

## INTRODUCTION

The Water-Related Death Scene Investigation (DSI) Protocol is a tool to help investigators collect detailed, standardized information in drowning and other water-related deaths. It provides a process for investigators to seek and collect rich, detailed, and contextual information that can support more effective investigations, public safety, public health, and prevention planning. Throughout this protocol, the decedent is referred to as “the subject.”

**The Water-Related DSI Protocol is divided into three parts:**

### REPORTING PARTY/WITNESS INTERVIEW FORM

Found on **page 2**, this portion of the Protocol is intended to collect important information from people at the scene, including witnesses or those who found the subject. It poses time-sensitive questions to those in the vicinity of the incident or where the subject was found. If family members are the witnesses/reporting party, additional questions from the Decedent Information Report should be asked.

### SCENE PROCESSING FORM

Found on **page 6**, this portion of the Protocol is intended to collect important information about the location and environment where the subject was found. It poses time-sensitive questions to collect transient information and process the scene.

### DECEDENT INFORMATION FORM

Found on **page 18**, this portion of the Protocol includes important information about the subject, including significant risk factors for drowning. Information in this section may be collected from multiple sources including further investigation activities, autopsy reports, and family members.

**The following report summarizes the investigation of the following individual:**

Name of subject:

Subject date of birth:

Subject date of death:

Subject sex at birth:  Female  Male

Subject race (*check all that apply*):  Alaska Native, specify tribe:

Native Hawaiian

American Indian, specify tribe:

White

Pacific Islander, specify:

Black

Asian, specify:

Unknown

Hispanic or Latino/a origin?:  Yes  No  Unknown

Subject height and weight:                      feet                      inches                      pounds                      ounces

Time of death, if known (Military):  Unknown

## DECEDENT INVESTIGATION FORM

This section contains questions that may be answered on-scene during an investigation, or answered after one has left the scene, including autopsy and toxicology screening. This also includes information from the subject's family or caregivers.

1. What happened? Please describe the incident and the sequence of events leading up to it, including the source of the information, details around entry or submersion, or additional drownings that may have occurred at the same time. *PLEASE DO NOT INCLUDE ANY IDENTIFIERS IN THIS TEXT.* This includes names, addresses, business names, and specific service providers.

2. What sources were used to gather information for this report? Such as medical records to verify diagnoses. Check all that apply.

- |                                                   |                                                 |                                                                          |
|---------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Autopsy/pathology report | <input type="checkbox"/> EMS report             | <input type="checkbox"/> Subject's medical records                       |
| <input type="checkbox"/> CDR meeting notes        | <input type="checkbox"/> Family interview       | <input type="checkbox"/> SUIDI form                                      |
| <input type="checkbox"/> Court records            | <input type="checkbox"/> Hospital records       | <input type="checkbox"/> Toxicology reports                              |
| <input type="checkbox"/> CPS records              | <input type="checkbox"/> Law enforcement report | <input type="checkbox"/> Water-related DSI protocol ( <i>this form</i> ) |
| <input type="checkbox"/> Death alert              | <input type="checkbox"/> MEI/Coroner report     | <input type="checkbox"/> Obituary                                        |
| <input type="checkbox"/> Death certificate        | <input type="checkbox"/> Other, specify:        |                                                                          |

3. Did the subject have a history of experiencing child maltreatment, abuse, or neglect?

Yes                                       No                                       Unknown

4. Was there an open child welfare case at the time of the incident?

Yes                                       No                                       Unknown

5. Did the subject have a history of criminal activity?

Yes                                       No                                       Unknown

6. Was subject familiar with the location?

Yes                                       No                                       Unknown

7. Subject's swimming ability?

- Not a swimmer (*may not voluntarily enter water or cannot put their face in the water or float*)
- Beginner swimmer (*comfortable putting their face in the water or floating*)
- Unknown
- Intermediate swimmer (*comfortable and/or safe in deep water*)
- Advanced swimmer (*can swim multiple strokes efficiently*)

8. Did subject usually rely on a flotation device for water-related activities?

- Yes
- No
- Unknown

9. If the subject could swim, how did they learn? Check all that apply.

- Formal swimming lessons  
Describe the instruction, including skills taught and how many lessons:  
When did the instruction occur? Estimate if necessary:
- Taught by family member or friend  
Describe the instruction, including skills taught and how many lessons:  
When did the instruction occur? Estimate if necessary:
- Other, describe:  
Describe the instruction, including skills taught and how many lessons:  
When did the instruction occur? Estimate if necessary:
- Unknown
- Subject could not swim

10. Did any of the following prevent the subject from participating in swimming lessons? Check all that apply.

- Distance to swimming facility
- Lack of swimming lessons in geographic area
- Child fear of water
- Cost (*including equipment, childcare, time off work, etc.*)
- Family did not think swim lessons were necessary
- No barriers
- Family's lack of knowledge or fear of water
- Family thought subject too young for lessons
- Family did not think lessons could accommodate the subject's needs
- Other, describe:
- Unknown

