

**REPORT OF DROWNING OR  
NEAR-DROWNING IN ARIZONA – 2007**

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: \_\_\_\_\_

**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)