



Center for Fatality Review & Prevention

Drowning Death Scene Investigation Reporting Form

A. Introduction

The National Center for Fatality Review and Prevention, in collaboration with the National Network for Public Health Institutes and the Centers for Disease Control and Prevention, has developed the Drowning Death Scene Investigation Reporting Form (the Form). Funded jurisdictions will use the Form as part of a pilot process to support enhanced surveillance of drownings in partnership with existing child death review (CDR) teams. Pilot sites will provide feedback on the Form, the user experience, and its utility for collecting DSI information. The Form will be revised based on feedback from the pilot sites and a national workgroup. The purpose of the Form is to collect information at the scene of a drowning.

Information from the Form will be collected in the Drowning Death Scene Investigation Database (DDSID) made available to funded jurisdictions conducting CDR reviews. Only de-identified data will be collected. The DDSID can be found here: [Drowning Death Scene Investigation \(DSI\) Tool \(mphi.org\)](https://www.mphi.org/drowning-death-scene-investigation-dsi-tool)

If you have questions about the Form, the DDSID, or the project, you may reach out to the National Center for Fatality Review and Prevention at info@ncfrp.org.

Details for using the Form:

- **Orange text** indicates questions that will not appear (or will appear differently) in the DDSID version of the tool, as to not include identifiers.
- **Blue text** indicates questions already in the NFR-CRS that will not need duplicate entry.
- Follow arrow symbols when they appear (i.e. \Rightarrow or \Downarrow) for questions that require more detail or to skip to the next relevant question.

B. Victim Information

1. **Name of victim:** _____

2. **Victim date of birth:** ____/____/____

3. Victim date of death: ____/____/____

4. Sex at birth

Female	Male
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5. Race (Check all that apply)

<input type="checkbox"/> Alaska Native	⇒	Specify tribe:
<input type="checkbox"/> American Indian	⇒	Specify tribe:
<input type="checkbox"/> Asian	⇒	Specify:
<input type="checkbox"/> Black		
<input type="checkbox"/> Native Hawaiian		
<input type="checkbox"/> Pacific Islander	⇒	Specify:
<input type="checkbox"/> White		
<input type="checkbox"/> Unknown		

6. Hispanic or Latino/a origin?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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7. Victim height and weight

	Feet	Unknown
	Inches	
	Pounds	Unknown
	Ounces	

8. Language spoken at home: _____

9. Additional language(s) spoken: _____

10. Home address

Street:		Unit:
City:	State:	Zip:

11. Next of kin

Name(s):		
Street:		Unit:
City:	State:	Zip:
Phone:	E-Mail:	

C. Victim History

12. Did victim have any of the following? (Check all that apply)

<input type="checkbox"/> Recent illness or injury	⇒ Describe:
<input type="checkbox"/> Illness, injury, or general malaise on day of incident	⇒ Describe:
<input type="checkbox"/> Seizure disorder, such as epilepsy	
<input type="checkbox"/> Long QT syndrome	
<input type="checkbox"/> Autism	⇒ Describe:
<input type="checkbox"/> Cardiac condition	⇒ Describe:
<input type="checkbox"/> Mental illness, such as active suicidal ideation	
<input type="checkbox"/> Other disability or condition	⇒ Proceed to 12a

12a. Other disability or condition, specify: (Check all that apply)

<input type="checkbox"/> Intellectual and/or developmental, such as Down's Syndrome or cerebral palsy	⇒ Specify:
<input type="checkbox"/> Mobility, such as paralysis, amputation, or neuropathy	⇒ Specify:
<input type="checkbox"/> Increased risk for adverse events, such as heart attack, stroke, or emboli	⇒ Specify:
<input type="checkbox"/> Sensory, such as deafness or blindness	⇒ Specify:
<input type="checkbox"/> Chronic illness/autoimmunity, such as multiple sclerosis or rheumatoid arthritis	⇒ Specify:
<input type="checkbox"/> Access or functional needs	⇒ Specify:

13. Did the victim have a biological first-degree relative that died suddenly before the age of 50?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 14	Proceed to 14
Proceed to 13a and 13b		

13a. If yes, what relative? (Check all that apply)

<input type="checkbox"/> Parent
<input type="checkbox"/> Grandparents
<input type="checkbox"/> Aunt or Uncle

