LAW ENFORCEMENT

CASE NUMBER							
			Case Typ	e: O Death	Death C	ertificate Number:	
1	/ /			O Near death/serious	injury Birth Ce	rtificate Number:	
State / County or Team Numb	er / Year of Review / Sequen	ce of Review		O Not born alive	ME/Cord	oner Number:	
					Date CD	RT Notified of Death	:
A. CHILD INFORMATIC	ON						
1. Child's name: First:		Middle:		Last:			U/K
2. Date of birth: DV/K 3	3. Date of death: DV/K	4. Age: O	Years	5. Race, check all that apply	/: □ U/K		7. Sex:
			Months] Native Hawaiian	Latino origin?	
	, ,		Days		Pacific Islander,	O Yes	O Male
		O	Hours	Asian, specify:	specify:		
mm dd yyyy	mm dd yyyy		Minutes U/K	American Indian, Trib		0 и/к	О и/к
8. Residence address:	П U/К	<u> </u>		f residence:		1	10. New residence
Street:		Apt.		ental home O Rela	tive home O Ja	ail/detention	in past 30 days?
			O Lice	nsed group home O Livin	g on own 🛛 O O	ther, specify:	O Yes
City:			O Lice	nsed foster home O Shel	ter		O No
State:	Zip: Cou	unty:	O Rela	tive foster home O Hom	eless O U	/K	О и/к
11. Residence overcrowded? 1	12. Child ever homeless?	13. Number of other	r children li	iving 14. Child's weight:	□ _ ∪/к	15. Child's height:	□ ∪/к
OYes ONo OU/K €	OYes ONo OU/K	with child:			s	O Feet/inches	
				O Grams/kilogran	ns	O Cm	. <u> </u>
16. Highest education level:	-	17. Child's work sta	tus:	18. Did child have problems		19. Child's health in	,
O N/A	O Drop out	O N/A		O N/A O Yes (check all that a	pply:
O None	O HS graduate			If yes, check all that appl	-	□ None	
		O Full time			Behavioral	Private	
Grade K-8	O Other, specify:	○ Part tim ○ U/K	е		Expulsion		
 ○ Grade 9-12 ○ Home schooled, K-8 	⊖ u/k	O Not working		□ Suspensions □ □ Other, specify:] U/K	State pla	n ealth Service
O Home schooled, 9-12						☐ Indian He	
		0 0/K					bechy.
20. Child had disability or chror	nic illness?	21. Child's mental h	nealth (MH):	22. Child had histo	ry of substance abus	e?
	Э и/к	Child had recei) и/к
If yes, check all that apply:		O N/A O	Yes C	No Ou/k	If yes, check a	I that apply:	
Physical/orthopedic,	specify:	Child was receiv	ving MH se	ervices?	Alcohol	□ Other	, specify:
Mental health/substat	nce abuse, specify:	O N/A O	Yes C	No Ou/K	Cocaine		
Cognitive/intellectual,	, specify:	Child on medica	tions for N	IH illness?	🗆 Marijuan	a 🛛 U/K	
Sensory, specify:		O n/a O	Yes C	No OU/K	Methamp	hetamine	
🗆 и/к		•		m receiving MH services?	□ Opiates		
If yes, was child receiving		$O_{N/A} O$	Yes C) No O U/K		-	
Special Health Care Need		If yes, specif	y:		U Over-the	-counter drugs	
Yes No C) U/K	that apply		24. Was there an open CPS	acac with child	27 Child had histor	ry of intimate partner
As Victim As Perpetrato	•	Perpetrator		at time of death?	Case with Chilla		eck all that apply:
O N/A		Physical) и/к	□ N/A	,
O O Yes		☐ Neglect		25. Was child ever placed of		⊻es, as v	victim
0 0 No] Sexual		home prior to the death?		🗆 Yes, as p	perpetrator
0 0 и/к		☐ Emotional/psychol	ogical	O Yes O No 🤇	О и/к	□ No	
If yes, how was history ident	ified: 🗆 🗆	⊐ и/к		26. Were any siblings placed	outside of the	🗆 и/к	
O O Through	CPS	# CPS referrals		home prior to this child's			
O O Other sou		# Substantiation	-	○ N/A ○ Yes, #	_ O № O U/K		
28. Child had delinquent or crim		29. Child spent time				e 12, what was child	s gender identity?
	⊃ № O U/K						
If yes, check all that apply:				two weeks before death?	O Fem	ale	
☐ Assaults ☐ Robbery	☐ Other, specify:					- 40 whether 1 " "	
Robbery Drugs	🗆 и/к	31. Was any paren O Yes C		⊖ U/K	33. If child over ag	e 12, what was child's	s sexual orientation?
		If yes, country			O Gay	-)U/K
L					,		· -···

COMPLETE FOR ALL I	NFANTS UNDER ONE Y	'EAR						
34.Gestational age: 🛛 U/K	35. Birth weight: D U/K	36. Multip	le birth?	37. Including the de	eceased infant,	38. Includi	ng the deceased infant,	
	O Grams/kilograms	O Ye	s, #	how many pre	gnancies did the	how n	nany live births did the	
# weeks	O Pounds/ounces	/ O No	о ОU/К	birth mother ha	ive? # 🛛 U/K	birth n	nother have? #] U/K
39. Not including the decease	d infant, number of children	40. Prenatal care p	rovided during pregn	ancy of deceased ir	fant? O Yes (O No (О и/к	
birth mother still has living	? # 🗆 U/K	lf yes, number	of prenatal visits: #_	🗆 и/к	If yes, month of firs	st prenatal v	sit: Specify 1-9 _ 🗆] U/К
41. During pregnancy, did mo	ther (check all that apply):	If yes, me	edical complications/	infections, check all	that apply:			
<u>Yes No U/K</u>			te/chronic lung disea	ase 🛛 Hemogla	binopathy		Previous infant 4000+ g	grams
OO Have me	dical complications/infections?		mia	☐ High MS	AFP		Previous infant preterm	- N/
	ce intimate partner violence?	□ Car	diac disease		ios/oligohydramnios	5	small for gestation	
O O Use illicit			rioamnionitis				PROM	
	born drug exposed?		onic hypertension	Low MS/		_	Renal disease	
	TC or prescription drugs?				ectious disease		Rh sensitization	
	ivy alcohol use?			Pregnan		_	Uterine bleeding	
	born with fetal alcohol effects		ital herpes	-	tension		Other, specify:	
syndr			laineipes	Preterm			Other, specify.	
			Yes O No	_	eck all that apply:			
_	npliance issues related to pren			-	,	W		
Lack of money for care		ral differences		e providers, not coo		illing to obtai		
Limitations of health in:	- °	ous objections to car	_	of child care		•	would not allow care	
Multiple health insuran		lage barriers		of family/social supp		r, specify:		
Lack of transportation		rals not made		ces not available	□ U/K			
No phone		alist needed, not ava		ist of health care sys				
43. Did mother smoke in the 3	1 8 9	44. Did mother smo during pregnan	,	Trimeste	r 1 Trimester 2	Trimester		
_	Avg # cigarettes/day		· _	ii yes,			Avg # cigarettes/d	
O No	(20 cigarettes in pack)	O Yes C	No OU/K		_	_	(20 cigarettes in pa	ick)
<u>О</u> U/К	U/K quantity		1				U/K quantity	_
45. Infant ever breastfed?	46. Was mother injured durin			abnormal metabolio				О и/к
⊖Yes ⊖No ⊖U/K		О u/к	-	mality a fatty acid ox) и/к
	If yes, describe:		If yes, describe:		If other abnor			
	ant's last 72 hours, did the infa	ant have a		s prior to death, did tl	_	_	ng? Check all that apply	
history of (check all that a	pply): 🛛 Cyanosis		Fever				Apnea	
Infection	Seizures or co	onvulsions	Excessive swea	•		C	Cyanosis	
☐ Allergies	Cardiac abnor	malities	Lethargy/sleepir	ng more than usual	Diarrhea 🗆	C	Seizures or convulsior	าร
Abnormal growth, weigh	gain/loss D Metabolic disc	orders	G Fussiness/exce	ssive crying	□ Stool changes	[Other, specify:	
🗌 Apnea	Other, specify	:	Decrease in app	petite	Difficulty breath	ning		
50. In the 72 hours prior to de	eath, 51. In the 72 hours	prior to death, was	52. In the 72 hours	prior to death, was t	he infant given	53. What	did the infant have for hi	s/her
was the infant injured?	the infant give	n any vaccines?	any medications	s or remedies? Inclu	de herbal,	last m	eal? Check all that apply	y:
○ Yes ○ No	O U/K O Yes C) No О U/К	prescription and	l over-the-counter m	edications	D Brea	st milk 🛛 Oth	ier,
If yes, describe cause and in	juries: If yes, list name(s) of vaccines:	and home reme	dies.		□ Form	ula, type: spe	cify:
			O Yes C	О № О ∪/К		🗆 Baby	food, type:	
			If yes, list name	e and last dose give	1:	Cere	al, type: DU/K	(
B. PRIMARY CAREGI	/ER(S) INFORMATION							
 Primary caregiver(s): 	Select only one each in colun	nns one and two.	2. Caregiver(s) age	e in years: <mark>4. Care</mark> ç	iver(s) employment	status:	Caregiver(s) income:	:
One <u>Two</u>	<u>One</u> <u>Two</u>		<u>One Two</u>	<u>One</u>	Two		One <u>Two</u>	
O Self, go to Section	on C O Gra	ndparent	i	# Years	O Employed		○ ○ High	
O O Biological pare	ent O O Sibl	ing		u/k O	O Unemployed		O O Medium	1
O O Adoptive pare	nt O O0th	er relative	3. Caregiver(s) sex	c O	○ On disability		O O Low	
O O Stepparent	O O Frie	nd	<u>One Two</u>	0	O Stay-at-home	e	0 О и/к	
O O Foster parent	O O Inst	itutional staff			O Retired			
O O Mother's partn		or openify	O O Fem	nale O	О и/к			
		er, speciry.						
O O Father's partne	er O O Oth		0 Ои/к					
	er O Ooth		Ver(s) on active milit		iver(s) receive socia	al services ir	the past twelve months	<mark>s?</mark>
O O Father's partne	er OOth er OU/K 7. Do caregiver(s) speak Eng <u>One Two</u>	glish? 8. Caregi <u>One</u>	ver(s) on active militi <u>Two</u>	ary duty? 9. Careg	Two	<mark>al services ir</mark> <u>One</u>	the past twelve months	<mark>5?</mark>
O Father's partner's partn	er OOth er OU/K 7. Do caregiver(s) speak Eng	glish? 8. Caregi	ver(s) on active milit	ary duty? 9. Careo			-	<mark>}?</mark>
O Father's partn 6. Caregiver(s) education: <u>One</u> <u>Two</u>	er OOth er OU/K 7. Do caregiver(s) speak Eng <u>One Two</u>	glish? 8. Caregi <u>One</u>	ver(s) on active militi <u>Two</u>	ary duty? 9. Careg	Two O Yes O No If yes,	<u>One</u>	<u>Two</u>	<mark>3?</mark>)
O Father's partner 6. Caregiver(s) education: <u>One</u> <u>Two</u> O < High school	er O Oth er O U/K 7. Do caregiver(s) speak Eng One Two O Yes	glish? 8. Caregi	r <mark>ver(s) on active milit</mark> T <u>wo</u> ◯ Yes	ary duty? 9. Carec <u>One</u>	Two O Yes O No If yes,	<u>One</u>	Two WIC	<mark>;?</mark>
 O Father's partner 6. Caregiver(s) education: One Two O < High school O High school O College O Post graduate 	er O Oth er O U/K 7. Do caregiver(s) speak Eng One Two O Yes O No	glish? 8. Caregi	ver(s) on active militi Two O Yes O No	ary duty? 9. Carec One O	Two O Yes O No If yes,	One		<mark>3?</mark>)
O Father's partner 6. Caregiver(s) education: One Two O High school O High school O College	er O Oth er O U/K	glish? 8. Caregi	ver(s) on active milit <u>Two</u> O Yes O No O U/K	ary duty? 9. Carec One O	Two O Yes O No If yes,	One	Two WIC TANF Medicaid	

