SCHOOL

CASE NUMBER

_____/_____/_____/_____

State / County or Team Number / Year of Review / Sequence of Review

Case Type: ◯ Death ◯ Near death/serious injury ◯ Not born alive

Death Certificate Number:

Birth Certificate Number:

ME/Coroner Number:

Date CDRT Notified of Death:

A. CHILD INFORMATION

1. Child's name: First: Middle: Last: ☐ U/K

2. Date of birth: ☐ U/K mm dd yyyy

3. Date of death: ☐ U/K mm dd yyyy

4. Age: _____ ◯ Years ◯ Months ◯ Days ◯ Hours ◯ Minutes ◯ U/K

5. Race, check all that apply: ☐ U/K
☐ White ☐ Native Hawaiian
☐ Black ☐ Pacific Islander, specify:
☐ Asian, specify:
☐ American Indian, Tribe:
☐ Alaskan Native, Tribe:

6. Hispanic or Latino origin? ◯ Yes ◯ No ◯ U/K

7. Sex: ◯ Male ◯ Female ◯ U/K

8. Residence address: ☐ U/K
Street: Apt.
City:
State: Zip: County:

9. Type of residence:
◯ Parental home ◯ Relative home ◯ Jail/detention
◯ Licensed group home ◯ Living on own ◯ Other, specify:
◯ Licensed foster home ◯ Shelter
◯ Relative foster home ◯ Homeless ◯ U/K

10. New residence in past 30 days? ◯ Yes ◯ No ◯ U/K

11. Residence overcrowded? ◯ Yes ◯ No ◯ U/K

12. Child ever homeless? ◯ Yes ◯ No ◯ U/K

13. Number of other children living with child: _____ ☐ U/K

14. Child's weight: ☐ U/K
◯ Pounds/ounces _____/_____
◯ Grams/kilograms _____

15. Child's height: ☐ U/K
◯ Feet/inches _____/_____
◯ Cm _____

16. Highest education level:
◯ N/A ◯ Drop out
◯ None ◯ HS graduate
◯ Preschool ◯ College
◯ Grade K-8 ◯ Other, specify:
◯ Grade 9-12 ◯ U/K
◯ Home schooled, K-8
◯ Home schooled, 9-12

17. Child's work status:
◯ N/A
◯ Employed
◯ Full time
◯ Part time
◯ U/K
◯ Not working
◯ U/K

18. Did child have problems in school? ◯ N/A ◯ Yes ◯ No ◯ U/K
If yes, check all that apply:
☐ Academic ☐ Behavioral
☐ Truancy ☐ Expulsion
☐ Suspensions ☐ U/K
☐ Other, specify:

19. Child's health insurance, check all that apply:
◯ None
◯ Private
◯ Medicaid
◯ State plan
◯ Indian Health Service
◯ Other, specify:
◯ U/K

20. Child had disability or chronic illness? ◯ Yes ◯ No ◯ U/K
If yes, check all that apply:
☐ Physical/orthopedic, specify:
☐ Mental health/substance abuse, specify:
☐ Cognitive/intellectual, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs services? ◯ Yes ◯ No ◯ U/K

21. Child's mental health (MH):
Child had received prior MH services? ◯ N/A ◯ Yes ◯ No ◯ U/K
Child was receiving MH services? ◯ N/A ◯ Yes ◯ No ◯ U/K
Child on medications for MH illness? ◯ N/A ◯ Yes ◯ No ◯ U/K
Issues prevented child from receiving MH services? ◯ N/A ◯ Yes ◯ No ◯ U/K
If yes, specify:

22. Child had history of substance abuse? ◯ N/A ◯ Yes ◯ No ◯ U/K
If yes, check all that apply:
☐ Alcohol ☐ Other, specify:
☐ Cocaine
☐ Marijuana ☐ U/K
☐ Methamphetamine
☐ Opiates
☐ Prescription drugs
☐ Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:

As Victim	As Perpetrator	As Victim	As Perpetrator
	◯ N/A	☐	☐ Physical
◯	◯ Yes	☐	☐ Neglect
◯	◯ No	☐	☐ Sexual
◯	◯ U/K	☐	☐ Emotional/psychological
		☐	☐ U/K
If yes, how was history identified:			
◯	◯ Through CPS	_____	_____ # CPS referrals
◯	◯ Other sources	_____	_____ # Substantiations

24. Was there an open CPS case with child at time of death? ◯ Yes ◯ No ◯ U/K

25. Was child ever placed outside of the home prior to the death? ◯ Yes ◯ No ◯ U/K

26. Were any siblings placed outside of the home prior to this child's death? ◯ N/A ◯ Yes, # _____ ◯ No ◯ U/K

27. Child had history of intimate partner violence? Check all that apply:
☐ N/A
☐ Yes, as victim
☐ Yes, as perpetrator
☐ No
☐ U/K