<input type="checkbox"/> Siblings
<input type="checkbox"/> Cousins

13b. If yes, how did they die? _____

14. Did the victim have a biological first-degree relative with heart disease?

<input type="radio"/> Yes	No	Unknown
↓	Proceed to 15	Proceed to 15
Proceed to 14a and 14b		

14a. If yes, what relative? (Check all that apply)

<input type="checkbox"/> Parent
<input type="checkbox"/> Grandparents
<input type="checkbox"/> Aunt or Uncle
<input type="checkbox"/> Siblings
<input type="checkbox"/> Cousins

14b. If yes, how did they die? _____

15. Did the victim have a known history of alcohol or substance use/misuse, including prescription medication?

<input type="radio"/> Yes, describe:	No	Unknown
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16. Was the victim known to be taking any prescription or non-prescription medications or supplements?

<input type="radio"/> Yes, list:	No	Unknown
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D. Investigation Information

17. Person completing this report: _____

18. Agency: _____

19. Local health department jurisdiction: _____

20. What happened? Briefly describe the incident and the sequence of events leading up to it. If more space is needed, use the lined page at the end of this form.

PLEASE DO NOT INCLUDE ANY IDENTIFIERS IN THIS TEXT. This includes names, addresses, business names, and specific service providers.

21. In your opinion, what could have prevented the death?

22. Death was referred to:

<input type="radio"/> Medical examiner	<input type="radio"/> Coroner	Unknown
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23. Was an autopsy conducted?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 24	Proceed to 24
Proceed to 23a-f		

23a. Was toxicology performed?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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23b. Was use of alcohol, illicit drugs, or other substances suspected or confirmed?

<input type="radio"/> Yes, use was suspected
<input type="radio"/> Yes, use was confirmed
No
Unknown

23c. Was there evidence the victim had experienced prior abuse?

<input type="radio"/> Yes, describe:	No	Unknown
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23d. Were there signs of intentional drowning, either homicide or suicide?

<input type="radio"/> Yes	No	Unknown
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23e. Were there other significant findings on autopsy, including toxicology or histology?

<input type="radio"/> Yes	No	Unknown
↓		
If toxicology indicated alcohol consumption, what was the decedent's blood alcohol concentration (BAC)?		

23f. Who conducted the autopsy?

Name:
Agency:

24. Did local health jurisdiction staff contact the medical examiner/coroner to: (Check all that apply)

<input type="checkbox"/> Verify cause of death
<input type="checkbox"/> Request autopsy report

25. What sources were used to gather information for this report?

E. Incident Details

26. Location of Incident

Location of incident:		
Street:		Unit:
City:	State:	Zip:
GPS Coordinates:		
Phone:	E-Mail:	

27. Date of incident:

	Unknown
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28. Time of incident (Military):

	Unknown
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29. Time of death (Military):

	Unknown
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30. What was the estimated time between when the victim was last seen and the body was recovered?

31. How deep was the water (in feet)?

Where victim was last seen?	Unknown
Where incident occurred?	Unknown

Where victim was recovered?	Unknown
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32. Prior to the incident, where was the victim last seen?

33. What was the victim's last activity immediately prior to the incident? Check all that apply.

<input type="checkbox"/> Swimming
<input type="checkbox"/> Sunbathing
<input type="checkbox"/> Playing outside
<input type="checkbox"/> Playing inside
<input type="checkbox"/> Bathing
<input type="checkbox"/> Traveling (land, water, ice, air) ⇒ Describe:
<input type="checkbox"/> Water sports/boating/ recreation
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other ⇒ Describe:

34. How many people were present at the incident location at the time of incident? Estimate if necessary.

35. Was the drowning witnessed?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓		
Proceed to 35a-c	Proceed to 36	Proceed to 36

35a. Who witnessed the incident? Check all that apply.

<input type="checkbox"/> Bystander
<input type="checkbox"/> Patron/swimmer
<input type="checkbox"/> Boater
<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Other facility staff
<input type="checkbox"/> Resident or neighbor
<input type="checkbox"/> Family member
<input type="checkbox"/> Friend
<input type="checkbox"/> Other ⇒ Describe:
<input type="checkbox"/> Unknown

35b. Were *any* of the witnesses over 18 years old?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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35c. Who witnessed the incident?