10. Caregiver(s) have substance	11. Caregiver(s) ever victim of child	12. Caregiver(s) ev	ver perpetrator of maltreatment?	<mark>?</mark>	13. Caregiver(s) have disability or
abuse history?	maltreatment?	<u>One</u> <u>Two</u>			chronic illness?
<u>One Two</u>	<u>One</u> <u>Two</u>	O OYes			<u>One Two</u>
O O Yes	O O Yes	0 0 No			O O Yes
○ ○ No	0 0 No	0 0 U/	к		O O No
О О и/к	0 0 и/к	If yes, check al	l that apply:		0 0 и/к
If yes, check all that apply:	If yes, check all that apply:	□ □ Phy	sical		If yes, check all that apply:
	Physical		lect		Physical, specify:
	Reglect	□ □ Sex	ual		Mental, specify:
□ □ Marijuana	Sexual		otional/psychological		□ □ Sensory, specify:
	Emotional/psychological	🗆 🗆 и/к			
	🗆 🗆 U/К		# CPS referrals		If mental illness, was caregiver
Prescription drugs	# CPS referrals		# Substantiations		receiving MH services?
Over-the-counter	# Substantiations		S prevention services		O O Yes
□ □ Other, specify:	Ever in foster care or	□ □ Fan	nily preservation services		
	adopted		dren ever removed		0 0 и/к
14. Caregiver(s) have prior	If yes, cause(s): Check all that apply:			16. Careg	giver(s) have delinquent/criminal history?
child deaths?	<u>One Two</u>	violence?		<u>One</u>	Two
<u>One Two</u>	□ □ Child abuse #	One Two		0	⊖ Yes
○ ○ Yes	Child neglect #		es, as victim	0	O No
			es, as perpetrator	0	О и/к
Ο Ου/κ	Suicide #		No	If yes,	check all that apply:
			//K		□ Assaults
	□ □ Other #				Robbery
	Other, specify:				Drugs
					□ Other, specify:
I					□ U/K
C. SUPERVISOR INFORMAT	ON				
1. Did child have supervision at time c	f incident leading to death?	2. How long before	e incident did	3. Is pers	on a primary caregiver as listed
Yes, answer 2-15	<u> </u>		ee child? Select one:		vious section?
0	ntal age or circumstances, go to Sect. D	O Child in sight	of supervisor		s, caregiver one, go to 15
\bigcirc No, but needed, answer 3-15		O Minutes			es, caregiver two, go to 15
O Unable to determine, try to answe	r 3-15	O Hours			
4. Primary person responsible for supe			0.0/1	0 110	·
◯ Biological parent ◯ Fost			d O Institu	tional staft	f, go to 15 Other, specify:
	er's partner O Sibling	-	aintance O Babys		
	er's partner O Other relative	•			are worker OU/K
5. Supervisor's age in years:	6. Supervisor's sex:		supervisor speak English?		8. Supervisor on active military duty?
П и/к	O Male O Female O U/K		Yes O No O U/K		O Yes O No O U/K
			language spoken:		If yes, specify branch:
9. Supervisor has substance	10. Supervisor has history of child male	treatment?	11. Supervisor has disability		12. Supervisor has prior child
abuse history?	As Victim As Perpetrator		or chronic illness?		deaths?
○ Yes ○ No ○ U/K	O O Yes		◯ Yes ◯ No (О и/к	○ Yes ○ No ○ U/K
If yes, check all that apply:	0 0 No		If yes, check all that apply:		If yes, check all that apply:
Alcohol	0 О и/к		Physical, specify:		□ Child abuse #
Cocaine	If yes, check all that apply:		Mental, specify:		Child neglect #
🗆 Marijuana	Physical		Sensory, specify:		Accident #
Methamphetamine			🗆 и/к		Suicide #
☐ Opiates					□ SIDS #
Prescription drugs	Emotional/ps	sychological			□ Other #
Over-the-counter	П П и/к	-	If mental illness, was supe	ervisor	Other, specify:
□ Other, specify:	# CPS refe	errals	receiving MH services?		· ·
	# Substant		⊖ Yes		
		er care/adopted	⊖ No		
□ υ/к	CPS prevent		O U/K		□ υ/κ
		ervation services	-		
	☐ Children eve				

			15. At time of incident was su	upervisor impaired?	○ Yes ○ No ○ U/K
intimate partner violence?	O Yes O No	О и/к	If yes, check all that apply	y:	
Yes, as victim	If yes, check all that apply:		Drug impaired, specify	: Absent	
Yes, as perpetrator	Assaults Dr	rugs 🛛 U/K	Alcohol impaired		d by illness, specify:
□ No	□ Robbery □ Ot	her, specify:	Asleep	🗌 Impaired	d by disability, specify:
🗆 и/к			Distracted	🗌 Other, s	pecify:
D. INCIDENT INFORM	ATION				
1. Date of incident event:		2. Approximate time of day	that incident occurred?	3. Interval between incide	ent and death:
Same as date of death	h		○ AM	Minutes	U Weeks
If different than date of	f death: / /	Hour, specify 1-12		Hours	Months
О и/к	(mm/dd/yyyy)		О U/K	Days	Years
 Place of incident, check all 	l that apply:				5. Type of area:
☐ Child's home	Licensed child care	center Indian reser	vation/ Driveway	□ Other, spe	ecify: O Urban
Relative's home	Licensed child care	home trust lands	C Other parking	area	⊖ Suburban
Friend's home	Unlicensed child ca	re home Dilitary insta	llation State or count	y park	⊖ Rural
Licensed foster care ho	ome 🛛 Farm/ranch	☐ Jail/detentio	n facility Sports area	🗆 и/к	○ Frontier
Relative foster care ho	ome 🛛 School	Sidewalk	Other recreation	on area	O u/k
Licensed group home	Place of work	Roadway	Hospital		
	ent county: 8. Death state:			Yes ONo OUK	
			s, by whom? D Parent/relative		th care professional, if death
11. Was 911 or local emerger	ncv called?		□ Other caretake		curred in a hospital setting
O N/A O Yes				-	n er
O IN/A O Tes			Other acquaint		r, specify:
	oted? O N/A O Yes	O № O U/K			r, specity.
12. Was resuscitation attemp	$\frac{1}{100}$ O N/A O Yes		and the the second		1. If we are the structure of the struct
If yes, by whom?		If yes, type of res	uscitation:		If yes, was a rhythm recorded?
	Stranger				○ Yes ○ No ○ U/K
Parent/relative	Other, specify:		ernal Defibrillator (AED)		
Other caretaker/babysit	tter	If no AED, wa	as AED available/accessible?		
Teacher/coach/athletic	trainer	If AED, was s	shock administered?	Yes ONo OU/K	If yes, what was the rhythm?
Other acquaintance		If yes, I	now many shocks were administer	ered?	
Health care professional		Rescue medica	ations, specify type:		
occurred in a hospital se	etting	Other, specify:			1
	g to death, 14. Child's activity a	at time of incident, check all t	hat apply: 15. Tota	l number of deaths at incid	<mark>ent event</mark> :
had child used drugs or alo	cohol?	Working Driving/vehicle	e occupant DU/K	Children, ages 0-18	Ou/k
\bigcirc N/A \bigcirc Yes \bigcirc No	O U/K □ Playing □	Eating Other, specify	: _	Adults	
E. INVESTIGATION IN	NFORMATION				
1. Death referred to:	2. Person declaring official ca	use and manner of death:	3. Autopsy performed?	○Yes ○No ○U/	K
O Medical examiner	O Medical examiner	O Mortician	If yes, conducted by:		If no, why not (e.g. parent or
O Coroner	O Coroner	O Other, specify:	O Forensic pathologist	O Other physician	caregiver objected)?
O Not referred	O Hospital physician		O Pediatric pathologist	O Other, specify:	
0 и/к	O Other physician	О и/к	O General pathologist	- / /	
			O Unknown pathologist	О и/к	
				insulted during autopsy (ca	ardiac neurology etc.)?
				U/K If yes, specify spe	
4. Were the following assess	l ed either through the autopsy o	r through information collect		3 7 1 3 1	f these additional tests performed
, e	ormalities/significant findings in		a phor to the autopsy?		the autopsy?
	simalities, significant intellige in	20.			iny abnormalities/significant
<u>Yes No U/K</u>		Yes No U/K		findings in E	
Imaging:		External Exam:		Yes No	<u>U/K</u>
OOO X-ray - sir	ngle	O O O Exam o	f general appearance		O Cultures for infectious disease
0 0 0 X-ray - m	ultiple views	O O O Head o	ircumference	0 0	O Microscopic/histologic exam
○ ○ ○ X-ray - co	omplete skeletal series	Other Autopsy Procedu	es:	0 0	O Postmortem metabolic screen
OOO Other ima	aging, specify (includes MRI,	OOO Wasa	gross examination of organs dor	ne? O O	O Vitreous testing
CT sca	an, photos of the brain, etc):	O O O Were v	eights of any organs taken?	0 0	 Genetic testing
1					

