Child Death Review Case Reporting System

Case Report 2.2S
With Expanded Questions for Sudden and Unexpected Infant Death (SUID)
Effective January 2011

Instructions:

This case report is a component of the web-based CDR Case Reporting System. Version 2.2S is an enhanced version to collect more information on SUID deaths. It must be used in place of Version 2.2 by states participating in the SUID Case Registry Pilot Project and funded by the CDC. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the CDR Case Reporting System. This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. The form documents the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step by step manner as part of the team discussion. The form can be partially filled out before a meeting.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin understanding the importance of data collection and bring necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response as represented by a circle; (2) Those in which users can select several responses as represented by a square; and (3) Those in which users enter text. This last type is depicted by 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer. 'N/A' stands for 'Not Applicable' and should be used if the question is not applicable. For example, use N/A for 'level of education' if child is an infant.

This edition is Version 2.2S, effective January 2011. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review. This form was originally developed by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

The SUID variables were identified in consultation with national SUID experts, in partnership with the CDC Division of Reproductive Health.
## A. CHILD INFORMATION

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

2. Date of birth:  
   - U/K

3. Date of death:  
   - U/K

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

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

6. Hispanic or Latino origin?  
   - No
   - Yes

7. Sex:  
   - Male
   - Female
   - U/K

8. Residence address:  
   - U/K

   - Street:  
   - Apt.  
   - Parental home
   - Relative home
   - Jail/Detention in past 30 days?
   - Licensed group home
   - Shelter
   - Licensed foster home
   - Relative foster home
   - Homeless
   - U/K

9. Type of residence:  
   - Parental home
   - Relative home
   - Jail/Detention
   - Licensed group home
   - Living on own
   - Other, specify:

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

11. Residence overcrowded?  
   - No
   - Yes

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

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

14. Child's weight:  
   - U/K pounds
   - ounces

15. Child's height:  
   - feet
   - inches

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

18. Did child have problems in school?  
   - No
   - Yes

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

20. Child had disability or chronic illness?  
   - No
   - Yes

   - Child had received prior MH services?  
     - No
     - Yes

22. Child had history of substance abuse?  
   - No
   - Yes

23. Child had history of child maltreatment?  
   - No
   - Yes

24. Was there an open CPS case with child at time of death?  
   - No
   - Yes

25. Was child ever placed outside of the home prior to the death?  
   - No
   - Yes

26. Were any siblings placed outside of the home prior to this child's death?  
   - No
   - Yes

27. Child had history of intimate partner violence?  
   - Check all that apply:  
     - N/A
     - Physical
     - Neglect
     - Sexual
     - Emotional/psychological
     - U/K
     - Other, specify:

28. Child had delinquent or criminal history?  
   - N/A
   - No
   - Yes
   - U/K

29. Child spent time in juvenile detention?  
   - N/A
   - No
   - Yes

30. Child acutely ill during the two weeks before death?  
   - No
   - Yes

31. Are child's parents first generation immigrants?  
   - No
   - Yes

32. If child over age 12, what was child's gender identity?  
   - Male
   - Female

33. If child over age 12, what was child's sexual orientation?  
   - Heterosexual
   - Bisexual
   - Gay
   - Questioning
   - Lesbian
   - U/K
### B. PRIMARY CAREGIVER(S) INFORMATION

1. **Primary caregiver(s):** Select only one each in column one and two.

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
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</thead>
<tbody>
<tr>
<td>○</td>
<td>Self, go to Section C</td>
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<tr>
<td>○</td>
<td>Biological parent</td>
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<tr>
<td>○</td>
<td>Adoptive parent</td>
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<td>○</td>
<td>Stepparent</td>
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<td>○</td>
<td>Foster parent</td>
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<td>○</td>
<td>Mother's partner</td>
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<td>○</td>
<td>Father's partner</td>
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2. **Caregiver(s) age in years:**

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3. **Caregiver(s) sex:**

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<tr>
<td></td>
<td>Male</td>
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<td></td>
<td>Female</td>
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4. **Caregiver(s) employment status:**

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<tr>
<td>○</td>
<td>Employed</td>
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<tr>
<td>○</td>
<td>Unemployed</td>
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<tr>
<td>○</td>
<td>On disability</td>
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<td>○</td>
<td>Stay-at-home</td>
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<td>○</td>
<td>Retired</td>
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<td>U/K</td>
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5. **Caregiver(s) income:**

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<tr>
<td>○</td>
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<td>○</td>
<td>Medium</td>
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<td>○</td>
<td>Low</td>
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<td>U/K</td>
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6. **Caregiver(s) education:**

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<tr>
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<tr>
<td>○</td>
<td>&lt; High school</td>
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<td>○</td>
<td>High school</td>
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<td>College</td>
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<td>○</td>
<td>Post Graduate</td>
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<tr>
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<td>U/K</td>
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7. **Do caregiver(s) speak English?**

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<td>Yes</td>
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<td>○</td>
<td>U/K</td>
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8. **Caregiver(s) on active military duty?**

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<td>Yes</td>
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<td>U/K</td>
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</table>

9. **Caregiver(s) received social services in the past twelve months?**

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<tr>
<td>○</td>
<td>TANF</td>
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<td>○</td>
<td>Medicaid</td>
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<tr>
<td>○</td>
<td>Food stamps</td>
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<td></td>
<td>U/K</td>
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</table>

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**COMPLETE FOR ALL INFANTS UNDER ONE YEAR**

34. **Gestational age:**

|   | U/K |
|   | No |

35. **Birth weight:**

|   | Grams |
|   |   |

36. **Multiple birth?**

|   | No |

37. **Including the deceased infant, how many pregnancies did the birth mother have?**

|   | U/K |

38. **Including the deceased infant, how many live births did the birth mother have?**

|   | U/K |

39. **Not including the deceased infant, number of children born to the birth mother still living?**

|   | U/K |

40. **Prenatal care provided during pregnancy of deceased infant?**

|   | No |

41. **During pregnancy, did mother (check all that apply):**

|   | Smoke tobacco? |

42. **Were there access or compliance issues related to prenatal care?**

|   | No |

43. **Did mother smoke in the 3 months before pregnancy?**

|   | Yes |

44. **Did mother smoke at any time during pregnancy?**

|   | No |

45. **Infant ever breastfed?**

|   | No |

46. **Was mother injured during pregnancy?**

|   | No |

47. **Did infant have abnormal metabolic newborn screening results?**

|   | No |

48. **At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):**

|   | Cyanosis |

49. **In the 72 hours prior to death, did the infant have any of the following? Check all that apply:**

|   | No |

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**Page 3 of 20**
10. Caregiver(s) have substance abuse history?

