



# SUBMERSION INCIDENT REPORT

FOR ALL DROWNING OR NEAR DROWNING  
INCIDENTS IN CLARK COUNTY

Fax completed form to SNHD EMS Office at: 702-383-1240

For questions call: 702-759-1050

**BASIC INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Your Agency's Incident Number: \_\_\_\_\_  
 Reporting Agency: \_\_\_\_\_  
 Incident Location City/Zip: \_\_\_\_\_

Type of Dwelling:  House  Apartment/Condo  
 Hotel/Motel  N/A  Other:

**VICTIM INFORMATION**

Age of Victim: \_\_\_\_\_ Sex:  M  F  
 Victim's Race/Ethnicity:  Unknown  
 Hispanic  White  Black  American Indian  
 Asian/PI  Other: \_\_\_\_\_

Victim Last Seen:  Unknown  
 Swimming  Playing Outside  Playing Inside  
 Sleeping  Other: \_\_\_\_\_

Est. Time of Submersion: \_\_\_\_\_  Unknown

Type of Clothing Worn by Victim:  Unknown  
 Swim suit  Day clothing  Pajamas  
 None  Other: \_\_\_\_\_

Personal Floatation Device (PFD)  Unknown  
 Yes  No  
 Appropriate PFD Type/Size  Unknown  
 Yes  No, why \_\_\_\_\_

**WATER SOURCE INFORMATION**

Site of Incident:  Unknown  
 Victim Residence  Relative Residence  
 Neighbor Residence  Friend Residence  
 Sitters/Daycare Provider  Public Pool  
 County/City Park  Other: \_\_\_\_\_

Water Clarity:  Clear  Cloudy  
 Muddy  Green  
 Unknown

Water Depth:  Under 18" (approx. depth \_\_\_\_\_)  
 18" - 48"  Over 4'  
 Unknown

Water Type:  Unknown  
 Pool - in ground  Spa/Hot Tub  Bathtub  
 Pool - above ground  Toilet  Bucket  
 Child wading pool  Lake or pond  Stream/river  
 Canal/irrigation ditch  Other: \_\_\_\_\_

Toys or other objects in water?  Unknown  
 No  Yes If yes, describe: \_\_\_\_\_

Year pool/spa was built: \_\_\_\_\_  Unknown  N/A

How long has current resident lived at this address?  
 \_\_\_\_\_  Unknown  N/A

**Form Completed by:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**A: ADULT SUPERVISION**

Age of Supervisor(s) at time of incident:  Unknown  
 Mother  Father  
 Sibling  Babysitter/Childcare Provider  
 Other (specify): \_\_\_\_\_

Supervisor activity immediately prior to incident:  
 \_\_\_\_\_  Unknown

Alcohol and/or drug use evident?  Yes  No  Unknown

**B: BARRIER INFORMATION**

Barriers Present Around Water:  Unknown  None  
 Property Perimeter Fence  Isolation Pool Fence  
 Fence Type: \_\_\_\_\_ Fence Type: \_\_\_\_\_  
 Fence Height: \_\_\_\_\_ Fence Height: \_\_\_\_\_

Self-closing/Self-latching gate  
 Gate working properly?  Yes  No  Unknown

Door/Window Alarm  Approved pool safety cover  
 Pool Safety Net  Self-closing doors on house  
 Perimeter pool alarm  In-Pool Alarm  
 Turtle Alarm on child  Other: \_\_\_\_\_

Access to Pool by Victim:  Unknown  
 Direct Access/No Barriers  
 Brought in to water area by other person  
 Victim breached safety barrier(s): (choose all that apply)  
 Fence  Pool Cover  House Window  
 Gate  Pool Alarm  House Door  
 Other: \_\_\_\_\_

Explain how victim got through barrier(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C: CLASSES/EMERGENCY PREPARATION**

Was rescue equipment near water? (Shepherd's hook, life ring, etc...)  Yes  No  Unknown

Did bystanders attempt CPR?  
 Yes  No  Unknown

Did victim ever take swim lessons or water safety classes?  
 Yes  No  Unknown

Did supervisors ever take CPR?  
 Yes  No  Unknown

**VICTIM CONDITION:**  
 Treated/released at scene  
 Transported to hospital \_\_\_\_\_  
 Deceased at scene

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