28. Child had delinquent or criminal history? ◯ N/A ◯ Yes ◯ No ◯ U/K
If yes, check all that apply:
☐ Assaults ☐ Other, specify:
☐ Robbery
☐ Drugs ☐ U/K

29. Child spent time in juvenile detention? ◯ N/A ◯ Yes ◯ No ◯ U/K

30. Child acutely ill during the two weeks before death? ◯ Yes ◯ No ◯ U/K

31. Was any parent a first generation immigrant? ◯ Yes ◯ No ◯ U/K
If yes, country of origin:

32. If child over age 12, what was child's gender identity?
◯ Male
◯ Female
◯ U/K

33. If child over age 12, what was child's sexual orientation?
◯ Heterosexual ◯ Lesbian ◯ Questioning
◯ Gay ◯ Bisexual ◯ U/K

5. Official manner of death from the death certificate:

- ○ Natural
- ○ Accident
- ○ Suicide
- ○ Homicide
- ○ Undetermined
- ○ Pending
- ○ U/K

If Homicide: Yes
Child abuse? ☐
Child neglect? ☐
Complete Section I, Acts of Omission or Commission

If Suicide: Complete Section I, Acts of Omission or Commission

6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

○ From an injury (external cause). Select one and answer F4:
- ○ Motor vehicle and other transport, go to G1
- ○ Fire, burn, or electrocution, go to G2
- ○ Drowning, go to G3
- ○ Asphyxia, go to G4
- ○ Weapon, including body part, go to G5
- ○ Animal bite or attack, go to G6
- ○ Fall or crush, go to G7
- ○ Poisoning, overdose or acute intoxication, go to G8
- ○ Exposure, go to G9
- ○ Undetermined, go to H1
- ○ Other cause, go to G11
- ○ U/K, go to H1

○ From a medical cause. Select one:
- ○ Asthma, go to G10
- ○ Cancer, specify and go to G10
- ○ Cardiovascular, specify and go to G10
- ○ Congenital anomaly, specify and go to G10
- ○ Diabetes, go to G10
- ○ HIV/AIDS, go to G10
- ○ Influenza, go to G10
- ○ Low birth weight, go to G10
- ○ Malnutrition/dehydration, go to G10
- ○ Neurological/seizure disorder, go to G10
- ○ Pneumonia, specify and go to G10
- ○ Prematurity, go to G10
- ○ SIDS, go to G10
- ○ Other infection, specify and go to G10
- ○ Other perinatal condition, specify and go to G10
- ○ Other medical condition, specify and go to G10
- ○ Undetermined, go to G10
- ○ U/K, go to G10

○ Undetermined if injury or medical cause, go to H1

○ U/K go to H1

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

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:
Total number of vehicles: _____

Child's	Other primary vehicle	
○	○	None
○	○	Car
○	○	Van
◉	○	Sport utility vehicle
○	○	Truck
○	○	Semi/tractor trailer
○	○	RV
○	○	School bus
○	○	Other bus
○	○	Motorcycle
○	○	Tractor
○	○	Other farm vehicle
○	○	All terrain vehicle
○	○	Snowmobile
○	○	Bicycle
○	○	Train
○	○	Subway
○	○	Trolley
○	○	Other, specify:
○	○	U/K

b. Position of child:
- ○ Driver
- ○ Passenger — If passenger, relationship of driver to child:
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

If passenger, relationship of driver to child:
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Other relative
- ○ Friend
- ○ Other, specify:
- ○ U/K

c. Causes of incident, check all that apply:
- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Ran stop sign or red light
- ☐ Driver distraction
- ☐ Driver inexperience
- ☐ Mechanical failure
- ☐ Poor tires
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Drugs or alcohol use
- ☐ Fatigue/sleeping
- ☐ Medical event, specify:
- ☐ Back/front over
- ☐ Flipover
- ☐ Poor sight line
- ☐ Car changing lanes
- ☐ Road hazard
- ☐ Animal in road
- ☐ Cell phone use while driving
- ☐ Racing, not authorized
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Collision type:
- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by other vehicle
- ○ Child in/on a vehicle that struck other vehicle
- ○ Child in/on a vehicle that struck person/object
- ○ Other event, specify:
- ○ U/K

e. Driving conditions, check all that apply:
- ☐ Normal
- ☐ Loose gravel
- ☐ Muddy
- ☐ Ice/snow
- ☐ Fog
- ☐ Wet
- ☐ Construction zone
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Location of incident, check all that apply:
- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Shoulder
- ☐ Sidewalk
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ RR xing/tracks
- ☐ Other, specify:
- ☐ U/K

g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver (Age of Driver)	Driver of other primary vehicle (Age of Driver)
		<16 years
		16 to 18 years old
		19 to 21 years old
		22 to 29 years old
		30 to 65 years old
		>65 years old
		U/K age
☐	☐	Responsible for causing incident
☐	☐	Was alcohol/drug impaired
☐	☐	Has no license
☐	☐	Has a learner's permit