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<td>No</td>
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</table>

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

11. Caregiver(s) ever victim of child maltreatment?

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<tr>
<td></td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

If yes, check all that apply:
- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K

--- # CPS referrals
--- # Substantiations
- Ever in foster care or adopted?

12. Caregiver(s) ever perpetrator of maltreatment?

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<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

If yes, check all that apply:
- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K

--- # CPS referrals
--- # Substantiations

13. Caregiver(s) have disability or chronic illness?

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<td></td>
<td>No</td>
<td>Yes</td>
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If yes, check all that apply:
- Mental, specify:
- Sensory, specify:
- U/K

14. Caregiver(s) have prior child deaths?

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<td></td>
<td>No</td>
<td>Yes</td>
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</table>

If yes, cause(s): Check all that apply:
- Child abuse # _____
- Child neglect # _____
- Accident # ______
- Suicide # ______
- SIDS # ______
- Other # ______

Other, specify: U/K

15. Caregiver(s) have history of intimate partner violence?

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<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
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</table>

If yes, as victim
- Yes, as perpetrator
- U/K

16. Caregiver(s) have delinquent/criminal history?

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<tr>
<td></td>
<td>No</td>
<td>Yes</td>
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</table>

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

C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death?
- No, not needed given developmental age or circumstances, go to Sect. D
- No, but needed, answer 3-15
- Yes, answer 2-15
- Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:
- Child in sight of supervisor
- Minutes ______  Days ______
- Hours ______  U/K

3. Is person a primary caregiver as listed in previous section?
- No
- Yes, caregiver one, go to 15
- Yes, caregiver two, go to 15

4. Primary person responsible for supervision? Select only one:
- Biological parent
- Foster parent
- Grandparent
- Friend
- Institutional staff, go to 15
- Adoptive parent
- Mother's partner
- Sibling
- Acquaintance
- Babysitter
- Stepparent
- Father's partner
- Other relative
- Hospital staff, go to 15
- Licensed child care worker
- U/K

5. Supervisor's age in years: ______  U/K

6. Supervisor's sex: Male  Female  U/K

7. Does supervisor speak English? No  Yes  U/K

8. Supervisor on active military duty? No  Yes  U/K

9. Supervisor has substance abuse history?
- No  Yes  U/K

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

10. Supervisor has history of child maltreatment? As Victim  As Perpetrator

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<tr>
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<th>Two</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:
- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K

--- # CPS referrals
--- # Substantiations
- Ever in foster care/adopted?

11. Supervisor has disability or chronic illness?

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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

12. Supervisor has prior child deaths?

<table>
<thead>
<tr>
<th></th>
<th>One</th>
<th>Two</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:
- Child abuse # ______
- Child neglect # ______
- Accident # ______
- Suicide # ______
- SIDS # ______
- Other # ______

Other, specify:
- U/K
### D. INCIDENT INFORMATION

1. **Date of incident event:**
   - [ ] Same as date of death
   - [ ] If different than date of death: [ ]
   - [ ] (mm/dd/yyyy)

2. **Type of area:**
   - [ ] Child's home
   - [ ] Licensed group home
   - [ ] School
   - [ ] Sidewalk
   - [ ] Sports area
   - [ ] Urban
   - [ ] Residential home
   - [ ] Licensed child care center
   - [ ] Place of work
   - [ ] Roadway
   - [ ] Other recreation area
   - [ ] Suburban
   - [ ] Friend's home
   - [ ] Licensed child care home
   - [ ] Indian Reservation
   - [ ] Driveway
   - [ ] Hospital
   - [ ] Rural
   - [ ] Licensed foster care home
   - [ ] Unlicensed child care home
   - [ ] Military installation
   - [ ] Other parking area
   - [ ] Other, specify: 
   - [ ] Frontier
   - [ ] Relative foster care home
   - [ ] Farm
   - [ ] Jail/detention facility
   - [ ] State or county park
   - [ ] Other, specify: 
   - [ ] Suburban

3. **Interval between incident and death:**
   - [ ] Same as date of death
   - [ ] If different than date of death: [ ]
   - [ ] (mm/dd/yyyy)

4. **Place of incident, check all that apply:**
   - [ ] Child's home
   - [ ] Licensed group home
   - [ ] School
   - [ ] Sidewalk
   - [ ] Sports area
   - [ ] Urban
   - [ ] Residential home
   - [ ] Licensed child care center
   - [ ] Place of work
   - [ ] Roadway
   - [ ] Other recreation area
   - [ ] Suburban
   - [ ] Friend's home
   - [ ] Licensed child care home
   - [ ] Indian Reservation
   - [ ] Driveway
   - [ ] Hospital
   - [ ] Rural
   - [ ] Licensed foster care home
   - [ ] Unlicensed child care home
   - [ ] Military installation
   - [ ] Other parking area
   - [ ] Other, specify: 
   - [ ] Frontier
   - [ ] Relative foster care home
   - [ ] Farm
   - [ ] Jail/detention facility
   - [ ] State or county park
   - [ ] Other, specify: 

5. **Type of area:**
   - [ ] Child's home
   - [ ] Licensed group home
   - [ ] School
   - [ ] Sidewalk
   - [ ] Sports area
   - [ ] Urban
   - [ ] Residential home
   - [ ] Licensed child care center
   - [ ] Place of work
   - [ ] Roadway
   - [ ] Other recreation area
   - [ ] Suburban
   - [ ] Friend's home
   - [ ] Licensed child care home
   - [ ] Indian Reservation
   - [ ] Driveway
   - [ ] Hospital
   - [ ] Rural
   - [ ] Licensed foster care home
   - [ ] Unlicensed child care home
   - [ ] Military installation
   - [ ] Other parking area
   - [ ] Other, specify: 
   - [ ] Frontier
   - [ ] Relative foster care home
   - [ ] Farm
   - [ ] Jail/detention facility
   - [ ] State or county park
   - [ ] Other, specify: 

6. **Incident state:**
7. **Incident county:**
8. **Was 911 or local emergency called?**
9. **CPR performed before EMS arrived?**
10. **At time of incident leading to death, had child used drugs or alcohol?**