Over ONO OUK #yes, check all that equip? Over ONO OUK #yes, check all that equip? Over Security approximation Counter International back were evenes as put of the autopy? Over ONO OUK INC INC Preference Pyres: dol this indexist back were evenes as put of the autopy? Over ONO OUK INC INC Preference Pyres: dol this indexist back were evenes as put of the autopy? Over ONO OUK INC INC Preference Pyres: dol this indexist back were evenes as put of the autopy? Over ONO OUK INC INC Preference Pyres: dol this indexist back were evenes as put of the autopy? Over ONO OUK INC INC Preference In Outor the autopy evenes the index on the pathology report and on the databaces: In Wat their agreement between the cause of datase faced on the pathology report and on the databaces: In Outor the autopy evenes the index on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathology report and on the databaces: In Outor this agreement between the cause of datase faced on the pathol	6. Was any toxicology testing performed	1?				
Couldie Interlinent/council and interline to exame results? Over ON OUK Over ON OUK Preview of the resulted in the case of examination of the support? Over ON OUK OUK Over Pretomatel Over ON OUK Resident of the resulted in the case of oder significant findings model in the autoeprint? Over ON OUK OVER OWER Over ON OUK In Agencies the case of development between the case of oder significant findings model in the autoeprint? Nuts there agreement between the cause of development? Over ON OUK In Agencies the conducted a some metaling composition components were complexed? Nuts there agreement between the cause of development? Over ON OUK In Agencies the conducted a some metaling composition of the development? Nuts there agreement between the cause of development? Over ON OUK In Agencies the conducted a some metaling composition or predictoreal equivalence on the case of development complexed? Nuts a best agreement between the cause of development composition or predictoreal equivalence on the lower previous comparison of the cause of development complexed? Nas Over ON OUK In Agencies the conducted as an result of development complexed? Vers a DR metal between the cause of development complexed on the development complexed on the cause of development complexed on the cause of development complexed on the development	○Yes ○No ○U/K	If yes, check all that apply:	Negative	Opiates	🔲 Too high Rx dru	ıg, specify:
Vers the drift in ended in blacky measured is part of the autopsy? Vers Net Vers Vers Net Vers			Alcohol	🗋 Marijuana	Too high OTC o	drug, specify:
			Cocaine	Methamphetamine	Other, specify:	
IF yes, which is include:					□ U/K	
Preview of the evention metabolic screem results?		ved as part of the autopsy?)Yes ()No ()U/K			
Preview of neorestatic CKB scream results? Preview results of neorestatic CKB scream results? Preview of neore						
a. Describe any abnormalities checked in E4 or E5 or other significant throngs noted in the autopsy: 4. Was there agreement between the cause of death field on the pathology report and on the death certificate? 4. Was there agreement between the cause of death field on the pathology report and on the death certificate? 4. Was death scale in Version of the Source of the scale scale of death field on the pathology report and on the death certificate? 4. Was death scale in Version of the Source of the scale scale of death field on the pathology report and on the death certificate? 4. Was death scale in Version of the Source of the scale scale of the scale scale of the scale scale of the scale scale of the scale of the scale scale scale of the scale scale scale of the scale				-		
If no, describe the differences: 10. Was a death scene investigation performed? Yes \NO \UK 11. Ngencies that conducted a scene investigation components were complete?	8. Describe any abnormanities checked	TI E4 01 E5 01 Other significant i	indings noted in the add	opsy.		
If no, describe the differences: 10. Was a death scene investigation performed? Yes \NO \UK 11. Ngencies that conducted a scene investigation components were complete?						
If no, describe the differences: 10. Was a death scene investigation performed? Yes \NO \UK 11. Ngencies that conducted a scene investigation components were complete?						
10. Was a death scene investigation performed? Yes \No \UK \L. Agencies that conducted a scene investigation components were completed? Yes No UK II. Agencies that conducted a scene investigation components were completed? Yes No UK Yes No UK O ODC'S SUDI Reporting Form or jurisdictional equivalent Yes No Corrore Investigation, check all that apply: O Scene protoco Yes No Corrore Investigation O Scene protoco Yes No Corrore Investigation O Scene recreation with coll Yes No Investigation Investigation O Scene recreation with coll Yes No Investigation Investigation O Scene recreation with coll Yes No UK Investigation 12. Was a CPS record check conducted as a result of death? Yes No UK Intervestigation 13. Did any investigation find 14. CPS action inflam because of death? NA Yes No UK 14. Prove hoppony Investignation counced Investigatio	9. Was there agreement between the ca	ause of death listed on the path	ology report and on the	death certificate? O N/A	O Yes O No	Оик
If yes, which of the following death scene investigation components were completed? If yes, shard with CDR team? Medical examiner Image: Stand with CDR team? If yes, Stand with CDR team? Medical examiner Image: Stand with CDR team? Image: Stand with CDR team? Medical examiner Image: Stand with description of circumstances Yes No Image: Stand with restigator Image: Stand with out description of circumstances Yes No Image: Stand with restigator Image: Stand with out doil Yes No Image: Stand with restigator Image: Stand with out doil Yes No Image: Stand with restigator Image: Stand with out doil Yes No Image: Stand with restigator Image: Stand with out doil Yes No Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Image: Stand with restigator Im	If no, describe the differences:					
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CDC's SUID Reporting Form or jurisdictional equivalent Narrative description of circumstances Scene protos Scene recreation with doll Scene recreation with doll Scene recreation with doll Wass No Wess No Witness interviews Wass No UK 12. Was a CPS record check conducted as a result of death? VA Vess NA Vess NA Vess Vass No Check all that apply: If yes, highest level of action If yes, services or actions resulting, check at that apply: If yes, highest level of action If yes, services or actions resulting, check at that apply: Inclanate action taken Check all that apply: If yes, highest level of action If yes, highest level of action If yes, services provided Check all that apply: If non CPS review Check all that apply: If non CPS review Check all that apply: If non checkseve Other, specify: UK Submitted Check all that apply: If non checkseve If non checkseve Check all that apply: If non checkseve If non checkseve Substantiated Check all that apply: If non checkseve If non autopsy If non checkseve <t< td=""><td>If yes, which of the following de</td><td>eath scene investigation compo</td><td>nents were completed?</td><td></td><td>investigation,</td><td>check all that apply:</td></t<>	If yes, which of the following de	eath scene investigation compo	nents were completed?		investigation,	check all that apply:
Image: specific term Image: specific term Image: specif			-			niner
Image: Sevene photos Image: Sevene retreation with doll Image: Sevene retreatin sevene retreation with doll Image: Seven			onal equivalent			
Scene recreation with doll Yes No Law enforcement Scene recreation without doll Yes No Fire investigator Witness interviews Yes No EMS 'Law enforcement Bits Child Protective Services 'UK 'UK 'Law enforcement 'If environment 'Law enforcement 'If environment 'Law enforcement 'UK						
Scene recreation without dail Scene recreation without dail Yes No Fire investigator Witness interviews Yes No Child Protective Services UK 12. Was a CPS record check conducted as a result of death? Yes No UK 13. Did any investigation find 14. CPS action taken because of death? NA Yes No UK 14. Ves No UK 15. If death occurred in iscensed setting (see D4), indicate action taken: No action 14. Ves Yes No UK Iscensed setting (see D4), indicate action taken: 15. Prom CPS review UK Valuntary services or actions resulting, check all that apply: No action 16. From Autopsy Cont-ordered out of home placement Patental rights terminated Ucense revoked 16. From CPS review On inconclusive Outurnary out of home placement Patental rights terminated Other, specify: 17. From CPS review On inconclusive Outurnary out of home placement Patental rights terminated Outer, specify: 16. From autopsy On inconclusive of DeEATH 17. Inter the cause of death code (iCh-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up 16. The the following information exactly as written on the death certificate: UK 17. Inter the following information exactly as written on the death certificate: UK 18. Enter the following information exactly as written on the death certificate: UK		otos			_	
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		reation without doll		•	-	tor
 Other, specify: UK 12. Was a CPS record check conducted as a result of death? Yes No UK 13. Did any investigation find 14. CPS action taken because of death? NA Yes No UK If yes, from what source? NA Yes No UK If yes, from what source? Report screened out Voluntary services or actions resulting, check all that apply: If yes, from what source? Report screened out Voluntary services orfered Court-ordered out of home License suspended License suspended License suspended License tervoked Unsubstantiated Voluntary out of home placement Parental rights terminated Other, specify: UK F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH 1. There the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: UK 2. Enter the following information exactly as written on the death certificate: UK 3. Enter orther significant conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. c. d. 	O O O Witness in	iterviews		O Yes O No		
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N/A Yes No U/K If yes, highest level of action taken because of death: If yes, services or actions resulting, check all that apply: indicate action taken: If yes, from what source? Report screened out and not investigated Voluntary services offered Court-ordered out of home placement License suspended From xrays U/K Usubstantiated Voluntary services provided Children removed Investigation ongoing From CPS review Inconclusive Voluntary out of home placement Parental rights terminated U/K It one decimal place if applicable: U/K U/K U/K It one decimal place if applicable: U/K U/K Immediate cause of death code (ICD-10) assigned to this case by Vial Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: U/K Immediate cause of inal disease or condition resulting in death): a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. C. . . c. . . . d. . . . If the othe clase of death conditions contributing to dea	13. Did any investigation find	14. CPS action taken because	of death?	N/A OYes ONo OL	J/K	15. If death occurred in
If yes, from what source? taken because of death: No action Check all that apply: Report screened out and not investigated Voluntary services offered Court-ordered out of home placement License suspended From x-rays U/K Investigated Court-ordered services provided Children removed Investigation ongoing From kaw enforcement Substantiated Voluntary out of home placement Parental rights terminated Other, specify: I. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: U/K 2. Enter the following information exactly as written on the death certificate: U/K Immediate cause (final disease or condition resulting in death): a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: U/K d. Sequentially list any conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate: U/K	evidence of prior abuse?					licensed setting (see D4),
In yes, non-min wata soulde: Image: Non-min wata soulde:	○ N/A ○ Yes ○ No ○ U/K	If yes, highest level of action	If yes, services or ac	tions resulting, check all that app	oly:	indicate action taken:
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From autopsy Unsubstantiated Court-ordered services provided Ichildren removed Inconclusive From CPS review Inconclusive Voluntary out of home placement Parental rights terminated Other, specify: Substantiated U/K U/K F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH 1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: 2. Enter the following information exactly as written on the death certificate: W/K 2. Enter the following information exactly as written on the death certificate: 0. U/K 3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate: 0. U/K 0. U/K			☐ Voluntary services			
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c. d. 3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate:	Sequentially list any conditions	leading to immediate cause of	death. In other words,	list underlying disease or injury	that initiated events resu	ulting in death:
d. 3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate:	b.					
3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate:	с.					
	d.					
4. If injury, describe how injury occurred exactly as written on the death certificate:	3. Enter other significant conditions cont	ributing to death but not the uno	derlying cause(s) listed i	in F2 exactly as written on the de	eath certificate:	🗆 U/К
4. If injury, describe how injury occurred exactly as written on the death certificate:						
4. If injury, describe how injury occurred exactly as written on the death certificate:						
	4. If injury, describe how injury occurred	exactly as written on the death	certificate:	U/K		

5. Official manner of death	6. Primary cause of death: Choose only 1 of the 4 main	or categories, then a specific cause. For pending, choose most likely cause.	
from the death certificate:		······································	
	From an injury (external cause). Select one and	From a medical cause. Select one: Undetermined if injury or	<u> U/к</u>
O Natural	answer F4:	O Asthma, go to G10 <u>medical cause, go to H1</u>	<u>go to H1</u>
O Accident	OMotor vehicle and other transport, go to G1	\bigcirc Cancer, specify and go to G10	
O Suicide	O Fire, burn, or electrocution, go to G2	\bigcirc Cardiovascular, specify and go to G10	
O Homicide	O Drowning, go to G3	O Congenital anomaly, specify and go to G10	
O Undetermined	◯ Asphyxia, go to G4	O Diabetes, go to G10	
O Pending	O Weapon, including body part, go to G5	O HIV/AIDS, go to G10	
0 и/к	O Animal bite or attack, go to G6	◯ Influenza, go to G10	
	◯ Fall or crush, go to G7	O Low birth weight, go to G10	
If Homicide: Yes	O Poisoning, overdose or acute intoxication,	O Malnutrition/dehydration, go to G10	
Child abuse?	go to G8	O Neurological/seizure disorder, go to G10	
Child neglect?	O Exposure, go to G9	\bigcirc Pneumonia, specify and go to G10	
Complete Section I,	OUndetermined, go to H1	O Prematurity, go to G10	
Acts of Omission	Other cause, go to G11	◯ SIDS, go to G10	
or Commission	OU/K, go to H1	\bigcirc Other infection, specify and go to G10	
		Other perinatal condition, specify and go to G10	
If Suicide: Complete		Other medical condition, specify and go to G10	
Section I, Acts of Omission		O Undetermined, go to G10	
or Commission		O U/K, go to G10	

G. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE

1. MC	DTOR	VEHICLE AND O	THER TRANSPORT						
a. Vehicl	es involv	ed in incident:	b. Position of child:			c. Causes of incident,	check all that	t apply:	
Total r	umber o	of vehicles:	ODriver			Speeding over lim	it	Back/from	nt over
Child's	<u>Other</u>	primary vehicle	OPassenger If pass	enger, relationship	of driver to child:	Unsafe speed for	conditions	□ Flipover	
0	0	None	○ Front seat	OBiological pare	ent	Recklessness		Poor sight	nt line
0	0	Car	O Back seat	OAdoptive parer	nt	□Ran stop sign or r	ed light	Car char	iging lanes
0	0	Van	O Truck bed	OStepparent		Driver distraction		🗌 Road ha	zard
0	\circ	Sport utility vehicle	Other, specify:	OFoster parent		Driver inexperience	e	🗌 Animal ir	n road
0	0	Truck	Оu/к	OMother's partn	er	Mechanical failure	•	Cell phor	ne use while driving
0	0	Semi/tractor trailer	On bicycle	OFather's partne	er	Poor tires		Racing, r	not authorized
0	0	RV	O Pedestrian	OGrandparent		Poor weather		Other dri	ver error, specify:
0	0	School bus	OWalking	OSibling		Poor visibility			
0	0	Other bus	O Boarding/blading	Oother relative		Drugs or alcohol u	lse	Other, sp	becify:
0	0	Motorcycle	Other, specify:	OFriend		□ Fatigue/sleeping			
0	0	Tractor	Оu/к	Other, specify:		Medical event, sp	ecify:	🗆 и/к	
0	0	Other farm vehicle	Оu/к	Оu/к					
0	0	All terrain vehicle	d. Collision type:		e. Driving condition	s, check all that	f. Locatio	n of incident, c	heck all that apply:
0	0	Snowmobile	Ochild not in/on a vehicle,	Other event,	apply:		City:	street	Driveway
0	0	Bicycle	but struck by vehicle	specify:	Normal	Inadequate	🗆 Resi	dential street	Parking area
0	0	Train	OChild in/on a vehicle,		Loose gravel	lighting	🗆 Rura	l road	□Off road
0	0	Subway	struck by other vehicle		Muddy	□ Other,	🗌 High	way	□RR xing/tracks
0	0	Trolley	OChild in/on a vehicle	Ou∕k	□ Ice/snow	specify:	Inter:	section	Other, specify:
0	0	Other, specify:	that struck other vehicle		Fog		🗌 Shou	ılder	
			OChild in/on a vehicle		□ Wet	🗆 и/к	□ Side	walk	□ U/K
0	0	U/K	that struck person/object		Construction z	one			

g. Drivers involved in incident,	, check all t	hat apply:										
Child as driver Child's drive	ver Driver	of other primary v	ehicle	Child as	driver Child's driv	ver Driver	of other p	orimary veh	<u>nicle</u>			
Age of Drive	er Age	e of Driver						Has a gra	duated lice	ense		
0	(○ <16 years						Has a full	license			
0	(16 to 18 yea	rs old					Has a full	license that	at has be	en restricted	
0		19 to 21 yea				_		Has a sus	spended lic	ense		
0		22 to 29 yea									iver safety ce	rtificate
								Other, spe		o, nao an	irei saisty se	linouto
0					_			-	-	ated licer	nsing rules:	
0		<u> </u>	u								ising rules.	
	_	U/K age	6]		-	ime driving			
	-	_	for causing incident]			nger restric			
	_	_	/drug impaired						g without re		upervision	
		Has no licen			_			Other	violations,	specify:		
		Has a learne	er's permit	1				U/K				
 h. Total number of occupants i In child's vehicle, inc 					In other primary	vehicle invo	lved in in	cident:				
	-	was not in a vehic				N/A, incide			icle crash			
		r of occupants:	U/	к		otal number		0		□ U/K		
		ens, ages 14-21:				Number of te				□ U/K		
		r of deaths:				otal number	-					
		r of teen deaths:	□ U/			otal number				□ υ/ĸ		
										- 0/1		
 Protective measures for chill Select one option per row: 	liu,	<u>Not</u>	<u>Needed.</u>	Present, use			Present,					
		Needed	none present	<u>correctly</u>	incorrectl	<u>v</u>	not used	<u>.</u>	<u>U/K</u>			
Airbag		0	0	0	0		0		0			
Lap belt		0	0	0	0		0		0		*If child sea	
Shoulder belt		0	0	0	0		0		0		ORear fac	-
Child seat*		0	0	0	0		0		0		O Front fac	cing
Belt positioning boos	ster seat	0	0	0	0		0		0		Оu/к	
Helmet		0	0	0	0		0		0			
Other epocify:		0	0	0	0		0		\cap			
Other, specify:		0	0	0	0		0		0	1		
2. FIRE, BURN, OR EL	LECTRO	-	0	0	0		0		0	1		
		-	0	0		b. Type of	-		0	c. For fi	re, child died	from:
2. FIRE, BURN, OR EL a. Ignition, heat or electrocutio	on source:	CUTION	-		Other explosives		incident:		0		re, child died) Burns	from:
FIRE, BURN, OR EL A. Ignition, heat or electrocutio Matches	on source:	g stove	O Lightning	0	Other explosives	OFire	incident: , go to c			C	Burns	
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2. FIRE, BURN, OR EL a. Ignition, heat or electrocutio Matches Cigarette lighter Otility lighter Ocigarette or cigar Ocandles Cooking stove d. Material first ignited: Upholstery Mattress Ochristmas tree Oclothing Ocurtain Other, specify: OU/K k. Were barriers preventing sa OYes ONo OU/K If yes, check all that apply: Locked door Window grate Locked window Blocked stairway	e. Type o O Reacting Delectric Electric Electric N/A O Sing Dup Apa O Trai O Oth U/K	g stove heater e line cal outlet cal wiring f building on fire: gle home olex artment iler/mobile home er, specify:	 Lightning Oxygen tank Hot cooking wai Hot bath water Other hot liquid, Fireworks f. Building's prim construction ma Wood Steel Brick/stone Aluminum Other, spec U/K rental property? No U/K 	er O specify: O ary terial:	Other explosives Appliance in water Other, specify: U/K g. Fire started by a O Yes O No If yes, person's ag Does person have setting fires? O Yes O No coulding/rental codes O No O U/k describe in narrativ moke detectors pre- nat type?	Fire Scal Othe Othe	incident: , go to c ld, go to i er burn, g trocution er, specifi , go to t	n, go to t a, go to s y and go to y and go to Yes i. Did any Yes j. Did any Yes If yes n. Were p preser Yes No	o t yone atterm No Sape or res No y factors de No y factors de No s, specify: proper wor ht? U/K If not fun Missing	pt to put (pt to put (U/) cue effor U/) elay fire d U/) king fire o U/)) Burns) Smoke inha) Other, spec) U/K out fire? (ts worsen fire (epartment and (extinguishers (c oroperly, reas Other	alation ify: ? rival? U/K
2. FIRE, BURN, OR EL a. Ignition, heat or electrocutio OMatches Cigarette lighter Cigarette or cigar Candles Cooking stove d. Material first ignited: Upholstery Mattress Christmas tree Clothing Curtain Other, specify: U/K k. Were barriers preventing sa Yes No U/K If yes, check all that apply: Locked door Window grate Locked window Blocked stairway Other, specify:	e. Type o O Reacting Delectric Electric Electric N/A O Sing Dup Apa O Trai O Oth U/K	g stove heater e line cal outlet cal wiring f building on fire: gle home olex artment iler/mobile home er, specify:	 Lightning Oxygen tank Hot cooking war Hot bath water Other hot liquid, Fireworks f. Building's prim construction ma Wood Steel OBrick/stone Aluminum Other, spec U/K rental property? No U/K 	er O specify: O ary terial:	Other explosives Appliance in water Other, specify: U/K g. Fire started by a O Yes O No If yes, person's ag Does person have setting fires? O Yes O No puilding/rental codes O No O U/k describe in narrative smoke detectors pre nat type?	Fire Scal Othe Othe OU/K e a history of OU/K violated? c sent? (OYes (OYee (OYes (OYee (incident: , go to c ld, go to r er burn, g ttrocution er, specif , go to t	n, go to t a, go to s y and go to y and go to Yes i. Did any Yes j. Did any Yes j. Did any Yes If yes n. Were p preser Yes No	or t yone attem No cape or res No y factors de No s, specify: proper wor t? No U/K If not fun Missing [pt to put (U/I cue effor U/I elay fire d U/I king fire d U/I king fire d) Burns) Smoke inha) Other, spec) U/K out fire? < ts worsen fire < epartment and < extinguishers < c oroperly, reas Other	on:
2. FIRE, BURN, OR EL a. Ignition, heat or electrocutio Matches Cigarette lighter Otility lighter Ocigarette or cigar Ocandles Cooking stove d. Material first ignited: Upholstery Mattress Ochristmas tree Oclothing Ocurtain Other, specify: OU/K k. Were barriers preventing sa OYes ONo OU/K If yes, check all that apply: Locked door Window grate Locked window Blocked stairway	e. Type o O Reacting Delectric Electric Electric N/A O Sing Dup Apa O Trai O Oth U/K	g stove heater e line cal outlet cal wiring f building on fire: gle home olex artment iler/mobile home er, specify:	 Lightning Oxygen tank Hot cooking war Hot bath water Other hot liquid, Fireworks f. Building's prim construction ma Wood Steel OBrick/stone Aluminum Other, spec U/K rental property? No U/K 	er O specify: O ary terial:	Other explosives Appliance in water Other, specify: U/K g. Fire started by a O Yes O No If yes, person's ag Does person have setting fires? O Yes O No puilding/rental codes O No O U/k describe in narrative smoke detectors pre nat type?	Fire Scal Othe Scal Othe Othe OU/K e a history of OU/K e fire sent? (OYes OYes	incident: , go to c ld, go to r er burn, g trocution er, specif, , go to t	n. Were preser n. Were preser No No No No No No No No No No	or t vone attem No cape or res No v factors de No s, specify: proper wor nt? No U/K If not fun Missing [pt to put (pt to put (U/) cue effor U/) elay fire d U/) elay fire d U/) elay fire d U/) elay fire d U/) elay fire d U/)) Burns) Smoke inha) Other, spec) U/K out fire? < < ts worsen fire < epartment arr < extinguishers < c	alation ify: ? rival? U/K □ □
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q. Suspected arso	on?	r. For scald, was hot water heater	s. For ele	ectrocution, what cause:	t. Other,	describe in detail:	
○ Yes ○ No	0 U/К	set too high?	OEle	ectrical storm			
		⊖ N/A	⊖Fa	ulty wiring			
		O Yes, temp. setting:		re/product in water			
		O No		ild playing with outlet			
		O u/k		ner, specify:			
		⊖ 0/k					
			O u/ł	<			
3. DROWNIN	NG						
a. Where was chi	ld last seen before	b. What was child last seen doing		c. Was child forcibly subme	rged?	d. Drowning location:	
drowning? Che	eck all that apply:	before drowning?		OYes ONo OU	/K	O Open water, go to e	O U/K, go to n
In water	□ In yard	O Playing O Tubing				O Pool, hot tub, spa, go	to i
□ On shore	□ In bathroom	O Boating O Waterskiing				O Bathtub, go to w	
□ On dock	□ In house					O Bucket, go to x	
	Other, specify:	O Bathing O Other, specif				O Well/cistern/septic, go	ton
			у.			O Toilet, go to z	10 11
		- 0					
	□ U/K	O Surfing O U/K				Other, specify and go	
e. For open water,		 For open water, contributing environmental factors: 		g. If boating, type of boat:		h. For boating, was the child p	
O Lake					mmercial	OYes ○ No ○ U/K	
O River	O Gravel pit	O Weather O Drop off			her, specify:		
○ Pond	◯ Canal	O Temperature O Rough wave		OMotorboat			
◯ Creek	О и/к	O Current O Other, speci	fy:	○ Canoe			
O Ocean		O Riptide/ O U/K		O Kayak O U,	K		
		undertow		◯ Raft			
i. For pool, type o	f pool:	j. For pool, child found:		k. For pool, ownership is:		I. Length of time owners had	pool/hot tub/spa:
O Above grou	und	O In the pool/hot tub/spa		O Private		O N/A	⊖ >1yr
O In-ground	◯ Hot tub, spa	O On or under the cover		O Public		◯ <6 months	0 u/к
⊖ Wading	0 и/к	О и/к		О u/к		○ 6m-1 yr	
m. Flotation devi						n. What barriers/layers of pro	tection existed
On/a	If yes, check all that	apply.				to prevent access to wate	
OYes	Coast Guard			Coast Guard approved	□ ∪/к	Check all that apply:	
	□ Jacket	Cushion Lifesaving ring	I	Swim rings	_ 0/10	_	Alarm, go to r
Ou/k	If jacket:			Inner tube			Cover, go to s
00/K	Correct			Air mattress			
				Other, specify:		\Box Door, go to p	
Гараа:	womed						
o. Fence:		p. Gate, check all that apply:		check all that apply:		r. Alarm, check all that apply:	s. Type of cover:
Describe type:		Has self-closing latch		Patio door Opens			OHard
Fence height ir		Has lock		Screen door Barrier		U Window	◯ Soft
Fence surround		☐ Is a double gate		Steel dool	nd water		Оu/к
O Four sides	O Two or	Opens to water		Self-closing U/K		Laser	
O Three sides		□ u/k		Has lock		🗆 U/К	
	○ ∪/к						
t. Local ordinance		u. How were layers of protection breach	ed? Check	all that apply:			
access to water	?	□ No layers breached	🛛 Gap	in fence D	oor screen to		
O Yes O N	lo OU/K	Gate left open	🗆 Dam	aged fence	oor self-close	er failed Cover r	not locked
		Gate unlocked	Fend	ce too short 🛛 🖓 W	indow left op	pen 🗌 Other, s	specify:
If yes, rules vio	plated?	Gate latch failed	Dooi 🗌	r left open	indow scree	n torn	
O Yes O N	10 O U/K	Gap in gate	Dooi	r unlocked Al	arm not work	king	
		Climbed fence		r broken	arm not ansv	wered DV/K	
v. Child able to sw	im?	w. For bathtub, child in a bathing aid?		x. Warning sign or label pos	ted?	y. Lifeguard present?	
On/A	ONo	⊖Yes ⊖No ⊖U/K		On/a O	No	On/A Ond)
OYes	Оu/к	If yes, specify type:		OYes O	U/K	OYes OU/	к
z. Rescue attempt	made?	·		aa. Did rescuer(s) also drow	'n?	bb. Appropriate rescue equipr	nent present?
O N/A	If yes, who? Che	ck all that apply:		On/a O	No	On/A Ond)
⊖ Yes	Parent	Bystander		OYes O	J/K	OYes OU/	
O No	C Other chil	d Dther, specify:		If yes, number of rescu	ers		
О u/к	Lifeguard			that drowned:	_		

