

# Washington State Open Water Drowning Reporting Tool

## About the Tool

This “Tool” was developed to help public health departments, law enforcement agencies, medical examiners, and coroners offices to collect data on drowning deaths and to use the data for prevention. The Tool was created using existing data sources, such as Boating Accident Reports and Child Death Review investigation tools, research, and best practices to prevent drowning. The Tool was reviewed by local, national, and international drowning prevention experts. In 2013, law enforcement officers, medical examiners, and coroners piloted the tool in Washington State.

## Using the Tool

Public health departments, law enforcement agencies, medical examiner offices, and coroners’ offices can use this form to collect data on drowning injuries and deaths. Please complete this form after any event in which an individual experienced difficulty in the water that resulted in medical care or death. Filling out the form may require working with multiple agencies that have access to information. After the form is filled out, data can be aggregated to understand drowning trends and to create interventions to prevent drownings. If there are concerns about confidentiality, this form can be filled out without victim name, date of birth, and address. Seattle Children’s Hospital and the Washington State Department of Health Injury & Violence Prevention Program is working to develop an electronic statewide data collection system. For more information, contact [drowningprevention@seattlechildrens.org](mailto:drowningprevention@seattlechildrens.org).

– Turn Over for Tool –

Water Safety and Drowning Prevention Tools and Resources | [www.seattlechildrens.org/dp](http://www.seattlechildrens.org/dp)

Drowning Reporting Tool | [www.seattlechildrens.org/pdf/washington-state-open-water-drowning-reporting-tool.pdf](http://www.seattlechildrens.org/pdf/washington-state-open-water-drowning-reporting-tool.pdf)

## Washington State Open Water Drowning Reporting Tool

### A. Victim Information

1. Name: Last: _____		First: _____		MI: _____
2. Date of birth: ____/____/____ mm dd yyyy		3. Date of death: ____/____/____ mm dd yyyy		4. Age: _____
5. Sex: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unk		6. Race (check all that apply): <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Unk <input type="radio"/> Other:		7. Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
9. Street address: _____		10. City: _____		8. Primary language spoken at home: <input type="radio"/> English <input type="radio"/> Other: <input type="radio"/> Unk
11. Zip code: _____	12. County (WA residents only): _____			

### B. Location of Drowning

1. Body of water: _____			
2. Street address / location of drowning: _____			
3. City: _____		4. Zip code: _____	
5. County: _____			
6. GIS Location: _____			
7. Name of agency that has authority over water: _____			
8. Type of jurisdiction over water (check all that apply): <input type="radio"/> Commercial <input type="radio"/> City <input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Private <input type="radio"/> Residential <input type="radio"/> School <input type="radio"/> State <input type="radio"/> Tribe <input type="radio"/> Unk <input type="radio"/> Other:		9. Is this a park? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	10. If yes, agency that oversees park: _____
11. Type of water: <input type="radio"/> Estuary/bay <input type="radio"/> Gravel pit/quarry <input type="radio"/> Irrigation canal/ditch <input type="radio"/> Lake <input type="radio"/> Ocean <input type="radio"/> Pond <input type="radio"/> River <input type="radio"/> Sound <input type="radio"/> Unk <input type="radio"/> Other:		12. Did a water current play a role? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	13. Waves: <input type="radio"/> Calm (<6") <input type="radio"/> Choppy (6"-2') <input type="radio"/> Rough (>2') <input type="radio"/> Unk
			14. Water temp: _____ °F
			15. Air temp: _____ °F

#### For non-boating drownings (questions 16-20)

16. Was this a designated swim area: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk		17. Was there a lifeguard on duty: <input type="radio"/> Yes <input type="radio"/> No, after lifeguard hours <input type="radio"/> No lifeguard <input type="radio"/> Unk		18. Was there a life jacket loaner program: <input type="radio"/> Available & open for use <input type="radio"/> Available & closed for use <input type="radio"/> No <input type="radio"/> Unk <input type="radio"/> Other	
19. On shore, was there: <input type="radio"/> Rescue equipment <input type="radio"/> Safety/warning signs If either checked, please describe: _____			20. Was the water fenced or closed: <input type="radio"/> Yes, fully <input type="radio"/> Yes, partially <input type="radio"/> No <input type="radio"/> Unk If yes, was fence: <input type="radio"/> Breached <input type="radio"/> Broken <input type="radio"/> N/A <input type="radio"/> Unk		