### E. INVESTIGATION INFORMATION

1. **Death referred to:**
   - [ ] Medical examiner
   - [ ] Coroner
   - [ ] Not referred
   - [ ] U/K

2. **Person declaring official cause and manner of death:**
   - [ ] Medical examiner
   - [ ] Coroner
   - [ ] Other, specify:
   - [ ] Hospital physician
   - [ ] Other physician

3. **Autopsy performed?**
   - [ ] No
   - [ ] Yes

4. **For infants, if autopsy performed, were the following assessed in the autopsy? Select no, yes, or unknown for each line.**

5. **Toxicology screen?**
6. **For infants, histology conducted?**
7. **For infants, microbiology conducted?**
8. **For infants, other pathology conducted?**
9. **For infants, blood chemistry conducted?**
10. X-rays taken?  
   No  Yes  U/K  
   For infants, if yes, were there abnormal results? 
   No  Yes  U/K  If abnormal, describe:

11. For infants, describe any significant findings not addressed above: 
   No  Yes  U/K

12. For infants, was there agreement between the cause of death listed on the pathology report and on the death certificate? 
   No  Yes  U/K

13. For infants, was a death scene investigation performed?  
   No  Yes  U/K  
   If yes, which of the following death scene investigation components were completed?

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<th>No</th>
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<th>U/K</th>
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<td>Form or jurisdictional</td>
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<td>of circumstances</td>
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<td>Scene photos</td>
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<tr>
<td>If yes, shared with CDR</td>
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<td>team?</td>
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<td>Scene recreation with doll</td>
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<td>If yes, shared with CDR</td>
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<td>Scene recreation without</td>
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<tr>
<td>team?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witness interviews</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, shared with CDR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>team?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Agencies that conducted a scene investigation, check all that apply:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC’s SUIDI Reporting Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form or jurisdictional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>equivalent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrative description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of circumstances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scene photos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, shared with CDR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>team?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scene recreation with doll</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, shared with CDR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>team?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scene recreation without</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>doll</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, shared with CDR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>team?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>If yes, shared with CDR</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>team?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Was a CPS record check conducted as a result of death?  
   No  Yes  U/K

16. Did investigation find evidence of prior abuse?  
   N/A  No  Yes  U/K

17. CPS action taken because of death?  
   N/A  No  Yes  U/K

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report screened out and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not investigated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconclusive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. If death occurred in licensed setting, indicate action taken:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>License suspended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>License revoked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate:  
   Natural  Accident  Suicide  Homicide  Undetermined  Pending  U/K

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>From an injury (external</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cause), select one and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>answer 2a:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor vehicle and other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>transport, go to G1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire, burn, or electrocution, go to G2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drowning, go to G3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asphyxia, go to G4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapon, including body part, go to G6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animal bite or attack, go to G7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall or crush, go to G8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisoning, overdose or acute intoxication, go to G9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure, go to G10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undetermined. If under age one, go to G5 &amp; G12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If over age one, go to G12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cause, go to G12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K, go to G12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. For infants, enter the following information exactly as written on the death certificate:

   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:
   b.  
   c.  
   d.  

4. For infants, enter other significant conditions contributing to death but not an underlying cause(s) listed in F3 exactly as written on the death certificate:

5. For infants, if external cause in F2, describe how injury occurred exactly as written on the death certificate:
### 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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of vehicles: ______</td>
<td>Driver:</td>
<td>□ Speeding over limit □ Back over</td>
<td>□ Child not in/on a vehicle, but struck by vehicle</td>
</tr>
<tr>
<td>Child's primary vehicle:</td>
<td>Passengers:</td>
<td>□ Unsafe speed for conditions □ Rollover</td>
<td>□ Child in/on a vehicle, struck by other vehicle</td>
</tr>
<tr>
<td>○ None</td>
<td>Front seat:</td>
<td>□ Recklessness □ Poor sight line</td>
<td>□ Child in/on a vehicle that struck other vehicle</td>
</tr>
<tr>
<td>○ Car</td>
<td>Back seat:</td>
<td>□ Ran stop sign or red light □ Car changing lanes</td>
<td>□ Child in/on a vehicle that struck person/object</td>
</tr>
<tr>
<td>○ Van</td>
<td>Truck bed:</td>
<td>□ Driver distraction □ Road hazard</td>
<td>□ Other event, specify:</td>
</tr>
<tr>
<td>○ Sport utility vehicle</td>
<td>Other, specify:</td>
<td>□ Driver inexperience □ Animal in road</td>
<td></td>
</tr>
<tr>
<td>○ Truck</td>
<td>On bicycle:</td>
<td>□ Mechanical failure □ Cell phone use while driving</td>
<td></td>
</tr>
<tr>
<td>○ Semi/tractor trailer</td>
<td>Pedestrian:</td>
<td>□ Poor tires □ Racing, not authorized</td>
<td></td>
</tr>
<tr>
<td>○ RV</td>
<td>Walking:</td>
<td>□ Poor weather □ Other driver error, specify:</td>
<td></td>
</tr>
<tr>
<td>○ School bus</td>
<td>Boarding/blading:</td>
<td>□ Poor visibility □ Other, specify:</td>
<td></td>
</tr>
<tr>
<td>○ Other bus</td>
<td>Fog:</td>
<td>□ Drugs or alcohol use □ Other, specify:</td>
<td></td>
</tr>
<tr>
<td>○ Motorcycle</td>
<td>Wet:</td>
<td>□ Fatigue/sleeping □ Other, specify:</td>
<td></td>
</tr>
<tr>
<td>○ Tractor</td>
<td>Construction zone:</td>
<td>□ Medical event, specify: □ U/K</td>
<td></td>
</tr>
<tr>
<td>○ Other farm vehicle:</td>
<td>Inadequate lighting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ All terrain vehicle:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Snowmobile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Bicycle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Train</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Subway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Trolley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Driving conditions, check all that apply:</th>
<th>f. Location of incident, check all that apply:</th>
<th>g. Drivers involved in incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Normal □ Other, specify:</td>
<td>□ City street □ Driveway</td>
<td>□ N/A, child was not a vehicle.</td>
</tr>
<tr>
<td>□ Loose gravel □ Muddy □ U/K</td>
<td>□ Residential street □ Parking area</td>
<td>Total number occupants: _______ U/K</td>
</tr>
<tr>
<td>□ U/K</td>
<td>□ Rural road □ Off road</td>
<td>Number teens, ages 14-21: _______ U/K</td>
</tr>
<tr>
<td></td>
<td>□ Highway □ Railroad crossing/tracks</td>
<td>Total number deaths: _______ U/K</td>
</tr>
<tr>
<td></td>
<td>□ Intersection □ Other, specify:</td>
<td>Total number teen deaths: _______ U/K</td>
</tr>
<tr>
<td></td>
<td>□ Shoulder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Sidewalk □ U/K</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Total number of occupants in vehicles:</th>
<th>i. Protective measures for child, select one option per row:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In child’s vehicle, including child:</td>
<td>Not Needed, Needed, Present, used Present, used Present, used</td>
</tr>
<tr>
<td>□ N/A, child was not in a vehicle.</td>
<td>needed none present correctly incorrectly not used Unknown</td>
</tr>
<tr>
<td>Total number occupants: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>Number teens, ages 14-21: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>Total number deaths: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>Total number teen deaths: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>In other primary vehicle involved in incident:</td>
<td></td>
</tr>
<tr>
<td>□ N/A, incident was a single vehicle crash.</td>
<td></td>
</tr>
<tr>
<td>Total number occupants: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>Number teens, ages 14-21: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>Total number deaths: _______ U/K</td>
<td></td>
</tr>
<tr>
<td>Total number teen deaths: _______ U/K</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Protective measures for child, select one option per row:</th>
<th>k. Collision type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Airbag</td>
<td></td>
</tr>
<tr>
<td>Need Lap belt</td>
<td></td>
</tr>
<tr>
<td>Need Shoulder belt</td>
<td></td>
</tr>
<tr>
<td>Need Child seat*</td>
<td></td>
</tr>
<tr>
<td>Need Belt positioning booster seat</td>
<td></td>
</tr>
<tr>
<td>Need Helmet</td>
<td></td>
</tr>
<tr>
<td>Need Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Protective measures for child, select one option per row:</th>
<th>m. Collision type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Airbag</td>
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<tr>
<td>Need Belt positioning booster seat</td>
<td></td>
</tr>
<tr>
<td>Need Helmet</td>
<td></td>
</tr>
<tr>
<td>Need Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>
### 2. FIRE, BURN, or ELECTROCUTION