11. Select all of the following skills the subject was able to do without the assistance of a flotation device.

- Float on their back
- Step or jump into water over their head
- Tread water for one minute
- Find a safe exit from water
- Control their breathing in the water
- Return to the surface if submerged
- Swim 25 yards
- Exit water safely
- None of the above
- Unknown

12. What language did the subject primarily speak at home?

13. Additional language(s) spoken:

14. Did subject have or experience any of the following? (Check all that apply).

- |                                                                           |                                                                                                                                         |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Recent illness or injuries                       | <input type="checkbox"/> Intellectual and/or developmental ( <i>such as Down Syndrome/cerebral palsy</i> )                              |
| <input type="checkbox"/> Autism Spectrum Disorder                         | <input type="checkbox"/> Mobility ( <i>such as paralysis, amputation, or neuropathy</i> )                                               |
| <input type="checkbox"/> Seizure disorder ( <i>such as epilepsy</i> )     | <input type="checkbox"/> Illnessed, injuries, or general malaise on day of incident                                                     |
| <input type="checkbox"/> Cardiac/heart condition                          | <input type="checkbox"/> Increased risk for adverse events ( <i>such as heart attack, stroke, or emboli</i> )                           |
| <input type="checkbox"/> Long QT syndrome                                 | <input type="checkbox"/> Mental illness ( <i>such as active suicidal ideation</i> )                                                     |
| <input type="checkbox"/> Sensory ( <i>such as deafness or blindness</i> ) | <input type="checkbox"/> Chronic illness/autoimmunity ( <i>such as multiple sclerosis or rheumatoid arthritis</i> )                     |
| <input type="checkbox"/> Previous suicide attempts                        | <input type="checkbox"/> Access or functional needs ( <i>such as poor balance requiring assistive device such as ramp or handrail</i> ) |
| <input type="checkbox"/> None                                             | <input type="checkbox"/> Other diagnosed disability or condition                                                                        |

Describe or specify any of the above conditions:

15. Did the subject have an illness or medical condition that may have contributed to the drowning?

- Yes, describe:  No  Unknown

16. Did the subject have an emotional, mental, or behavioral condition that may have contributed to the drowning?

- Yes, describe:  No  Unknown

17. Did the subject have a biological relative that died suddenly before the age of 50? If no or unknown, skip to 18.

- Yes, proceed to 17a  No  Unknown

17a. If yes, what relative? (Check all that apply)

- Parents  Grandparents  Aunt or Uncle  Siblings  Cousins

17b. If yes, how did they die?

18. Did the subject have a biological relative with heart disease? If no or unknown, skip to 19.

- If yes, proceed to 18a  No  Unknown

18a. If yes, what relative? (Check all that apply)

- Parents  Grandparents  Aunt or Uncle  Siblings  Cousins

18b. If yes, what disease?

19. Did the subject have a known history of alcohol or substance use/misuse, including prescription medication?

- Yes, describe:  No  Unknown

20. Was the subject known to be taking any prescription or non-prescription medications or supplements?

Yes, list:

No

Unknown

21. Had subject recently experienced any of the following? Check all that apply.

Poverty

Problems at work or school

Subsidized housing

Violence

Bullying

Abuse

Housing instability (*including homelessness, transience, frequent moves, or "couch surfing"*)

Neglect

Family problems

None of the above

Unknown

22. Was supervision of the subject indicated for any of the following reasons? Check all that apply.

Age

Recent illness or injury, describe:

Autism Spectrum Disorder

Long QT syndrome

Seizure disorder, such as epilepsy

Access or functional needs, describe:

Intellectual or developmental disability/delay (*such as Down Syndrome or cerebral palsy*), specify:

Mobility limitations (*such as paralysis, amputation, or neuropathy*), specify:

Illness, injury, or general malaise on day of incident, specify:

Increased risk for adverse health events (*such as heart attack, stroke, or emboli*), specify:

Sensory differences (*such as deafness or blindness*), specify:

Mental illness (*such as active suicidal ideation*), specify:

Cardiac condition, specify:

Other, specify:

Unknown

23. Home address

Street:

Unit:

City:

State:

ZIP:

24. Next of kin, including relationship to subject and contact information:

25. Official cause of death as stated on death certificate:

26. Official manner of death stated on death certificate:

27. Death was referred to:

Medical examiner

Coroner

Unknown

28. Was toxicology performed?

Yes, describe any substances detected and at what levels:

No

Unknown

29. Was an autopsy conducted?

Yes

No, proceed to question 30

Unknown, proceed to question 30

29a. Is there evidence the subject had experienced prior physical or sexual abuse?

Yes, describe:

No

Unknown

29b. Were any of the following observed on autopsy?

Traumatic brain injury

Tache noir present in left eye

Tache noir present in right eye

Other injuries, describe:

Pulmonary edema (foam in lungs)

C-spine injury

None of the above

29c. Were there other significant findings on autopsy, including histology?

Yes

No

Unknown

29d. Time of death if estimated at autopsy (Military):

Unknown

30. List or describe any enforcement actions or safety improvements planned as a result of the drowning.