New Jersey Department of Health
Consumer, Environmental
and Occupational Health Service
P. O. Box 369
Trenton, NJ 08625-0369

FATAL/SERIOUS ACCIDENT REPORT

CONFIDENTIAL

FOR STATE USE ONLY

Case Number	Date
County	

1. Date of Incident	2. Time of Incident	3. Date of Report
____ / ____ / ____ Month Day Year	____ : ____ ☐AM ☐PM	____ / ____ / ____ Month Day Year

4. Activity of Victim *(Check ALL that apply)*

1 ☐ Swimming (SW)
2 ☐ Bathing (Hot Tub) (BH)
3 ☐ Wading (WD)
4 ☐ Surfing (SF)
5 ☐ Skiing (SK)
6 ☐ SCUBA/Snorkeling (SC)
7 ☐ Playing by Water (PW)
8 ☐ Diving (DV)
9 ☐ Using Swimming Accessories, Inflatable (SI)
10 ☐ Using Swimming Accessories, Other (SO)
11 ☐ Fell into Water (FW)
12 ☐ Fell Elsewhere (FE)
13 ☐ Attempting Rescue, Lifeguard (LG)
14 ☐ Attempting Rescue, Other (AR)
15 ☐ Boating (BT)
16 ☐ Other (OT) _____

VICTIM INFORMATION

5. Victim Number	6. Age of Victim
VICTIM #	

7. Sex	8. Race	9. Height	10. Weight
1 ☐ Male 2 ☐ Female	1 ☐ White 3 ☐ Hispanic 2 ☐ Black 4 ☐ Other	____ ____ Feet Inches	____ Pounds

11. Physical Condition/Limitations

1 ☐ Intoxicated/Alcohol Consumed
a. Tested? 1 ☐ Yes 2 ☐ No 3 ☐ Unknown
b. Time Done? ____ : ____ ☐AM ☐PM
c. Blood Level? _____
2 ☐ Drugs or Narcotics Used
a. Tested? 1 ☐ Yes 2 ☐ No 3 ☐ 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

1 ☐ Ocean
2 ☐ Bay
3 ☐ Lake
4 ☐ Pond/Pit
5 ☐ Ditch/Canal
6 ☐ River/Creek/Stream
7 ☐ Swimming and Wading Pool
8 ☐ Hot Tub/Spa
9 ☐ Other _____

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INCIDENT INFORMATION

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

a. If yes, what was the victim's swimming ability?
1 ☐ Good 2 ☐ Fair 3 ☐ Poor 4 ☐ Unknown

b. What was the victim's attire?
1 ☐ Street Clothes 3 ☐ No Clothing Worn
2 ☐ Swimming Clothes 4 ☐ Other

c. Was a personal flotation device worn?
1 ☐ Yes 2 ☐ No

d. What was the water depth?
_____ Feet _____ Inches

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? 1 ☐ Yes 2 ☐ No

(FOR POOLS AND HOT TUBS ONLY)

d. Was Water Cloudy? 1 ☐ Yes 2 ☐ No

(FOR BATHING BEACHES ONLY)

e. Wind: 1 ☐ None 2 ☐ Light 3 ☐ Moderate 4 ☐ Strong

f. Wind Direction: 1 ☐ From Shore 2 ☐ From Water 3 ☐ Along Shore

g. Riptide current involved (ocean only) 1 ☐ Yes 2 ☐ No

h. Longshore current? 1 ☐ Yes 2 ☐ No

20. Was it a public recreational bathing place?
1 ☐ Yes 2 ☐ No

a. If Yes, was the facility licensed/approved?
1 ☐ Yes 2 ☐ No

21. Did the incident occur in a guarded area?
1 ☐ Yes 2 ☐ No

22. Were other people around?
1 ☐ Yes 2 ☐ No

23. Was the facility open for public use at the time?
1 ☐ Yes 2 ☐ No

a. If yes, was a lifeguard on duty?
1 ☐ Yes 2 ☐ No

24. Was there any violation of NJAC 8:26 "Public Recreational Bathing" regulation that may have contributed to the incident?
1 ☐ Yes 2 ☐ No
If yes, list citation numbers and describe: _____

MEDICAL ATTENTION

25. What kind of incident occurred at the scene?
1 ☐ Drowning 3 ☐ Suspected Neck Injury and Central Nervous System Trauma
2 ☐ Near Drowning 4 ☐ Other: _____

26. Was the victim unconscious at any time?
1 ☐ Yes 2 ☐ No

27. Was medical attention given?
1 ☐ Yes 2 ☐ No

a. If Yes, by whom?

28. Was CPR administered?
1 ☐ Yes 2 ☐ No

a. If yes, by whom?

29. Were emergency medical services called?
1 ☐ Yes 2 ☐ No

a. If yes, type of provider?
1 ☐ Doctor 2 ☐ Ambulance
3 ☐ Other:

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30. What was the outcome of medical attention?	a. If the victim was transferred to medical care, give name of facility:
1 ☐ Treated at Scene and Released 2 ☐ Victim Transferred to Medical Care 3 ☐ Victim Refused Medical Care 4 ☐ Dead at Scene 5 ☐ Other	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.

Name of Health Official Completing Form (Print)	Title
Signature	Date

Distribution: Original - NJDOH
Copy - Local Health Department