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.

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: [ ]

State / County / Team Number / Year of Review / Sequence of Review:
ME/Coroner Number:

**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
   - (check all that apply)
   - 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:
6. Hispanic or Latino origin? [ ] Yes [ ] No
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
   - Shelter
   - Licensed foster home
   - Relative foster home
   - Homeless
   - U/K
10. New residence in past 30 days? [ ] Yes [ ] No [ ] U/K
11. Residence overcrowded? [ ] Yes [ ] No [ ] U/K
12. Child ever homeless? [ ] Yes [ ] No [ ] U/K
13. Number of other children living with child: [ ] U/K
14. Child's weight: [ ] U/K pounds
   - mm
   - dm
   - cm
   - feet
   - inches
15. Child's height: [ ] U/K
   - mm
   - dm
   - cm
16. Highest education level:
   - N/A
   - Drop out
   - None
   - HS graduate
   - Preschool
   - College
   - Grade K-8
   - Other, specify:
   - Grade 9-12
   - U/K
   - Home schooled, K-8
   - Home schooled, 9-12
17. Child's work status:
   - N/A
   - Employed
   - Full time
   - Part time
   - U/K
   - Not working
18. Did child have problems in school? [ ] Yes [ ] No [ ] U/K
   - If yes, check all that apply:
   - Academic
   - Behavioral
   - Truancy
   - Expulsion
   - Suspensions
   - Other, specify:
19. Child's mental health (MH):
   - Child received prior MH services? [ ] Yes [ ] No [ ] U/K
   - Child was receiving MH services? [ ] Yes [ ] No [ ] U/K
   - Child on medications for MH illness? [ ] Yes [ ] No [ ] U/K
   - Issues prevented child from receiving MH services? [ ] Yes [ ] No [ ] U/K
20. Child had disability or chronic illness? [ ] Yes [ ] No [ ] 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? [ ] Yes [ ] No [ ] U/K
21. Child's history of child maltreatment? [ ] Yes [ ] No [ ] U/K
   - If yes, check all that apply:
   - Physical, specify:
   - Neglect
   - Sexual
   - Emotional/psychological
   - U/K
   - If yes, how was history identified:
   - Through CPS
   - Other sources
   - # CPS referrals
   - # Substantiations
22. Child's mental health (MH):
   - Child had received prior MH services? [ ] Yes [ ] No [ ] U/K
   - Child was receiving MH services? [ ] Yes [ ] No [ ] U/K
   - Child on medications for MH illness? [ ] Yes [ ] No [ ] U/K
   - Issues prevented child from receiving MH services? [ ] Yes [ ] No [ ] U/K
23. Child's health insurance:
   - If yes, check all that apply:
   - Medicaid
   - State plan
   - Other, specify:
   - U/K
24. Was there an open CPS case with child at time of death? [ ] Yes [ ] No [ ] U/K
25. Was child ever placed outside of the home prior to the death? [ ] Yes [ ] No [ ] U/K
26. Were any siblings placed outside of the home prior to this child's death? [ ] Yes [ ] No [ ] U/K
27. Child had history of intimate partner violence? [ ] Yes [ ] No [ ] U/K
   - If yes, check all that apply:
   - N/A
   - Yes, as victim
   - Yes, as perpetrator
28. Child had delinquent or criminal history? [ ] Yes [ ] No [ ] U/K
   - If yes, check all that apply:
   - Assauls
   - Other, specify:
   - Robbery
   - Drugs
   - U/K
29. Child spent time in juvenile detention? [ ] Yes [ ] No [ ] U/K
30. Child acutely ill during the two weeks before death? [ ] Yes [ ] No [ ] U/K
31. Are child's parents first generation immigrants? [ ] Yes [ ] No [ ] U/K
   - If yes, country of origin:
32. If child over age 12, what was child's gender identity? [ ] Male [ ] Female [ ] U/K
33. If child over age 12, what was child's sexual orientation? [ ] Heterosexual [ ] Bisexual [ ] Gay [ ] Questioning [ ] Lesbian [ ] U/K
### Complete for All Infants Under One Year

<table>
<thead>
<tr>
<th>34. Gestational age:</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Birth weight:</td>
<td>U/K</td>
</tr>
<tr>
<td>Grains</td>
<td>_____</td>
</tr>
<tr>
<td># weeks</td>
<td>_____</td>
</tr>
<tr>
<td>Pounds/ounces</td>
<td>_____</td>
</tr>
<tr>
<td>36. Multiple birth?</td>
<td>No</td>
</tr>
<tr>
<td>37. Prenatal care provided during pregnancy of deceased infant?</td>
<td>No</td>
</tr>
<tr>
<td>If yes, number of prenatal visits:</td>
<td>#_____</td>
</tr>
<tr>
<td>If yes, month of 1st prenatal visit?</td>
<td>Specify 1-9</td>
</tr>
</tbody>
</table>

