

**REPORT OF DROWNING OR
NEAR-DROWNING IN ARIZONA – 2011**

DATE OF INCIDENT
(MM/DD/YR)

_____:_____
HOUR
(24:00)

AGE
(yrs)

SEX

Incident #

Pt. Name

Pt. DOB

FIRE DEPT.
(Reporting agency)

CITY or LOCALITY OF INCIDENT:

RACE/ETHN:
 Hispanic White Amer. Indian
 Black Asian/PI Unknown
 Other: _____

WATER TYPE:
 Pool--in ground Spa
 Pool--above ground Bathtub
 Canal or Irrigation Ditch Bucket
 Lake Other: _____

AT WHOSE HOME DID INCIDENT OCCUR:
 Victim's Home Neighbor's
 Relative's Friend's
 Not at a home _____

TYPE OF DWELLING OR FACILITY:
 Single Home Apt/Condo
 Hotel/Motel Other: _____

ATTIRE OF VICTIM: Swimwear
 None Other Clothes

**PATIENT'S ACTIVITY AND LOCATION
IMMEDIATELY PRIOR TO INCIDENT:**
 Swimming Playing inside
 Bathing Playing outside
 Other: _____

CHILD SUPERVISION AT TIME OF INCIDENT:
 Mother Father N/A
 Other (Specify) _____

STATUS OF VICTIM WHEN FOUND IN WATER:
 Submerged Floating
 Struggling Unknown
 Other: _____

**RESPIRATORY EFFORT WHEN PULLED
FROM WATER:**
 Present Absent

ESTIMATED DURATION OF ANOXIA: _____

BYSTANDER ACTIONS PRIOR TO FD ARRIVAL:
 Chest compressions **AND** breaths (full CPR)
 Chest compressions ONLY
 Rescue breaths ONLY
 None attempted Unknown
 Other: _____

DISPOSITION (if known):
 D.O.A.
 Transported to: _____
 Died in E.D. Admitted
 Treated as outpatient and released
 P.O.V. transport to: _____
 Evaluated and left on-scene

DESCRIBE THE APPARENT CIRCUMSTANCES (how/why it happened; how child was found & revived):

For pool incidents at dwellings AND patient is < 6 y/o:

BARRIER	IS IT PRESENT?
Fence between house and pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gates Self-Close with Latch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gates Work Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
House Doors Self-Close with Latch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doors Work Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool Cover, Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door or Window Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIKELY METHOD OF ACCESS TO POOL OR SPA:
 Supervisor allowed child into pool or deck area
 No barrier -- child wandered in
 Climbed (specify): _____
 Child entered unsecured or propped gate
 Other: _____

FOLLOW-UP & DATE PATIENT WAS LAST SEEN:
 Died _____ / _____ / _____
 No Impairment _____ / _____ / _____
 Impairment _____ / _____ / _____

(Initials) _____
(Today's Date) _____