#### a. Ignition, heat or electrocution source:
- [ ] Matches
- [ ] Cigarette lighter
- [ ] Utility lighter
- [ ] Candle
- [ ] Cooking stove
- [ ] Electrical wiring
- [ ] Fireworks
- [ ] Heating stove
- [ ] Space heater
- [ ] Furnace
- [ ] Power line
- [ ] Electrical outlet
- [ ] Other hot liquid, specify:
- [ ] Other, specify:

#### b. Type of incident:
- [ ] Fire, go to c
- [ ] Scald, go to r
- [ ] Other, specify:

#### c. For fire, child died from:
- [ ] Burns
- [ ] Smoke inhalation
- [ ] Other, specify:

#### d. Material first ignited:
- [ ] Upholstery
- [ ] Mattress
- [ ] Christmas tree
- [ ] Clothing
- [ ] Curtain
- [ ] Other, specify:
- [ ] U/K

#### e. Type of building on fire:
- [ ] 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?
- [ ] No
- [ ] Yes
- [ ] U/K

#### h. Did anyone attempt to put out fire?
- [ ] No
- [ ] Yes
- [ ] U/K

#### i. Did escape or rescue efforts worsen fire?
- [ ] No
- [ ] Yes
- [ ] U/K

#### j. Did any factors delay fire department arrival?
- [ ] No
- [ ] Yes
- [ ] U/K

#### k. Were barriers preventing safe exit?
- [ ] No
- [ ] Yes
- [ ] U/K

#### l. Was building a rental property?
- [ ] No
- [ ] Yes
- [ ] U/K

#### m. Were building/rental codes violated?
- [ ] No
- [ ] Yes
- [ ] U/K

#### n. Were proper working fire extinguishers present?
- [ ] No
- [ ] Yes
- [ ] U/K

#### o. Was sprinkler system present?
- [ ] No
- [ ] Yes
- [ ] U/K

#### p. Were smoke detectors present?
- [ ] No
- [ ] Yes
- [ ] U/K

#### q. Suspected arson?
- [ ] No
- [ ] Yes
- [ ] U/K

#### r. Was scald, hot water heater set too high?
- [ ] No
- [ ] Yes
- [ ] Temp. setting:
- [ ] 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
- [ ] In bathroom
- [ ] In house
- [ ] Poolside
- [ ] Other, specify:
- [ ] U/K

#### b. What was child last seen doing before drowning?
- [ ] Playing
- [ ] Tubing
- [ ] Boating
- [ ] Water-skiing
- [ ] Swimming
- [ ] Sleeping
- [ ] Bathing
- [ ] Other, specify:
- [ ] U/K

#### c. Was child forcibly submerged?
- [ ] No
- [ ] Yes
- [ ] 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
- [ ] Ocean
- [ ] U/K

#### f. For open water, contributing environmental factors:
- [ ] Weather
- [ ] Drop off
- [ ] Temperature
- [ ] Rough waves
- [ ] Current
- [ ] Other, specify:
- [ ] U/K

#### g. If boating, type of boat:
- [ ] Sailboat
- [ ] Commercial
- [ ] Jet ski
- [ ] Other, specify:
- [ ] U/K

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

If yes, check all that apply:
- Coat Guard approved
- Lifesaving ring
- Swim rings
- Life jackets
- Other, specify:

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
- Door, go to q

o. Fence:
- N/A
- No
- Yes
- U/K

Describe type:
- U/K

Fence height in ft __

Fence surrounds water on:
- Four sides
- Two or
- Three sides
- less sides
- U/K

p. Gate:
- N/A
- No
- Yes
- U/K

Describe type:
- Has self closing latch
- Has lock
- Is a double gate
- Opens to water
- U/K

q. Door:
- N/A
- No
- Yes
- U/K

Describe type:
- Patio door
- Screen door
- Barrier between
- Self closing
- Has lock
- U/K

r. Alarm:
- N/A
- No
- Yes
- U/K

Describe type:
- Door
- Window
- Pool
- Laser
- U/K

s. Type of cover:
- N/A
- No
- Yes
- U/K

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

If yes, rules violated?
- N/A
- No
- Yes
- U/K

u. How were layers of protection breached, check all that apply:
- N/A
- No
- Yes
- U/K

