Child Death Review Case Reporting System

Case Report 2.1

Effective January 2010

Instructions:

This case report is a component of the web-based CDR Case Reporting System. 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 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 2.1, effective January 2010. 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.

Contact Information:
Phone: 1-800-656-2434    Email: info@childdeathreview.org    Website: www.childdeathreview.org    Data entry website: https://cdrdata.org/

This form was developed by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

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### CASE NUMBER

Death Certificate Number: ____________________________________________

Birth Certificate Number: ____________________________________________

Case Type: 
- [ ] Death
- [ ] Near death/serious injury
- [ ] Not born alive

State / County / Team Number / Year of Review / Sequence of Review: __________________________

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:
   - [ ] White
   - [ ] Native Hawaiian
   - [ ] Black
   - [ ] Pacific Islander
   - [ ] Asian, specify: ____________________________
   - [ ] American Indian, Tribe: ____________________________
   - [ ] Alaskan Native, Tribe: ____________________________
   - [ ] U/K

6. Hispanic or Latino origin? ____________________________
   - [ ] No
   - [ ] Yes
   - [ ] U/K

7. Sex: ____________________________
   - [ ] Male
   - [ ] Female
   - [ ] U/K

8. Residence address: ____________________________
   - [ ] U/K

   - [ ] Street: ____________________________

   - [ ] Apt: ____________________________

   - [ ] City: ____________________________

   - [ ] County: ____________________________

   - [ ] State: ____________________________

   - [ ] Zip: ____________________________

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
   - [ ] U/K

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

13. Number of other children living with child: ____________________________

14. Child's weight: ____________________________
   - [ ] 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
   - [ ] 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?
   - [ ] No
   - [ ] Yes
   - [ ] 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
   - [ ] Other, specify: ____________________________

20. Child had disability or chronic illness?
   - [ ] No
   - [ ] Yes
   - [ ] U/K

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

   - [ ] If yes, was child receiving Children's Special Health Care Needs services?
     - [ ] No
     - [ ] Yes
     - [ ] U/K

    - [ ] Child had received prior MH services?
      - [ ] No
      - [ ] Yes
      - [ ] U/K

    - [ ] Child was receiving MH services?
      - [ ] No
      - [ ] Yes
      - [ ] U/K

    - [ ] Child on medications for MH illness?
      - [ ] No
      - [ ] Yes
      - [ ] U/K

    - [ ] Issues prevented child from receiving MH services?
      - [ ] No
      - [ ] Yes
      - [ ] U/K

    - [ ] If yes, specify:

22. Child had history of substance abuse?
    - [ ] No
    - [ ] Yes
    - [ ] U/K

    - [ ] If yes, check all that apply:
      - [ ] Alcohol
      - [ ] Other, specify: ____________________________
      - [ ] Cocaine
      - [ ] Marijuana
      - [ ] Methamphetamine
      - [ ] Opiates
      - [ ] Prescription drugs
      - [ ] Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:
    - [ ] As Victim
      - [ ] N/A
      - [ ] No
      - [ ] Yes
      - [ ] U/K

    - [ ] As Perpetrator
      - [ ] Physical
      - [ ] Neglect
      - [ ] Sexual
      - [ ] Emotional/psychological
      - [ ] Other, specify: ____________________________

    - [ ] Through CPS
      - [ ] # CPS referrals

    - [ ] Other sources
      - [ ] # Substantiations

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

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

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
    - [ ] No
    - [ ] Yes, as victim
    - [ ] Yes, as perpetrator
    - [ ] U/K

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

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

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

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

31. Are child's parents first generation immigrants?
    - [ ] No
    - [ ] Yes
    - [ ] 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
    - [ ] Bisexual
    - [ ] Gay
    - [ ] Questioning
    - [ ] Lesbian
    - [ ] U/K
### COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: □ U/K □ Grams □ # weeks □ Pounds/ounces □

35. Birth weight: □ U/K □ No □ U/K □ Yes □ U/K

36. Multiple birth? □ U/K

37. Prenatal care provided during pregnancy of deceased infant? □ No □ Yes □ U/K

If yes, number of prenatal visits: □ # □

If yes, month of 1st prenatal visit? Specify: □ 1-9 □

38. During pregnancy, did mother (check all that apply):
- □ Have medical complications/infections? Check all that apply:
  - Acute/Chronic Lung Disease
  - Anemia
  - Cardiac Disease
  - Chorioamnionitis
  - Chronic Hypertension
  - Diabetes
- □ Eclampsia
- □ Low MSAFP
- □ Pregnancy-Related Hypertension
- □ Previous Infant 4000+ Grams
- □ Previous Infant Preterm/Small for Gestation
- □ Smoke tobacco?
- □ Use illicit drugs?
- □ Have heavy alcohol use?
- □ Misuse over-the-counter or prescription drugs?
- □ Experience intimate partner violence?
- □ Infant born drug exposed?
- □ Infant born with fetal alcohol effects or syndrome?