4. ASPHYXIA											
a. Type of event:		b. If suffocation/asp	ohyxia, act	ion causing e	vent:						
O Suffocation, go to b)	Sleep-related	(e.g. bedd	ing, overlay,	wedgeo	d) Oconfine	d in tight space	Swaddle	d in tight bla	nket, but	not sleep-related
O Strangulation, go to	o c	O Covered in or	fell into ob	ject, but not s	sleep-re	elated O Refrig	jerator/freezer	OWedged	into tight spa	ace, but	not sleep-related
O Choking, go to d		O Plastic ba	ıg			⊖ Toy cl	hest	Asphyxia	a by gas, go t	to G8h	
Other, specify and	go to e	O Dirt/sand				⊖ Auton	nobile	Other, sp	becify:		
		Other, sp	ecify:			Otr	unk	Оu/к			
OU/K, go to e		О _{U/К}				Oot	her, specify:				
						Ou/	к				
						◯ Other	, specify:				
						0 и/к					
c. If strangulation, object	causing event	:	d. If chok	ing, object		e. Was asphyxia a	n autoerotic eve	ent? g. Histor	y of seizures	;?	
OClothing C	Leash		causir	ng choking:		OYes ○No	Оu/к	○ Yes	⊖ No	Оu/к	If yes, #
OBlind cord C	Electrical cor	d	O Fo	od, specify:				lf yes, w	itnessed?	JYes	ONo OU/K
OCar seat C	Person, go to	G5q	Ото	y, specify:		f. Was child partici	pating in	h. Histor	y of apnea?		
OStroller C	Automobile p	ower window	О Ва	lloon		'choking game' o	r 'pass out gan	ne'? O Yes	⊖ No	Оu/к	If yes, #
OHigh chair	or sunroof		O Oth	ner, specify:		⊖Yes ⊖No	Оu/к	lf yes, w	itnessed?	⊃Yes	ONo OU/K
OBelt C	Other, specif	y:	O U/ł	< C				i. Was He	eimlich Mane	euver atte	empted?
ORope/string C)υ/κ							O Yes	ONO	О _{U/К}	
5. WEAPON, INCL		RSON'S BODY F	PART								
a. Type of weapon:		b. For firearms, typ	e:	c. Firearm li	censed	1?	d. Firearm safe	ety features, ch	eck all that a	apply:	
O Firearm, go to b		OHandgun		⊖ Yes		Оu/к	□Trigger	lock		<i>l</i> lagazine	disconnect
O Sharp instrument, g	go to j	◯ Shotgun						alization device		/linimum [/]	trigger pull
OBlunt instrument, g	o to k	⊖ BB gun					□Externa	l safety/drop sa	fety DO	Other, spe	ecify:
O Person's body part,	, go to l	O Hunting rifle					Loaded	chamber indica	ator 🛛 🛛 U	J/K	
O Explosive, go to m		O Assault rifle		e. Where wa	s firear	m stored?			f. Firearm s	stored wi	th
O Rope, go to m		◯ Air rifle		◯ Not st	ored	OUr	nder mattress/pi	llow	ammuniti	ion?	
O Pipe, go to m		◯ Sawed off sh	otgun	OLocke	d cabir	net OOt	her, specify:		⊖ Yes	O No	⊖ и/к
O Biological, go to m		Other, specif	y:	OUnloc	ked cal	binet			g. Firearm	stored lo	aded?
Other, specify and	go to m			OGlove	compa	artment OU/	К		⊖ Yes	O No	⊖ и/к
OU/K, go to m		О U/K									
h. Owner of fatal firearm:						i. Sex of fatal	j. Type of sha	rp object:	k.	. Type of	blunt object:
O U/K, weapon stoler	n O Gra	andparent	⊖ Co	-worker		firearm owner:	O Kitchen	knife		⊖ Bat	
◯ U/K, weapon found	I O Sib	ling	\bigcirc Ins	titutional staff	f	◯ Male	O Switchb	lade		⊖ Clu	b
◯ Self	⊖ Sp	ouse	◯ Ne	ighbor		○ Female		nife		◯ Stic	k
O Biological parent	Oth	ner relative	⊖ Riv	al gang mem	iber	О u/к	○ Razor			\bigcirc Har	nmer
O Adoptive parent	⊖ Fri	end	⊖ Str	anger			O Hunting	knife			ck
○ Stepparent	O Ac	quaintance	⊖ Lav	w enforcemer	nt			5		ΟHοι	usehold item
O Foster parent	\bigcirc Ch	ild's boyfriend	Ooth	ner, specify:			O Other, s	pecify:		\bigcirc Oth	er, specify:
O Mother's partner	or	girlfriend									
O Father's partner	O Cla	issmate	0 U/ł	(О u/к			O u/k	
I. What did person's body		erson using weapon	have	o. Persons l	nandlin	g weapons at time o	of incident, chec	k all that apply:			p. Sex of person(s)
part do? Check all that	,	of weapon-related		Fatal and	or <u>Oth</u>	er weapon	Fatal and/o	r Other weapon	<u>1</u>		handling weapon:
apply:	offens	es?				Self		Friend			
Beat, kick or punch	n O Ye	s				Biological parent		Acquainta	ance		Fatal weapon:
)				Adoptive parent		Child's bo	pyfriend or gi	irlfriend	◯ Male
□Push	○ u/	к				Stepparent		Classmat	te		○ Female
Bite	n. Does a	anyone in child's far	ily have			Foster parent		Co-worke	er		○ и/к
Shake	a hist	ory of weapon offens	ses or			Mother's partner		Institution	nal staff		
	die of	weapons-related ca	uses?			Father's partner		Neighbor			Other weapon:
Throw	⊖ Y€	es, describe circums	tances:			Grandparent		Rival gan	g member		◯ Male
Drown						Sibling		□ Stranger			○ Female
Burn						Spouse		Law enfo	rcement offic	cer	О и/к
Other, specify:)				Other relative		Other, sp	ecify:		
□u/κ	O U/	к						🛛 U/К			