38. During pregnancy, did mother (check all that apply):
- Acute/Chronic Lung Disease
- Anemia
- Cardiac Disease
- Chorioamnionitis
- Chronic Hypertension
- Diabetes
- Eclampsia
- Genetic Herpes
- Hemoglobinopathy
- High MSAFP
- Hydramnios/Oligohydramnios
- Incompetent Cervix
- Low MSAFP
- Other Infectious Disease
- Pregnancy-Related Hypertension
- Preterm Labor
- Previous Infant 4000+ Grams
- Renal Disease
- Rh Sensitization
- Uterine Bleeding
- Other, specify:

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
- Lack of transportation
- Cultural differences
- Language barriers
- Referrals not made
- Specialist needed, not available
- Multiple providers, not coordinated
- Intimate partner would not allow care
- Other, specify:

### B. Primary Caregiver(s) Information

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

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

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

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

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

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

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

If no, language spoken:
- Language
- Referral
- Other, specify:

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

If yes, specify branch:

9. Caregiver(s) received social services in the past twelve months?
   - One
   - Two
   - WIC
   - TANF
   - Medicaid
   - Food stamps
   - Other, specify:

10. Caregiver(s) have substance abuse history?
    - One
    - Two
    - No
    - Yes
    - U/K

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

11. Caregiver(s) have history of child maltreatment as victim?
    - One
    - Two
    - No
    - Yes
    - U/K

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

12. Caregiver(s) have history of child maltreatment as a perpetrator?
    - One
    - Two
    - No
    - Yes
    - U/K

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

13. Caregiver(s) have disability or chronic illness?
    - One
    - Two
    - No
    - Yes
    - 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 2-15
   - Yes, answer 2-15
   - Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:
   - Minutes _____
   - Hours _____
   - Days _____
   - 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
   - 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 substance abuse history?
   - No
   - Yes
   - U/K

10. Supervisor has history of child maltreatment?
    - As Victim
    - As Perpetrator
    - U/K

11. Supervisor has disability or chronic illness?
    - No
    - Yes
    - U/K

12. Supervisor has prior child deaths?
    - 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
   - U/K

3. Interval between incident and death:
   - Minutes _____
   - Weeks _____
   - Hours _____
   - Months _____
   - Days _____
   - Years _____

4. Caregiver(s) have prior child deaths?
   - One
   - Two
   - No
   - Yes
   - U/K

5. Caregiver(s) have history of intimate partner violence?
   - One
   - Two
   - No
   - Yes, as victim
   - Yes, as perpetrator
   - U/K

6. Caregiver(s) have delinquent/criminal history?
   - One
   - Two
   - No
   - Yes
   - U/K

7. Caregiver(s) have history of intimate partner violence?
   - One
   - Two
   - No
   - Yes, as victim
   - Yes, as perpetrator
   - U/K

8. If yes, check all that apply:
   - Child abuse # _____
   - Child neglect # _____
   - Accidental # _____
   - Suicide # _____
   - SIDS # _____
   - Other # _____

9. Other, specify: U/K

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

11. Other, specify: U/K

12. If mental illness, was supervisor receiving MH services?
    - 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

16. If yes, check all that apply:
    - Drug impaired
    - Absent
    - Alcohol impaired
    - Impaired by illness, Specify:
    - Asleep
    - Impaired by disability, Specify:
    - Distracted
    - Other, Specify:
### Place of Incident

- Child’s home
- Licensed group home
- School
- Sidewalk
- Sports area
- Roadway
- Other recreation area
- Urban
- Suburban
- Rural
- Frontier

- Licensed foster care home
- Unlicensed child care home
- Military installation
- Other parking area
- Suburban

- Relative’s home
- Licensed child care center
- Place of work
- Indian Reservation
- Driveway
- Hospital
- Other

- Friend’s home
- Licensed child care home
- Parents
- Roadway
- Other recreation area
- Rural

- Licensed foster care home
- Farm
- Jail/detention facility
- State or county park
- U/K

### Incident State

- N/A
- No
- Yes
- U/K

### Was 911 or CPR performed

- No
- Yes
- U/K

### At time of incident leading to the death, had child used alcohol or drugs?

- No
- Yes
- U/K

### Total number of deaths at incident event:

- Children, ages 0-18
- Adults
- U/K

### 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
- Hospital physician
- Other physician
- Mortician
- Other, specify:
- U/K

#### 3. Autopsy performed?

- No
- Yes
- U/K

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

- Not conducted
- Medical examiner
- Fire investigator
- EMS
- Child Protective Services
- ME investigator
- Other, specify:
- U/K

#### 5. Toxicology screen?

- No
- Alcohol
- Cocaine
- Marijuana
- Methamphetamine
- Other, specify:
- U/K

#### 6. X-rays taken?

- No
- Yes
- U/K

#### 7. Did investigation find evidence of prior abuse?

- N/A
- No
- Yes
- U/K

#### 8. Did investigation find evidence from what source?

- From x-rays
- From autopsy
- From CPS review
- From law enforcement
- U/K

#### 9. CPS action taken because of death?

- N/A
- No
- Yes
- U/K

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

- N/A
- No action
- License suspended
- License revoked
- Investigation ongoing
- U/K