39. Were there access or compliance issues related to prenatal care?
- □ No
- □ Yes
- □ U/K

If yes, check all that apply:
- □ Lack of money for care
- □ Religious objections to care
- □ Lack of family/social support
- □ Services not available
- □ Distrust of health care system
- □ Lack of transportation
- □ Specialist needed, not available
- □ Unwilling to obtain care
- □ Cultural differences
- □ Multiple providers, not coordinated
- □ Intimate partner would not allow care
- □ Lack of child care
- □ Other, specify:

### B. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s):
   - Select only one per column.
   - One □ Two □ Self, go to Section C
   - One □ Two □ Biological parent
   - One □ Two □ Adoptive parent
   - One □ Two □ Stepparent
   - One □ Two □ Foster parent
   - One □ Two □ Mother’s partner
   - One □ Two □ Father’s partner
   - One □ Two □ Grandparent
   - One □ Two □ Sibling
   - One □ Two □ Other relative
   - One □ Two □ Friend
   - One □ Two □ Institutional staff
   - One □ Two □ Other, specify:
   - One □ Two □ U/K

2. Caregiver(s) age in years:
   - One □ Two □ # Years

3. Caregiver(s) sex:
   - One □ Two □ Male
   - One □ Two □ Female
   - One □ Two □ U/K

4. Caregiver(s) employment status:
   - One □ Two □ Employed
   - One □ Two □ Unemployed
   - One □ Two □ On disability
   - One □ Two □ Stay-at-home
   - One □ Two □ Retired
   - One □ Two □ U/K

5. Caregiver(s) income:
   - One □ Two □ High
   - One □ Two □ Medium
   - One □ Two □ Low
   - One □ Two □ U/K

6. Caregiver(s) education:
   - One □ Two □ < High school
   - One □ Two □ High school
   - One □ Two □ College
   - One □ Two □ Post Graduate
   - One □ Two □ U/K

7. Does caregiver(s) speak English?
   - One □ Two □ No
   - One □ Two □ Yes
   - One □ Two □ U/K

If yes, specify branch:

8. Caregiver(s) on active military duty?
   - One □ Two □ No
   - One □ Two □ Yes
   - One □ Two □ U/K

If yes, specify branch:

9. Caregiver(s) received social services in the past twelve months?
   - One □ Two □ No
   - One □ Two □ Yes
   - One □ Two □ U/K

If yes, check all that apply:
- □ WIC
- □ TANF
- □ Medicaid
- □ Food stamps
- □ Other, specify:

10. Caregiver(s) have substance abuse history?
    - One □ Two □ No
    - One □ Two □ Yes
    - One □ Two □ U/K
    If yes, check all that apply:
    - □ Alcohol
    - □ Cocaine
    - □ Marijuana
    - □ Methamphetamine
    - □ Opiates
    - □ Prescription drugs
    - □ Over-the-counter
    - □ Other, specify:
    - One □ Two □ U/K

11. Caregiver(s) have history of child maltreatment as victim?
    - One □ Two □ No
    - One □ Two □ Yes
    - One □ Two □ U/K
    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) have history of child maltreatment as perpetrator?
    - One □ Two □ No
    - One □ Two □ Yes
    - One □ Two □ U/K
    If yes, check all that apply:
    - □ Physical
    - □ Neglect
    - □ Sexual
    - □ Emotional/psychological
    - □ U/K
    □ # CPS referrals
    □ # Substantiations
    □ CPS prevention services?
    □ Family Preservation services?

13. Caregiver(s) have disability or chronic illness?
    - One □ Two □ No
    - One □ Two □ Yes
    - One □ Two □ U/K
    If yes, check all that apply:
    - □ Physical, specify:
    - □ Mental, specify:
    - □ Sensory, specify:
    - □ U/K
    If mental, was caregiver receiving services?
    - One □ Two □ No
    - One □ Two □ Yes
    - One □ Two □ 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
   - Yes, answer 2-15

2. How long before incident did supervisor last see child?
   - Minutes ______
   - Hours ______
   - Days ______

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
   - Adoptive parent
   - Stepparent
   - Foster parent
   - Mother’s partner
   - Father’s partner
   - Grandparent
   - Sibling
   - Other relative

5. Supervisor’s age in years: ______

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 history of substance abuse?
   - No
   - Yes
   - U/K