q. Use of weapon at time, che	eck all that apply:								
Self injury	Argume	nt	🗌 Hu	unting		🗆 Russian	roulette		Intervener assisting crime
Commission of crime	☐ Jealous	у	🗌 Ta	arget shooting	g	□ Gang-re	elated activity		victim (Good Samaritan)
Drive-by shooting	Intimate	partner vi	olence 🗌 Pla	aying with we	eapon	Self-defe	ense		Other, specify:
Random violence	□ Hate cri	me		eapon mistal	ken for toy	🗆 Cleaning	g weapon		
□ Child was a bystander	Bullying		Sh	nowing gun to	o others	□ Loading	weapon		U/K
6. ANIMAL BITE OR A	ATTACK								
a. Type of animal:		b. Anima	l access to child, cl	heck all that	apply:			c. Did ch	ild provoke animal?
O Domesticated dog	O Insect		Animal on leash		🗆 Animal	l escaped from	n cage or leash	OYes	○ No ○ U/K
O Domesticated cat	O Other,		Animal caged or ir	nside fence	🗆 Animal	I not caged or	leashed	If yes	s, how?
◯ Snake	specify:	(Child reached in	ı	🗆 и/к				
O Wild mammal,		(Child entered an	nimal area				d. Anima	I has history of biting or
specify:	О и/к	() U/K					attack	king?
								⊖Yes	No OU/K
7. FALL OR CRUSH		T							
a. Type:	b. Height of fall:	c. Child f		-		_	~		<u> </u>
O Fall, go to b	feet	Open		O Natural		O Stairs/st	1 0	object, spe	
O Crush, go to h	inches	0.5	Screen		ade elevation		- 3		Other, specify:
					und equipment	OBed	Overpas		
	🗆 и/к	<u>ه</u> ۲	U/K if screen	⊖ Tree		○ Roof	OBalcony		Оu/к
d. Surface child fell onto:	e. Barrier in place:		f. Child in a baby	walker?	h. For crush, did	l child:	i. For crush, object o	causing cru	ush:
O Cement/concrete	Check all that app	oly:	O N/A		O Climb up o	on object	O Appliance		O Dirt/sand
⊖ Grass	None		⊖ Yes		O Pull object	t down	O Television		O Person, go to G5q
O Gravel	Screen		O No		O Hide behir	nd object	O Furniture		O Commercial equipment
O Wood floor	Other window	v guard	О и/к		O Go behind	d object	⊖ Walls		○ Farm equipment
O Carpeted floor	Fence		g. Was child push	hed,	O Fall out of	object	O Playground e	quipment	O Other, specify:
O Linoleum/vinyl	Railing		dropped or thro	own?	O Other, spe	ecify:	O Animal		
O Marble/tile	Stairway		⊖Yes ⊖ No	⊖ u/k			O Tree branch		О и/к
O Other, specify:	Gate				○ и/к		O Boulders/rock	ĸs	
	Other, specify	y:	If yes, go to G5c	4					
О и/к	□∪/к								
8. POISONING, OVER			XICATION						
a. Type of substance involved	1, check all that apply								
Prescription drug			counter drug		Cleaning su				substances U/K
Antidepressant		Diet			Bleach				Plants
Blood pressure med	lication	_	ulants		Drain o			_	Alcohol
Pain killer (opiate)			gh medicine			ne-based clear	ner		Street drugs
Pain killer (non-opia	ite)		medication		Solver				Pesticide
Methadone			dren's vitamins		Other,	, specify:			Antifreeze
Cardiac medication		_	supplement						Other chemical
Other, specify:		_	er vitamins						Herbal remedy
		_	er, specify:						Carbon monoxide, go to f
		Cosr	metics/personal car	re products					Other fume/gas/vapor
			· · · · ·	<u> </u>					Other, specify:
b. Where was the substance	stored? c. Was th contain		in its original	-	e incident the res	ult of?	g. Was Poison Cor called?	ntrol	h. For CO poisoning, was a CO detector present?
Open area			ONO		dental overdose			\frown	
Open cabinet	_	N/A Yes	0n₀ Ου/κ	-	ical treatment mis	•	O Yes O No	O U/K	○Yes ○No ○U/K
Closed cabinet, unlocke		res Intainer hav			erse effect, but no perate poisoning	t overduse	If yes, who calle	ed:	K
Closed cabinet, locked	d. Did co safety		/e a chilu						If yes, how many?
O Other, specify:		N/A	ONO	-	e intoxication				
О u/к		Yes	On₀ Ou/k	U Ulle	er, specify:				
∪ U/K				О и/к			O First respond		Functioning properly?
		Cription, wa	ls it child's? ◯U/K				O Medical perso		○Yes ○No ○U/K
	U res		00/K					y:	
							0 U/K		

a. Circumstance	RE											
	es, check all that apply	:			b. Condition o	f exposure:	:	c. Number	of hours	d. Wa	s child v	vearing
Abandonn	nent		ost outdo	ors	OHyperth	ermia		expose	ed:	ар	propriate	e clothing?
Left in car			legal bord	ler crossing	OHypothe	ermia					OYes	
Left in roo	m	ΠC	ther, spe	cify:	Ou/ĸ						ΟNο	
Submerge	ed in water	Πu	I/K						U/K		Οu/κ	
Injured ou	itdoors				Amb	pient temp,	degrees F					
10. MEDICA	L CONDITION											
•	the child have the			expected as a result of	c. Was child re		alth care for the	Э	d. Were the pre		e plans a	appropriate for
medical cond		the	medical	condition?	medical con	_			the medical c	ondition?		
O In utero	O Weeks	0	N/A not p	previously diagnosed	O Yes O) U/K		On/a			
O Since birt	_	<u> </u>	Yes	But at a later date	If yes, within				OYes			
O Hours	O Years	0			O Yes O	No C) n/k		O No, s	pecify:		
O Days	0 и/к	_	U/K						Ou/ĸ			
e. Was child/fam	ily compliant with the	prescribe					as child up to d		-	as the med		
0				Appointments			merican Acader			ssociated wi		tbreak?
On/A				Medications, specify:				iedule?	-) Yes, spec	ify:	
⊖Yes	If no, what wasn't			Medical equipment use	e, specity:) n/a		-) No		
	Check all that app	ly.		Therapies, specify:)Yes) и/к		
Оu/к				Other, specify:			ONo, specify: OU/K					
				I U/K) U/K					
h. Was environn				ccess or compliance iss	ues related to th		⊖ Yes	⊖ No	- /	s, check all t		•
	ontributing factor			of money for care		🗌 Lang	juage barriers		Care	giver distrus	t of hea	Ith care system
in death?			🗆 Limita	ations of health insurance	e coverage	🗆 Refe	rrals not made		Care	giver unskill	ed in pro	oviding care
O Yes			Multip	ble health insurance, not	coordinated	□ Spec	cialist needed, r	not available	e 🗌 Care	giver unwilliı	ng to pro	ovide care
O No			Lack	of transportation		🗌 Multi	ple providers, r	not coordina	ated Care	giver's partr	ner would	d not allow care
0 и/к			🗆 No pł	none		Lack	of child care		Other	r, specify:		
			Cultu	ral differences		Lack	of family or so	cial suppor	t			
			🗆 Religi	ious objections to care		Servi	ices not availab	ole	□ U/K			
11. OTHER	KNOWN INJURY	CAUS	E									
Specify cause,	describe in detail:											
H. OTHER	CIRCUMSTANCE	S OF I	NCIDE	NT - ANSWER RE	ELEVANT SE	CTIONS	3					
	CIRCUMSTANCE AND UNEXPECT				ELEVANT SE	CTIONS	3					
1. SUDDEN Section H1: OMB	AND UNEXPECT No. 0920-1092, Exp. Da	ED DE	ATH IN 2018	THE YOUNG								
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d. Did the child have any prior serious injuries	(e.g. near drowning, car accident, brain injury)'
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O Yes O No O U/K If ves describ

Condition	Diagn	osed		Condition	Dia	agnosed	łł	
Blood disease	Yes	No	<u>U/K</u>	Neurologic (cont)	Ye		<u>o U/K</u>	
Sickle cell disease	0	0	0	Epilepsy/seizure disorder	С) $($	
Sickle cell trait	0	0	0	Febrile seizure	С) $($	
Thrombophilia (clotting disorder)	0	0	0	Mesial temporal sclerosis	С		0	
Cardiac				Neurodegenerative disease	С			
Abnormal electrocardiogram	0	0	0	Stroke/mini stroke/	С			
(EKG or ECG)				TIA-Transient Ischemic Attack				
Aneurysm or aortic dilatation	0	0	0	Central nervous system infection	С			
Arrhythmia/arrhythmia syndrome	0	0	0	(meningitis or encephalitis)				
Cardiomyopathy	0	0	0	Respiratory				
Commotio cordis	0	0	0	Apnea	С			
Congenital heart disease	0	0	0	Asthma	C			
-	0	0	0		C	_		
Coronary artery abnormality	0	0	0	Pulmonary embolism	C			
Coronary artery disease	0	0	0	Pulmonary hemorrhage	C			
(atherosclerosis)	\cap	\cap	\bigcirc	Respiratory arrest	C			
Endocarditis	0	0	0	<u>Other</u>	\sim			
Heart failure	0	0	0	Connective tissue disease	C			
Heart murmur	0	0	0	Diabetes	C			
High cholesterol	0	0	0	Endocrine disorder, other:	С		\circ	
Hypertension	0	0	0	thyroid, adrenal, pituitary	-			
Myocarditis (heart infection)	0	0	0	Hearing problems or deafness	С			
Pulmonary hypertension	0	0	0	Kidney disease	С			
Sudden cardiac arrest	0	0	0	Mental illness/psychiatric disease	С			
<u>Neurologic</u>				Metabolic disease	С) $($	
Anoxic brain Injury	0	0	0	Muscle disorder or muscular	С) ()	
Traumatic brain injury/	0	0	0	dystrophy				
head injury/concussion				Oncologic disease treated by	С			
Brain tumor	0	0	0	chemotherapy or radiation				
Brain aneurysm	0	0	0	Prematurity	С			
Brain hemorrhage	Õ	Õ	0	Congenital disorder/	C			
Developmental brain disorder	Õ	Õ	0	genetic syndrome	Ŭ			
Developmental brain disorder	0	0	Ŭ		С	,		
If a more specific diagnosis is known,				Other, specify:				
· _	elected, wh	at cardia	ac treatments	did the child have? Check all that apply: O None Heart surgery	_	art trans	splant	
Cardiac ablation Cardiac device p (implanted ca	rdioverter			Interventional cardiac catheterization	_	her, spe ′K	cify:	
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h. In the 72 hours prior to death w		aking any pres	cribed me	edication	(s)?			following substa	nce(s) within 24 hours of death?
○Yes ○No ○U/K	(Check all			
If yes, describe:						_	er the counter medic		Supplements
							cent/short term pres	criptions	Tobacco
i. Within 2 weeks prior to death ha			N/A Yes		<u>J/K</u>		ergy drinks		
Taken extra doses of prescrib		ns	0 0		$\sum_{n=1}^{\infty}$	□ Ca			Illegal drugs
Missed doses of prescribed m			00	0 (_		rformance enhancer		Legalized marijuana
Changed prescribed medicati	ons, describe	:	0 0	0 (2	L Die	t assisting medication	ons	☐ Other, specify:
j. Was the child compliant with th		d medications	?						🗆 и/к
○N/A ○Yes ○N	o ⊖U/K					If yes to an	iy items above, desc	cribe:	
If not compliant, des	cribe why an	d how often:							
I. Did the child experience any of	the following : At inc				of incident	of the incident		time of inclaent thin 24 hours of it	ncident
Stimuli	Yes No		Yes	<u>No</u>	<u>U/K</u>				loident
Physical activity	O C		\overline{O}	$\overline{\mathbf{O}}$	0	∣ lf y	es to physical activit	y, describe type	of activity:
Sleep deprivation	0 C		Õ	Õ	0		incident		hours of incident
Driving	0 C		Õ	Õ	0				
Visual stimuli	0 C		Õ	Õ	0				
Video game stimuli	0 C		Õ	Õ	0				
Emotional stimuli	0 C		Õ	Õ	0				
Auditory stimuli/startle	0 C		Õ	0	0				
Physical trauma	0 0		0	0	0	0#	ner specify:		
Other	0		0	\cup	U		incident	Within 24	hours of incident
m. Was the child an athlete?	 	OYes (-) U/K		7.0		VII.0.007 2 1	
	-	es, type of spo		Compe	titive C	Recreational			
	-						r to death? O Ye	s O No O	U/K
n. Did the child ever have any of th									pre-participation exam for a sport?
within 24 hours after physical a	activity? Che	ck all that app	ly:			Ū		res O No C) U/K
□ Chest pain	ПΗ	leadache				If yes:			
	П Р	alpitations					ne within a year prio	r to death?	Yes O No O U/K
Convulsions/seizure		hortness of br	eath/diffic	ultv brea	athina				otherwise? O Yes O No O U/K
Dizziness/lightheadedne	_	ther, specify:		,			, specify restrictions		
□ Fainting	 □ u						,	-	
If yes to any item, describe type			ent of sym	ptoms:					
		-		·	rder" is an	swered Yes	in question e ab	ove (Diagnose	d for a medical condition)
p. How old was the child when dia				r					t. How many seizures did the child have
disorder?				_	Non-conv				in the year preceding death?
Age 0 (infant) through 20 yea	irs:				Convulsi	e (grand mal	seizure or		O 0/never O 2 O More than 3
🗆 и/к					genera	lized tonic-clo	nic seizure)		О1 Оз О И/К
q. What were the underlying caus	e(s) of the ch	nild's seizures	?		Occur wh	en exposed to	strobe lights,		u. Did treatment for seizures include
Check all that apply:					video g	ame, or flicke	ring light (reflex seiz	ure)	anti-epileptic drugs?
Brain injury/trauma, specify:] U/K				OYes ○No ○U/K
Brain tumor	🗌 Genet	ic/chromosom	al	s. Dese	cribe the chil	d's epilepsy/s	eizures. Check all th	nat apply:	If yes, how many different types of anti-
Cerebrovascular	Mesia	l temporal scle	erosis		Last less	than 30 minut	es		epilepsy drugs (AED) did the child take?
Central nervous system	🗌 Idiopa	thic or cryptog	enic	C	Last more	e than 30 minu	ites (status epileptic	us)	O1 O 4 O More than 6
infection	Other	acute illness o	or injury		Occur in t	he presence of	of fever (febrile seizu	ıre)	O2 O5 OU/K
Degenerative process	othe	er than epileps	şy		Occur in t	he absence o	f fever		○3 ○6
Developmental brain disorde	er 🛛 Other,	specify:			Occur wh	en exposed to	strobe lights, video		v. Was night surveillance used?
□ Inborn error of metabolism	🗆 и/к				game,	or flickering lig	ht (reflex seizure)		OYes ONo OU/K
2. ANSWER THIS ONLY I WAS DEATH RELATED					IVIRONMI	ENT?	Yes, go to H2	2a 🔵 No, go to	H2s OU/K, go to H2s
a. Incident sleep place:							If adult bed, v	what type?	If futon,
◯ Crib	O Adult I	bed		С	Chair		Оти	rin	O Bed position
If crib, type:	◯ Water	bed		С	Floor		O Fu	II	O Couch position
O Not portable	O Futon			С	Car seat		Oqu	ieen	О и/к
O Portable, e.g. pack-n-pla		en/other play s	tructure	С	Stroller		O Kir		
O Unknown crib type		t portable crib		С		ecifv:	-	her, specify:	
O Bassinette		•		С	, -p				