Gate left open
- Damaged fence
- Door self-closer failed
- Cover left off
- Cover not locked
- Other, specify:

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

w. For bathtub, child in a bathing aid?
- N/A
- No
- Yes
- U/K

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
- No
- Yes
- U/K

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

aa. Did rescuer(s) also drown?
- N/A
- No
- Yes
- U/K

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

4. ASPHYXIA

a. Type of event:
- N/A
- No
- Yes
- U/K

b. If suffocation/asphyxia, action causing event:
- N/A
- No
- Yes
- U/K

c. If strangulation, object causing event:
- N/A
- No
- Yes
- U/K

d. If choking, object causing choking:
- N/A
- No
- Yes
- U/K

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

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

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke?
- N/A
- No
- Yes
- U/K

b. Child overheated?
- N/A
- No
- Yes
- U/K

If yes, outside temp ____ deg. F

Check all that apply:
- Room too hot, temp ____ deg. F
- Too much bedding
- Too much clothing
- U/K

c. History of seizures?
- N/A
- No
- Yes
- U/K

If yes, #____

If yes, witnessed?
- N/A
- No
- Yes
- U/K

If yes, witnessed?
- N/A
- No
- Yes
- U/K

For SIDS, go to Section H, page 12. For undetermined injury cause to infants also complete G12, page 12, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 11, then go to Section H.
### 6. WEAPON, INCLUDING PERSON’S BODY PART

<table>
<thead>
<tr>
<th>a. Type of weapon:</th>
<th>b. For firearms, type:</th>
<th>c. Firearm licensed?</th>
<th>d. Firearm safety features, check all that apply:</th>
<th>e. Where was firearm stored?</th>
<th>f. Firearm stored with with ammunition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Firearm, go to b</td>
<td>○ Handgun</td>
<td>○ No</td>
<td>○ Trigger lock</td>
<td>○ Not stored</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Sharp instrument, go to j</td>
<td>○ Shotgun</td>
<td>○ Yes</td>
<td>○ Magazine disconnect</td>
<td>○ Under mattress/pillow</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Blunt instrument, go to k</td>
<td>○ BB gun</td>
<td>○ U/K</td>
<td>○ Personalization device</td>
<td>○ Other, specify:</td>
<td>○ U/K</td>
</tr>
<tr>
<td>○ Person's body part, go to l</td>
<td>○ Hunting rifle</td>
<td></td>
<td>○ Minimum trigger pull</td>
<td>○ Loaded chamber indicator</td>
<td>○ U/K</td>
</tr>
<tr>
<td>○ Explosive, go to m</td>
<td>○ Assault rifle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rope, go to m</td>
<td>○ Air rifle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Pipe, go to m</td>
<td>○ Sawed off shotgun</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Biological, go to m</td>
<td>○ Other, specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Other, specify and go to m</td>
<td>○ U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Owner of fatal firearm:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ U/K, weapon stolen</td>
<td>○ Grandparent</td>
<td>○ Co-worker</td>
<td>○ Sex of fatal firearm owner:</td>
<td>○ Kitchen knife</td>
<td>○ Bat</td>
</tr>
<tr>
<td>○ U/K, weapon found</td>
<td>○ Sibling</td>
<td>○ Institutional staff</td>
<td>○ Male</td>
<td>○ Switchblade</td>
<td>○ Club</td>
</tr>
<tr>
<td>○ Self</td>
<td>○ Spouse</td>
<td>○ Neighbor</td>
<td>○ Female</td>
<td>○ Pocketknife</td>
<td>○ Stick</td>
</tr>
<tr>
<td>○ Biological parent</td>
<td>○ Other relative</td>
<td>○ Rival gang member</td>
<td>○ U/K</td>
<td>○ Razor</td>
<td>○ Hammer</td>
</tr>
<tr>
<td>○ Adoptive parent</td>
<td>○ Friend</td>
<td>○ Stranger</td>
<td></td>
<td>○ Hunting knife</td>
<td>○ Rock</td>
</tr>
<tr>
<td>○ Stepparent</td>
<td>○ Acquaintance</td>
<td>○ Law enforcement</td>
<td></td>
<td>○ Scissors</td>
<td>○ Household item</td>
</tr>
<tr>
<td>○ Foster parent</td>
<td>○ Child’s boyfriend</td>
<td>○ Other, specify:</td>
<td></td>
<td>○ Other, specify:</td>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ Mother’s partner</td>
<td>○ or girlfriend</td>
<td></td>
<td></td>
<td>○ U/K</td>
<td></td>
</tr>
<tr>
<td>○ Father’s partner</td>
<td>○ Classmate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Sex of fatal firearm owner:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ U/K</td>
<td>○ Furniture</td>
<td>○ Child reached in</td>
<td>○ Self</td>
<td>○ Friend</td>
<td>○ Male</td>
</tr>
<tr>
<td></td>
<td>○ Other relative</td>
<td>○ Child entered animal area</td>
<td>○ Biological parent</td>
<td>○ Accquaintance</td>
<td>○ Female</td>
</tr>
<tr>
<td></td>
<td>○ Spouse</td>
<td>○ U/K</td>
<td>○ Adoptive parent</td>
<td>○ Child’s boyfriend or girlfriend</td>
<td>○ U/K</td>
</tr>
<tr>
<td></td>
<td>○ Other, specify:</td>
<td></td>
<td>○ Stepparent</td>
<td>○ Co-worker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ U/K</td>
<td></td>
<td>○ Foster parent</td>
<td>○ Institutional staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Mother’s partner</td>
<td>○ Neighbor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Father’s partner</td>
<td>○ Rival gang member</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Grandparent</td>
<td>○ Stranger</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Sibling</td>
<td>○ Law enforcement officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ U/K</td>
<td>○ Other, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ U/K</td>
<td></td>
</tr>
<tr>
<td>j. Type of sharp object:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Kitchen knife</td>
<td>○ Switchblade</td>
<td>○ Male</td>
<td>○ Sex of person handling weapon:</td>
<td>○ Friend</td>
<td>○ Male</td>
</tr>
<tr>
<td>○ Pocketknife</td>
<td>○ Razor</td>
<td>○ Female</td>
<td></td>
<td>○ Co-worker</td>
<td>○ Female</td>
</tr>
<tr>
<td>○ Hunting knife</td>
<td>○ Scissors</td>
<td>○ U/K</td>
<td></td>
<td>○ Institutional staff</td>
<td>○ U/K</td>
</tr>
<tr>
<td>○ Other, specify:</td>
<td>○ Other, specify:</td>
<td></td>
<td></td>
<td>○ Neighbor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ U/K</td>
<td></td>
<td></td>
<td>○ Rival gang member</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Stranger</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Law enforcement officer</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Other, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ U/K</td>
<td></td>
</tr>
<tr>
<td>k. Type of blunt object:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Bat</td>
<td>○ Club</td>
<td>○ Male</td>
<td>○ Sex of person handling weapon:</td>
<td>○ Friend</td>
<td>○ Male</td>
</tr>
<tr>
<td>○ Stick</td>
<td>○ Hammer</td>
<td>○ Female</td>
<td></td>
<td>○ Co-worker</td>
<td>○ Female</td>
</tr>
<tr>
<td>○ Rock</td>
<td>○ Scissors</td>
<td>○ U/K</td>
<td></td>
<td>○ Institutional staff</td>
<td>○ U/K</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Neighbor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Rival gang member</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Stranger</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Law enforcement officer</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Other, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ U/K</td>
<td></td>
</tr>
</tbody>
</table>

