

# Scene and Outcome Review Form



water safety  
Scotland

## Meeting details

Date: .....

Time: .....

Venue: .....

**Incident type:** Drowning

Near Miss

Missing person

Sign Off Lead Organisation: .....

Sign Off Name: .....

## Incident details

Date: ..... Time: .....

Address / Location: .....

Number of persons ..... Rescued ..... Recovered .....

Agencies that attended	SFRS	Police	HM Coastguard
	SAS	RNLI	Other

## Brief incident overview

### Suspected outcome

#### Alert WSS to progress DIR

Accident

Natural causes

Unknown

#### No DIR

Suspected suicide

Crime

#### Optional

Near miss

WSS informed by returning this to [DIR@watersafetyscotland.org.uk](mailto:DIR@watersafetyscotland.org.uk)

Sign: ..... Date: .....