

**REPORT OF DROWNING OR  
NEAR-DROWNING IN ARIZONA -- 2004**

**DATE OF INCIDENT**  
(MM/DD/YR)

**HOUR**  
(24:00)

**AGE**  
(yrs)

**SEX**

**INCIDENT #** \_\_\_\_\_  
PLAT # or ZIP CODE \_\_\_\_\_

\_\_\_\_\_ **Fire Dept.**  
(Reporting agency)

**CITY OF INCIDENT:**

- Chandler    Mesa    Rural area  
 Gilbert    Peoria    Scottsdale  
 Glendale    Phoenix    Tempe  
 Other: \_\_\_\_\_

**HISPANIC:**  Yes    No    Unk.

**RACE:**    White    Amer. Indian  
           Black    Unknown  
           Other: \_\_\_\_\_

**WATER TYPE:**

- Pool--in ground    Spa  
 Pool--above ground    Bathtub  
 Canal or Irrig. Ditch    Toilet  
 Other: \_\_\_\_\_

**SITE OF INCIDENT:** (at whose home?)

- Victim's Home    Neighbor's "  
 Relative's "    Friend's "  
 Other: \_\_\_\_\_

**TYPE OF DWELLING OR FACILITY:**

- Single Home    Apt/Condo  
 Hotel/Motel    Other: \_\_\_\_\_

**ATTIRE OF VICTIM:**    Swimwear  
                               None    Other Clothes

**ACTIVITY AND LOCATION OF VICTIM  
IMMEDIATELY PRIOR TO INCIDENT:**

**SUPERVISOR(S) AT TIME OF INCIDENT:**

- Mother    Father    N/A  
 Other (Specify) \_\_\_\_\_  
Age of this person \_\_\_\_\_

**ACTIVITY AND LOCATION OF SUPERVISOR  
IMMEDIATELY PRIOR TO INCIDENT:**

**STATUS OF VICTIM WHEN FOUND IN WATER:**

- Submerged    Floating  
 Struggling    Unknown  
 Other: \_\_\_\_\_

**RESPIRATORY EFFORT WHEN PULLED  
FROM WATER:**

- Present    Absent

**ESTIM. DURATION OF ANOXIA:** \_\_\_\_\_

**DID RESCUER/ BYSTANDER(S) PERFORM  
CPR?**

- Yes    No    Unknown  
Done right? Comment: \_\_\_\_\_

**LENGTH OF RESIDENCE AT THIS HOUSE (if  
applicable)?** \_\_\_\_\_

**IS THERE A FENCE OR BARRIER?**

- Yes    No    Unknown  
Describe: \_\_\_\_\_

**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 gate  
 Child entered secured gate  
 Other: \_\_\_\_\_

**WOULD AN INNER FENCE AROUND THE POOL  
HAVE PREVENTED THIS INCIDENT?**

- Yes    No  
 Unknown    N/A

**DISPOSITION:**

- DOA    Died in E.R.  
 Treated As Outpatient  
 Admit to: \_\_\_\_\_

**FOLLOW-UP: (Date pt was last seen)**

- Died   \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 No Impairment   \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Impairment   \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Today's Date)