### F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

#### Official manner of death from the death certificate:

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

#### Primary cause of death:

- From an injury (external cause), select one:
  - Motor vehicle and other transport, go to G1
  - Fire, burn, or electrocution, go to G2
  - Drowning, go to G3
  - Asphyxia, go to G4
  - Weapon, including body part, go to G6
  - Animal bite or attack, go to G7
  - Fall or crush, go to G8
  - Poisoning, overdose or acute intoxication, go to G9
  - Exposure, go to G10
  - Undetermined. If under age one, go to G5 & G12
    - If over age one, go to G12
  - Other cause, go to G12
  - U/K, go to G12

- From a medical cause, select one:
  - Asthma, go to G11
  - Cancer, specify and go to G11
  - Cardiovascular, specify and go to G11
  - Congenital anomaly, specify and go to G11
  - HIV/AIDS, go to G11
  - Influenza, go to G11
  - Low birth weight, go to G11
  - Malnutrition/dehydration, go to G11
  - Neurological/seizure disorder, go to G11
  - Pneumonia, specify and go to G11
  - Prematurity, go to G11
  - SIDS, go to G5
  - Other infection, specify and go to G11
  - Other perinatal condition, specify and go to G11
  - Other medical condition, specify and go to G11
  - Undetermined. If under age one, go to G5 and G11.
    - If over age one, go to G11
  - U/K. If under age one, go to G5 and G11.
    - If over age one, go to G11.
### 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>a. Vehicles involved in incident:</th>
<th>b. Position of child:</th>
<th>c. Causes of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of vehicles: ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's</td>
<td>Other primary vehicle</td>
<td></td>
</tr>
<tr>
<td>○ ○ None</td>
<td>○ ○ ○ Car</td>
<td></td>
</tr>
<tr>
<td>○ ○ Van</td>
<td>○ ○ ○ Sport utility vehicle</td>
<td></td>
</tr>
<tr>
<td>○ ○ Semi/tractor trailer</td>
<td>○ ○ ○ RV</td>
<td></td>
</tr>
<tr>
<td>○ ○ School bus</td>
<td>○ ○ Other bus</td>
<td></td>
</tr>
<tr>
<td>○ ○ Motorcycle</td>
<td>○ ○ Tractor</td>
<td></td>
</tr>
<tr>
<td>○ ○ Other, specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Collision type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Child not in/on a vehicle, but struck by vehicle</td>
</tr>
<tr>
<td>○ Child in/on a vehicle, struck by other vehicle</td>
</tr>
<tr>
<td>○ Child in/on a vehicle, that struck other vehicle</td>
</tr>
<tr>
<td>○ Other event, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Driving conditions, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Loose gravel</td>
</tr>
<tr>
<td>Muddy</td>
</tr>
<tr>
<td>U/K</td>
</tr>
<tr>
<td>Ice/Snow</td>
</tr>
<tr>
<td>Fog</td>
</tr>
<tr>
<td>Wet</td>
</tr>
<tr>
<td>Construction zone</td>
</tr>
<tr>
<td>Inadequate lighting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Location of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City street</td>
</tr>
<tr>
<td>Residential street</td>
</tr>
<tr>
<td>Parking area</td>
</tr>
<tr>
<td>Rural road</td>
</tr>
<tr>
<td>Off road</td>
</tr>
<tr>
<td>Highway</td>
</tr>
<tr>
<td>Railroad crossing/tracks</td>
</tr>
<tr>
<td>Intersection</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Shoulder</td>
</tr>
<tr>
<td>Sidewalk</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Drivers involved in incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child as driver</td>
</tr>
<tr>
<td>○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Child's driver</td>
</tr>
<tr>
<td>○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Driver of other primary vehicle</td>
</tr>
<tr>
<td>○ ○ ○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Total number of occupants in vehicles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In child's vehicle, including child:</td>
</tr>
<tr>
<td>○ N/A, child was not in a vehicle.</td>
</tr>
<tr>
<td>Total number occupants: ______ U/K</td>
</tr>
<tr>
<td>Number teens, ages 14-21: ______ U/K</td>
</tr>
<tr>
<td>Total number of deaths: ______ U/K</td>
</tr>
<tr>
<td>Total number teen deaths: ______ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In other primary vehicle involved in incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ N/A, incident was a single vehicle crash.</td>
</tr>
<tr>
<td>Total number occupants: ______ U/K</td>
</tr>
<tr>
<td>Number teens, ages 14-21: ______ U/K</td>
</tr>
<tr>
<td>Total number of deaths: ______ U/K</td>
</tr>
<tr>
<td>Total number teen deaths: ______ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Protective measures for child, select one option per row:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not needed, none present</td>
</tr>
<tr>
<td>Present, used correctly</td>
</tr>
<tr>
<td>Present, used incorrectly</td>
</tr>
<tr>
<td>Not used</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

| Airbag |
|○ |
|☐ |
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|☐ |
|☐ |
|☐ |