Name(s):		
Street:		Unit:
City:	State:	Zip:
Phone:	E-Mail:	

36. Who found the victim?

Name(s):		
Street:		Unit:
City:	State:	Zip:
Phone:	E-Mail:	

37. Was the incident captured on surveillance video or other video?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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38. Environmental factors can sometimes contribute to a drowning or hamper rescue efforts. Select all relevant environmental factors that may have increased risk or contributed to the drowning.

<input type="checkbox"/> None		
<input type="checkbox"/> Water temperature		
<input type="checkbox"/> Ice		
<input type="checkbox"/> Current		
<input type="checkbox"/> Riptide/undertow		
<input type="checkbox"/> Dropoff		
<input type="checkbox"/> Flash flood		
<input type="checkbox"/> Other severe weather event	⇒	Describe:
<input type="checkbox"/> Rocky shore/outcropping		
<input type="checkbox"/> Water clarity		
<input type="checkbox"/> Waves	⇒	Proceed to 38a
<input type="checkbox"/> Other	⇒	Describe:

38a. Were the waves:

<input type="radio"/> Calm (<6")
<input type="radio"/> Choppy (6"-2')
<input type="radio"/> Rough (2+')
Unknown

39. Select all relevant events that may have increased risk or contributed to the drowning.

<input type="checkbox"/> None		
<input type="checkbox"/> Fell into water		
<input type="checkbox"/> Pushed into water		
<input type="checkbox"/> Fell through ice		
<input type="checkbox"/> Attempting to rescue another person		
<input type="checkbox"/> Airplane crash		
<input type="checkbox"/> Victim stuck in vehicle		
<input type="checkbox"/> Problems with boat or watercraft	⇒	Proceed to 39a
<input type="checkbox"/> Watercraft speed		
<input type="checkbox"/> Carbon monoxide poisoning		
<input type="checkbox"/> Homicide		
<input type="checkbox"/> Suicide		
<input type="checkbox"/> Trauma or injury	⇒	Describe:
<input type="checkbox"/> Other	⇒	Describe:

39a. Problems with boat or watercraft

<input type="radio"/> Capsized
<input type="radio"/> Crashed
<input type="radio"/> Swamped
<input type="radio"/> Sunk

40. Did the victim have an illness or medical condition that contributed to the drowning?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓		
Describe:		

41. Did the victim have an emotional, mental, or behavioral condition that contributed to the drowning?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓		
Describe:		

42. Was victim forcibly submerged?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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F. Recovery

43. Describe how the victim was found.

<input type="radio"/> Struggling in the water	
<input type="radio"/> Floating	
<input type="radio"/> Submerged	
<input type="radio"/> Tangled or under objects/debris	⇒ Describe:
<input type="radio"/> On shore	
<input type="radio"/> Other	⇒ Describe:

44. Was victim breathing/attempting to breathe when discovered?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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45. Describe the body of the victim when found. Check all that apply.

<input type="checkbox"/> Face up	<input type="checkbox"/> Face down
<input type="checkbox"/> Eyes open	<input type="checkbox"/> Eyes closed
<input type="checkbox"/> Pulse detected	<input type="checkbox"/> No pulse detected
<input type="checkbox"/> Skin discoloration	<input type="checkbox"/> Lip discoloration

46. Was lividity observed when the victim was recovered?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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47. Was rigor observed when the victim was recovered?

<input type="radio"/> Yes	<input type="radio"/> No	
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48. Was ligature marks observed?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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49. Were any other injuries observed?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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50. If incident occurred in open water, was the victim's body:

<input type="radio"/> Facing shore
<input type="radio"/> Facing away from shore
<input type="radio"/> Parallel to shore
Unknown
<input type="radio"/> N/A, drowning was not in open water

51. Were alcohol, illicit drugs, or paraphernalia found at the scene?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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Please continue to the next page.

52. Please attach an image or a sketch of the victim's body at the time found, as well as other notable objects, including the shore, patio, dock, stairs, or other landmarks. Identify the victim's head and feet and position of the airway. **Please do not include any identifying information in the image or sketch.**



53. What was the temperature (° Fahrenheit) when the victim was recovered:

Water temperature:	Unknown
Air temperature:	Unknown

G. Rescue

54. Was a rescue attempt made?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 55	Proceed to 55
If yes proceed to 54a-b		

54a. If yes, by whom? Check all that apply.