10. Supervisor has history of child maltreatment?
    - As Victim
    - As Perpetrator
    - No
    - Yes
    - U/K

11. Supervisor has prior child deaths?
    - No
    - Yes
    - U/K

12. Supervisor has chronic illness?
    - No
    - Yes
    - U/K

13. Supervisor has history of intimate partner violence?
    - No
    - Yes, as victim
    - Yes, as perpetrator
    - U/K

14. Supervisor has delinquent or criminal history?
    - No
    - Yes
    - U/K

15. At time of incident was supervisor impaired?
    - No
    - Yes
    - U/K

### D. INCIDENT INFORMATION

1. Date of incident event:
   - Same as date of death
   - If different than date of death: __/__/___ (mm/dd/yyyy)
   - U/K

2. Approximate time of day that incident occurred?
   - AM
   - PM

3. Interval between incident and death:
   - Minutes ______
   - Hours ______
   - Days ______
   - Weeks ______
   - Months ______
   - Years ______
### 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</td>
<td>Child not in/on a vehicle, but struck by vehicle</td>
</tr>
<tr>
<td>Child's primary vehicle</td>
<td>Passenger</td>
<td>Unsafe speed for conditions</td>
<td>Child in/on a vehicle, struck by other vehicle</td>
</tr>
<tr>
<td>○ None</td>
<td>Front seat</td>
<td>Back over</td>
<td>Child in/on a vehicle that struck another vehicle</td>
</tr>
<tr>
<td>○ Car</td>
<td>Back seat</td>
<td>Recklessness</td>
<td></td>
</tr>
<tr>
<td>○ Van</td>
<td>Truck bed</td>
<td>Ran stop sign or red light</td>
<td></td>
</tr>
<tr>
<td>○ Sport utility vehicle</td>
<td>Other, specify:</td>
<td>Driver distraction</td>
<td></td>
</tr>
<tr>
<td>○ Truck</td>
<td>U/K</td>
<td>Driver inexperience</td>
<td></td>
</tr>
<tr>
<td>○ Semi/tractor trailer</td>
<td>On bicycle</td>
<td>Mechanical failure</td>
<td></td>
</tr>
<tr>
<td>○ RV</td>
<td>Pedestrian</td>
<td>Poor tires</td>
<td></td>
</tr>
<tr>
<td>○ School bus</td>
<td>Walking</td>
<td>Poor weather</td>
<td>Other driver error, specify:</td>
</tr>
<tr>
<td>○ Other bus</td>
<td>Boarding/blading</td>
<td>Poor visibility</td>
<td></td>
</tr>
<tr>
<td>○ Motorcycle</td>
<td>Fog</td>
<td>Drugs or alcohol use</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>○ Tractor</td>
<td>Wet</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>○ Other, specify:</td>
<td>Construction zone</td>
<td>Fatigue/sleeping</td>
<td></td>
</tr>
<tr>
<td>○ U/K</td>
<td>Inadequate lighting</td>
<td>Medical event, specify:</td>
<td>U/K</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>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>City street</td>
</tr>
<tr>
<td>Loose gravel</td>
<td>Residential street</td>
</tr>
<tr>
<td>Muddy</td>
<td>Parking area</td>
</tr>
<tr>
<td>U/K</td>
<td>Rural road</td>
</tr>
<tr>
<td>Ice/ Snow</td>
<td>Off road</td>
</tr>
<tr>
<td>Fog</td>
<td>Highway</td>
</tr>
<tr>
<td>Wet</td>
<td>Railroad crossing/tracks</td>
</tr>
<tr>
<td>Construction zone</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Inadequate lighting</td>
<td>Shoulder</td>
</tr>
<tr>
<td></td>
<td>Sidewalk</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Drivers involved in incident, check all that apply:</th>
<th>h. Total number of occupants in vehicles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child as driver</td>
<td>In child's vehicle, including child:</td>
</tr>
<tr>
<td>Child's driver</td>
<td></td>
</tr>
<tr>
<td>Driver of other primary vehicle</td>
<td>N/A, child was not in a vehicle.</td>
</tr>
<tr>
<td>Age of Driver</td>
<td>Total number occupants: _______ U/K</td>
</tr>
<tr>
<td>○</td>
<td>○ Responsible for causing incident</td>
</tr>
<tr>
<td>○</td>
<td>○ Was alcohol/drug impaired</td>
</tr>
<tr>
<td>○</td>
<td>○ Has no license</td>
</tr>
<tr>
<td>○</td>
<td>○ Has a learner's permit</td>
</tr>
<tr>
<td>○</td>
<td>○ Has a graduated license</td>
</tr>
<tr>
<td>○</td>
<td>○ Has a full license</td>
</tr>
<tr>
<td>○</td>
<td>○ Has a full license that has been restricted</td>
</tr>
<tr>
<td>○</td>
<td>○ Has a suspended license</td>
</tr>
<tr>
<td>○</td>
<td>○ If recreational vehicle, has driver safety certificate</td>
</tr>
<tr>
<td>○</td>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○</td>
<td>○ Was violating graduated licensing rules:</td>
</tr>
<tr>
<td>○</td>
<td>○ Nighttime driving curfew</td>
</tr>
<tr>
<td>○</td>
<td>○ Passenger restrictions</td>
</tr>
<tr>
<td>○</td>
<td>○ Driving without required supervision</td>
</tr>
<tr>
<td>○</td>
<td>○ Other violations, specify:</td>
</tr>
<tr>
<td>○</td>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Protective measures for child, select one option per row:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Needed, none present</td>
<td>Present, used correctly</td>
</tr>
<tr>
<td>Airbag</td>
<td>○</td>
</tr>
<tr>
<td>Lap belt</td>
<td>○</td>
</tr>
<tr>
<td>Shoulder belt</td>
<td>○</td>
</tr>
<tr>
<td>Child seat*</td>
<td>○</td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
<td>○</td>
</tr>
<tr>
<td>Helmet</td>
<td>○</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>○</td>
</tr>
</tbody>
</table>