### 7. ANIMAL BITE OR ATTACK

<table>
<thead>
<tr>
<th>a. Type of animal:</th>
<th>b. Animal access to child, check all that apply:</th>
<th>c. Did child provoke animal?</th>
<th>d. Animal has history of biting or attacking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Domesticated dog</td>
<td>○ Animal on leash</td>
<td>○ No</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Domesticated cat</td>
<td>○ Animal caged or inside fence</td>
<td>○ Yes</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Snake</td>
<td>○ Other, specify:</td>
<td></td>
<td>If yes, how?</td>
</tr>
<tr>
<td>○ Wild mammal, specify:</td>
<td>○ Child reached in</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>○ U/K</td>
<td>○ Child entered animal area</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
<th>b. Height of fall:</th>
<th>c. Child fell from:</th>
<th>d. Animal has history of biting or attacking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Fall, go to b</td>
<td>10 feet, 11 inches</td>
<td>○ Natural elevation</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Crush, go to h</td>
<td>73 feet, 8 inches</td>
<td>○ Stairs/steps</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ U/K</td>
<td>○ Screen</td>
<td>○ Moving object, specify:</td>
<td>○ Animal, specify:</td>
</tr>
<tr>
<td></td>
<td>○ No screen</td>
<td>○ Animal specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ U/K if screen</td>
<td>○ Other, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ U/K</td>
<td></td>
</tr>
</tbody>
</table>
9. POISONING, OVERDOSE OR ACUTE INTOXICATION

<table>
<thead>
<tr>
<th>a. Type of substance involved, check all that apply:</th>
<th>b. Where was the substance stored?</th>
<th>c. Was the product in its original container?</th>
<th>d. Did container have a child safety cap?</th>
<th>e. If prescription, was it child's?</th>
<th>f. Was the incident the result of?</th>
<th>g. Was Poison Control called?</th>
<th>h. For CO poisoning, was a CO detector present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Antidepressant</td>
<td>- Open area</td>
<td>- N/A</td>
<td>- N/A</td>
<td>- No</td>
<td>- Accidental overdose</td>
<td>- No</td>
<td>- No</td>
</tr>
<tr>
<td>- Blood pressure medication</td>
<td>- Open cabinet</td>
<td>- Yes</td>
<td>- Yes</td>
<td>- Yes</td>
<td>- Medical treatment mishap</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- Pain killer (opiate)</td>
<td>- Closed cabinet, unlocked</td>
<td>- N/A</td>
<td>- Yes</td>
<td>- No</td>
<td>- Adverse effect, but not overdose</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Pain killer (non-opiate)</td>
<td>- Closed cabinet, locked</td>
<td>- Yes</td>
<td>- No</td>
<td>- Yes</td>
<td>- Deliberate poisoning</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Methadone</td>
<td>- Other, specify:</td>
<td>- U/K</td>
<td>- No</td>
<td>- No</td>
<td>- Acute intoxication</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Cardiac medication</td>
<td>- U/K</td>
<td>- Yes</td>
<td>- No</td>
<td>- Yes</td>
<td>- Other, specify:</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Was the product in its original container?</th>
<th>d. Did container have a child safety cap?</th>
<th>e. If prescription, was it child's?</th>
<th>f. Was the incident the result of?</th>
<th>g. Was Poison Control called?</th>
<th>h. For CO poisoning, was a CO detector present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- N/A</td>
<td>- N/A</td>
<td>- No</td>
<td>- Accidental overdose</td>
<td>- No</td>
<td>- No</td>
</tr>
<tr>
<td>- Yes</td>
<td>- Yes</td>
<td>- Yes</td>
<td>- Medical treatment mishap</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
<td>- No</td>
<td>- No</td>
<td>- Adverse effect, but not overdose</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Yes</td>
<td>- Yes</td>
<td>- Yes</td>
<td>- Deliberate poisoning</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- No</td>
<td>- No</td>
<td>- No</td>
<td>- Acute intoxication</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Yes</td>
<td>- Yes</td>
<td>- Yes</td>
<td>- Other, specify:</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
</tbody>
</table>

10. EXPOSURE

<table>
<thead>
<tr>
<th>a. Circumstances, check all that apply:</th>
<th>b. Condition of exposure:</th>
<th>c. Number of hours exposed:</th>
<th>d. Was child wearing appropriate clothing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Abandonment</td>
<td>- Hyperthermia</td>
<td>- Ambient temp, degrees F</td>
<td>- No</td>
</tr>
<tr>
<td>- Lost outdoors</td>
<td>- Hypothermia</td>
<td></td>
<td>- Yes</td>
</tr>
<tr>
<td>- Illegal border crossing</td>
<td>- U/K</td>
<td></td>
<td>- U/K</td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. MEDICAL CONDITION