**For boating-related drownings (Questions 21-24)**

21. Was there a life jacket loaner program at or near the boat launch: <input type="radio"/> Available & open for use <input type="radio"/> Available & closed for use <input type="radio"/> N/A <input type="radio"/> Unk <input type="radio"/> Other	22. Were there safety/warning signs posted at the boat launch: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/> Unk	23. Did the vessel have all legally required safety equipment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
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24. If checked 'yes' on Q22. for safety/warning signs posted, please describe:

**C. Rescue and Recovery**

1. Date of drowning: ____/____/____ mm dd yyyy	2. Time of drowning (military): <input type="radio"/> Unk	3. Time call received (military):
4. Time rescue unit arrived on scene (military):	5. Time rescuer brought victim out of water (military):	
6. Rescue attempt made by: <input type="radio"/> Bystander <input type="radio"/> Fire/ EMS / Divers <input type="radio"/> Lifeguard <input type="radio"/> Law Enforcement <input type="radio"/> N/A <input type="radio"/> Unk <input type="radio"/> Other:	7. If rescue attempt made, did rescuer also drown: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk If yes, how many drowned:	

If victim not found, skip to Section D

8. Victim responsive when found: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	9. CPR provided: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/> Unk If yes, complete questions 9a-9d:			
	a. Provided by (check all that apply): <input type="radio"/> Bystander <input type="radio"/> Fire/ EMS /Divers <input type="radio"/> Lifeguard <input type="radio"/> Law Enforcement <input type="radio"/> N/A <input type="radio"/> Other:	b. Type provided <input type="radio"/> Rescue breathing <input type="radio"/> Chest compression <input type="radio"/> Both <input type="radio"/> Unk	c. AED used: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	d. Time CPR started:  e. Time CPR stopped:

10. If victim was recovered, what was the time between victim was last seen and body was recovered (specify months, days, or years):

11. Who was the person with prior to drowning:  Alone  Camp  Daycare  Family  Friends  School  Unk  Other:

12. Where was the person last seen: <input type="radio"/> In water <input type="radio"/> On boat <input type="radio"/> On flotation <input type="radio"/> On dock <input type="radio"/> On shore <input type="radio"/> Unk <input type="radio"/> Other:	13. Was the drowning witnessed: <input type="radio"/> Yes, family <input type="radio"/> Yes, friends <input type="radio"/> Yes, stranger <input type="radio"/> Yes, other: <input type="radio"/> No <input type="radio"/> Unk
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14. Who found victim: <input type="radio"/> EMS <input type="radio"/> Family <input type="radio"/> Friends <input type="radio"/> Police <input type="radio"/> Other: <input type="radio"/> Strangers <input type="radio"/> Unk	15. How was the body found: <input type="radio"/> Face up <input type="radio"/> Face down <input type="radio"/> On their side <input type="radio"/> Under a dock <input type="radio"/> Under a log <input type="radio"/> Unk <input type="radio"/> Other:	16. Where was victim found: <input type="radio"/> Floating <input type="radio"/> Submerged <input type="radio"/> On shore <input type="radio"/> Unk	a. If found in water, distance from shore:  b. If found in water, depth of water:
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16. Was victim hospitalized? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/> Unk	17. If hospitalized, date of hospital discharge: ____/____/____ mm dd yyyy	18. Did victim die: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	a. If yes, where did victim die: <input type="radio"/> At scene <input type="radio"/> On way to hospital <input type="radio"/> At hospital <input type="radio"/> After hospital discharge <input type="radio"/> Unk
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19. Describe where and how the body was found:

20. Describe physical condition of body when found:

### D. Drowning Event

1. Activity at time of drowning (check all that apply):

- |   |   |   |                              |
|---|---|---|------------------------------|
| <input type="radio"/> Attempting to rescue  | <input type="radio"/> Fishing                         | <input type="radio"/> Scuba diving              | <input type="radio"/> Other: |
| <input type="radio"/> Boating               | <input type="radio"/> Kayaking                        | <input type="radio"/> Surfing                   | <input type="radio"/> Unk    |
| <input type="radio"/> Canoeing              | <input type="radio"/> Paddleboarding                  | <input type="radio"/> Swimming                  |                              |
| <input type="radio"/> Competing (e.g. race) | <input type="radio"/> Personal watercraft             | <input type="radio"/> Wading                    |                              |
| <input type="radio"/> Diving                | <input type="radio"/> Playing / recreating near water | <input type="radio"/> Waterskiing / being towed |                              |

2. Event contributing to drowning:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="radio"/> Airplane crash       | <input type="radio"/> Caught in current                        | <input type="radio"/> Suicide       |
| <input type="radio"/> Attempting to rescue | <input type="radio"/> Carbon monoxide poisoning                | <input type="radio"/> Trauma/injury |
| <input type="radio"/> Boat capsized        | <input type="radio"/> Fell in water                            | <input type="radio"/> None          |
| <input type="radio"/> Boat crash           | <input type="radio"/> Cold water temperature                   | <input type="radio"/> Unk           |
| <input type="radio"/> Boat swamped         | <input type="radio"/> Homicide                                 | <input type="radio"/> Other:        |
| <input type="radio"/> Car/vehicle drove in | <input type="radio"/> Illness/medical condition (e.g. seizure) |                                     |

3. Was clothing a factor in drowning:  Yes  No  Unk

4. Was a law violated?

- |   |  |
|---|--|
| <input type="radio"/> Yes, boat related law (e.g. PFD on PWC)   | If checked yes, please describe law violation: |
| <input type="radio"/> Yes, site related law (e.g. PFD on river) |  |
| <input type="radio"/> Yes, other                                |  |
| <input type="radio"/> No  |  |
| <input type="radio"/> Unk                                       |  |

### For boating-related drowning

5. If person was boating, what type of boat:

- |                                       |   |                                |
|---------------------------------------|---|--------------------------------|
| <input type="radio"/> Canoe           | <input type="radio"/> Motorized boat:         | <input type="radio"/> Sailboat |
| <input type="radio"/> Inflatable raft | <input type="radio"/> Paddleboard / sailboard | <input type="radio"/> Unk      |
| <input type="radio"/> Innertube       | <input type="radio"/> Personal watercraft     | <input type="radio"/> Other:   |
| <input type="radio"/> Kayak           | <input type="radio"/> Rowboat / dinghy        |                                |

6. What was the boat length:  <16 feet  16-20 feet  21-25 feet  >25 feet

### E. Investigation

**If body not found, skip to Section F. Return to this section when you have the information to fill it out.**

1. Death referred to:  Medical examiner  Coroner  N/A  Unk

2. Autopsy performed:  Yes  No  Unk

3. Toxicology performed:

- |                           |         |                                     |                                      |                                       |   |                              |
|---------------------------|---------|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------|
| <input type="radio"/> Yes | If yes: | If positive (check all that apply): |                                      |                                       |   |                              |
| <input type="radio"/> No  |         | <input type="radio"/> Positive      | <input type="radio"/> Alcohol – BAC: | <input type="radio"/> Marijuana       | <input type="radio"/> Opiate                  | <input type="radio"/> Other: |
| <input type="radio"/> Unk |         | <input type="radio"/> Negative      | <input type="radio"/> Cocaine        | <input type="radio"/> Methamphetamine | <input type="radio"/> Prescription painkiller |                              |

