



Form B3 - Drowning

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|---|--|
| <p><i>Type of drowning:</i></p> | <p><input type="checkbox"/> Bath</p> <p><input type="checkbox"/> Garden pond</p> <p><input type="checkbox"/> River / lake / canal</p> <p><input type="checkbox"/> Swimming pool</p> <p><input type="checkbox"/> Not known</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Domestic</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Not known</p> |
| <p><i>For garden pond / pool drowning:</i></p> <p><i>Was the garden pond or swimming pool secured (fenced)?</i></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p> |