

**REPORT OF DROWNING OR
NEAR-DROWNING IN ARIZONA – 2010**

DATE OF INCIDENT
(MM/DD/YR)

HOUR
(24:00)

AGE
(yrs)

SEX

INCIDENT # _____
PLAT or ZIP CODE _____

FIRE DEPT.

(Reporting agency)

CITY OF INCIDENT:

- Marana Tucson
 Oro Valley South Tucson
 Sahuarita Rural Area
 Other: _____

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 Other Clothes
 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) _____

SUPERVISOR'S ACTIVITY PRIOR TO INCIDENT:

- Sleeping Watching TV On phone
 Yard work Housework Other: _____

STATUS OF PATIENT WHEN FOUND IN WATER:

- Submerged Floating
 Struggling Unknown
 Other: _____

**RESPIRATORY EFFORT WHEN PULLED
FROM WATER:**

- Present Absent

ESTIMATED DURATION OF ANOXIA: _____

RESCUER(S) ACTIONS PRIOR TO FD ARRIVAL:

- Chest compressions AND breaths (CPR)
 Chest compressions only
 Rescue breaths only
 None attempted Unknown

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

BARRIER

IS IT PRESENT?

- Fence between house and pool Yes No
Gates Self-Close with Latch Yes No
Gates Work Properly Yes No
House Doors Self-Close with Latch Yes No
Doors Work Properly Yes No
Pool Cover, Type: _____ Yes No
Door or Window Alarm Yes 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: _____

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

FOLLOW-UP & DATE PATIENT WAS LAST SEEN:

- Died _____ / _____ / _____
 No Impairment _____ / _____ / _____
 Impairment _____ / _____ / _____

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

(Initials)

(Today's Date)