first aid given (describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatment Administered By: \_\_\_\_\_

● Departure and Transport to Where (√ or describe other):

Home \_\_\_\_\_ Hotel \_\_\_\_\_ Returned to Diving \_\_\_\_\_ Ambulance \_\_\_\_\_ Hospital \_\_\_\_\_ Auto \_\_\_\_\_ Cruise ship \_\_\_\_\_  
 Other \_\_\_\_\_

● Pictures Taken:  Y  N

● Weather Conditions: Water Temp. \_\_\_\_\_ Undertow \_\_\_\_\_ Current \_\_\_\_\_ Breaking Waves \_\_\_\_\_ Clarity \_\_\_\_\_  
 (distance)

● Weather: Rain \_\_\_\_\_ Fair \_\_\_\_\_ Fog \_\_\_\_\_ Cloudy \_\_\_\_\_ Outside Temp \_\_\_\_\_

Section D

● SeaTREK<sup>®</sup> Guide's description of the incident

(i.e. description of incident scene, participant's attitude, physical condition, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SeaTREK<sup>®</sup> Guide Name: \_\_\_\_\_

Signature: (X) \_\_\_\_\_ SeaTREK<sup>®</sup> Guide ID#: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

● FAX THIS FORM IMMEDIATELY (within 24 hrs.) TO Sub Sea Systems<sup>®</sup> (530) 626-0113 OR  
 E-MAIL TO insurance@subseasystems.com.