<input type="checkbox"/> Adult family member
<input type="checkbox"/> Minor family member
<input type="checkbox"/> Other adult
<input type="checkbox"/> Other child
<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Other facility staff
<input type="checkbox"/> EMS/First responders
<input type="checkbox"/> Divers
<input type="checkbox"/> The person who found the victim
<input type="checkbox"/> Bystander

54b. Provide rescuer details if available.

Name(s):		
Employer (if applicable):		
Street:	Unit:	
City:	State:	Zip:
Phone:	E-Mail:	

55. Who was called in response to the incident? Check all that apply.

<input type="checkbox"/> EMS/Fire/Ambulance	⇒	Proceed to 55a-c
<input type="checkbox"/> Police/Law enforcement	⇒	Proceed to 55a-c
<input type="checkbox"/> Divers	⇒	Proceed to 55a-c
<input type="checkbox"/> Other, describe:	⇒	Proceed to 55a-c

55a. What time was the call made (Military)? _____

55b. What time did the initial rescue unit arrive on scene (Military)? _____

55c. How much time passed between the time the initial rescue call was made and the recovery of the victim?

56. Did anyone attempting to rescue also drown?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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57. What rescue equipment was present, and subsequently used, at the scene? Check all that apply.

Present	Used
<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Rescue can	<input type="checkbox"/> Rescue can
<input type="checkbox"/> Rescue tube	<input type="checkbox"/> Rescue tube
<input type="checkbox"/> Ring buoy	<input type="checkbox"/> Ring buoy
<input type="checkbox"/> Life hook/shepherd's crook	<input type="checkbox"/> Life hook/shepherd's crook
<input type="checkbox"/> Automated external defibrillator (AED)	<input type="checkbox"/> Automated external defibrillator (AED)
<input type="checkbox"/> Other, describe:	<input type="checkbox"/> Other, describe:

58. Was CPR administered?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 59	Proceed to 59
If yes proceed to 58a-c		

58a. If yes, by whom? Check all that apply.

<input type="checkbox"/> The person who found the victim
<input type="checkbox"/> Bystander
<input type="checkbox"/> Family member
<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Other facility staff
<input type="checkbox"/> Police/Law enforcement
<input type="checkbox"/> EMS/fire
<input type="checkbox"/> Divers

58b. How long was CPR administered?

58c. Describe the CPR.

<input type="radio"/> Only rescue breaths
<input type="radio"/> Only chest compressions
<input type="radio"/> Rescue breaths and chest compressions
Unknown

59. Select all that were used or administered.

<input type="checkbox"/> Automated external defibrillator (AED)
<input type="checkbox"/> First aid
<input type="checkbox"/> Rescue medications, including Naloxone
<input type="checkbox"/> Supplemental oxygen
<input type="checkbox"/> Other, describe:
<input type="checkbox"/> None of the above

H. Disposition

60. When found, was the victim:

<input type="checkbox"/> Deceased when found
<input type="checkbox"/> Treated in the field
<input type="checkbox"/> Transported to the hospital
<input type="checkbox"/> Admitted to the hospital

61. Where did the victim die?

<input type="radio"/> Dead on arrival
<input type="radio"/> Died at the scene
<input type="radio"/> In transit
<input type="radio"/> At the hospital

62. Official cause of death as stated on death certificate:

63. Official manner of death stated on death certificate:

<input type="radio"/> Natural
<input type="radio"/> Accident
<input type="radio"/> Suicide

<input type="radio"/> Homicide
<input type="radio"/> Undetermined
<input type="radio"/> Pending
Unknown

I. Water competency

64. Was victim comfortable being in water?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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65. Was victim familiar with the location?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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66. Victim's swimming ability?

<input type="radio"/> Not able to swim
<input type="radio"/> Beginner/poor swimmer
<input type="radio"/> Fair swimmer
<input type="radio"/> Good swimmer

67. If the victim could swim, how did they learn? Check all that apply.

<input type="checkbox"/> Swimming lessons	⇒	Proceed to 67a-b
<input type="checkbox"/> Taught by family member or friend	⇒	Proceed to 67a-b
<input type="checkbox"/> Other, describe:	⇒	Proceed to 67a-b
<input type="checkbox"/> Unknown		Proceed to 68
<input type="checkbox"/> Victim could not swim		Proceed to 68

67a. Describe the swimming instruction. Identify skills taught and how many lessons were taken.

