

CI Identifier..... (Office use only)



Confidential Inquiry Team
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Confidential Inquiry into Deaths of People with Learning Disabilities

Form B4 Drowning

Type of drowning:	<input type="checkbox"/> Bath	
	<input type="checkbox"/> Garden pond	
	<input type="checkbox"/> River / lake / canal	
	<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Domestic
		<input type="checkbox"/> Private
		<input type="checkbox"/> Municipal
		<input type="checkbox"/> Not known
	<input type="checkbox"/> Not known	
	<input type="checkbox"/> Other (please specify)	

For garden pond / pool drowning:	
Was the garden pond or swimming pool secured (fenced)?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known

Thank you for completing this form. Please return it as soon as possible to the CI team.

You can return the form:

- by post: CI team, Norah Fry Research Centre, FREEPOST (SWB 1630), Bristol BS8 1ZZ
- by fax: 0117 3310978

Thank you.