

DEATH SCENE INVESTIGATION

State of Michigan Protocols

to Determine Cause and Manner of a Sudden and Unexplained Child Death



INSTRUCTIONS:

When a child dies suddenly and unexpectedly, a thorough investigation of the scene is necessary to accurately determine the cause and manner of death. The scene investigation should happen as soon as possible after the child's death, optimally within 24 hours.

This report should be used as a guide to your investigation of the scene of a sudden and unexplained death, especially to a child under the age of two. Completing all or parts of this report will help your Medical Examiner determine how and why the child died.

The questions in this report will lead you through a thorough investigation. It is not expected that you will be able to answer all of the questions. You should attempt to interview witnesses, EMS and emergency room personnel, child care providers, law enforcement, and other persons from the scene.

In conducting the investigation, criminality or negligence should not be assumed. An empathetic, non-confrontational approach is both appropriate and effective.

Complete as many sections as possible. Attach this form to your investigation report. Submit a copy to the Medical Examiner's Office within 24 hours.

Because the child will probably have already been transported to a hospital or other facility, it is important that you try to recreate the scene to approximate actual events. Attempt to acquire scene photographs as appropriate.

Contact your Prosecuting Attorney's Office to ensure that all laws and regulations are followed in your search of the area, the interviewing of witnesses, and the collection of evidence. Use only forms that have been approved by your local prosecutor. Sample forms are enclosed from the Michigan State Police.

1. Child's Name:			
2. Scene Address:			
3. Date of Birth:	4. Date of Death:	5. Race of Child:	6. Sex:
7. Date/Time of Investigation:		8. Case Number:	
9. Investigator's Name:		10. Agency/Department:	

EVENTS SURROUNDING DEATH

11. Place of Fatal Event: (e.g. in crib, in car)	12. Death Witnessed: <input type="checkbox"/> No <input type="checkbox"/> Yes Provide Detail in Narrative
13. Who Found Child:	Time Found:
14. Status of Child When Found: <input type="checkbox"/> Dead <input type="checkbox"/> Unresponsive <input type="checkbox"/> In Distress <input type="checkbox"/> Unsure	
15. When Was Child Last Seen Alive: Time: By Whom: Where:	
16. Describe Condition of Child When Last Seen:	
17. Medical Assistance Summoned: <input type="checkbox"/> No <input type="checkbox"/> Yes	18. 911 Call <input type="checkbox"/> No <input type="checkbox"/> Yes Obtain Tapes
19. Resuscitation Attempted: <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom: History of Previous Resuscitation: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
20. Conveyed to a Medical Facility: <input type="checkbox"/> No <input type="checkbox"/> Yes Where: Name and Address of Facility:	
21. Who Pronounced Child Dead:	

CONDITION OF CHILD

22. Body Temperature: Degrees: Time: Method: Sweaty <input type="checkbox"/> No <input type="checkbox"/> Yes	
23. Livor Mortis: <input type="checkbox"/> No <input type="checkbox"/> Yes Time: Where Observed: Consistent with Position When Found (See Question 32): <input type="checkbox"/> No <input type="checkbox"/> Yes	
24. Rigor Mortis: <input type="checkbox"/> No <input type="checkbox"/> Yes Time:	
25. Hemorrhage of Eyes, Lips or Ears: <input type="checkbox"/> No <input type="checkbox"/> Yes	
26. Child Appears Clean, Well Nourished and Cared for: <input type="checkbox"/> No <input type="checkbox"/> Yes If No, Explain in Narrative	
27. Clothing Clean: <input type="checkbox"/> No <input type="checkbox"/> Yes Right Size: <input type="checkbox"/> No <input type="checkbox"/> Yes	Clothing Removed After Death: <input type="checkbox"/> No <input type="checkbox"/> Yes Clothing Type:
28. Diapers Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Collect as Necessary	Wet: <input type="checkbox"/> No <input type="checkbox"/> Yes Soiled: <input type="checkbox"/> No <input type="checkbox"/> Yes

29. Are there Birthmarks or Injuries of Any Type, Including Bruises, Scrapes, Cuts, Burns, or Diaper Rash:

No Yes

Describe Colors, Shapes, Sizes and Locations in Narrative.

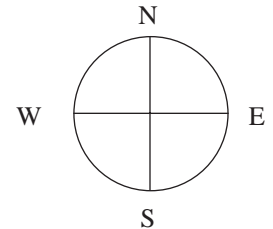
Ensure That Necessary Photos Are Taken if Possible

POSITION OF CHILD

30. Sketch Position of Child and Identify Where in Crib, Bed, or Other Place Found:

Ensure That Photos are Taken of Doll or Silhouette in Position.

