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

FATAL/SERIOUS ACCIDENT REPORT

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

EXACT LOCATION

4. Name of Facility or Body of Water	5. County

6. Street Address

7. City, State, Zip Code	8. Site (Landmarks, Guard Tower Numbers, etc.)

9. 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
9 ☐ Other _____

VICTIM INFORMATION

10. Last Name First Name MI	11. Date of Birth
	____ / ____ / ____ Month Day Year
12. Street Address	13. Home Telephone Number ( )
14. City, State, Zip Code	15. Business Telephone Number ( )

16. Sex	17. Race	18. Height	19. Weight
1 ☐ Male 2 ☐ Female	1 ☐ White 3 ☐ Hispanic 2 ☐ Black 4 ☐ Other	____ ____ Feet Inches	____ Pounds

20. 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 _____

21. Activity of Victim (Check ALL that apply)

1 ☐ Swimming
2 ☐ Bathing (Hot Tub)
3 ☐ Wading
4 ☐ Surfing
5 ☐ Skiing
6 ☐ SCUBA/Snorkeling
7 ☐ Playing by Water
8 ☐ Diving
9 ☐ Using Swimming Accessories, Inflatable
10 ☐ Using Swimming Accessories, Other
11 ☐ Fell into Water
12 ☐ Fell Elsewhere
13 ☐ Attempting Rescue, Lifeguard
14 ☐ Attempting Rescue, Other
15 ☐ Boating
16 ☐ Other

FATAL/SERIOUS ACCIDENT REPORT
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INCIDENT INFORMATION

22. 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

23. 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

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

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

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

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

27. 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

28. 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

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

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

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

a. If Yes, by whom?

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

a. If yes, by whom?

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

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

FATAL/SERIOUS ACCIDENT REPORT
(Continued)

34. 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

35. Did the victim die as a result of this accident?

1 ☐ Yes 2 ☐ No 3 ☐ Unknown

36. 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