**FATAL/SERIOUS ACCIDENT REPORT**

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Date</th>
<th>County</th>
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**CONFIDENTIAL**

FOR STATE USE ONLY

**Case Number** | **Date** | **County**
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1. **Date of Incident**
   - [ ] __Month__/__Day__/__Year__

2. **Time of Incident**
   - [ ] __Time__: [ ] AM [ ] PM

3. **Date of Report**
   - [ ] __Month__/__Day__/__Year__

4. **Activity of Victim** (Check ALL that apply)
   - [ ] Swimming (SW)
   - [ ] Bathing (Hot Tub) (BH)
   - [ ] Wading (WD)
   - [ ] Surfing (SF)
   - [ ] Skiing (SK)
   - [ ] SCUBA/Snorkeling (SC)
   - [ ] Playing by Water (PW)
   - [ ] Diving (DV)
   - [ ] Using Swimming Accessories, Inflatable (SI)
   - [ ] Using Swimming Accessories, Other (SO)
   - [ ] Fell into Water (FW)
   - [ ] Fell Elsewhere (FE)
   - [ ] Attempting Rescue, Lifeguard (LG)
   - [ ] Attempting Rescue, Other (AR)
   - [ ] Boating (BT)
   - [ ] Other (OT)

**VICTIM INFORMATION**

**VICTIM #**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Race</th>
<th>Height</th>
<th>Weight</th>
</tr>
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<tbody>
<tr>
<td>[ ] Male</td>
<td>[ ] White</td>
<td>[ ] Feet [ ] Inches</td>
<td>[ ] Pounds</td>
</tr>
<tr>
<td>[ ] Female</td>
<td>[ ] Hispanic</td>
<td>[ ] Black</td>
<td>[ ] Other</td>
</tr>
<tr>
<td>[ ] White</td>
<td>[ ] Hispanic</td>
<td>[ ] Black</td>
<td>[ ] Other</td>
</tr>
</tbody>
</table>

5. **Victim Number**

6. **Age of Victim**

9. **Height**

10. **Weight**

7. **Sex**
   - [ ] Male
   - [ ] Female

8. **Race**
   - [ ] White
   - [ ] Hispanic
   - [ ] Black
   - [ ] Other

11. **Physical Condition/Limitations**
   - [ ] Intoxicated/Alcohol Consumed
   - [ ] Drugs or Narcotics Used

   a. Tested?  [ ] Yes  [ ] No  [ ] Unknown
   b. Time Done?  [ ] AM  [ ] PM
   c. Blood Level?

   a. Tested?  [ ] Yes  [ ] No  [ ] Unknown
   b. Time Done?  [ ] AM  [ ] PM
   c. Blood Level?

3. **Heart Disease**
4. **Epilepsy**
5. **Deafness**
6. **Blindness**
7. **Extreme Overweight**
8. **Other**

**EXACT LOCATION**

12. **Name of Facility or Body of Water**

13. **County**

14. **Street Address**

15. **City, State, Zip Code**

16. **Site (Landmarks, Guard Tower Numbers, etc.)**

17. **Body of Water**
   - [ ] Ocean
   - [ ] Bay
   - [ ] Lake
   - [ ] Pond/Pit
   - [ ] Ditch/Canal
   - [ ] River/Creek/Stream
   - [ ] Swimming and Wading Pool
   - [ ] Hot Tub/Spa
   - [ ] Other
### INCIDENT INFORMATION (Continued)

18. Was there immersion by the victim into water involved?  
- □ Yes, Entry Voluntary  
- □ Yes, Entry Involuntary  
- □ Yes, Unknown Whether Voluntary or Involuntary  
- □ Incident Did Not Involve Immersion  

a. If yes, what was the victim's swimming ability?  
- □ Good  
- □ Fair  
- □ Poor  
- □ Unknown  

b. What was the victim's attire?  
- □ Street Clothes  
- □ No Clothing Worn  
- □ Swimming Clothes  
- □ Other  

c. Was a personal flotation device worn?  
- □ Yes  
- □ No  

d. What was the water depth?  

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19. What were the Weather/Water conditions?  

(FOR ALL RECREATIONAL BATHING FACILITIES)  
- a. Air Temperature: □ Degrees Fahrenheit  
- b. Water Temperature: □ Degrees Fahrenheit  
- c. Did Water/Weather conditions contribute?  
  - □ Yes  
  - □ No  

(FOR POOLS AND HOT TUBS ONLY)  
- d. Was Water Cloudy?  
  - □ Yes  
  - □ No  

(FOR BATHING BEACHES ONLY)  
- e. Wind:  
  - □ None  
  - □ Light  
  - □ Moderate  
  - □ Strong  
- f. Wind Direction:  
  - □ From Shore  
  - □ From Water  
  - □ Along Shore  
- g. Riptide current involved (ocean only)  
  - □ Yes  
  - □ No  
- h. Longshore current?  
  - □ Yes  
  - □ No  

20. Was it a public recreational bathing place?  
- □ Yes  
- □ No  

a. If Yes, was the facility licensed/approved?  
- □ Yes  
- □ No  

21. Did the incident occur in a guarded area?  
- □ Yes  
- □ No  

22. Were other people around?  
- □ Yes  
- □ No  

23. Was the facility open for public use at the time?  
- □ Yes  
- □ No  

a. If yes, was a lifeguard on duty?  
- □ Yes  
- □ No  

24. Was there any violation of NJAC 8:26 “Public Recreational Bathing” regulation that may have contributed to the incident?  
- □ Yes  
- □ No  

If yes, list citation numbers and describe:  

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### MEDICAL ATTENTION

25. What kind of incident occurred at the scene?  
- □ Drowning  
- □ Near Drowning  
- □ Suspected Neck Injury and Central Nervous System Trauma  
- □ Other:  

26. Was the victim unconscious at any time?  
- □ Yes  
- □ No  

27. Was medical attention given?  
- □ Yes  
- □ No  

a. If Yes, by whom?  

28. Was CPR administered?  
- □ Yes  
- □ No  

a. If yes, by whom?  

29. Were emergency medical services called?  
- □ Yes  
- □ No  

a. If yes, type of provider?  
- □ Doctor  
- □ Ambulance  
- □ Other:
### FATAL/SERIOUS ACCIDENT REPORT (Continued)

30. What was the outcome of medical attention?
   1. [ ] Treated at Scene and Released
   2. [ ] Victim Transferred to Medical Care
   3. [ ] Victim Refused Medical Care
   4. [ ] Dead at Scene
   5. [ ] Other

   a. If the victim was transferred to medical care, give name of facility: ____________________________

   b. Was the victim admitted to a hospital?
      1. [ ] Yes  2. [ ] No  3. [ ] Unknown

31. Did the victim die as a result of this accident?
   1. [ ] Yes  2. [ ] No  3. [ ] Unknown

32. Was the local health department notified by the owner/operator?
   1. [ ] Yes  2. [ ] No

   a. If Yes, when? ____________________________

   b. If Yes, by whom? ____________________________

   c. If No, how did the local health department become aware? ____________________________

### DESCRIPTION OF INCIDENT

Describe incident, including all pertinent information. Elaborate as necessary. Also describe any measures that might prevent a future incident of this nature. Use additional continuation sheets if necessary.

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Name of Health Official Completing Form (Print) ____________________________

Title ____________________________

Signature ____________________________

Date ____________________________

Distribution: Original - NJDOH
Copy - Local Health Department