

EXHIBIT “C”

IANTD Incident Report Form

Confidential Information Gathered in Anticipation of Litigation!

Member Submitting Report:

Name: Peter Sotis Email: Peter@KAIZENLLC.ORG

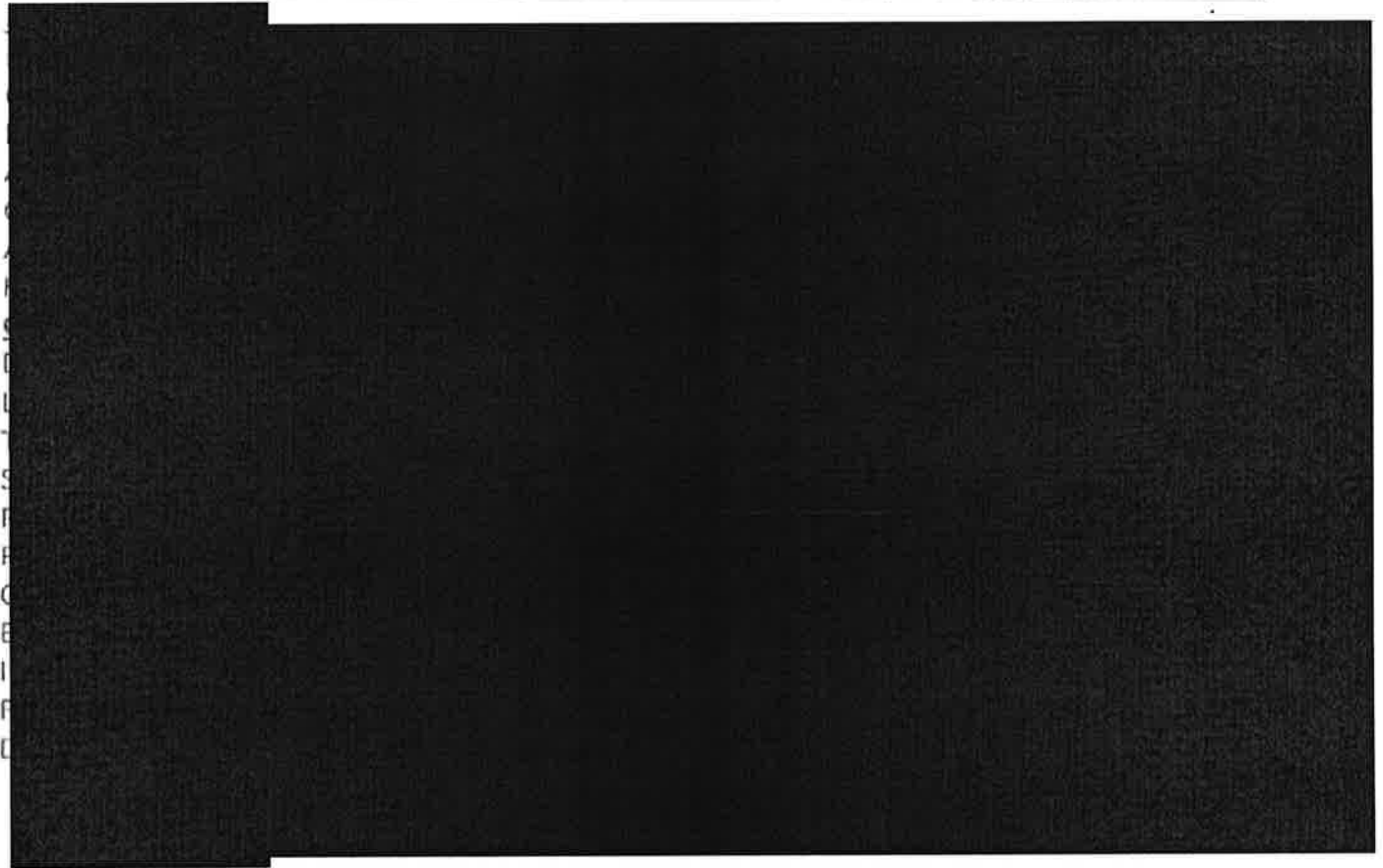
Cell Phone #: 239-825-3654 Telephone #: _____

Fax #: _____

Address: 2865 N. Clenbrook Circle, Delray Beach, FL 33445

Cert. Level: ITT Cert. #: 120

Insurance Co.: First Dive Insurance Insurance #: ED000507



Liability Release for incident dive? Yes ☒ (No) if yes provide a copy when submitting this report.

Dive Information: NOT for this chapter, Horizon Diver should know due I line from previous