| ☐ Rear facing |
|☐ Front facing |
|☐ U/K |

*If child seat, type:*
## 2. FIRE, BURN, or ELECTROCUTION

<table>
<thead>
<tr>
<th>a. Ignition, heat or electrocution source:</th>
<th>b. Type of incident:</th>
<th>c. For fire, child died from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Matches</td>
<td>☐ Fire, go to c</td>
<td>☐ Burns</td>
</tr>
<tr>
<td>☐ Cigarette lighter</td>
<td>☐ Scald, go to r</td>
<td>☐ Smoke inhalation</td>
</tr>
<tr>
<td>☐ Utility lighter</td>
<td>☐ Other burn, go to t</td>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Cigarette or cigar</td>
<td>☐ Electrocution, go to s</td>
<td></td>
</tr>
<tr>
<td>☐ Candles</td>
<td>☐ Other, specify and go to t</td>
<td></td>
</tr>
<tr>
<td>☐ Cooking stove</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Electrical outlet</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Electrical wiring</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Fireworks</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Hot cooking water</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Hot bath water</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Oxygen tank</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Appliance in water</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Other, specify:</td>
<td>☐ U/K</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Material first ignited:</th>
<th>e. Type of building on fire:</th>
<th>f. Building’s primary construction material:</th>
<th>g. Fire started by a person:</th>
<th>h. Did anyone attempt to put out fire?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Upholstery</td>
<td>☐ N/A</td>
<td>☐ Wood</td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Mattress</td>
<td>☐ Single home</td>
<td>☐ Steel</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Christmas tree</td>
<td>☐ Duplex</td>
<td>☐ Brick/stone</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Clothing</td>
<td>☐ Apartment</td>
<td>☐ Aluminum</td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Curtain</td>
<td>☐ Trailer/mobile home</td>
<td>☐ Other, specify:</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Was building a rental property?</th>
<th>j. Were building/rental codes violated?</th>
<th>k. Were barriers preventing safe exit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. Was sprinkler system present?</th>
<th>p. Were smoke detectors present?</th>
<th>q. Suspected arson?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r. For scald, was hot water heater set too high?</th>
<th>s. For electrocution, what cause:</th>
<th>t. Other, describe in detail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ Electrical storm</td>
<td></td>
</tr>
<tr>
<td>☐ Yes, temp. setting: _____</td>
<td>☐ Faulty wiring</td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ Wire/product in water</td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ Child playing with outlet</td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ Other, specify:</td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td></td>
</tr>
</tbody>
</table>

## 3. DROWNING

<table>
<thead>
<tr>
<th>a. Where was child last seen before drowning? Check all that apply:</th>
<th>b. What was child last seen doing before drowning?</th>
<th>c. Was child forcibly submerged?</th>
<th>d. Drowning location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In water</td>
<td>☐ Playing</td>
<td>☐ No</td>
<td>☐ Open water, go to e</td>
</tr>
<tr>
<td>☐ In yard</td>
<td>☐ Tubing</td>
<td>☐ Yes</td>
<td>☐ U/K, go to n</td>
</tr>
<tr>
<td>☐ On shore</td>
<td>☐ Boating</td>
<td>☐ U/K</td>
<td>☐ Pool, hot tub, spa, go to i</td>
</tr>
<tr>
<td>☐ In bathroom</td>
<td>☐ Water-skiing</td>
<td></td>
<td>☐ Bathhtub, go to w</td>
</tr>
<tr>
<td>☐ On dock</td>
<td>☐ Swimming</td>
<td></td>
<td>☐ Bucket, go to x</td>
</tr>
<tr>
<td>☐ In house</td>
<td>☐ Sleeping</td>
<td></td>
<td>☐ Well/ cistern/ septic, go to n</td>
</tr>
<tr>
<td>☐ Poolside</td>
<td>☐ Fishing</td>
<td></td>
<td>☐ Toilet, go to z</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
<td>☐ Surfing</td>
<td></td>
<td>☐ Other, specify and go to n</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. For open water, place:</th>
<th>f. For open water, contributing environmental factors:</th>
<th>g. If boating, type of boat:</th>
<th>h. For boating, was the child piloting boat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lake</td>
<td>☐ Weather</td>
<td>☐ Sailboat</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Quarry</td>
<td>☐ Drop off</td>
<td>☐ Commercial</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ River</td>
<td>☐ Temperature</td>
<td>☐ Jet ski</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Gravel pit</td>
<td>☐ Rough waves</td>
<td>☐ Other, specify:</td>
<td></td>
</tr>
<tr>
<td>☐ Pond</td>
<td>☐ Current</td>
<td>☐ Motorboat specify:</td>
<td></td>
</tr>
<tr>
<td>☐ Canal</td>
<td>☐ Other, specify:</td>
<td>☐ Canoe</td>
<td></td>
</tr>
<tr>
<td>☐ Creek</td>
<td>☐ Riptide/ undertow</td>
<td>☐ Kayak</td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Ocean</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. For pool, type of pool:</th>
<th>j. For pool, child found:</th>
<th>k. For pool, ownership is:</th>
<th>l. Length of time owners had pool/hot tub/spa:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Above ground</td>
<td>☐ In the pool/hot tub/spa</td>
<td>☐ Private</td>
<td>☐ N/A</td>
</tr>
<tr>
<td>☐ In-ground Hot tub, spa</td>
<td>☐ On or under the cover</td>
<td>☐ Public</td>
<td>☐ &gt;1yr</td>
</tr>
<tr>
<td>☐ Wading</td>
<td>☐ U/K</td>
<td>☐ U/K</td>
<td>☐ &lt;6 months</td>
</tr>
<tr>
<td>☐ U/K</td>
<td></td>
<td></td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ U/K</td>
<td></td>
<td></td>
<td>☐ 6m-1 yr</td>
</tr>
</tbody>
</table>
m. Flotation device used?
- N/A
- No
- Yes
- U/K
  - If yes, check all that apply:
    - Coat Guard approved
    - Lifesaving ring
    - Rescue tube
    - Air mattress