Child as driver	Child's driver	Driver of other primary vehicle
☐	☐	Has a graduated license
☐	☐	Has a full license
☐	☐	Has a full license that has been restricted
☐	☐	Has a suspended license
☐	☐	If recreational vehicle, has driver safety certificate
☐	☐	Other, specify:
☐	☐	Was violating graduated licensing rules:
☐	☐	Nighttime driving curfew
☐	☐	Passenger restrictions
☐	☐	Driving without required supervision
☐	☐	Other violations, specify:
☐	☐	U/K

h. Total number of occupants in vehicles:

In child's vehicle, including child:

☐ N/A, child was not in a vehicle

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

i. Protective measures for child, Select one option per row:

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present, not used	U/K
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*If child seat, type:
○ Rear facing
○ Front facing
○ U/K

2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:

○ Matches ○ Cigarette lighter ○ Utility lighter ○ Cigarette or cigar ○ Candles ○ Cooking stove
○ Heating stove ○ Space heater ○ Furnace ○ Power line ○ Electrical outlet ○ Electrical wiring
○ Lightning ○ Oxygen tank ○ Hot cooking water ○ Hot bath water ○ Other hot liquid, specify: ○ Fireworks
○ Other explosives ○ Appliance in water ○ Other, specify: ○ U/K

b. Type of incident:
○ Fire, go to c
○ Scald, go to r
○ Other burn, go to t
○ Electrocution, go to s
○ Other, specify and go to t
○ U/K, go to t

c. For fire, child died from:
○ Burns
○ Smoke inhalation
○ Other, specify:
○ U/K

d. Material first ignited:
○ Upholstery ○ Mattress ○ Christmas tree ○ Clothing ○ Curtain ○ Other, specify: ○ U/K

e. Type of building on fire:
○ N/A ○ Single home ○ Duplex ○ Apartment ○ Trailer/mobile home ○ Other, specify: ○ U/K

f. Building's primary construction material:
○ Wood ○ Steel ○ Brick/stone ○ Aluminum ○ Other, specify: ○ U/K

g. Fire started by a person? ○ Yes ○ No ○ U/K

If yes, person's age _____

Does person have a history of setting fires? ○ Yes ○ No ○ U/K

h. Did anyone attempt to put out fire? ○ Yes ○ No ○ U/K

i. Did escape or rescue efforts worsen fire? ○ Yes ○ No ○ U/K

j. Did any factors delay fire department arrival? ○ Yes ○ No ○ U/K

If yes, specify:

k. Were barriers preventing safe exit? ○ Yes ○ No ○ U/K

If yes, check all that apply:
☐ Locked door ☐ Window grate ☐ Locked window ☐ Blocked stairway ☐ Other, specify: ☐ U/K

l. Was building a rental property? ○ Yes ○ No ○ U/K

m. Were building/rental codes violated? ○ Yes ○ No ○ U/K

If yes, describe in narrative.

n. Were proper working fire extinguishers present? ○ Yes ○ No ○ U/K

o. Was sprinkler system present? ○ Yes ○ No ○ U/K

If yes, was it working? ○ Yes ○ No ○ U/K

p. Were smoke detectors present? ○ Yes ○ No ○ U/K

If yes, what type?	If yes, functioning properly?	If not functioning properly, reason: Missing batteries	Other	U/K
☐ Removable batteries	○ Yes ○ No ○ U/K	○	○	○
☐ Non-removable batteries	○ Yes ○ No ○ U/K		○	○
☐ Hardwired	○ Yes ○ No ○ U/K	○	○	○
☐ U/K	○ Yes ○ No ○ U/K	○	○	○

Other, specify:

If yes, was there an adequate number present? ○ Yes ○ No ○ U/K

q. Suspected arson?
Yes No U/K

r. For scald, was hot water heater set too high?
N/A
Yes, temp. setting: _____
No
U/K

s. For electrocution, what cause:
Electrical storm
Faulty wiring
Wire/product in water
Child playing with outlet
Other, specify:
U/K

t. Other, describe in detail:

3. DROWNING

a. Where was child last seen before drowning? Check all that apply:
In water
In yard
On shore
In bathroom
On dock
In house
Poolside
Other, specify:
U/K

b. What was child last seen doing before drowning?
Playing
Tubing
Boating
Waterskiing
Swimming
Sleeping
Bathing
Other, specify:
Fishing
Surfing
U/K

c. Was child forcibly submerged?
Yes No U/K

d. Drowning location:
Open water, go to e
U/K, go to n
Pool, hot tub, spa, go to i
Bathtub, go to w
Bucket, go to x
Well/cistern/septic, go to n
Toilet, go to z
Other, specify and go to n

e. For open water, place:
Lake
Quarry
River
Gravel pit
Pond
Canal
Creek
U/K
Ocean

f. For open water, contributing environmental factors:
Weather
Drop off
Temperature
Rough waves
Current
Other, specify:
Riptide/ undertow
U/K

g. If boating, type of boat:
Sailboat
Commercial
Jet ski
Other, specify:
Motorboat
Canoe
Kayak
U/K
Raft

h. For boating, was the child piloting boat?
Yes No U/K

i. For pool, type of pool:
Above ground
In-ground
Hot tub, spa
Wading
U/K

j. For pool, child found:
In the pool/hot tub/spa
On or under the cover
U/K

k. For pool, ownership is:
Private
Public
U/K

l. Length of time owners had pool/hot tub/spa:
N/A
>1yr
<6 months
U/K
6m-1 yr

m. Flotation device used?
N/A
Yes
No
U/K

If yes, check all that apply:
Coast Guard approved
Jacket
Cushion
Lifesaving ring
If jacket:
Correct size? Yes No U/K
Worn correctly? Yes No U/K

Not Coast Guard approved
Swim rings
Inner tube
Air mattress
Other, specify:
U/K

n. What barriers/layers of protection existed to prevent access to water?
Check all that apply:
None
Alarm, go to r
Fence, go to o
Cover, go to s
Gate, go to p
U/K
Door, go to q

o. Fence:
Describe type:
Fence height in ft _____
Fence surrounds water on:
Four sides
Two or less sides
Three sides
U/K

p. Gate, check all that apply:
Has self-closing latch
Has lock
Is a double gate
Opens to water
U/K

q. Door, check all that apply:
Patio door
Opens to water
Screen door
Barrier between door and water
Steel door
Self-closing
U/K
Has lock

r. Alarm, check all that apply:
Door
Window
Pool
Laser
U/K

s. Type of cover:
Hard
Soft
U/K

t. Local ordinance(s) regulating access to water?
Yes No U/K

If yes, rules violated?
Yes No U/K

u. How were layers of protection breached? Check all that apply:
No layers breached
Gap in fence
Door screen torn
Cover left off
Gate left open
Damaged fence
Door self-closer failed
Cover not locked
Gate unlocked
Fence too short
Window left open
Other, specify:
Gate latch failed
Door left open
Window screen torn
Gap in gate
Door unlocked
Alarm not working
Climbed fence
Door broken
Alarm not answered
U/K

v. Child able to swim?
N/A
No
Yes
U/K

w. For bathtub, child in a bathing aid?
Yes No U/K
If yes, specify type:

x. Warning sign or label posted?
N/A
No
Yes
U/K

y. Lifeguard present?
N/A
No
Yes
U/K

z. Rescue attempt made?
N/A
Yes
No
U/K

If yes, who? Check all that apply:
Parent
Bystander
Other child
Other, specify:
Lifeguard
U/K

aa. Did rescuer(s) also drown?
N/A
No
Yes
U/K
If yes, number of rescuers that drowned: _____

bb. Appropriate rescue equipment present?
N/A
No
Yes
U/K

4. ASPHYXIA

a. Type of event:
- Suffocation, go to b
- Strangulation, go to c
- Choking, go to d
- Other, specify and go to e
- U/K, go to e

b. If suffocation/asphyxia, action causing event:
- Sleep-related (e.g. bedding, overlay, wedged)
- Covered in or fell into object, but not sleep-related
  - Plastic bag
  - Dirt/sand
  - Other, specify:
  - U/K
- Confined in tight space
  - Refrigerator/freezer
  - Toy chest
  - Automobile
    - Trunk
    - Other, specify:
    - U/K
  - Other, specify:
  - U/K
- Swaddled in tight blanket, but not sleep-related
- Wedged into tight space, but not sleep-related
- Asphyxia by gas, go to G8h
- Other, specify:
- U/K

