



Form B3 - Drowning

<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>