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

o. Fence:
- Describe type:
  - Yes Jacket
  - Cushion
  - Lifesaving ring
  - Swim rings
  - Air mattress
  - Other, specify:

p. Gate:
- Check all that apply:
  - Has self closing latch
  - Has lock
  - Is a double gate
  - Opens to water
  - Has lock

q. Door:
- Check all that apply:
  - Has self closing latch
  - Has lock
  - Barrier between door and water
  - Has lock

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

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

4. ASPHYXIA

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

b. If suffocation/asphyxia, action causing event:
- Sleep-related (e.g. bedding, overlay, wedged)
- Covered in or fell into object, but not sleep-related
- Plastic bag
- Other, specify:


c. If strangulation, object causing event:
- Clothing
- Leash
- Blind cord
- Electrical cord
- Car seat
- Person, go to question G6q
- Stroller
- Automobile power window
- High chair or sunroof
- Belt
- Other, specify:
- U/K

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke?
- No
- Yes
- U/K
  - If yes, check all that apply:
    - Frequently
    - Occasionally
    - U/K

b. Child overheated?
- No
- Yes
- U/K
  - Check all that apply:
    - Room too hot, temp ___ deg. F
    - Too much bedding
    - Too much clothing

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>○ Firearm, go to b</td>
<td>○ Handgun</td>
<td>○ No ○ Yes ○ U/K</td>
<td>○ Trigger lock [ ] ○ Magazine disconnect [ ]</td>
</tr>
<tr>
<td>○ Sharp instrument, go to j</td>
<td>○ Shotgun</td>
<td></td>
<td>○ Personalization device [ ] ○ Minimum trigger pull [ ]</td>
</tr>
<tr>
<td>○ Blunt instrument, go to k</td>
<td>○ BB gun</td>
<td></td>
<td>○ External safety/drop safety [ ] ○ Other, specify: [ ]</td>
</tr>
<tr>
<td>○ Person's body part, go to l</td>
<td>○ Hunting rifle</td>
<td></td>
<td>○ Loaded chamber indicator [ ] ○ U/K [ ]</td>
</tr>
<tr>
<td>○ Explosive, go to m</td>
<td>○ Assault rifle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rope, go to m</td>
<td>○ Air rifle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Pipe, go to m</td>
<td>○ Sawed off shotgun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Biological, go to m</td>
<td>○ Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Other, specify and go to m</td>
<td>○ U/K [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Where was firearm stored?</th>
<th>f. Firearm stored with ammunition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Not stored ○ Under mattress/pillow</td>
<td>○ No ○ Yes ○ U/K [ ]</td>
</tr>
<tr>
<td>○ Locked cabinet ○ Other, specify:</td>
<td>○ No ○ Yes ○ U/K [ ]</td>
</tr>
<tr>
<td>○ Unlocked cabinet ○ Glove compartment</td>
<td>○ No ○ Yes ○ U/K [ ]</td>
</tr>
<tr>
<td>○ U/K [ ]</td>
<td>○ No ○ Yes ○ U/K [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
<th>j. Type of sharp object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ U/K, weapon stolen</td>
<td>○ Kitchen knife</td>
</tr>
<tr>
<td>○ U/K, weapon found</td>
<td>○ Switchblade</td>
</tr>
<tr>
<td>○ Self</td>
<td>○ Pocketknife</td>
</tr>
<tr>
<td>○ Biological parent</td>
<td>○ Razor</td>
</tr>
<tr>
<td>○ Adoptive parent</td>
<td>○ Hunting knife</td>
</tr>
<tr>
<td>○ Stepparent</td>
<td>○ Scissors</td>
</tr>
<tr>
<td>○ Foster parent</td>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ Mother's partner</td>
<td>○ U/K [ ]</td>
</tr>
<tr>
<td>○ Father's partner</td>
<td>○ U/K [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Sex of fatal firearm owner:</th>
<th>k. Type of blunt object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Male ○ Female ○ U/K [ ]</td>
<td>○前端 ○ Backend [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Did person using weapon have history of weapon-related offenses?</th>
<th>m. Persons handling weapons at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K [ ]</td>
<td>○ Fatal and/or Other weapon ○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td></td>
<td>○ Self ○ Biological parent ○ Self ○ Biological parent</td>
</tr>
<tr>
<td></td>
<td>○ Adoptive parent ○ Stepparent ○ Foster parent ○ Mother's partner</td>
</tr>
<tr>
<td></td>
<td>○ Father's partner ○ Grandparent ○ Sibling ○ Spouse</td>
</tr>
<tr>
<td></td>
<td>○ Other relative ○ Other, specify: ○ Other relative ○ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</th>