<table>
<thead>
<tr>
<th>a. How long did the child have the medical condition?</th>
<th>b. Was death expected as a result of medical condition?</th>
<th>c. Was child receiving health care for the medical condition?</th>
<th>d. Were the prescribed care plans appropriate for the medical condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- In utero</td>
<td>- N/A</td>
<td>- No</td>
<td>- N/A</td>
</tr>
<tr>
<td>- Weeks</td>
<td>- Not previously diagnosed</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- Months</td>
<td>- No</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- Years</td>
<td>- But at a later time</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
<td>- U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Was child/family compliant with the prescribed care plans?</th>
<th>f. Was child up to date with American Academy of Pediatrics immunization schedule?</th>
<th>g. Was medical condition associated with an outbreak?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- N/A</td>
<td>- N/A</td>
<td>- No</td>
</tr>
<tr>
<td>- No</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- Yes</td>
<td>- No</td>
<td>- Yes</td>
</tr>
<tr>
<td>- U/K</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
</tbody>
</table>
## H. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

### 1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:

**WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>U/K</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Incident sleep place:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crib</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playpen/other play structure but not portable crib</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If adult bed, what type?</td>
<td>Twin</td>
<td>U/K</td>
<td>On back</td>
</tr>
<tr>
<td>Full</td>
<td>Queen</td>
<td>King</td>
<td>On stomach</td>
</tr>
<tr>
<td>U/K</td>
<td>On side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Child put to sleep:</td>
<td>On back</td>
<td>On stomach</td>
<td>On side</td>
</tr>
<tr>
<td>On side</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Child found:</td>
<td>On back</td>
<td>On stomach</td>
<td>On side</td>
</tr>
<tr>
<td>On side</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Usual sleep place:</td>
<td>On back</td>
<td>On stomach</td>
<td>On side</td>
</tr>
<tr>
<td>On side</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Usual sleep position:</td>
<td>On back</td>
<td>On stomach</td>
<td>On side</td>
</tr>
<tr>
<td>On side</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Was there a crib, bassinet or port-a-crib in home for child?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>g. Child in a new or different environment than usual?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>h. Child last placed to sleep with a pacifier?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>i. Was a fan being used in the room at the time of death?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>j. Circumstances when child found:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s airway was:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unobstructed by person or object</td>
<td>On top of</td>
<td>Adult(s)</td>
<td>Water bed mattress</td>
</tr>
<tr>
<td>Fully obstructed by person or object</td>
<td>Under</td>
<td>Child(ren)</td>
<td>Air mattress</td>
</tr>
<tr>
<td>Partially obstructed by person or object</td>
<td>Between</td>
<td>Animal(s)</td>
<td>Bumper pads</td>
</tr>
<tr>
<td>U/K</td>
<td>Wedged into</td>
<td>Blanket</td>
<td>Crib rail</td>
</tr>
<tr>
<td></td>
<td>Pressed into</td>
<td>Pillow</td>
<td>Couch</td>
</tr>
<tr>
<td></td>
<td>Fell or rolled onto</td>
<td>Comforter</td>
<td>Chair, type:</td>
</tr>
<tr>
<td></td>
<td>Tangled in</td>
<td>Mattress</td>
<td>Car seat/stroller</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
<td>Pillow-top mattress</td>
<td>Stuffed toy</td>
</tr>
<tr>
<td>With what objects or persons, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult(s)</td>
<td>Water bed mattress</td>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Child(ren)</td>
<td>Air mattress</td>
<td>Cord</td>
<td></td>
</tr>
<tr>
<td>Animal(s)</td>
<td>Bumper pads</td>
<td>Plastic bag</td>
<td></td>
</tr>
<tr>
<td>Blanket</td>
<td>Crib rail</td>
<td>Wall</td>
<td></td>
</tr>
<tr>
<td>Pillow</td>
<td>Couch</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Comforter</td>
<td>Chair, type:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mattress</td>
<td>Car seat/stroller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pillow-top mattress</td>
<td>Stuffed toy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Caregiver/supervisor fell asleep while feeding child?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>If yes, type of feeding:</td>
<td>Bottle</td>
<td>#</td>
<td>Adult obese:</td>
</tr>
<tr>
<td>Breast</td>
<td>#</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
<td>#</td>
<td>Children’s ages:</td>
<td></td>
</tr>
<tr>
<td>l. Child sleeping in the same room as caregiver/supervisor at time of death?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>m. Child sleeping on same surface with person(s) or animal(s)?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>With adult(s):</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>With other children:</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>With animal(s):</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>
2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?
   a. Describe product and circumstances:
      - No
      - Yes
      - U/K
   b. Was product used properly?
      - No
      - Yes
      - U/K
   c. Is a recall in place?
      - No
      - Yes
      - U/K
   d. Did product have safety label?
      - No
      - Yes
      - U/K
   e. Was Consumer Product Safety Commission (CPSC) notified?
      - No
      - Yes
      - U/K

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?
   a. Type of crime, check all that apply:
      - Robbery/burglary
      - Other assault
      - Arson
      - Illegal border crossing
      - Interpersonal violence
      - Gang conflict
      - Prostitution
      - Auto theft
      - Sexual assault
      - Drug trade
      - Witness intimidation
      - Other, specify:

4. Child abuse, type. Check all that apply and describe in narrative.
   - Physical, go to 5
   - Emotional, specify and go to 11
   - Sexual, specify and go to 11
   - U/K, go to 11

5. Type of physical abuse, check all that apply:
   - Abusive head trauma, go to 6
   - Chronic Battered Child Syndrome, go to 8
   - Beating/kicking, go to 8
   - Scalding or burning, go to 8
   - Munchausen Syndrome by Proxy, go to 8
   - Other, specify and go to 8

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

7. For abusive head trauma, was the child shaken?
   - No
   - Yes
   - U/K

8. Events(s) triggering physical abuse, check all that apply:
   - None
   - Crying
   - Toilet training
   - Disobedience
   - Feeding problems
   - Domestic argument
   - Other, specify:

9. Child neglect, check all that apply:
   - Failure to protect from hazards, specify:
   - Food
   - Shelter
   - Other, specify:
   - U/K

10. Other negligence:
    - Vehicular
    - Emotional neglect, specify:
    - U/K

11. Was act(s) of omission/commission:
    - Chronic with child
    - Pattern in family or with perpetrator
    - Isolated incident
    - U/K

Person(s) Responsible

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

13. 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
   - No
   - Yes, caregiver one, go to 25
   - Yes, caregiver two, go to 25
   - Yes, supervisor, go to 26