b. Child put to sleep:			c. Child fo	ound:			e. Usual slee	p positi	on:		f. Was th	ere a crib,	bassinette or port-a-crib in home		
O On back			0	On back			🔿 On	back			for chi	id?			
O On stomach			0	On stoma	ch		O On	stoma	ch			⊖ Yes	○ No ○ U/K		
O On side			0) On side			O On	side							
О и/к			0) U/K			O U/ł	<							
d. Usual sleep place:			L			If adul	It bed, what typ	be?	g. Child in a new or different environment than usual?						
Ocrib		0	Playpen/c	other play s	tructure	0) Twin					\bigcirc Yes \bigcirc No \bigcirc U/K If yes, specify:			
If crib, type:				ortable crib		0) Full								
O Not portable		0	Couch		I	0	Queen				h. Child l	ast placed	to sleep with a pacifier?		
O Portable, e.g. pa	ack-n	-play O	Chair		I	0) King					⊖ Yes			
O Unknown crib ty			Floor		I		Other, specify	y:							
OBassinette			Car seat		I) U/K				i. Child w	i. Child wrapped or swaddled in blanket?			
O Adult bed			Stroller		I							O Yes			
Owaterbed		0	Other, sp	ecify:	I	If futo	on, OBe	d positi	on O	U/K	lf	yes, descri	ibe:		
OFuton			U/K	-	I		О С о	uch pos				•			
j. Child overheated?	(O Yes		O u/k							k. Child e	exposed to	second hand smoke?		
If yes, outside temp	de	grees F		Check all	that apply:					O № O U/K					
	☐ Too much bedding If yes, how often: ○ Frequently ○ U/K					◯ Frequently ◯ U/K									
						Too much clothing Occasionally									
I. Child's face when found	l:	m. Child's	s neck whe	en found:		n. Child	l's airway:				If fully or partially obstructed, what was obstructed?				
ODown		Онуре	erextender	d (head bac	:k)	OUn	nobstructed by	person	or object			Nose	□ u/k		
OUp		Онурс	oextended	I (chin to ch	est)	-	Illy obstructed b			ct		☐ Mouth			
O To left or right side		ONeut	ral		I	ОРа	artially obstructe	ed by p	erson or o	bject		Chest compressed			
Оu/к		OTurn	ed		I	O U/ł	к								
		О _{U/K}			I					I					
o. Objects in child's sleep	envi	ronment ir	n relation t	to airway of	ostruction:								p. Caregiver/supervisor fell asleep		
lf present , d				resent, de	scribe pos	sition of object:	:		If presen	it , did objec	xt	while feeding child?			
Objects:		Preser	nt?	On top	Under	Next	Tangled			obstruc	t airway?		OYes ONo OU/K		
	Yes	No	<u>U/K</u>	of child	<u>child</u>		around child	<u>U/к</u>	1	Yes	No.		If yes, type of feeding:		
Adult(s)	0	0	0							0	0	0			
Other child(ren)	0	0	0							0	0	0	O Breast		
Animal(s)	0	0	0							0	0	0	q. Child sleeping in the same room as		
Mattress	0	0	0							0	0	0	caregiver/supervisor at time of death?		
Comforter, quilt, or other	0	0	0							0	0	0	○ Yes ○ No ○ U/K		
Thin blanket/flat sheet	0	0	0							0	0	0	r. Child sleeping on same surface with		
Pillow(s)	0	0	0							0	0	0	person(s) or animal(s)?		
	0	0	0							0	0	0	○ Yes ○ No ○ U/K		
Boppy or U shaped pillow	~	0	0							0	0	0	If yes, check all that apply:		
Sleep positioner (wedge)	0	0	0							0	0	0	☐ With adult(s):		
Bumper pads	0	0	0							0	0	0	# #U/K		
Clothing	0	0	0							0	0	0	Adult obese: O Yes O U/K		
Crib railing/side	0	0	0							0	0	0			
Wall	0	0	0							0	0	0	☐ With other children:		
Toy(s)	0	0	0							0	0	0	# #U/K		
Other(s), specify:			I									\sim	Children's ages:		
	0		I							0 0	0 0	0 0	☐ With animal(s):		
·	-				-				Outu	-		0	# #U/K		
s. Is there a scene re-crea		•			OYes				re. Only	•			Type(s) of animal:		
Select photo that most des										-	~				
3. WAS DEATH A	- 1					r –		(PRC	[○ Yes		No, go to H4 U/K, go to H4		
a. Describe product and circumstances:		b. Was p	roduct use	ed properly?	?	c. Is a rec	call in place?		d. Did pro safety l	duct have abel?			onsumer Product Safety Commission) notified?		
		⊖ Yes	⊖ No	Ou/ĸ		() Yes	ONo C) U/K	⊖ Yes		Оu/к	O Yes	s 🔿 U/K		
		0	0.00	0.0		0	0	/ 0/11	0.00	0	0.00	0.11	0		

. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?										
a. Type of crime, check all that apply:										
□ Robbery/burglary □	Other ass	sault 🛛 Arson			Illegal border crossing		U/K			
□ Interpersonal violence □	Gang cor	nflict D Prostitution	on		Auto theft					
□ Sexual assault □	Drug trad	le 🛛 Witness i	intimidation		Other, specify:					
I. ACTS OF OMISSION OR C	OMMIS	SION INCLUDING POOP		ISION	N, CHILD ABUSE & NEG	LECT, A	ASSAULTS,	AND SUIC	CIDE	
TYPE OF ACT										
1. Did any act(s) of omission or commis	sion	2. What act(s) caused or cor	tributed to the	e death	1?					
cause and/or contribute to the death		Check only one per colum								
⊖ Yes		Caused Co	ontributed							
◯ No, go to Section J		0	O Poor/ab	sent si	upervision, go to 10					
O Probable		0	O Child ab	ouse, g	jo to 3					
◯ U/K, go to Section J		0	O Child ne	eglect,	go to 8					
		0	O Other ne	egliger	nce, go to 9					
If yes/probable, were the act(s) either	or both?	0	O Assault,	, not ch	nild abuse, go to 10					
Check all that apply:		0	~		ural practices, go to 10					
☐ The direct cause of death		0	O Suicide,							
☐ The contributing cause of o	death	0	O Medical	misad	lventure, specify and go to 11					
		0	~		and go to 10					
		0	O U/K, ga		-					
3. Child abuse, type. Check all that app	oly	4. Type of physical abuse, ch			5. For abusive head trauma,	were	7. Events(s) tr	ggering phy	sical abuse,	
and describe in narrative.		Abusive head trauma, go	o to 5		there retinal hemorrhages?	check all that apply:				
Physical, go to 4		Chronic Battered Child S	Syndrome, go	to 7	OYes ONo OU/K	None				
Emotional, specify and go to 10		Beating/kicking, go to 7								
\Box Sexual, specify and go to 10		□ Scalding or burning, go t	o 7		6. For abusive head trauma, v	vas	□Toilet tra	ining		
□ U/K, go to 10		Munchausen Syndrome	by Proxy, go t	o 7	the child shaken?		Disobed	ience		
		□ Other, specify and go to	7		⊖Yes ⊖No ⊖U/K		Feeding	problems		
					If yes, was there impact?		Domestic argument			
		U/K, go to 7			OYes ONo OU/K	Other, specify:				
							□u/ĸ			
8. Child neglect, check all that apply:					9. Other negligence:	10. Was	as act(s) of omission/commission:			
☐ Failure to protect from hazards,		Failure to seek/follow treatme	ent, specify:		O Vehicular	Caused	d <u>Contribute</u>	<u>d</u>		
specify:					O Other, specify:	0	0 c	hronic with c	child	
☐ Failure to provide necessities		Emotional neglect, specify:				0	ОР	attern in fam	nily or with	
Food		Abandonment, specify:			0 и/к		p	erpetrator		
☐ Shelter						O Is	olated incide	ent		
Other, specify:		l u/k				0	Οι	I/K		
PERSON(S) RESPONSIBLE										
11. Is person the caregiver or superviso	or			,	caused and/or contributed to de	eath:				
in previous section?		Select no more than one	person for ca	used a	and one person for contributed.					
Caused Contributed		Caused Contributed		Cause				ontributed		
O O Yes, caregiver one, go		O O Self, go to 24		0	Grandparent			Medical pr		
O O Yes, caregiver two, go		O O Biological pa		0	◯ Sibling			Institutiona		
O O Yes, supervisor, go to 2	25	O O Adoptive par	ent	0	O Other relative			Babysitter		
		O O Stepparent		0	O Friend		0 C	Licensed c	child care	
		O O Foster paren		0	Acquaintance		• • •	worker		
		O O Mother's par		0	Child's boyfriend or gi	rlfriend		Other, spe	cify:	
10. Demonitoria	44 5	O Father's part		0	Stranger	10.5) U/K		
13. Person's age in years: Caused Contributed	14. Perso Cau		15. Does pe <u>Caused</u>		peak English? <u>ntributed</u>	16. Perso Cau	on on active mili sed <u>Contribu</u> t			
	Cau) Yes		-			
# Years	C	-	0	_) No	Ċ				
□ □ U/K	C		0	-) U/K	C	-			
		U	If no, lang	-			specify branch:			