<th>o. Sex of person(s) handling weapon(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K, describe circumstances:</td>
<td>○ Front ○ Backend ○ Animal ○ U/K [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Use of weapon at time, check all that apply:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Self-injury ○ Commission of crime ○ Drive-by shooting ○ Random violence ○ Child was a bystander</td>
<td>○ Argument ○ Hunting ○ Russian Roulette ○ Intervener assisting crime</td>
</tr>
<tr>
<td>○ Drop ○ Push ○ Bite ○ Shake ○ Strangle ○ Throw ○ Drown ○ Burn ○ Other, specify:</td>
<td>○ Jealousy ○ Target shooting ○ Gang-related activity ○ victim (Good Samaritan)</td>
</tr>
<tr>
<td>○ Screen ○ Animal on leash ○ Animal caged or inside fence ○ Child reached in</td>
<td>○ Intimate partner violence ○ Playing with weapon ○ Self-defense ○ Other, specify:</td>
</tr>
<tr>
<td>○ Other, specify: ○ Natural elevation ○ Stairs/steps ○ Moving object, specify:</td>
<td>○ Hate crime ○ Weapon mistaken for toy ○ Cleaning weapon ○ Other, specify:</td>
</tr>
<tr>
<td>○ U/K [ ]</td>
<td>○ Showing gun to others ○ Animal, specify: ○ Other, specify:</td>
</tr>
<tr>
<td></td>
<td>○ Loading weapon ○ U/K [ ]</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>
</tr>
</thead>
<tbody>
<tr>
<td>○ Domesticated dog</td>
<td>○ Animal on leash</td>
</tr>
<tr>
<td>○ Domesticated cat</td>
<td>○ Animal caged or inside fence</td>
</tr>
<tr>
<td>○ Snake</td>
<td>○ Animal escaped from cage or leash</td>
</tr>
<tr>
<td>○ Wild mammal, specify:</td>
<td>○ Child reached in</td>
</tr>
<tr>
<td>○ U/K [ ]</td>
<td>○ U/K [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Did child provoke animal?</th>
<th>d. Animal has history of biting or attacking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K [ ]</td>
<td>○ No ○ Yes ○ U/K [ ]</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>
</tr>
</thead>
<tbody>
<tr>
<td>○ Fall, go to b</td>
<td>○ Open window ○ Screen</td>
<td>○ Natural elevation ○ Stairs/steps ○ Moving object, specify: ○ Animal, specify:</td>
</tr>
<tr>
<td>○ Crush, go to h</td>
<td>○ Screen ○ No screen ○ U/K if screen</td>
<td>○ Man-made elevation ○ Furniture ○ Bridge ○ Other, specify: ○ U/K [ ]</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>
</tr>
</thead>
<tbody>
<tr>
<td>○ Fall, go to b</td>
<td>○ Open window ○ Screen</td>
<td>○ Natural elevation ○ Stairs/steps ○ Moving object, specify: ○ Animal, specify:</td>
</tr>
<tr>
<td>○ Crush, go to h</td>
<td>○ Screen ○ No screen ○ U/K if screen</td>
<td>○ Man-made elevation ○ Furniture ○ Bridge ○ Other, specify: ○ U/K [ ]</td>
</tr>
</tbody>
</table>
### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>Diet pills</td>
<td>Cosmetics/personal care products</td>
<td></td>
</tr>
<tr>
<td>Blood pressure medication</td>
<td>Stimulants</td>
<td></td>
<td>Plants</td>
</tr>
<tr>
<td>Pain killer (opiate)</td>
<td>Cough medicine</td>
<td>Cleaning substances</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Pain killer (non-opiate)</td>
<td>Pain medication</td>
<td></td>
<td>Street drugs</td>
</tr>
<tr>
<td>Methadone</td>
<td>Children’s vitamins</td>
<td></td>
<td>Pesticide</td>
</tr>
<tr>
<td>Cardiac medication</td>
<td>Iron supplement</td>
<td></td>
<td>Antifreeze</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Other vitamins</td>
<td></td>
<td>Other chemical</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
<td></td>
<td>Herbal remedy</td>
</tr>
</tbody>
</table>

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

- Open area
- Open cabinet
- Closed cabinet, unlocked
- Closed cabinet, locked
- Other, specify:

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

- Yes
- No
- U/K

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

- Yes
- No
- U/K

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

- Yes
- No
- U/K

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

- Accidental overdose
- Medical treatment mishap
- Deliberate poisoning
- Acute intoxication
- Other, specify:

#### g. Was Poison Control called?

- Yes
- No
- U/K

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

- Yes
- No
- U/K

### 10. EXPOSURE

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

- Abandonment
- Lost outdoors
- Left in car
- Illegal border crossing
- Left in room
- Other, specify:
- Submerged in water
- U/K
- Injured outdoors

