

WATER INCIDENT RESEARCH ALLIANCE
Forward Completed Reports To Fax # 1-866-221-5553

INCIDENT REPORT FOR IN-WATER AQUATIC INCIDENTS ONLY
(includes on-ice and near-water) WIRA File #:

| | | |
|---|------------------------|--|
| Your File Number: | Your Tel. () - | WIRA Entered: |
| Reporter: | | Your Agency: |
| Date DD/MM/YY / / | Time: : AM/PM | Light Conditions <input type="checkbox"/> light <input type="checkbox"/> dark |
| Name of specific location where incident occurred: | | First 3 digits of Postal Code of incident location: |
| a) nearest city/town b) province/territory c) county/regional municipality d) name of body of water/facility | | |

VICTIM

| | | | |
|---|--|--|---|
| Number of victims involved in this incident: <input type="checkbox"/> 1 <input type="checkbox"/> 2+ (if 2+ victims; submit a separate report for each) | | | |
| Age: | Gender: <input type="checkbox"/> male <input type="checkbox"/> Female | | |
| Swimming Ability: <input type="checkbox"/> swimmer <input type="checkbox"/> non-swimmer <input type="checkbox"/> unknown | | Victim alone when incident occurred: <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Victim's principal residence: (a) city/town | | (b) province/territory | |
| Type of incident (Check one answer only) | | | |
| <input type="checkbox"/> rescue only | <input type="checkbox"/> minor first aid only | <input type="checkbox"/> major injury (long-term hospitalization) | <input type="checkbox"/> presumed drown |
| <input type="checkbox"/> self-rescue | <input type="checkbox"/> minor injury (beyond first aid) | <input type="checkbox"/> fatality | <input type="checkbox"/> other, specify |
| Cause of fatality or factors contributing to non-fatal incident/injury (check all that apply) | | | |
| <input type="checkbox"/> drowning | <input type="checkbox"/> drugs | <input type="checkbox"/> Weather | <input type="checkbox"/> personal factor |
| <input type="checkbox"/> non-swimmer | <input type="checkbox"/> hypothermia | <input type="checkbox"/> medical factor, specify, | <input type="checkbox"/> equipment factor |
| <input type="checkbox"/> not wearing PFD | <input type="checkbox"/> trauma | <input type="checkbox"/> environmental factor | <input type="checkbox"/> other, specify |

INCIDENT DETAILS

| | | | |
|---|--|--|--|
| Alcohol involved: <input type="checkbox"/> yes (known or suspected) <input type="checkbox"/> no <input type="checkbox"/> unknown | | | |
| Type of location (Check one answer only) | | | |
| <input type="checkbox"/> public pool indoor | <input type="checkbox"/> private pool backyard | <input type="checkbox"/> dam/reservoir | <input type="checkbox"/> hot tub/whirlpool |
| <input type="checkbox"/> public pool outdoor | <input type="checkbox"/> private pool other | <input type="checkbox"/> ocean | <input type="checkbox"/> waterslide |
| <input type="checkbox"/> lake/pond/bay | <input type="checkbox"/> river/stream/creek/waterfall/rapids | <input type="checkbox"/> bathtub | <input type="checkbox"/> other, specify |
| Purpose of victim's activity: (Check one answer only) | | | |
| <input type="checkbox"/> recreational | <input type="checkbox"/> occupational | <input type="checkbox"/> daily living activity | <input type="checkbox"/> attempted rescue |
| If recreational, specify activity of victim: (Check 1 or 2 answers) | | | |
| <input type="checkbox"/> walking/running near water or on ice | <input type="checkbox"/> swimming | <input type="checkbox"/> fishing | <input type="checkbox"/> other, specify |
| <input type="checkbox"/> playing near water or on ice | <input type="checkbox"/> camp/lesson | <input type="checkbox"/> hunting | |
| <input type="checkbox"/> playing in water/wading | <input type="checkbox"/> diving/jumping into water | <input type="checkbox"/> scuba diving | |
| Type of activity victim involved in: (Check one answer only) | | | |
| <input type="checkbox"/> in-water aquatic (continue form) | | <input type="checkbox"/> non-aquatic (includes on-ice and near-water) go to Synopsis | |

FOR IN-WATER AQUATIC INCIDENTS

| | | | |
|--|--|---------------------------------|--|
| Did incident occur in an aquatic facility or public waterfront: <input type="checkbox"/> yes <input type="checkbox"/> no if yes, jurisdiction/agency | | | |
| Weather/water: <input type="checkbox"/> rough water <input type="checkbox"/> cold water <input type="checkbox"/> calm <input type="checkbox"/> other, specify | | | |
| Lifeguard on duty: <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| Safety equipment used in the rescue: <input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify what | | | |
| Rescue attempted by: (check all that apply) | | | |
| <input type="checkbox"/> lifeguard | <input type="checkbox"/> companion/bystander | <input type="checkbox"/> police | <input type="checkbox"/> other professional <input type="checkbox"/> not attempted |
| Did rescuer enter the water: <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| If rescue was attempted, was it successful: <input type="checkbox"/> yes <input type="checkbox"/> no, specify why | | | |

SYNOPSIS

In your own words write the details that would help explain what happened in the incident