67b. Approximately when were the lessons taken? Estimate if necessary. If multiple periods of lessons, please put most recent.

68. Did any of the following prevent the victim from participating in swimming lessons? Check all that apply.

<input type="checkbox"/> Distance to swimming facility
<input type="checkbox"/> Lack of swimming lessons in geographic area
<input type="checkbox"/> Cost (including equipment, childcare, time off work, etc.)
<input type="checkbox"/> Family did not think swim lessons were necessary
<input type="checkbox"/> Family thought victim too young for lessons
<input type="checkbox"/> Family did not think lessons could accommodate the victim's needs
<input type="checkbox"/> Other, describe:

69. Select all of the following skills the victim was able to do without the assistance of a floatation device.

<input type="checkbox"/> Float on their back
<input type="checkbox"/> Step or jump into water over their head
<input type="checkbox"/> Tread water for one minute
<input type="checkbox"/> Find a safe exit from the water
<input type="checkbox"/> Control their breathing in the water
<input type="checkbox"/> Return to the surface if submerged
<input type="checkbox"/> Swim 25 yards
<input type="checkbox"/> Exit water safely
<input type="checkbox"/> None of the above

J. Life stressors

70. Had victim experienced any of the following? Check all that apply.

<input type="checkbox"/> Poverty
<input type="checkbox"/> Unstable housing
<input type="checkbox"/> Discrimination or racism
<input type="checkbox"/> Bullying
<input type="checkbox"/> Violence
<input type="checkbox"/> Abuse
<input type="checkbox"/> Neglect
<input type="checkbox"/> Family problems
<input type="checkbox"/> Problems at work or school

71. Had the victim previously attempted suicide?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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72. Did the victim have a history of experiencing child maltreatment, abuse, or neglect?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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73. Was there an open child welfare case at the time of the incident?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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74. Did the victim have a history of criminal activity?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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75. Where did the victim drown?

<input type="radio"/> In a pool, hot tub, or spa available to the public, customers, or patrons	⇒	Proceed to Section K
<input type="radio"/> In a private residence, including private vacation rentals, multi-unit dwellings like an apartment or mobile home park, or a hotel/motel if it was the current residence of the victim	⇒	Skip to Section L (Question 85)
<input type="radio"/> In open water, including open water on residential property	⇒	Skip to Section M (Question 90)

K. Pool, hot tub, or spa available to public, customers, or patrons

76. What type of facility was this?

<input type="radio"/> Government/city pool
<input type="radio"/> Hotel/motel (as guest)
<input type="radio"/> School or university
<input type="radio"/> Camp
<input type="radio"/> Private membership/country club
<input type="radio"/> Gym
<input type="radio"/> Water feature
<input type="radio"/> Other, describe:

77. In what type of pool, hot tub, etc. did the incident occur in? Check all that apply.

<input type="checkbox"/> Outdoor facility
<input type="checkbox"/> Indoor facility
<input type="checkbox"/> Main pool
<input type="checkbox"/> Wading pool
<input type="checkbox"/> Diving pool
<input type="checkbox"/> Zero entry pool
<input type="checkbox"/> Lazy river
<input type="checkbox"/> Therapy pool
<input type="checkbox"/> Spa/hot tub
<input type="checkbox"/> Water park feature
<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Unknown

78. In what type of water did the drowning occur?

<input type="radio"/> Saltwater	<input type="radio"/> All-Chlorine	Unknown
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79. Was facility open or operating at the time?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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80. Did facility have rules/codes about supervision?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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81. What was the maximum swimmer capacity of the area the drowning occurred in?

<i>[If any number is entered]</i>	Unknown
↓	
Proceed to 81a	

81a. If capacity was known, at the time of drowning was the facility:

<input type="radio"/> Over capacity
<input type="radio"/> At or near capacity
<input type="radio"/> Under capacity
Unknown

82. What is the minimum depth of the water where the incident occurred?

83. What is the maximum depth of the water where the incident occurred?

84. Was victim a/an:

<input type="radio"/> Employee
<input type="radio"/> Paying/permitted patron
<input type="radio"/> Trespassing
Unknown

Proceed to Section N (Page 26)

L. Residential Drowning

85. Type of dwelling?

<input type="radio"/> Single family home
<input type="radio"/> Multi-unit home, such as apartment, townhome, condo, duplex
<input type="radio"/> Manufactured/mobile home park
<input type="radio"/> Hotel/motel, if victim was residing there at time of death
<input type="radio"/> Vacation rental
<input type="radio"/> Other, specify:
Unknown

