



SUBMERSION INCIDENT REPORT

FOR FATAL & NONFATAL DROWNING INCIDENTS IN CLARK COUNTY

Drowning is defined as the process of experiencing respiratory impairment from submersion or immersion in liquid.

FAX completed forms to 759-1413 For questions call: 759-1050

<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">BASIC INCIDENT INFORMATION</div> <p>Date of Incident: _____ Time of Incident: _____</p> <p>Reporting Agency: _____</p> <p>Your Agency's Incident Number: _____</p> <p>Incident Location City/Zip: _____</p> <p>Type of Dwelling: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____</p> <p>Site of Incident: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Victim Residence <input type="checkbox"/> Relative Residence <input type="checkbox"/> Neighbor Residence <input type="checkbox"/> Friend Residence <input type="checkbox"/> Sitters/Daycare Provider <input type="checkbox"/> Public Pool (municipal, hotel, apartment complex) <input type="checkbox"/> Other: _____</p>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">A: ADULT SUPERVISION</div> <p><input type="checkbox"/> Adult (≥ 18 years of age) Supervision at time of incident <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Sitter/Childcare Provider <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Supervision by Person < 18 years of age <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> No Supervision</p> <p><input type="checkbox"/> <i>Unknown</i></p>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">VICTIM INFORMATION</div> <p>Age of Victim: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Victim's Race/Ethnicity: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> American Indian <input type="checkbox"/> Asian/PI <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other: _____</p> <p>Victim Last Seen: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Swimming <input type="checkbox"/> Playing Outside <input type="checkbox"/> Playing Inside <input type="checkbox"/> Sleeping <input type="checkbox"/> Other: _____</p> <p>Est. Time of Submersion: _____ <input type="checkbox"/> <i>Unknown</i></p> <p>Victim Condition: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Treated/released at scene <input type="checkbox"/> Transported to hospital _____ <input type="checkbox"/> Deceased at scene</p>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">B: BARRIERS</div> <p>Barriers Present Around Water: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Fence Around Property <input type="checkbox"/> Separate Fence Around Pool <i>Fence Type:</i> _____ <i>Fence Type:</i> _____ <i>Fence Height:</i> _____ <i>Fence Height:</i> _____</p> <p><input type="checkbox"/> Self-closing/Self-latching gate Gate working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Approved pool safety cover <input type="checkbox"/> Pool Safety Net <input type="checkbox"/> Perimeter pool alarm <input type="checkbox"/> In-Pool Alarm <input type="checkbox"/> Door/Window Alarm <input type="checkbox"/> Self-closing doors on house <input type="checkbox"/> Turtle Alarm on child <input type="checkbox"/> Other _____</p> <p>Access to Pool by Victim: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Direct Access/No Barriers <input type="checkbox"/> Brought into water area by other person <input type="checkbox"/> Victim breached safety barrier(s): (choose all that apply) <input type="checkbox"/> Fence <input type="checkbox"/> Pool Cover <input type="checkbox"/> House Window <input type="checkbox"/> Gate <input type="checkbox"/> Pool Alarm <input type="checkbox"/> House Door <input type="checkbox"/> Other: _____</p> <p>Explain how victim got through barrier(s): _____</p>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">WATER SOURCE INFORMATION</div> <p>Water Type: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Pool – in ground <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Pool – above ground <input type="checkbox"/> Inflatable pool <input type="checkbox"/> Child wading pool <input type="checkbox"/> Bathtub <input type="checkbox"/> Toilet <input type="checkbox"/> Bucket <input type="checkbox"/> Lake/pond <input type="checkbox"/> Canal/stream/river <input type="checkbox"/> Other: _____</p> <p>Water Depth: <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Under 18" (approx. depth ____) <input type="checkbox"/> 18" – 48" <input type="checkbox"/> Over 4'</p>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">C: CLASSES/EMERGENCY PREPARATION</div> <p>Did bystanders attempt CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i></p> <p>Did victim ever take swim lessons or water safety classes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i></p>
<p>Comments: _____ _____ _____</p> <p>Form completed by: _____</p> <p>Contact Phone: _____</p>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">D: DEVICES</div> <p>Life Jacket <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Appropriate Life Jacket Type/Size <input type="checkbox"/> <i>Unknown</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, why _____</p> <p>Was rescue equipment near water? (Shepherd's hook, life ring, phone, etc...) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Unknown</i></p>