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*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
- Candle
- Cooking stove
- Electrical outlet
- Power line
- Line in wall
- Appliance in wall
- Wood
- 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:

#### e. Type of building on fire:
- Single home
- Duplex
- Apartment
- Trailer/mobile home

#### f. Building's primary construction material:
- Wood
- Steel
- Brick/stone
- Aluminum
- Other, specify:

#### 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. For scald, was hot water heater set too high?
- No
- Yes
- U/K

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

#### 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
- On dock
- Poolside
- Other, specify:

#### b. What was child last seen doing before drowning?
- Playing
- Tubing
- Boating
- Water-skiing
- Swimming
- Sleeping
- Bathing
- Fishing
- Surfing

#### 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
- U/K
- Ocean

#### f. For open water, contributing environmental factors:
- Weather
- Temperature
- Current
- Riptide/ undertow

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

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

#### i. For pool, type of pool:
- Above ground
- In-ground
- 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
- Coast Guard approved
- Lifesaving ring
- Inner tube
- Air mattress
- Not Coast Guard approved

n. What barriers/layers of protection existed to prevent access to water?
- None
- Alarm, go to r
- Fence, go to o
- Cover, go to s
- Gate, go to p
- Door, go to q

o. Fence:
- Describe type:
- Correct size?
- Worn correctly?
- U/K
- Giant
- Cushion
- Lifesaving ring
- Swim rings
- None
- Yes
- U/K
- Correct size?
- Yes
- No
- U/K
- Worn correctly?
- Yes
- No
- U/K
- U/K

p. Gate, check all that apply:
- Has self closing latch
- Has lock
- Is a double gate
- Opens to water
- U/K
- No layers breached
- Gate left open
- Damaged fence
- Door self-closer failed
- Cover left off
- Gate unlocked
- Fence too short
- Door self-closer not locked
- Cover not locked
- Gate locked
- Door left open
- Window screen torn
- Alarm not working
- Door broken
- Alarm not answered
- U/K

q. Door, check all that apply:
- Patio door
- Screen door
- Door and water
- U/K

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

s. Type of cover:
- Hard
- Window
- Soft
- Laser
- U/K

<table>
<thead>
<tr>
<th>Local ordinance(s) regulating access to water?</th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, rules violated?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
</tbody>
</table>

v. Child able to swim?
- N/A
- Yes
- U/K

w. For bathtub, child in a bathing aid?
- N/A
- Yes
- U/K

x. Warning sign or label posted?
- N/A
- Yes
- U/K

y. Lifeguard present?
- N/A
- Yes
- U/K

z. Rescue attempt made?
- N/A
- Yes
- U/K

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

b. If suffocation/asphyxia, action causing event:
- Confined in tight space
- Swaddled in tight blanket, but not sleep-related
- Wedged into tight space, but not sleep-related
- Asphyxia by gas, go to G9a
- Other, specify:

  - Refrigerator/freezer
  - Toy chest
  - Automobile
  - Trunk
  - Other, specify:

  - U/K

<table>
<thead>
<tr>
<th>If strangulation, object causing event:</th>
<th>Clothing</th>
<th>Leash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind cord</td>
<td>Electrical cord</td>
<td></td>
</tr>
<tr>
<td>Car seat</td>
<td>Person, go to question G6q</td>
<td></td>
</tr>
<tr>
<td>Stroller</td>
<td>Automobile power window</td>
<td></td>
</tr>
<tr>
<td>High chair or sunroof</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Rope/string</td>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If choking, object causing choking:</th>
<th>Food</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plastic bag</td>
<td>Dirt/Sand</td>
<td></td>
</tr>
<tr>
<td>Toy, specify:</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Balloon</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If asphyxia an autoerotic event?</th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of seizures?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>History of apnea?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
</tbody>
</table>