c. If strangulation, object causing event:
- Clothing
- Blind cord
- Car seat
- Stroller
- High chair
- Belt
- Rope/string
- Leash
- Electrical cord
- Person, go to G5q
- Automobile power window or sunroof
- Other, specify:
- U/K

d. If choking, object causing choking:
- Food, specify:
- Toy, specify:
- Balloon
- Other, specify:
- U/K

e. Was asphyxia an autoerotic event? Yes No U/K

f. Was child participating in 'choking game' or 'pass out game'? Yes No U/K

g. History of seizures? Yes No U/K If yes, #_____
If yes, witnessed? Yes No U/K

h. History of apnea? Yes No U/K If yes, #_____
If yes, witnessed? Yes No U/K

i. Was Heimlich Maneuver attempted? Yes No U/K

5. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon:
- Firearm, go to b
- Sharp instrument, go to j
- Blunt instrument, go to k
- Person's body part, go to l
- Explosive, go to m
- Rope, go to m
- Pipe, go to m
- Biological, go to m
- Other, specify and go to m
- U/K, go to m

b. For firearms, type:
- Handgun
- Shotgun
- BB gun
- Hunting rifle
- Assault rifle
- Air rifle
- Sawed off shotgun
- Other, specify:
- U/K

c. Firearm licensed? Yes No U/K

d. Firearm safety features, check all that apply:
- Trigger lock
- Personalization device
- External safety/drop safety
- Loaded chamber indicator
- Magazine disconnect
- Minimum trigger pull
- Other, specify:
- U/K

e. Where was firearm stored?
- Not stored
- Locked cabinet
- Unlocked cabinet
- Glove compartment
- Under mattress/pillow
- Other, specify:
- U/K

f. Firearm stored with ammunition? Yes No U/K

g. Firearm stored loaded? Yes No U/K

h. Owner of fatal firearm:
- U/K, weapon stolen
- U/K, weapon found
- Self
- Biological parent
- Adoptive parent
- Stepparent
- Foster parent
- Mother's partner
- Father's partner
- Grandparent
- Sibling
- Spouse
- Other relative
- Friend
- Acquaintance
- Child's boyfriend or girlfriend
- Classmate
- Co-worker
- Institutional staff
- Neighbor
- Rival gang member
- Stranger
- Law enforcement
- Other, specify:
- U/K

i. Sex of fatal firearm owner:
- Male
- Female
- U/K

j. Type of sharp object:
- Kitchen knife
- Switchblade
- Pocketknife
- Razor
- Hunting knife
- Scissors
- Other, specify:
- U/K

k. Type of blunt object:
- Bat
- Club
- Stick
- Hammer
- Rock
- Household item
- Other, specify:
- U/K

l. What did person's body part do? Check all that apply:
- Beat, kick or punch
- Drop
- Push
- Bite
- Shake
- Strangle
- Throw
- Drown
- Burn
- Other, specify:
- U/K

m. Did person using weapon have history of weapon-related offenses?
- Yes
- No
- U/K

n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
- Yes, describe circumstances:
- No
- U/K

o. Persons handling weapons at time of incident, check all that apply:

Fatal	Other weapon		Fatal	Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- Male
- Female
- U/K

Other weapon:
- Male
- Female
- U/K

q. Use of weapon at time, check all that apply:

- ☐ Self injury
- ☐ Argument
- ☐ Hunting
- ☐ Russian roulette
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Commission of crime
- ☐ Jealousy
- ☐ Target shooting
- ☐ Gang-related activity
- ☐ Drive-by shooting
- ☐ Intimate partner violence
- ☐ Playing with weapon
- ☐ Self-defense
- ☐ Other, specify:
- ☐ Random violence
- ☐ Hate crime
- ☐ Weapon mistaken for toy
- ☐ Cleaning weapon
- ☐ Child was a bystander
- ☐ Bullying
- ☐ Showing gun to others
- ☐ Loading weapon
- ☐ U/K

6. ANIMAL BITE OR ATTACK

a. Type of animal:

- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ Insect
- ○ Other, specify:
- ○ U/K

b. Animal access to child, check all that apply:

- ☐ Animal on leash
- ☐ Animal caged or inside fence
  - ○ Child reached in
  - ○ Child entered animal area
  - ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ U/K

c. Did child provoke animal?

○ Yes ○ No ○ U/K

If yes, how?

d. Animal has history of biting or attacking?

○ Yes ○ No ○ U/K

7. FALL OR CRUSH

a. Type:

- ○ Fall, go to b
- ○ Crush, go to h

b. Height of fall:

_____ feet

_____ inches

☐ U/K

c. Child fell from:

- ○ Open window
  - Screen?
    - ○ Screen
    - ○ No screen
    - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:

- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place:

Check all that apply:

- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Child in a baby walker?

- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

g. Was child pushed, dropped or thrown?

○ Yes ○ No ○ U/K

If yes, go to G5q

h. For crush, did child:

- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

i. For crush, object causing crush:

- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, go to G5q
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

8. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply:

Prescription drug

- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over-the-counter drug

- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances

- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances

- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to f
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

☐ U/K

b. Where was the substance stored?

- ○ Open area
- ○ Open cabinet
- ○ Closed cabinet, unlocked
- ○ Closed cabinet, locked
- ○ Other, specify:
- ○ U/K

c. Was the product in its original container?

○ N/A ○ No ○ Yes ○ U/K

d. Did container have a child safety cap?

○ N/A ○ No ○ Yes ○ U/K

e. If prescription, was it child's?

○ Yes ○ No ○ U/K

f. Was the incident the result of?

- ○ Accidental overdose
- ○ Medical treatment mishap
- ○ Adverse effect, but not overdose
- ○ Deliberate poisoning
- ○ Acute intoxication
- ○ Other, specify:
- ○ U/K

g. Was Poison Control called?

○ Yes ○ No ○ U/K

If yes, who called:

- ○ Child
- ○ Parent
- ○ Other caregiver
- ○ First responder
- ○ Medical person
- ○ Other, specify:
- ○ U/K

h. For CO poisoning, was a CO detector present?

○ Yes ○ No ○ U/K

If yes, how many?

_____

Functioning properly?

○ Yes ○ No ○ U/K

9. EXPOSURE

a. Circumstances, check all that apply:
- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Illegal border crossing
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:
- ○ Hyperthermia
- ○ Hypothermia
- ○ U/K

_____ Ambient temp, degrees F

c. Number of hours exposed:

_____

☐ U/K

d. Was child wearing appropriate clothing?
- ○ Yes
- ○ No
- ○ U/K

10. MEDICAL CONDITION

a. How long did the child have the medical condition?
- ○ In utero
- ○ Since birth
- ○ Hours
- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ U/K

b. Was death expected as a result of the medical condition?
- ○ N/A not previously diagnosed
- ○ Yes ☐ But at a later date
- ○ No
- ○ U/K

c. Was child receiving health care for the medical condition?
- ○ Yes ○ No ○ U/K

If yes, within 48 hours of the death?
- ○ Yes ○ No ○ U/K

d. Were the prescribed care plans appropriate for the medical condition?
- ○ N/A
- ○ Yes
- ○ No, specify:
- ○ U/K

e. Was child/family compliant with the prescribed care plans?
- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

If no, what wasn't compliant? Check all that apply.
- ☐ Appointments
- ☐ Medications, specify:
- ☐ Medical equipment use, specify:
- ☐ Therapies, specify:
- ☐ Other, specify:
- ☐ U/K

f. Was child up to date with American Academy of Pediatrics immunization schedule?
- ○ N/A
- ○ Yes
- ○ No, specify:
- ○ U/K

g. Was the medical condition associated with an outbreak?
- ○ Yes, specify:
- ○ No
- ○ U/K

h. Was environmental tobacco exposure a contributing factor in death?
- ○ Yes
- ○ No
- ○ U/K

i. Were there access or compliance issues related to the death? ○ Yes ○ No ○ U/K If yes, check all that apply:
- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family or social support
- ☐ Services not available
- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Caregiver unwilling to provide care
- ☐ Caregiver's partner would not allow care
- ☐ Other, specify:
- ☐ U/K

11. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG

Section H1: OMB No. 0920-1092, Exp. Date: 12/31/2018

a. Was this death a homicide, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death which was expected within 6 months due to terminal illness? ○ Yes ○ No ○ U/K If yes, go to Section H2

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

☐ U/K for all

Symptom	Present w/in 72 hours of death			Symptom	Present w/in 72 hours of death		
	Yes	No	U/K		Yes	No	U/K
Cardiac				**Other Acute Symptoms**			
Chest pain	○	○	○	Fever	○	○	○
Dizziness/lightheadedness	○	○	○	Heat exhaustion/heat stroke	○	○	○
Fainting	○	○	○	Muscle aches/cramping	○	○	○
Palpitations	○	○	○	Slurred speech	○	○	○
Neurologic				Vomiting	○	○	○
Concussion	○	○	○	Other, specify:	○		
Confusion	○	○	○				
Convulsions/seizure	○	○	○				
Headache	○	○	○				
Head injury	○	○	○				
Psychiatric symptoms	○	○	○				
Paralysis (acute)	○	○	○				
Respiratory							
Asthma	○	○	○				
Pneumonia	○	○	○				
Difficulty breathing	○	○	○				