86. Type of water?

<input type="radio"/> Above-ground pool	⇒	Proceed to 86a-d
<input type="radio"/> In-ground pool	⇒	Proceed to 86a-d
<input type="radio"/> Hot tub/spa	⇒	Proceed to 86a-d
<input type="radio"/> Wading/kiddie pool		
<input type="radio"/> Bathtub	⇒	Proceed to 86e
<input type="radio"/> Bucket or other item not intended for bathing or swimming, describe:		
<input type="radio"/> Water feature		
<input type="radio"/> Other, describe:		

86a. Length of time pool/hot tub/spa had been present?

86b. In what type of water did the drowning occur?

<input type="radio"/> Saltwater	<input type="radio"/> All-Chlorine	Unknown
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86c. Does state or locality have safety laws, regulations, or requirements for residential pools?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 87	Proceed to 87
If yes proceed to 86d		

86d. Was pool in compliance?

<input type="radio"/> Yes, fully
<input type="radio"/> Partially ⇒ What was out of compliance?
<input type="radio"/> No ⇒ What was out of compliance?
<input type="radio"/> No, but was grandfathered in ⇒ What was out of compliance?
Unknown

86e. Select all that were present:

<input type="checkbox"/> Infant bather	⇒	Proceed to 86f
<input type="checkbox"/> Protective spout cover		Proceed to 87
<input type="checkbox"/> Water thermometer		Proceed to 87
<input type="checkbox"/> Other safety equipment, describe:		

86f. Was victim in the bather at the time of the incident?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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87. At whose home did the incident occur?

<input type="radio"/> Victim's residence
<input type="radio"/> Neighbor's home
<input type="radio"/> Friend's home
<input type="radio"/> Relative's home

<input type="radio"/> Vacation rental
<input type="radio"/> Other, specify:
Unknown

88. What is the minimum depth of the water where the incident occurred?

89. What is the maximum depth of the water where the incident occurred?

Proceed to Section N (Page 26)

M. Open Water

90. In what type of water did the incident occur?

<input type="radio"/> Lake
<input type="radio"/> Ocean
<input type="radio"/> River
<input type="radio"/> Natural or constructed pond
<input type="radio"/> Estuary/bay
<input type="radio"/> Gravel pit/quarry
<input type="radio"/> Irrigation canal/ditch
<input type="radio"/> Reservoir
<input type="radio"/> Other, specify:
Unknown

91. Approximate distance victim was found from shore?

92. Was this a park?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓		
If yes proceed to 92a	Proceed to 93	Proceed to 93

92a. What kind of park?

<input type="radio"/> National park
<input type="radio"/> State park
<input type="radio"/> City/County park
<input type="radio"/> Other, specify:
Unknown

93. Was there a designated swimming area?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 94	Proceed to 94
If yes proceed to 93a		

93a. Did drowning occur in designated area?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 94	Proceed to 94
If yes proceed to 93b-h		

93b. How was the swimming area designated? Check all that apply.

<input type="checkbox"/> Ropes
<input type="checkbox"/> Buoys
<input type="checkbox"/> Other, describe:

93c. What size is the swim area?

_____ by _____	Unknown
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93d. What is the maximum depth of the water of the swimming area?

93e. What is the maximum swimmer capacity of the area?

<i>[If any number is entered]</i>	Unknown
↓	↓
Proceed to 93f	Proceed to 93g

93f. If capacity was known, at the time of drowning was the facility:

<input type="radio"/> Over capacity
<input type="radio"/> At or near capacity
<input type="radio"/> Under capacity
Unknown

93g. Was there a diving platform or structure?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 94	Proceed to 94
If yes proceed to 93h		

93h. If yes, was victim seen playing on or around it?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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94. Was victim engaging in transportation or a recreational activity on or in a boat or watercraft at the time of the incident?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 95	Proceed to 95
If yes proceed to 94b-f		

94b. If yes, what type of watercraft?