4. **ASPHYXIA**

5. **SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE**

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

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

<table>
<thead>
<tr>
<th>If yes, Outside temp ___ deg. F</th>
<th>Room too hot, temp ___ deg. F</th>
<th>Too much bedding</th>
<th>Too much clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>Occasionally</td>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If, Yes, #___</th>
<th>If yes, witnessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If, Yes, #___</th>
<th>If yes, witnessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of seizures?</th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of apnea?</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
</tbody>
</table>

For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.
### 6. 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?**
  - ☐ No
  - ☐ Yes
  - ☐ U/K
- **d. Firearm safety features, check all that apply:**
  - ☐ Trigger lock
  - ☐ Magazine disconnect
  - ☐ Personalization device
  - ☐ Minimum trigger pull
  - ☐ External safety/drop safety
  - ☐ Other, specify:
    - ☐ ☐ Loaded chamber indicator
    - ☐ ☐ U/K
- **e. Where was firearm stored?**
  - ☐ Not stored
  - ☐ Under mattress/pillow
  - ☐ Other, specify:
    - ☐ ☐ Locked cabinet
    - ☐ ☐ Unlocked cabinet
    - ☐ ☐ Glove compartment
    - ☐ ☐ U/K
- **f. Firearm stored with ammunition?**
  - ☐ No
  - ☐ Yes
  - ☐ U/K
- **g. Firearm stored loaded?**
  - ☐ No
  - ☐ Yes
  - ☐ U/K
- **h. Owner of fatal firearm:**
  - ☐ U/K, weapon stolen
  - ☐ U/K, weapon found
  - ☐ Self
  - ☐ Adoptive parent
  - ☐ Step parent
  - ☐ Foster parent
  - ☐ Mother's partner
  - ☐ Father's partner
  - ☐ Grandparent
  - ☐ Co-worker
  - ☐ Institutional staff
  - ☐ Neighbor
  - ☐ Rival gang member
  - ☐ Stranger
  - ☐ Acquaintance
  - ☐ Other relative
  - ☐ Friend
  - ☐ Other, specify:
    - ☐ ☐ Kitchen knife
    - ☐ ☐ Switchblade
    - ☐ ☐ Pocketknife
    - ☐ ☐ Razor
    - ☐ ☐ Hunting knife
    - ☐ ☐ Scissors
    - ☐ ☐ Other, specify:
    - ☐ ☐ U/K
    - ☐ ☐ Other, specify:
    - ☐ ☐ U/K
- **i. Sex of fatal firearm owner:**
  - ☐ Male
  - ☐ Female
  - ☐ U/K
- **j. Type of sharp object:**
  - ☐ Knife
  - ☐ Spatula
  - ☐ 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 a history of weapon offenses or die of weapons-related causes?**
  - ☐ No
  - ☐ Yes
  - ☐ U/K
- **n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?**
  - ☐ No
  - ☐ Yes, describe circumstances:
    - ☐ ☐ U/K
- **o. Persons handling weapons at time of incident, check all that apply:**
  - ☐ Fatal and/or Other weapon
    - ☐ Self
    - ☐ Biological parent
    - ☐ Adoptive parent
    - ☐ Stepparent
    - ☐ Foster parent
    - ☐ Mother's partner
    - ☐ Father's partner
    - ☐ Grandparent
    - ☐ Sibling
    - ☐ Spouse
    - ☐ Other relative
  - ☐ Fatal and/or Other weapon
    - ☐ Friend
    - ☐ Acquaintance
    - ☐ Child's boyfriend or girlfriend
    - ☐ Classmate
    - ☐ Other, specify:
    - ☐ ☐ U/K
  - ☐ Sex of person(s) handling weapon:
    - ☐ Male
    - ☐ Female
    - ☐ U/K
  - ☐ Fatal weapon:
    - ☐ Male
    - ☐ Female
    - ☐ U/K
- **p. Use of weapon at time, check all that apply:**
  - ☐ Self-injury
  - ☐ Commission of crime
  - ☐ Drive-by shooting
  - ☐ Random violence
  - ☐ Child was a bystander
  - ☐ Argument
  - ☐ Jealousy
  - ☐ Intimate partner violence
  - ☐ Hate crime
  - ☐ Bullying
  - ☐ Hunting
  - ☐ Target shooting
  - ☐ Playing with weapon
  - ☐ Weapon mistaken for toy
  - ☐ Showing gun to others
  - ☐ Russian Roulette
  - ☐ Intervener assisting crime victim (Good Samaritan)
  - ☐ Gang-related activity
  - ☐ Self-defense
  - ☐ Other, specify:
    - ☐ ☐ Loading weapon
    - ☐ ☐ U/K

