



SUBMERSION INCIDENT REPORT FORM (SIRF)

FOR ALL DROWNING OR NEAR DROWNING INCIDENTS IN SAN BERNARDINO COUNTY



BASIC INCIDENT INFORMATION	
Date of Incident: _____	Time of Incident: _____
Your Agency's Incident Number: _____	
Reporting Agency: _____	
Street name: _____	
Incident City: _____	
Zip code: _____	
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: _____

A: ADULT SUPERVISION
Supervisor(s) at time of incident: <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> NA = adult
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Sitter/Childcare Provider
<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Large gathering/party in progress at time of submersion = (>5 people in pool area)
Supervisor activity immediately prior to incident:
<input type="checkbox"/> <i>Unknown</i>
CPS referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i>

VICTIM INFORMATION
Age of Victim: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Victim's Race/Ethnicity: <input type="checkbox"/> <i>Unknown</i>
<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"/> Multi racial <input type="checkbox"/> Other _____
Victim Last Seen: <input type="checkbox"/> <i>Unknown</i>
<input type="checkbox"/> Swimming <input type="checkbox"/> Playing Outside <input type="checkbox"/> Playing Inside
<input type="checkbox"/> Sleeping <input type="checkbox"/> Other: _____
Est. length of time submersed: _____ <input type="checkbox"/> <i>Unknown</i>
Type of Clothing Worn by Victim: <input type="checkbox"/> <i>Unknown</i>
<input type="checkbox"/> Swim suit <input type="checkbox"/> Day clothing <input type="checkbox"/> Pajamas <input type="checkbox"/> None
Alcohol and/or drug use evident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i>

B: BARRIER INFORMATION
Water Barriers Present
Property fence present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unk</i> <input type="checkbox"/> N/A
2 nd fence around pool present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unk</i> <input type="checkbox"/> N/A
Self-closing/latching gate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unk</i> <input type="checkbox"/> N/A
Other barriers/alarms present:
<input checked="" type="checkbox"/> <i>Unknown/unable to assess</i>
<input type="checkbox"/> Sliding Door Alarm
<input type="checkbox"/> Pool Cover/Alarm
<input type="checkbox"/> Pool net
Other Barrier: _____
Access to Pool by Victim:
<input type="checkbox"/> <i>Unknown</i>
<input type="checkbox"/> Direct Access by Adult
<input type="checkbox"/> Direct Access by Child/no barriers or supervision
<input type="checkbox"/> Child brought in to water area by other person
<input type="checkbox"/> Pet door
Explain how victim got through barrier(s):

WATER SOURCE INFORMATION
Site of Incident: <input type="checkbox"/> <i>Unknown</i>
<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"/> Hotel/Motel
<input type="checkbox"/> Public (community, county, city)
<input type="checkbox"/> Other: _____
Water Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Muddy <input type="checkbox"/> Green <input type="checkbox"/> <i>Unknown</i>
Water Depth: <input type="checkbox"/> Under 18"(approx. depth _____) <input type="checkbox"/> 18" – 48" <input type="checkbox"/> Over 4' <input type="checkbox"/> <i>Unknown</i>
Water Type: <input type="checkbox"/> <i>Unknown</i>
<input type="checkbox"/> Pool – in ground <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Bathtub
<input type="checkbox"/> Pool – above ground <input type="checkbox"/> Toilet <input type="checkbox"/> Bucket
<input type="checkbox"/> Child wading pool <input type="checkbox"/> Lake or pond <input type="checkbox"/> Stream/river
<input type="checkbox"/> Canal/irrigation ditch <input type="checkbox"/> Other: _____
Toys or objects in water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i>
If yes, describe: _____
Pool/spa built before 1998? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unk</i> <input type="checkbox"/> N/A

C: CLASSES/EMERGENCY PREPARATION
Was rescue equipment near water?
<input type="checkbox"/> Shepherd's hook <input type="checkbox"/> life ring <input type="checkbox"/> other: _____
<input type="checkbox"/> <i>Unknown/not assessed</i>
Was CPR performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> NA
Who performed CPR?
<input type="checkbox"/> supervisor <input type="checkbox"/> bystander <input type="checkbox"/> 9-1-1 personnel <input type="checkbox"/> <i>Unknown</i>
<input type="checkbox"/> other: _____
Did victim ever take swim lessons or water safety classes?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i>
Dead on the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Unknown</i>

Completed by: _____
Email Address: _____
Contact Phone: _____

Victim Transported to: _____
Narrative: _____