4. Alcohol / drugs suspected:

- Yes  No  Unk

5. Alcohol / drugs found at scene

- Yes  No  Unk

6. History of alcohol or drug use:

- Yes  No  Unk

7. Lividity:  Yes  No  Unk

8. Rigor:  Yes  No  Unk

9. Ligation marks:  Yes  No  Unk

10. Injuries:

11. Signs of intentional drowning:

- |  |                          |  |
|--|--------------------------|--|
| <input type="radio"/> Yes, homicide                | If yes, inconsistencies: | If yes, concerning behavior or statements: |
| <input type="radio"/> Yes, suicide                 |                          |  |
| <input type="radio"/> No <input type="radio"/> Unk |                          |  |

12. History of criminal activity:

- Yes  
 No  
 Unk

**F. Cause of Death**

1. Official manner of death:  Natural  Unintentional  Homicide  Suicide  Undetermined

2. Cause of death:

**G. Health History**

1. Medical, mental, behavioral, or physical condition contributed to drowning:

- Yes, describe:  
 No  
 Unk

2. Suicide History

- History of suicidal ideation  
 History of self-harm behaviors  
 History of suicidal attempts  
 N/A  
 Unk

**H. Life Jacket Use**

1. Wore a life jacket:  Yes, USCG approved  No, wore a non USCG approved life jacket  No life jacket  Unk

a. If yes, was life jacket correct size:

- Yes  
 No  
 Unk

b. If yes, was life jacket worn correctly:

- Yes  
 No  
 Unk

c. If yes, life jacket type:

- Inflatable  
 Non-inflatable  
 Unk

d. If inflatable, life jacket inflated:

- Yes  
 No  
 Unk

**I. Water Recreation History**

1. Swimming ability:

- Good  Unk  
 Fair  
 Poor  
 Unable to swim

2. Learned to swim from:

- Class  
 Family or friends  
 Other  
 Unk

3. Comfortable in water:  Yes  No  Unk

4. Familiar with site:  Yes  No  Unk

5. Mandatory Boater Education:  Yes  No  Unk

6. If doing water activity, familiar with activity:

- Yes  No  Unk

**J. Children and Youth**

1. Who was supervising victim:

- Family member  None  
 Babysitter  Other:  
 Teacher/group leader  Unk

2. What was the supervisor's age:

- Under 18  
 Over 18  
 Unk

If known, estimated age of supervisor:

3. At time of drowning, was supervisor impaired:

- N/A  Distracted  Disability  
 Alcohol  Drug  Other:  
 Asleep  Illness:

4. If supervisor impaired by alcohol/drugs, was there a tox screen:

- Yes, results were positive  Unk  
 Yes, results were negative  
 No

5. Was there child protective services (CPS) involvement:

- Yes family services  Yes, physical  No  
 Yes, neglect  Yes, sexual  Unk

**K. Investigator's Account**

1. In your opinion, what could have prevented the death (check all that apply):

- Avoid alcohol / drugs  Improved supervision by lifeguard  Safety signs  
 Avoid high risk water conditions  Improved supervision by supervisor  Swim lessons  
 Barrier around or closure of site  Lifeguard at site  Other  
 Bystander/supervisor CPR Skills  PFD use  
 Bystander/supervisor rescue skills  Rescue equipment at site

2. Describe what happen and sequence of events. Make sure to include any details not previously listed that may be of importance to the investigation (attach extra pages if necessary):

**L. Reporting Process**

1. What data sources were used for this report (check all that apply):
- Autopsy/pathology report
  - Birth certificate
  - Child protection agency records
  - Death certificate
  - EMS run sheet
  - Hospital records
  - Law enforcement records
  - Medical examiner/coroner records
  - Medical records
  - Mental health records
  - School records
  - Substance abuse treatment records
  - Other:

2. Factors that made it difficult to fill out form:
- Confidentiality issues
  - Data not available
  - Difficulty obtaining data
  - Other:

**M. Form Completed By:**

Name:	Phone :
Title:	E-mail:
Agency:	Date Completed:
Agency Case #:	