### 7. ANIMAL BITE OR ATTACK

- **a. Type of animal:**
  - ☐ Domesticated dog
  - ☐ Domesticated cat
  - ☐ Snake
  - ☐ Wild mammal, specify:
    - ☐ U/K
  - ☐ 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
    - ☐ U/K
  - ☐ Child entered animal area
    - ☐ U/K
  - ☐ Other, specify:
    - ☐ U/K
- **c. Did child provoke animal?**
  - ☐ No
  - ☐ Yes
  - ☐ U/K
  - ☐ If yes, how?
- **d. Animal has history of biting or attacking?**
  - ☐ No
  - ☐ Yes
  - ☐ U/K

### 8. FALL OR CRUSH

- **a. Type:**
  - ☐ Fall, go to b
  - ☐ Crush, go to h
  - ☐ Conscious
    - ☐ U/K
  - ☐ Unconscious
    - ☐ U/K
- **b. Height of fall:**
  - ☐ Open window
    - ☐ Screen
    - ☐ No screen
    - ☐ U/K if screen
  - ☐ Screen
    - ☐ Screen
    - ☐ No screen
    - ☐ U/K if screen
  - ☐ Man-made elevation
    - ☐ Furniture
    - ☐ Bridge
    - ☐ Oversized
    - ☐ U/K
  - ☐ Natural elevation
    - ☐ Bed
    - ☐ Overpass
    - ☐ U/K
- **c. Child fell from:**
  - ☐ Moving object, specify:
    - ☐ Animal, specify:
    - ☐ Other, specify:
  - ☐ U/K
### 9. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

<table>
<thead>
<tr>
<th>Prescription drug</th>
<th>Over the counter drug</th>
<th>Cosmetics/personal care products</th>
<th>Other substances</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>Diet pills</td>
<td>Cosmetics/personal care products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure medication</td>
<td>Stimulants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain killer (opiate)</td>
<td>Cough medicine</td>
<td>Cleaning substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain killer (non-opiate)</td>
<td>Pain medication</td>
<td>Bleach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>Children’s vitamins</td>
<td>Drain cleaner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac medication</td>
<td>Iron supplement</td>
<td>Alkaline-based cleaner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Other vitamins</td>
<td>Solvent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
<td>Other, specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### b. Where was the substance stored?

<table>
<thead>
<tr>
<th>Open area</th>
<th>Open cabinet</th>
<th>Closed cabinet, unlocked</th>
<th>Closed cabinet, locked</th>
<th>Other, specify:</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### c. Was the product in its original container?

<table>
<thead>
<tr>
<th>N/A</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### d. Did container have a child safety cap?

<table>
<thead>
<tr>
<th>N/A</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### e. If prescription, was it child’s?

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

#### f. Was the incident the result of?

<table>
<thead>
<tr>
<th>Accidental overdose</th>
<th>Medical treatment mishap</th>
<th>Deliberate poisoning</th>
<th>Acute intoxication</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### g. Was Poison Control called?

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

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

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

### 10. EXPOSURE

#### a. Circumstances, check all that apply:

<table>
<thead>
<tr>
<th>Abandonment</th>
<th>Lost outdoors</th>
<th>Left in car</th>
<th>Illegal border crossing</th>
<th>Left in room</th>
<th>Other, specify:</th>
<th>Submerged in water</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### b. Condition of exposure:

<table>
<thead>
<tr>
<th>Hyperthermia</th>
<th>Hypothermia</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### c. Number of hours exposed:

<table>
<thead>
<tr>
<th>Ambient temp, degrees F</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### d. Was child wearing appropriate clothing?

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

### 11. MEDICAL CONDITION

#### a. How long did the child have the medical condition?

<table>
<thead>
<tr>
<th>In utero</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### b. Was death expected as a result of medical condition?

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

#### c. Was child receiving health care for the medical condition?

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

#### d. Were the prescribed care plans appropriate for the medical condition?

<table>
<thead>
<tr>
<th>N/A</th>
<th>No, specify:</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### e. Was child/family compliant with the prescribed care plans?

