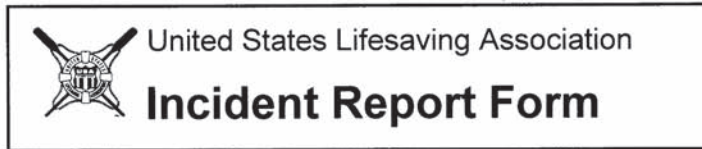


Lifeguard Agency: _____

Incident Location: _____



Incident Date: _____

Time: _____ AM PM

Incident Description

| | | |
|---|--|--|
| <input type="checkbox"/> Water Rescue: | <input type="checkbox"/> Medical Aid: | <input type="checkbox"/> Lost Person |
| <input type="checkbox"/> Ocean | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Boat Rescue |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Laceration | <input type="checkbox"/> Cliff Rescue |
| <input type="checkbox"/> Lake | <input type="checkbox"/> Burn | <input type="checkbox"/> Flood Rescue |
| <input type="checkbox"/> River | <input type="checkbox"/> Fracture | <input type="checkbox"/> Arrest |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Victim's Activity

| | |
|--|--|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Floating | <input type="checkbox"/> Walking/Running |
| <input type="checkbox"/> Wading | <input type="checkbox"/> SCUBA/Skin Diving |
| <input type="checkbox"/> Surfing | <input type="checkbox"/> Beach Activity |
| <input type="checkbox"/> Body Surfing | <input type="checkbox"/> Jumping/Diving |
| <input type="checkbox"/> Non-Swimmer | <input type="checkbox"/> Other: _____ |

Primary Cause

| |
|---|
| <input type="checkbox"/> Rip Current |
| <input type="checkbox"/> Large Surf |
| <input type="checkbox"/> SCUBA |
| <input type="checkbox"/> Drop-off |
| <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> Other: _____ |

Victim Information

Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 Age: _____ Male Female ♦ Injury Description: _____

Incident Details

Victim Disposition: Released Released to Parent Advised to see Physician Ambulance Police Other:

Responding Lifeguards: _____

Lifeguard Agency: _____

Incident Location: _____



Incident Date: _____

Time: _____ AM PM

Incident Description

| | | |
|---|--|--|
| <input type="checkbox"/> Water Rescue: | <input type="checkbox"/> Medical Aid: | <input type="checkbox"/> Lost Person |
| <input type="checkbox"/> Ocean | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Boat Rescue |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Laceration | <input type="checkbox"/> Cliff Rescue |
| <input type="checkbox"/> Lake | <input type="checkbox"/> Burn | <input type="checkbox"/> Flood Rescue |
| <input type="checkbox"/> River | <input type="checkbox"/> Fracture | <input type="checkbox"/> Arrest |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Victim's Activity

| | |
|--|--|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Floating | <input type="checkbox"/> Walking/Running |
| <input type="checkbox"/> Wading | <input type="checkbox"/> SCUBA/Skin Diving |
| <input type="checkbox"/> Surfing | <input type="checkbox"/> Beach Activity |
| <input type="checkbox"/> Body Surfing | <input type="checkbox"/> Jumping/Diving |
| <input type="checkbox"/> Non-Swimmer | <input type="checkbox"/> Other: _____ |

Primary Cause

| |
|---|
| <input type="checkbox"/> Rip Current |
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| <input type="checkbox"/> Drop-off |
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| <input type="checkbox"/> Other: _____ |

Victim Information

Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 Age: _____ Male Female ♦ Injury Description: _____

Incident Details

Victim Disposition: Released Released to Parent Advised to see Physician Ambulance Police Other:

Responding Lifeguards: _____