

**2018 REPORT OF DROWNING OR  
NON-FATAL DROWNING IN ARIZONA**

Incident # \_\_\_\_\_

**DATE OF INCIDENT** \_\_\_\_\_ **HOUR** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_  
(MM/DD/YR) (24:00) (yrs)

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  Other Clothes  
 None

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

**VICTIM HAD FORMAL SWIM INSTRUCTION:**

- Yes  No  Unknown

**DISPOSITION (if known):**

- D.O.A. at scene  
 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_