#### b. Condition of exposure:

- Hyperthermia
- Hypothermia
- U/K

#### c. Number of hours exposed:

- U/K

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

- Yes
- No
- U/K

### 11. MEDICAL CONDITION

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

- In utero
- Weeks
- Since birth
- Months
- Hours
- Years
- Days
- U/K

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

- No
- Yes
- U/K

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

- No
- Yes
- U/K

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

- No
- Yes
- U/K

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

- No
- If no, what wasn’t compliant?
- Yes
- Check all that apply:
- U/K

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

- No
- Yes
- U/K

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

- No
- Yes, specify:
1. Was environmental tobacco exposure a contributing factor in death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

2. 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  
- Limitations of health insurance coverage  
- Multiple health insurance, not coordinated  
- Lack of transportation  
- No phone  
- Cultural differences  
- Religious objections to care  
- Lack of family or social support  
- Services not available  
- U/K

3. Were there any limitations of health insurance coverage related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Multiple health insurance, not coordinated  
- Multiple providers, not coordinated  
- Caregiver's partner would not allow care  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

4. Were there any referrals not made related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

5. Was there a caregiver unskilled in providing care related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

6. Were there any cultural differences related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

7. Were there any religious objections to care related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

8. Were there any access or compliance issues related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Lack of money for care  
- Limitations of health insurance coverage  
- Multiple health insurance, not coordinated  
- Lack of transportation  
- No phone  
- Cultural differences  
- Religious objections to care  
- Lack of family or social support  
- Services not available  
- U/K

9. Were there any referrals not made related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

10. Were there any cultural differences related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- Caregiver distrust of health care system  
- Caregiver unskilled in providing care  
- Caregiver unwilling to provide care  
- Other, specify:

11. Were there any religious objections to care related to the death?  
- [ ] No  
- [ ] Yes  
- [ ] U/K

If yes, check all that apply:
- Limitations of health insurance coverage  
- 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

1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:
   WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?

   a. Incident sleep place:  
      - [ ] Crib  
      - [ ] Playpen/other play structure but not portable crib  
      - [ ] If crib, type:  
        - [ ] Couch  
        - [ ] Car seat  
        - [ ] Bassinet  
        - [ ] Stroller  
        - [ ] Adult bed  
        - [ ] Waterbed  
      - [ ] If adult bed, what type?:  
        - [ ] Twin  
        - [ ] Full  
        - [ ] Queen  
        - [ ] King  
        - [ ] Other, specify:  
        - [ ] U/K

   b. Child put to sleep:  
      - [ ] On back  
      - [ ] On stomach  
      - [ ] On side  
      - [ ] U/K

   c. Child found:  
      - [ ] On back  
      - [ ] On stomach  
      - [ ] On side  
      - [ ] U/K

   d. Usual sleep place:  
      - [ ] Crib  
      - [ ] Playpen/other play structure but not portable crib  
      - [ ] If crib, type:  
        - [ ] Couch  
        - [ ] Car seat  
        - [ ] Bassinet  
        - [ ] Stroller  
        - [ ] Adult bed  
        - [ ] Waterbed  
      - [ ] If adult bed, what type?:  
        - [ ] Twin  
        - [ ] Full  
        - [ ] Queen  
        - [ ] King  
        - [ ] Other, specify:  
        - [ ] U/K

   e. Usual sleep position:  
      - [ ] On back  
      - [ ] On stomach  
      - [ ] On side  
      - [ ] U/K

   f. Was there a crib, bassinet or port-a-crib in home for child?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

   g. Child in a new or different environment than usual?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

   h. Child last placed to sleep with a pacifier?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

   i. Was a fan being used in the room at the time of death?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

   j. Circumstances when child found:  
      - [ ] Child's position most relevant to death:  
        - [ ] On top of  
        - [ ] Under  
        - [ ] Between  
        - [ ] Wedged into  
        - [ ] Pressed into  
        - [ ] Fell or rolled onto  
        - [ ] Tangled in  
        - [ ] Other, specify:  
        - [ ] U/K

       With what objects or persons, check all that apply:  
       - [ ] Adult(s)  
       - [ ] Child(ren)  
       - [ ] Animal(s)  
       - [ ] Blanket  
       - [ ] Pillow  
       - [ ] Comforter  
       - [ ] Mattress  
       - [ ] Pillow-top mattress  
       - [ ] Stuffed toy  
       - [ ] Water bed mattress  
       - [ ] Clothing  
       - [ ] Air mattress  
       - [ ] Cord  
       - [ ] Bumper pads  
       - [ ] Plastic bag  
       - [ ] Crib rail  
       - [ ] Wall  
       - [ ] Couch  
       - [ ] Other, specify:

   k. Caregiver/supervisor fell asleep while feeding child?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

      If yes, type of feeding:  
      - [ ] Bottle  
      - [ ] Breast  
      - [ ] U/K

   l. Child sleeping in the same room as caregiver/supervisor at time of death?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

   m. Child sleeping on same surface with person(s) or animals(s)?  
      - [ ] No  
      - [ ] Yes  
      - [ ] U/K