<input type="radio"/> Sailboat	<input type="radio"/> Motorboat - Personal
<input type="radio"/> Motorboat - Commercial (include transportation)	<input type="radio"/> Jet ski
<input type="radio"/> Row boat	<input type="radio"/> Pedal boat
<input type="radio"/> Canoe	<input type="radio"/> Kayak
<input type="radio"/> Inflatable raft	<input type="radio"/> Innertube
<input type="radio"/> Paddleboard	<input type="radio"/> Kiteboard/Wind surfing
<input type="radio"/> Other, specify:	Unknown

94c. Was victim piloting the boat/device?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	↓	
If yes proceed to 94d	Proceed to 94e	

94d. If yes, was this with or without supervision?

<input type="radio"/> With	<input type="radio"/> Without	Unknown
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94e. Did the boat/device have all legally required safety equipment?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓		
Describe:		

94f. Did state/municipality require mandatory boater education?

<input type="radio"/> Yes, and victim had completed
<input type="radio"/> Yes, but victim had not completed
<input type="radio"/> No
Unknown

95. On shore, was there any rescue equipment?

<input type="checkbox"/> Lifeguard station—Staffed
<input type="checkbox"/> Lifeguard station – Closed or unstaffed
<input type="checkbox"/> Life rings
<input type="checkbox"/> Life jacket loaner board –Stocked
<input type="checkbox"/> Life jacket loaner board—No proper sizes
<input type="checkbox"/> Life jacket loaner board – Empty
<input type="checkbox"/> Other, specify:

N. Supervision

96. Was supervision or assistance indicated for any of the following reasons? Check all that apply.

<input type="checkbox"/> Age
<input type="checkbox"/> Recent illness or injury ⇒ Describe:
<input type="checkbox"/> Illness, injury, or general malaise on the day of the incident
<input type="checkbox"/> Seizure disorder, such as epilepsy

<input type="checkbox"/> Long QT syndrome
<input type="checkbox"/> Autism
<input type="checkbox"/> Cardiac condition ⇒ Specify:
<input type="checkbox"/> Mental illness, such as active suicidal ideation ⇒ Specify:
<input type="checkbox"/> Other disability or condition ⇒ Proceed to 96a
<input type="checkbox"/> Other, specify: ⇒ Specify:
<input type="checkbox"/> Unknown

96a. Other disability or condition (check all that apply)

<input type="checkbox"/> Intellectual and/or developmental, such as Down's Syndrome or cerebral palsy, specify:
<input type="checkbox"/> Mobility, such as paralysis, amputation, or neuropathy, specify:
<input type="checkbox"/> Increased risk for adverse health events such as heart attack, stroke, or emboli, specify:
<input type="checkbox"/> Sensory, such as deafness or blindness, specify:
<input type="checkbox"/> Chronic illness/autoimmunity, such as multiple sclerosis or rheumatoid arthritis, specify:
<input type="checkbox"/> Access or functional needs, describe:

97. Did the victim have supervision at the time of the incident? Include lifeguards present.

<input type="radio"/> Yes	Proceed to 98
<input type="radio"/> No, but supervision was needed	⇒ Proceed to Section O
<input type="radio"/> No, but supervision was not needed	⇒ Proceed to Section O
Unknown	⇒ Proceed to Section O

98. Who was providing supervision? Check all that apply.

<input type="checkbox"/> Lifeguard(s)
<input type="checkbox"/> Parent or caregiver
<input type="checkbox"/> Family member (i.e. sibling, cousin, grandparent)
<input type="checkbox"/> Friend
<input type="checkbox"/> Swim instructor/Camp counselor
<input type="checkbox"/> Babysitter
<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Unknown

99. Was the supervisor (or the main supervisor, if multiple supervisors) a minor?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
---------------------------	--------------------------	---------

100. Was anything impacting the supervisor's ability to attentively supervise? Check all that apply.

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 101	Proceed to 101
If yes proceed to 100a		

100a. What was impacting supervision? Check all that apply.