<table>
<thead>
<tr>
<th>N/A</th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

#### f. Was child up to date with American Academy of Pediatrics immunization schedule?

<table>
<thead>
<tr>
<th>N/A</th>
<th>No, specify:</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
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</table>

#### g. Was medical condition associated with an outbreak?

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<tr>
<th>No</th>
<th>Yes, specify:</th>
<th>U/K</th>
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</tbody>
</table>

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

i. Were there access or compliance issues related to the death?  
- No  
- Yes  
- U/K  

If yes, check all that apply:  
- Lack of money for care  
- Lack of transportation  
- Cultural differences  
- Religious objections to care  
- Language barriers  
- Referrals not made  
- Lack of child care  
- Lack of family or social support  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:  

12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE  
Specify cause, describe in detail here or in narrative:  

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS  

O. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:  
WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?  
- No, go to H2  
- Yes  
- U/K, go to H2  

- Incident sleep place:  
  - Crib  
  - Playpen/other play structure but not portable crib  
  - Not portable  
  - Portable, e.g. pack-n-play  
  - Unknown crib type  
  - Bassinette  
  - Adult bed  
  - Waterbed  

- Child put to sleep:  
  - Crib  
  - Playpen/other play structure but not portable crib  
  - Not portable  
  - Portable, e.g. pack-n-play  
  - Unknown crib type  
  - Bassinette  
  - Adult bed  
  - Waterbed  

- Usual sleep place:  
  - Crib  
  - Playpen/other play structure but not portable crib  
  - Not portable  
  - Portable, e.g. pack-n-play  
  - Unknown crib type  
  - Bassinette  
  - Adult bed  
  - Waterbed  

- Child's position most relevant to death:  
  - Adult(s)  
  - Child(ren)  
  - Animal(s)  
  - Blanket  
  - Pillow  
  - Comforter  
  - Mattress  
  - Pillow-top mattress  

- With what objects or persons, check all that apply:  
  - Water bed mattress  
  - Cord  
  - Bumper pads  
  - Plastic bag  
  - Crib rail  
  - Wall  
  - Couch  
  - Other, specify:  

- Child's airway was:  
  - Unobstructed by person or object  
  - Fully obstructed by person or object  
  - Partially obstructed by person or object  
  - U/K  

- Circumstances when child found:  
  - Child's position most relevant to death:  
  - Adult(s)  
  - Child(ren)  
  - Animal(s)  
  - Blanket  
  - Pillow  
  - Comforter  
  - Mattress  
  - Pillow-top mattress  

- With what objects or persons, check all that apply:  
  - Water bed mattress  
  - Cord  
  - Bumper pads  
  - Plastic bag  
  - Crib rail  
  - Wall  
  - Couch  
  - Other, specify:  

- Caregiver/supervisor fell asleep while feeding child?  
  - No  
  - Yes  
  - U/K  

- Child sleeping on the same surface with person(s) or animal(s)?  
  - No  
  - Yes  
  - U/K  

- Adult obese:  
  - No  
  - Yes  
  - U/K  

- Children's ages:  
- Type(s) of animal:  

2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?  
- No, go to H3  
- Yes  
- U/K, go to H3  

- Describe product and circumstances:  

- Was product used properly?  
  - No  
  - Yes  
  - U/K  

- Is a recall in place?  
  - No  
  - Yes  
  - U/K  

- Did product have safety label?  
  - No  
  - Yes  
  - U/K  

- Was Consumer Product Safety Commission (CPSC) notified?  
  - No, call 1-800-638-2772 to file report  
  - Yes  
  - U/K
### 3. Did death occur during commission of another crime?

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

#### a. Type of crime, check all that apply:
- Robbery/burglary
- Interpersonal violence
- Sexual assault
- Other assault
- Arson
- Illegal border crossing
- Prostitution
- Auto theft
- Drug trade
- Witness intimidation
- Other, specify:

#### 1. 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?
   - No, go to Section J
   - Yes
   - Probable
   - U/K, go to Section J

If yes/probable, were the act(s) either or both?
- The direct cause of death
- The contributing cause of death

2. Was the act(s): Check only one per column.

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

3. What acts caused or contributed to the death?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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
   - U/K, 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:
   - U/K

9. Child neglect, check all that apply:

   - Failure to protect from hazards, specify:
   - Failure to seek/follow treatment, specify:
   - Emotional neglect, specify:
   - Abandonment, specify:
   - U/K

10. Other negligence:

    - Vehicular
    - Other, specify:
    - U/K

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

    - Caused
    - Contributed

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

    - Caused
    - Contributed

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.