   Contributed
   - No
   - Yes, caregiver one, go to 25
   - Yes, caregiver two, go to 25
   - Yes, supervisor, go to 26
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caused</td>
<td>Contributed</td>
<td>Caused</td>
<td>Contributed</td>
</tr>
<tr>
<td>___ # Years</td>
<td># Years</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

18. Person have history of substance abuse?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- Alcohol
- Cocaine
- Marijuana
- Methamphetamine
- Opiates
- Prescription drugs
- Over-the-counter
- Other, specify:
- U/K

19. Person have history of child maltreatment as victim?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K

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

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K

21. Person have disability or chronic illness?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

22. Person have prior child deaths?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- Child abuse # ______
- Child neglect # ______
- Accident # ______
- Suicide # ______
- SIDS # ______
- Other # ______
- Other, specify:
- U/K

23. Person have history of intimate partner violence?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes, as victim</td>
<td>No</td>
<td>Yes, as perpetrator</td>
<td>U/K</td>
<td>U/K</td>
</tr>
</tbody>
</table>

24. Person have delinquent/criminal history?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- Assaults
- Robbery
- Drugs
- Other, specify:
- U/K

25. At time of incident was person, check all that apply:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. Does person have, check all that apply:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior history of similar acts?</td>
<td>Prior arrests?</td>
<td>Prior convictions?</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No charges filed</td>
<td>Charges pending</td>
<td>Charges filed, specify:</td>
<td></td>
</tr>
<tr>
<td>Confession</td>
<td>Plead, specify:</td>
<td>Not guilty verdict</td>
<td></td>
</tr>
<tr>
<td>Guilty verdict, specify:</td>
<td>Tort charges, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>A note was left?</td>
<td>Child had a history of self mutilation?</td>
<td></td>
</tr>
<tr>
<td>Child talked about suicide?</td>
<td>There is a family history of suicide?</td>
<td></td>
</tr>
<tr>
<td>Prior suicide threats were made?</td>
<td>Suicide was part of a murder-suicide?</td>
<td></td>
</tr>
<tr>
<td>Prior attempts were made?</td>
<td>Suicide was part of a suicide pact?</td>
<td></td>
</tr>
<tr>
<td>Suicide was completely unexpected?</td>
<td>Suicide was part of a suicide cluster?</td>
<td></td>
</tr>
<tr>
<td>Child had a history of running away?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:

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

J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

<table>
<thead>
<tr>
<th>Services to Family and Community</th>
<th>Provided</th>
<th>Offered but refused</th>
<th>Offered but U/K if used</th>
<th>Should be offered</th>
<th>Needed but not available</th>
<th>Unknown</th>
<th>CDR review led to referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement counseling</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Economic support</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Funeral arrangements</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Emergency shelter</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Mental health services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Foster care</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Health care</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Legal services</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Family planning</td>
<td>○</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Other, specify:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

1. Could the death have been prevented? ○ No, probably not ○ Yes, probably ○ Team could not determine

2. What specific recommendations and/or initiatives resulted from the review? Check all that apply: ○ No recommendations made, go to Section L

<table>
<thead>
<tr>
<th>Education</th>
<th>Current Action Stage</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recommendation</td>
<td>Planning</td>
<td>Implementation</td>
</tr>
<tr>
<td>Media campaign</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>School program</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Community safety project</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Provider education</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Parent education</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Public forum</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other education</td>
<td>○</td>
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<table>
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<th>Current Action Stage</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>New policy(ies)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Revised policy(ies)</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>New program</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>New services</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Expanded services</td>
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<table>
<thead>
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<th>Current Action Stage</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>New law/ordinance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Amended law/ordinance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Enforcement of law/ordinance</td>
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<td>○</td>
<td>○</td>
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</table>

<table>
<thead>
<tr>
<th>Environment</th>
<th>Current Action Stage</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modify a consumer product</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Recall a consumer product</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Modify a public space</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Modify a private space(s)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Briefly describe the initiatives:
3. Who took responsibility for championing the prevention initiatives? Check all that apply:

- N/A, no strategies
- Mental health
- Law enforcement
- Advocacy organization
- Other, specify:
- No one
- Schools
- Medical examiner
- Local community group
- Health department
- Hospital
- Coroner
- New coalition/task force
- Social services
- Other health care providers
- Elected official
- Youth group
- U/K

L. THE REVIEW MEETING PROCESS

4. Agencies at review, check all that apply:

- Medical examiner/coroner
- CPS
- Other health care
- Mental health
- Others, list:
- Law enforcement
- Other social services
- Fire
- Substance abuse
- Prosecutor/district attorney
- Physician
- EMS
- Court
- Public health
- Hospital
- Education
- Child advocate

5. For infants, were the following data sources available at the review? Check all that apply:

- CDC's SUIDI Reporting Form
- Jurisdictional equivalent of the CDC SUIDI Reporting Form
- Birth certificate - full form
- Death certificate
- Child's medical records or clinical history, including vaccinations
- Biological mother's obstetric and prenatal information
- Newborn screening results
- Law enforcement records
- Social service records
- Child protection agency records
- EMS run sheet
- Hospital records
- Autopsy/pathology reports
- Mental health records
- School records
- Substance abuse treatment records

6. Factors that prevented an effective review, check all that apply:

- Confidentiality issues among members prevented full exchange of information
- HIPAA regulations prevented access to or exchange of information
- Inadequate investigation precluded having enough information for review
- Team members did not bring adequate information to the meeting
- Necessary team members were absent
- Meeting was held too soon after death
- Meeting was held too long after death
- Records or information were needed from another locality in-state
- Records or information were needed from another state
- Team disagreement on circumstances
- Other factors, specify:

7. Review meeting outcomes, check all that apply:

- Review led to additional investigation.
- Team disagreed with official manner of death. What did team believe manner should be?
- Team disagreed with official cause of death. What did team believe cause should be?
- Because of the review, the official cause or manner of death was changed.
- Local
- State
- National

8. For infants, describe the factor(s) that directly contributed to this death:

9. For infants, which of the factors that directly contributed to this death are modifiable?

10. For infants, list any recommendations to prevent deaths from similar causes or circumstances in the future:

11. For infants, what additional information would the team like to know about the death scene investigation?

12. For infants, what additional information would the team like to know about the autopsy?
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Data Entry: https://cdrdata.org
www.childdeathreview.org
For help, email: info@childdeathreview.org
1-800-656-2434