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms? ☐ U/K for all

Symptom	Present more than 72 hours of death		
	Yes	No	U/K
Cardiac			
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Respiratory			
Difficulty breathing	○	○	○
Other			
Slurred speech	○	○	○
Other, specify:	○		

4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ◯ Yes ◯ No ◯ U/K

a. Type of crime, check all that apply:

☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE

TYPE OF ACT

1. Did any act(s) of omission or commission cause and/or contribute to the death?
◯ Yes
◯ No, go to Section J
◯ Probable
◯ U/K, go to Section J

If yes/probable, were the act(s) either or both? Check all that apply:
☐ The direct cause of death
☐ The contributing cause of death

2. What act(s) caused or contributed to the death? Check only one per column and describe in narrative.

Caused	Contributed	
◯	◯	Poor/absent supervision, go to 10
◯	◯	Child abuse, go to 3
◯	◯	Child neglect, go to 8
◯	◯	Other negligence, go to 9
◯	◯	Assault, not child abuse, go to 10
◯	◯	Religious/cultural practices, go to 10
◯	◯	Suicide, go to 27
◯	◯	Medical misadventure, specify and go to 11
◯	◯	Other, specify and go to 10
◯	◯	U/K, go to 10

3. Child abuse, type. Check all that apply and describe in narrative.
☐ Physical, go to 4
☐ Emotional, specify and go to 10
☐ Sexual, specify and go to 10
☐ U/K, go to 10

4. Type of physical abuse, check all that apply:
☐ Abusive head trauma, go to 5
☐ Chronic Battered Child Syndrome, go to 7
☐ Beating/kicking, go to 7
☐ Scalding or burning, go to 7
☐ Munchausen Syndrome by Proxy, go to 7
☐ Other, specify and go to 7
☐ U/K, go to 7

5. For abusive head trauma, were there retinal hemorrhages?
◯ Yes ◯ No ◯ U/K

6. For abusive head trauma, was the child shaken?
◯ Yes ◯ No ◯ U/K
If yes, was there impact?
◯ Yes ◯ No ◯ U/K

7. Events(s) triggering physical abuse, check all that apply:
☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

8. Child neglect, check all that apply:
☐ Failure to protect from hazards, specify:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to seek/follow treatment, specify:
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ U/K

9. Other negligence:
◯ Vehicular
◯ Other, specify:
◯ U/K

10. Was act(s) of omission/commission:

Caused	Contributed	
◯	◯	Chronic with child
◯	◯	Pattern in family or with perpetrator
◯	◯	Isolated incident
◯	◯	U/K

PERSON(S) RESPONSIBLE

11. Is person the caregiver or supervisor in previous section?

Caused	Contributed	
◯	◯	Yes, caregiver one, go to 24
◯	◯	Yes, caregiver two, go to 24
◯	◯	Yes, supervisor, go to 25
◯	◯	No

12. Primary person responsible for action(s) that caused and/or contributed to death: Select no more than one person for caused and one person for contributed.

Caused	Contributed		Caused	Contributed		Caused	Contributed	
◯	◯	Self, go to 24	◯	◯	Grandparent	◯	◯	Medical provider
◯	◯	Biological parent	◯	◯	Sibling	◯	◯	Institutional staff
◯	◯	Adoptive parent	◯	◯	Other relative	◯	◯	Babysitter
◯	◯	Stepparent	◯	◯	Friend	◯	◯	Licensed child care worker
◯	◯	Foster parent	◯	◯	Acquaintance			
◯	◯	Mother's partner	◯	◯	Child's boyfriend or girlfriend	◯	◯	Other, specify:
◯	◯	Father's partner	◯	◯	Stranger	◯	◯	U/K

13. Person's age in years:

Caused	Contributed	
____	____	# Years
☐	☐	U/K

14. Person's sex:

Caused	Contributed	
◯	◯	Male
◯	◯	Female
◯	◯	U/K

15. Does person speak English?

Caused	Contributed	
◯	◯	Yes
◯	◯	No
◯	◯	U/K

If no, language spoken:

16. Person on active military duty?

Caused	Contributed	
◯	◯	Yes
◯	◯	No
◯	◯	U/K

If yes, specify branch:

17. Person have history of substance abuse?

Caused / Contributed
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

If yes, check all that apply:
- ☐ ☐ Alcohol
- ☐ ☐ Cocaine
- ☐ ☐ Marijuana
- ☐ ☐ Methamphetamine
- ☐ ☐ Opiates
- ☐ ☐ Prescription drugs
- ☐ ☐ Over-the-counter
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