	n have history of ance abuse?	:		n have history of ch atment as victim?	ild		have history of c erpetrator?	hild maltrea	atment	20. Person	have disability or chronic illness?
							•			Covered	Constributed
Caused			Caused	Contributed		Caused	Contributed Ves			Caused	<u>Contributed</u>
0	O Yes		0	O Yes		-	-				O Yes
0	O No		0	O No		0	O No			0	○ No
0	O U/K		0	⊖ ∪/К		0	O U/K			0	O U/K
	check all that ap	ply:		check all that apply			check all that appl	y:			check all that apply:
	Alcohol			Physical			Physical				Physical, specify:
	Cocaine			□ Neglect			Neglect				Mental, specify:
	🗌 Marijuana			Sexual			Sexual				Sensory, specify:
	Methampl	netamine		Emotional/			Emotional/p	osychologic	al		□ U/K
	Opiates			psychologica	ıl		□ U/K				al illness, was person receiving
	Prescription	on drugs		□ U/K			# CPS re	eferrals		MH serv	vices?
	Over-the-	counter		# CPS re	ferrals		# Substa	antiations		0	○ Yes
	Other, spe	ecify:	<u> </u>	# Substar	ntiations		CPS prever	ntion servic	es	0	O No
	🗆 U/K			Ever in foste	r care		Family pres	ervation se	ervices	0	○ и/к
				or adopted			Children ev	er removed	ł		
21. Perso	n have prior	lf yes, ch	neck all that	apply:		22. Persor	have history of			23. Persor	n have delinquent/criminal history?
child d	leaths?	Caused	Contribu	ited		intima	te partner violence	e?		Caused	<u>Contributed</u>
Caused	Contributed		🗌 Chil	d abuse #		Caused	Contributed			0	O _{Yes}
0	⊖ Yes		🗌 Chil	d neglect #			🗌 Yes, as vi	ctim		0	O No
0	O No		🗆 Acc	ident #			🗌 Yes, as pe	erpetrator		0	О и/к
0	⊖ U/К		🗌 Suid	cide #			🗆 No			If yes, ch	neck all that apply:
			🗆 SID	S #			🗆 и/к				Assaults
			□ Oth	er #							Robbery
			Oth	er, specify:							
			U/к								Other, specify:
											□ U/K
24. At time	of incident was	person impa	ired?		25. Does	s person hav	ve, check all that a	apply:	26. Lega	l outcomes i	n this death, check all that apply:
Caused			Contribu	ited	Caused	Contribu	ted		Caused		
⊖ Yes	ONO OU	/K	⊖ Yes	O № O U/K		🗆 Prio	r history of similar	acts		🗆 No d	charges filed
lf yes, ch	eck all that apply	/:				🗆 Prio	r arrests			🗌 Cha	irges pending
Caused	Contributed					🗆 Prio	r convictions			🗌 Cha	irges filed, specify:
	🗌 Drug impa	aired								🗆 Cha	arges dismissed
	Alcohol im	paired								🗆 Con	Ifession
	Asleep									🗆 Plea	ad, specify:
	Distracted	I								🗆 Not	guilty verdict
	Absent									🗌 Guil	ty verdict, specify:
	Impaired I	oy illness, sp	ecify:							Tort	charges, specify:
	Impaired I	by disability, s	specify:							□ U/K	
	Other, spe	ecify:									
FOR S	SUICIDE										
27. For s	uicide, select yes	s, no or u/k fo	r each ques	tion. Describe ans	wers in na	arrative.					
	Yes No	<u>U/K</u>					Yes	No	<u>U/K</u>		
	0 0	0	A note was	s left			0	\circ	0	Child had a	a history of self mutilation
	0 0	0	Child talke	d about suicide			0	0	0	There is a	family history of suicide
	0 0	0	Prior suicio	le threats were mad	de		0	0	0	Suicide wa	s part of a murder-suicide
	0 0	0	Prior attem	pts were made			0	0	0	Suicide wa	s part of a suicide pact
	0 0	0	Suicide wa	s completely unexp	ected		0	0	0	Suicide wa	s part of a suicide cluster
	0 0	0	Child had a	a history of running	away						
29 Earou	ucida waa thara	a history of a		ulativa paraanal ar	and that m		atributed to the ob	ild'a daana	ndanav2		at apply
		a history of a	_	ulative personal cr		hay have co	_			Check all the	
	None known		_	Suicide by friend or			Physical				Gambling problems
	Family discord			Other death of frien	u or relativ	/e	Rape/se				Involvement in cult activities
	Parents' divorce/			Bullying as victim					aw		Involvement in computer or video games
_	Argument with pa	-	_	Bullying as perpetra	tor		Drugs/al				or video games
	Argument with be			School failure				prientation			Involvement with the Internet,
	Breakup with boy			Nove/new school			Religiou		sues		specify:
	Argument with ot			Other serious schoo	ol problem	S	Job prot				Other, specify:
	Rumor mongerin	g		Pregnancy			🛛 Money p	oroblems			🗆 U/К

J. S	ERVICES TO FAMILY A		AS A RESU	JLT OF DEATH						
1. Se	ervices:	Provided	Offered but	Offered but	Should be	e <u>Need</u>	<u>ed but</u>			CDR review
Se	elect one option per row:	after death	refused	<u>U/K if used</u>	offered	not av	ailable	<u>U/K</u>	le	ed to referral
E	Bereavement counseling	0	0	0	0	(C	0		
0	Debriefing for professionals	0	0	0	0	C	C	0		
E	Economic support	0	0	0	0	C)	0		
F	uneral arrangements	0	0	0	0	C)	0		
E	Emergency shelter	0	0	0	0	C)	0		
Ν	lental health services	0	0	0	0	C)	0		
F	oster care	0	0	0	0	(\supset	0		
H	lealth services	0	0	0	0	(\supset	0		
L	.egal services	0	0	0	0	(\supset	0		
c	Senetic counseling	0	0	0	0	(\supset	0		
	Other, specify:	0	0	0	0	(\supset	0		
	REVENTION INITIATIVE	ES RESULTING F	ROM THE P	REVIEW		Mark this case	e to edit/add prev	ention actio	ns at a lat	ter date
		_		-		-				
1. Cou	ld the death have been preve	inted?	Yes, probably	◯ No, probabl	ly not	⊖ Team c	ould not determine	9		
2. Wha	t specific recommendations a	nd/or initiatives resulte	ed from the rev	iew? Check all that apply:		○ No reco	mmendations ma	de, go to Sec	ion L	
		Cur	rent Action St	200	I.	Type o	f Action		vel of Act	tion
				-		Short term	Long term		State	National
		Recommendation	<u>Planning</u>	Implementation		Short term	Long term	Local_	Slate	Inational
	Media campaign	0	0	0						
	School program	0	0	0						
<u>د</u>		0	0	0						
atio	Community safety project	_	0							
Education	Provider education	0	0	0						
ш	Parent education	0	0	0						
	Public forum	0	0	0						
	Other education	0	0	0						
	New policy(ies)	0	0	0						
S	Revised policy(ies)	0	0	0						
Agency	New program	0	0	0						
	New services	0	0	0						
í	Expanded services	0	0	0						
2	New law/ordinance	0	0	0						
Law	Amended law/ordinance	0	0	0						
	Enforcement of law/ordinal		0	0						
ent	Modify a consumer produc		0	0						
mnc	Recall a consumer produc	t O	0	0						
Environment	Modify a public space	0	0	0						
ш	Modify a private space(s)	0	0	0						
	Other, specify:	0	0	0	I					
Brie	fly describe the initiatives:									
L										
3. Who	o took responsibility for champ	oioning the prevention	initiatives? C	heck all that apply:						
	N/A, no strategies	Mental health		Law enforcement		Advoca	cy organization			Other, specify:
	No one	Schools		Medical examiner		🗆 Local co	ommunity group			
	Health department	Hospital		Coroner		New coa	alition/task force			
	Social services	Other health care pro	oviders	Elected official		Youth g	roup			U/K
L. TI	HE REVIEW MEETING	PROCESS								
1. Date	e of first CDR meeting:		2. Number	of CDR meetings for this ca	ase:	3. Is	CDR complete?	0 n/	A O`	Yes 🔿 No
4. Age	ncies at CDR meeting, check	all that apply:				•				
	Medical examiner/coroner			□ Other health	h care	C	Mental health		🗆 Milita	ry
	Law enforcement	□ Other soci	al services	□ Fire		C	Substance abu	se	□ Othe	rs, list:
	Prosecutor/district attorney	Physician		□ ems		C	Court			
	Public health	Hospital		□ Education		C	Child advocate			

		6. F	Factors that prevented an e	ffective CDR meeting,	check all that appl	y:		
Check all that apply:		Confidentiality issues among members prevented full exchange of information						
CDC's SUIDI Reporting Form		[HIPAA regulations preve	ented access to or excha	ange of informatio	n		
□ Jurisdictional equivalent of the CDC SUIDI Reporting Form		[Inadequate investigation	precluded having enoug	gh information for	review		
Birth certificate - full form] [Team members did not	bring adequate informat	ion to the meeting			
Death certificate] [Necessary team member	ers were absent				
□ Child's medical records or clinical history, including vaccination	ns]	Meeting was held too so	oon after death				
Biological mother's obstetric and prenatal information			Meeting was held too log	-				
Newborn screening results			Records or information		-			
Law enforcement records		_	Records or information		er state			
Social service records			Team disagreement on	circumstances				
Child protection agency records			Other factors, specify:					
EMS run sheet								
Hospital records								
Autopsy/pathology reports Mental health records								
Mental health records School records								
Substance abuse treatment records								
7. CDR meeting outcomes, check all that apply:								
Review led to additional investigation		0		Review led to the de	-			
Team disagreed with official manner of death. What did team beli				Review led to change				
☐ Team disagreed with official cause of death. What did team believ		?		Review led to prever				
Because of the review, the official cause or manner of death was	changed			Local	State	National		
Describe the factor(s) that directly contributed to this death:								
Which of the factors that directly contributed to this death are modifia	ble?							
10. List any recommendations to prevent deaths from similar causes or	circumstances in the	ne fut	ture:					
11. What additional information would the team like to know about the d	eath scene investiga	ation	?					
12. What additional information would the team like to know about the a	utopsv?							
M. SUID AND SDY CASE REGISTRY								
Section M: OMB No. 0920-1092, Exp. Date: 12/31/2018 Public reporting burden of this collection of information is estimated to average 10	0 minutos por rospons	o inc	luding the time for reviewing it	structions, soarching exist	ing data sources a			
maintaining the data needed, and completing and reviewing the collection of infor						athering and		
unless it displays a currently valid OMB control number. Send comments regard			and the second		ond to a collection of			
burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS I				tion of information, including		of information		
1. Is this an SDY or SUID case? O Yes O No	If no, go to Section			tion of information, including		of information		
2. Did this case go to Advanced Review for the SDY Case Registry?		n N	33; ATTN: PRA (0920-1092)		g suggestions for rea	of information ducing this		
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N. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.

DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names. addresses. and specific service providers. Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death?

O. FORM COMPLETED BY:	
PERSON:	EMAIL:
TITLE:	DATE COMPLETED:
AGENCY:	DATA ENTRY COMPLETED FOR THIS CASE?
PHONE:	For State Program Use Only: DATA QUALITY ASSURANCE COMPLETED BY STATE
	CEREP. Center for Fatality Review & Prevention
The d	evelopment of this report tool was supported, in part, by Grant No. UG7MC28482
	from the Maternal and Child Health Bureau (Title V, Social Security Act),
Health F	esources and Services Administration, Department of Health and Human Services
and with additional fu	nding from the US Centers for Disease Control and Prevention, Division of Reproductive Health
	Data Entry: https://cdrdata.org
	www.childdeathreview.org
	For help, email: info@childdeathreview.org
	1-800-656-2434

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