<input type="checkbox"/> Glare on the water
<input type="checkbox"/> Weather (rain, fog, bright sun)
<input type="checkbox"/> Toys/play equipment in the water
<input type="checkbox"/> Distractions, describe:
<input type="checkbox"/> Too many swimmers for attentive supervision
<input type="checkbox"/> Alcohol or drugs causing impairment
<input type="checkbox"/> Other, specify:

O. Lifeguards

101. Was there a lifeguard present?

<input type="radio"/> Yes		
<input type="radio"/> No, no lifeguards at hour of incident	⇒	Proceed to Section P
<input type="radio"/> No, no lifeguards for that body of water	⇒	Proceed to Section P
Unknown	⇒	Proceed to Section P

102. How many lifeguards were supervising that area at the time of the incident?

	Unknown
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103. Was there a rotation system for lifeguards?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓		
Describe:		

104. How many swimmers was this lifeguard in charge of supervising at the time of the incident?

	Unknown
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P. Safety and Barriers

105. How did victim access the water?

<input type="radio"/> Permitted access - No supervisor required
<input type="radio"/> Permitted access with supervisor accompaniment
<input type="radio"/> Unpermitted access - Trespassing
<input type="radio"/> Unpermitted access - Breached a protective barrier or wandered in
<input type="radio"/> Other, specify:
Unknown

106. Did any of these barriers or layers of protection exist to prevent access to the water?
Check all that apply.

<input type="checkbox"/> Fence	⇒	Was it breached? Y / N / U	IF YES ⇒	Proceed to 106a
<input type="checkbox"/> Gate	⇒	Was it breached? Y / N / U	IF YES ⇒	Proceed to 106b
<input type="checkbox"/> Door	⇒	Was it breached? Y / N / U	IF YES ⇒	Proceed to 106c
<input type="checkbox"/> Alarm	⇒	Was it breached? Y / N / U	IF YES ⇒	Proceed to 106d
<input type="checkbox"/> Cover	⇒	Was it breached? Y / N / U	IF YES ⇒	Proceed to 106e

106a. How was the fence breached? Check all that apply.

<input type="checkbox"/> Climbed fence	<input type="checkbox"/> Fence too short
<input type="checkbox"/> Gap in fence	<input type="checkbox"/> Damaged fence
<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Unknown

106b. How was the gate breached? Check all that apply.

<input type="checkbox"/> Gate left/propped open	<input type="checkbox"/> Gate unlocked
<input type="checkbox"/> Gap in gate	<input type="checkbox"/> Gate latch failed
<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Unknown

106c. How was the door breached? Check all that apply.

<input type="checkbox"/> Door left/propped open	<input type="checkbox"/> Door unlocked
<input type="checkbox"/> Door/door screen broken	<input type="checkbox"/> Door self-close failed
<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Unknown

106d. How was the alarm breached? Check all that apply.

<input type="checkbox"/> Alarm not answered	<input type="checkbox"/> Not armed/set at time of incident
<input type="checkbox"/> Not working/broken/failed	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Unknown	

106d. How was the cover breached? Check all that apply.

<input type="checkbox"/> Cover not locked	<input type="checkbox"/> Cover left off
<input type="checkbox"/> Cover torn/damaged	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Unknown	

107. Were any warning signs or labels posted? E.g., 'Enter at Own Risk,' 'Thin Ice,' pool depth, etc?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
↓	Proceed to 108	Proceed to 108
If yes proceed to 107a		

107a. If yes, was victim able to read and understand the sign?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
	↓	
	Describe:	

108. Was a flotation safety device used by the victim at the time of incident?

<input type="radio"/> Yes, life jacket	⇒	Proceed to 108a-c
<input type="radio"/> Yes, inflatable device	⇒	Proceed to 108d
<input type="radio"/> Yes, other	⇒ Describe:	
<input type="radio"/> No	Proceed to 109	
Unknown	Proceed to 109	

108a. Was life jacket the correct size?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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108b. Was the life jacket approved by the US Coast Guard?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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108c. Was the life jacket worn properly (fully buckled and tightened)?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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108d. Was device properly inflated?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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109. Were swimmers required to pass a swim test to access water?

<input type="radio"/> Yes, to access whole area	⇒	Describe the test, including if the victim passed or failed and who administered it.
<input type="radio"/> Yes, but only for deep end		
<input type="radio"/> No		
<input type="radio"/> N/A, drowning was not in a typical swimming body of water (i.e., bathtub, water feature, etc.)		
Unknown		

Q. Reporting and Enforcement

110. Was the local health department notified of the incident within 24 hours?

<input type="radio"/> Yes	<input type="radio"/> No	Unknown
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111. How did the health department become aware of the drowning?

112. List or describe any enforcement actions taken by the health department as a result of the drowning.

113. List any safety improvements planned or implements to prevent similar drownings.

BETA

ADDITIONAL SPACE FOR FURTHER DETAIL IF NEEDED

BETA