18. Person have history of child maltreatment as victim?

Caused / Contributed
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

If yes, check all that apply:
- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/ psychological
- ☐ ☐ U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- ☐ ☐ Ever in foster care or adopted

19. Person have history of child maltreatment as a perpetrator?

Caused / Contributed
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

If yes, check all that apply:
- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/psychological
- ☐ ☐ U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- ☐ ☐ CPS prevention services
- ☐ ☐ Family preservation services
- ☐ ☐ Children ever removed

20. Person have disability or chronic illness?

Caused / Contributed
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

If yes, check all that apply:
- ☐ ☐ Physical, specify:
- ☐ ☐ Mental, specify:
- ☐ ☐ Sensory, specify:
- ☐ ☐ U/K

If mental illness, was person receiving MH services?
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

21. Person have prior child deaths?

Caused / Contributed
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

If yes, check all that apply:

Caused / Contributed
- ☐ ☐ Child abuse # _____
- ☐ ☐ Child neglect # _____
- ☐ ☐ Accident # _____
- ☐ ☐ Suicide # _____
- ☐ ☐ SIDS # _____
- ☐ ☐ Other # _____

Other, specify:
- ☐ ☐ U/K

22. Person have history of intimate partner violence?

Caused / Contributed
- ☐ ☐ Yes, as victim
- ☐ ☐ Yes, as perpetrator
- ☐ ☐ No
- ☐ ☐ U/K

23. Person have delinquent/criminal history?

Caused / Contributed
- ○ ○ Yes
- ○ ○ No
- ○ ○ U/K

If yes, check all that apply:
- ☐ ☐ Assaults
- ☐ ☐ Robbery
- ☐ ☐ Drugs
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

24. At time of incident was person impaired?

Caused: ○ Yes ○ No ○ U/K Contributed: ○ Yes ○ No ○ U/K

If yes, check all that apply:

Caused / Contributed
- ☐ ☐ Drug impaired
- ☐ ☐ Alcohol impaired
- ☐ ☐ Asleep
- ☐ ☐ Distracted
- ☐ ☐ Absent
- ☐ ☐ Impaired by illness, specify:
- ☐ ☐ Impaired by disability, specify:
- ☐ ☐ Other, specify:

25. Does person have, check all that apply:

Caused / Contributed
- ☐ ☐ Prior history of similar acts
- ☐ ☐ Prior arrests
- ☐ ☐ Prior convictions

26. Legal outcomes in this death, check all that apply:

Caused / Contributed
- ☐ ☐ No charges filed
- ☐ ☐ Charges pending
- ☐ ☐ Charges filed, specify:
- ☐ ☐ Charges dismissed
- ☐ ☐ Confession
- ☐ ☐ Plead, specify:
- ☐ ☐ Not guilty verdict
- ☐ ☐ Guilty verdict, specify:
- ☐ ☐ Tort charges, specify:
- ☐ ☐ U/K

FOR SUICIDE

27. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

Yes	No	U/K		Yes	No	U/K	
○	○	○	A note was left	○	○	○	Child had a history of self mutilation
○	○	○	Child talked about suicide	○	○	○	There is a family history of suicide
○	○	○	Prior suicide threats were made	○	○	○	Suicide was part of a murder-suicide
○	○	○	Prior attempts were made	○	○	○	Suicide was part of a suicide pact
○	○	○	Suicide was completely unexpected	○	○	○	Suicide was part of a suicide cluster
○	○	○	Child had a history of running away				

28. For suicide, was there a history of acute or cumulative personal crises that may have contributed to the child's despondency? Check all that apply:

- ☐ None known
- ☐ Family discord
- ☐ Parents' divorce/separation
- ☐ Argument with parents/caregivers
- ☐ Argument with boyfriend/girlfriend
- ☐ Breakup with boyfriend/girlfriend
- ☐ Argument with other friends
- ☐ Rumor mongering
- ☐ Suicide by friend or relative
- ☐ Other death of friend or relative
- ☐ Bullying as victim
- ☐ Bullying as perpetrator
- ☐ School failure
- ☐ Move/new school
- ☐ Other serious school problems
- ☐ Pregnancy
- ☐ Physical abuse/assault
- ☐ Rape/sexual abuse
- ☐ Problems with the law
- ☐ Drugs/alcohol
- ☐ Sexual orientation
- ☐ Religious/cultural issues
- ☐ Job problems
- ☐ Money problems
- ☐ Gambling problems
- ☐ Involvement in cult activities
- ☐ Involvement in computer or video games
- ☐ Involvement with the Internet, specify:
- ☐ Other, specify:
- ☐ U/K