Indicate Direction of Child's Head: Circle One:



31. Was Child Moved from Original Position: No Yes Why:

32. Position When Discovered:(Refer Back to Question 23)

<u>BODY</u>	<u>BODY PINNED</u>	<u>HEAD AND NECK</u>	<u>USUAL SLEEPING POSITION</u>
<input type="checkbox"/> On Stomach	<input type="checkbox"/> Pinned Vertically	<input type="checkbox"/> Face Directly Up	<input type="checkbox"/> On Stomach
<input type="checkbox"/> On Back	<input type="checkbox"/> Pinned Horizontally	<input type="checkbox"/> Face Directly Down	<input type="checkbox"/> On Back
<input type="checkbox"/> Seated Upright	<input type="checkbox"/> Other Wedging	<input type="checkbox"/> Face to Right	<input type="checkbox"/> Seated Upright
<input type="checkbox"/> Left Side	<input type="checkbox"/> Not Pinned	<input type="checkbox"/> Face to Left	<input type="checkbox"/> Left Side
<input type="checkbox"/> Right Side		<input type="checkbox"/> Neck Flexed to Chin	<input type="checkbox"/> Right Side
		<input type="checkbox"/> Neck Extended Back	

33. Was Airway Obstructed When Discovered:

Airway Not Obstructed Right Nostril Blocked Object Covering Mouth Objects Near Face
 Both Nostrils Blocked Left Nostril Blocked Object Covering Nose

34. Describe any Objects Covering Nose, Mouth, or Face:

35. If Child was Found Face Down, is there a Visible Cup, Pocket, or Depression in the Bedding:

No Yes Depth: Diameter:

36. Is there a Visible Crease on Face, Neck, or Hands from Pillows or Bedding: No Yes

37. Material Found in Nose or Mouth:

None Formula Bloody Froth Blood Tinged Secretion
 Mucous Vomit Dried Secretion Other
 Food Froth Urine or Stool

38. Secretion Found on: Blanket Sheet Clothing Pillow Other

None Formula Bloody Froth Blood Tinged Secretion

Mucous Vomit Dried Secretion Other

Food Froth Urine or Stool

39. Face in Contact with Wet Materials: No Yes Describe:

40. If Found while Sleeping, Was Child Sleeping Alone: No Yes

If No, Who was Child Sleeping with:

41. Is there any Possibility of Overlying: For Example, too Little Room for too Many People, Recent Alcohol or Other Drug Consumption by Person Sleeping with Child: No Yes **Explain in Narrative**

42. Is there an Apnea Monitor in the Home: No Yes **Download Information from Monitor**

Was Child On Monitor at Time of Death: No Yes **Collect Monitor as Evidence**

SOCIAL AND ENVIRONMENTAL CONDITIONS

43. Who Does Child Live with:

44. Who had Responsibility for Child at Time of Death:

In Narrative, Describe Activities of Caregivers During Days Leading Up to the Death

45. Have Family Members or Caretakers Been Reported for Past Abuse or Neglect: No Yes

For Domestic Violence: No Yes

Contact FIA to Obtain Information from Protective Services

46. List Child Care Providers: Licensed:

Unlicensed:

47. Do Siblings Ever Watch Child Unattended: No Yes

48. Are there Any Cultural Practices that May Have Influenced the Death? No Yes

If Yes, Explain Fully in the Narrative

49. Description of Dwelling:

50. Cleanliness of Dwelling: Below Average Above Average Average

51. Number of Children Living at Address: Number of Adults Living at Address:

Overcrowding: No Yes

52. List all Materials and Objects Near Child When Found, Including Bed, Sheets, Pillows, Covers, Toys, Household Objects, etc. If Crib, Fill Out Optional Crib Checklist at End of Report.

53. Could any of These Materials & Objects Have Influenced the Death: No Yes

If Yes, Describe in Narrative

54. Are there any Environmental Hazards: No Yes

Tobacco Smoke High Room Temp Recent Remodeling Tobacco Animals

Drugs or Alcohol Low Room Temp Toxic Gases Lead Other

Medicines Unusual Dampness Toxic Products Electrical

55. Room Temperature: Heating/Cooling Source:

Outside Temperature: Proximity of Child to Heat/Cooling Source:

OPTIONAL CHECKLIST FOR DEFECTIVE CRIBS

1. Manufacturer:

2. Any Crack, Splits, Toe Holds, Old Paint:

3. Measure Space Between Mattress and Sides of Crib (Should be Less Than One Inch):

4. Measure Space Between Rails (Should be Less than 2 3/8"):

5. Measure Distance Between Top of Mattress and Top of Rails (Should be More than 26"):

6. Measure Distance from Floor to Mattress:

Top of Railing to Floor with Railing Up:

Down:

7. What is the Surface of the Floor:

What is Mattress Surface:

8. Do Rails Fall Down when Shaken or Pushed on:

9. Can Rails be Pulled Away from Sides of Crib:

10. Does Mattress Fit Securely or Does it Move Around:

11. Can Toys or Objects Be Wedged in Mattress:

CHECKLIST FOR DISCRETIONARY COLLECTION OF EVIDENCE

Clothing

Medicines

Baby Bottles

Toys

Bedding

Drug Paraphernalia

Formula/Food

Equipment

Diapers

Folk Remedies

Honey, if fed
within 30 Days

Other

Trace Evidence Collected: List

ALL WITNESSES, RESPONDERS, AND OTHER PERSONS AT SCENE

List All Persons at Scene During Time Child Died:

Name

Address

Relationship

NARRATIVE

INVESTIGATOR'S SIGNATURE:

DATE:

SEND COPY TO LOCAL MEDICAL EXAMINER'S OFFICE