14. Person's age in years:

    - Caused
    - Contributed

15. Person's sex:

    - Caused
    - Contributed

16. Does person speak English?

    - Caused
    - Contributed

17. Person on active military duty?

    - Caused
    - Contributed
### 18. Person have history of substance abuse?
- **Caused**
  - No
  - Yes
  - U/K

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?
- **Caused**
  - No
  - Yes
  - U/K

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

### 20. Person have history of child maltreatment as perpetrator?
- **Caused**
  - No
  - Yes
  - U/K

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

### 21. Person have disability or chronic illness?
- **Caused**
  - No
  - Yes
  - U/K

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

### 22. Person have prior child deaths?
- **Caused**
  - No
  - Yes
  - U/K

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?
- **Caused**
  - No
  - Yes
  - U/K

If yes, check all that apply:
- Yes, as victim
- Yes, as perpetrator
- U/K

### 24. Person have delinquent/criminal history?
- **Caused**
  - No
  - Yes
  - U/K

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

### 25. At time of incident was person, check all that apply:
- Drug impaired?
- Alcohol impaired?
- Asleep?
- Distracted?
- Absent?
- Impaired by illness? Specify:
- Impaired by disability? Specify:
- Other? Specify:

### 26. Does person have, check all that apply:
- Prior history of similar acts?
- Prior arrests?
- Prior convictions?

### 27. Legal outcomes in this death, check all that apply:
- No charges filed
- Charges pending
- Charges filed, specify:
- Confession
- Plead, specify:
- Not guilty verdict
- Guilty verdict, specify:
- Tort charges, specify:
- U/K

#### For Suicide

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>
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<tr>
<td>Child talked about suicide?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Prior suicide threats were made?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior attempts were made?</td>
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<tr>
<td>Suicide was completely unexpected?</td>
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<tr>
<td>Child had a history of running away?</td>
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<tr>
<td>Child had a history of self mutilation?</td>
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<tr>
<td>There is a family history of suicide?</td>
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<tr>
<td>Suicide was part of a murder-suicide?</td>
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<tr>
<td>Suicide was part of a suicide pact?</td>
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<tr>
<td>Suicide was part of a suicide cluster?</td>
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</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
- Physical abuse/assault
- Family discord
- Rape/sexual abuse
- Parents' divorce/separation
- Problems with the law
- Argument with parents/caregivers
- Drugs/alcohol
- Argument with boyfriend/girlfriend
- Sexual orientation
- Breakup with boyfriend/girlfriend
- Religious/cultural issues
- Argument with other friends
- Job problems
- Rumor mongering
- Money problems
- Suicide by friend or relative
- Gambling problems
- Other death of friend or relative
- Involvement in cult activities
- Bullying as victim
- Bullying as perpetrator
- Involvement in computer or video games
- School failure
- Involvement with the Internet, specify:
- Move/new school
- Other, specify:
- Other serious school problems
- Pregnancy
- U/K
### J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided after death</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>
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<tbody>
<tr>
<td>Bereavement counseling</td>
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<td>Economic support</td>
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<td>Funeral arrangements</td>
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<td>Emergency shelter</td>
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<td>Mental health services</td>
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<td>Foster care</td>
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<td>Health care</td>
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<td>Legal services</td>
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<tr>
<td>Family planning</td>
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<td>Other, specify:</td>
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</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

#### Current Action Stage

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Planning</th>
<th>Implementation</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Short term</td>
<td>Local</td>
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<td></td>
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<td></td>
<td>Long term</td>
<td>State</td>
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<td></td>
<td>National</td>
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</tbody>
</table>

#### Education
- Media campaign
- School program
- Community safety project
- Provider education
- Parent education
- Public forum
- Other education

#### Agency
- New policy(ies)
- Revised policy(ies)
- New program
- New services
- Expanded services

#### Law
- New law/ordinance
- Amended law/ordinance
- Enforcement of law/ordinance

#### Environment
- Modify a consumer product
- Recall a consumer product
- Modify a public space
- Modify a private space(s)

#### Other, specify:

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Date of first review meeting:</td>
<td>2. Number of review meetings for this case:</td>
<td>3. Is review complete?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  Yes</td>
</tr>
</tbody>
</table>

4. Agencies at review, check all that apply:

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

5. 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.
- Team disagreement on circumstances.
- Other factors, specify:

6. 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?
- Because of the review, the official cause or manner of death was changed.
- Review led to changes in agency policies or practices.
- Review led to prevention initiatives being implemented.
  - Local
  - State
  - National

M. NARRATIVE

Use this space to provide more detail on the circumstances of the death, and to describe any other relevant information.
Try not to include identifiers in the narrative.

N. FORM COMPLETED BY:

PERSON:  EMAIL:  DATE COMPLETED:  DATA ENTRY COMPLETED FOR THIS CASE?
The development of this report tool was supported, in part, by Grant No. U49MC00225 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Data Entry: https://cdrdata.org
www.childdeathreview.org
For help email: info@childdeathreview.org
1-800-656-2434