      If yes, check all that apply:  
      - [ ] With adult(s):  
        - [ ] #___  
        - [ ] #U/K  
        - [ ] Adult obese:  
          - [ ] No  
          - [ ] Yes  
          - [ ] U/K  
      - [ ] With other children:  
        - [ ] #___  
        - [ ] #U/K  
        - [ ] Children's ages:  
          - [ ] __________  
      - [ ] With animal(s):  
        - [ ] #___  
        - [ ] #U/K  
        - [ ] 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

   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
      - [ ] call 1-800-638-2772 to file report
### 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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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:

### 1. Acts of Omission or Commission Including Poor Supervision, Child Abuse & Neglect, Assaults, and Suicide

#### Type of Act

<table>
<thead>
<tr>
<th>1. Did any act(s) of omission or commission cause and/or contribute to the death?</th>
<th>2. Was the act(s): Check only one per column.</th>
<th>3. What acts caused or contributed to the death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, go to Section J</td>
<td>Caused</td>
<td>Called</td>
</tr>
<tr>
<td>Yes</td>
<td>Contributed</td>
<td>Contributed</td>
</tr>
<tr>
<td>Probable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K, go to Section J</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4. Child abuse, type. Check all that apply and describe in narrative.</th>
<th>5. Type of physical abuse, check all that apply:</th>
<th>6. For abusive head trauma, were there retinal hemorrhages?</th>
<th>8. Events(s) triggering physical abuse, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical, go to 5</td>
<td>Abusive head trauma, go to 6</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Emotional, specify and go to 11</td>
<td>Chronic Battered Child Syndrome, go to 8</td>
<td>Yes</td>
<td>Crying</td>
</tr>
<tr>
<td>Sexual, specify and go to 11</td>
<td>Beating/kicking, go to 8</td>
<td>U/K</td>
<td>Toilet training</td>
</tr>
<tr>
<td>U/K, go to 11</td>
<td>Scalding or burning, go to 8</td>
<td>Other</td>
<td>Disobedience</td>
</tr>
<tr>
<td></td>
<td>Munchausen Syndrome by Proxy, go to 8</td>
<td>specify</td>
<td>Feeding problems</td>
</tr>
<tr>
<td></td>
<td>Other, specify and go to 8</td>
<td></td>
<td>Domestic argument</td>
</tr>
<tr>
<td></td>
<td>U/K, go to 8</td>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>U/K</td>
</tr>
</tbody>
</table>

#### 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/commision:
- Chronic with child
- Pattern in family or with perpetrator
- Isolated incident
- U/K

### Person(s) Responsible

<table>
<thead>
<tr>
<th>12. Is person the caregiver or supervisor in previous section?</th>
<th>13. Primary person responsible for action(s) that caused and/or contributed to death:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caused</td>
<td>Contributed</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 14. Person's age in years:

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

#### 15. Person's sex:

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

#### 16. Does person speak English?

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

#### 17. Person on active military duty?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 18. Person have history of substance abuse?
- [ ] 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?
- [ ] 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?
- [ ] No
- [ ] Yes
- [ ] U/K

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

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

### 22. Person have prior child deaths?
- [ ] 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?
- [ ] No
- [ ] Yes
- [ ] U/K

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

### 24. Person have delinquent/criminal history?
- [ ] 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: [ ] U/K
- [ ] Impaired by disability? Specify: [ ] U/K

### 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.

### 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
- [ ] Involvement in computer or video games
- [ ] Bullying as perpetrator
- [ ] School failure
- [ ] Involvement with the Internet, specify:
- [ ] Move/new school
- [ ] Other serious school problems
- [ ] Other, specify: [ ] U/K
- [ ] Pregnancy
### J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

<table>
<thead>
<tr>
<th>Services: Provided</th>
<th>Offered but refused (after death)</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>
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<tr>
<td>Economic support</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Funeral arrangements</td>
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<td>○</td>
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<td>Emergency shelter</td>
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<td>Mental health services</td>
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<td>Other, specify:</td>
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<td>○</td>
<td>○</td>
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<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

#### 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>Media campaign</td>
<td>○</td>
<td>○</td>
<td>Short term</td>
<td>Local</td>
</tr>
<tr>
<td>School program</td>
<td>○</td>
<td>○</td>
<td>Long term</td>
<td>State</td>
</tr>
<tr>
<td>Community safety project</td>
<td>○</td>
<td>○</td>
<td></td>
<td>National</td>
</tr>
<tr>
<td>Provider education</td>
<td>○</td>
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<td>Parent education</td>
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<td>Public forum</td>
<td>○</td>
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</tr>
<tr>
<td>Other education</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New policy(ies)</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revised policy(ies)</td>
<td>○</td>
<td>○</td>
<td></td>
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<tr>
<td>New program</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New services</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expanded services</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New law/ordinance</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amended law/ordinance</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement of law/ordinance</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify a consumer product</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall a consumer product</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify a public space</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify a private space(s)</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td>○</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**

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

<table>
<thead>
<tr>
<th>4. Agencies at review, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Medical examiner/coroner</td>
</tr>
<tr>
<td>☐ CPS</td>
</tr>
<tr>
<td>☐ Other health care</td>
</tr>
<tr>
<td>☐ Mental health</td>
</tr>
<tr>
<td>☐ Law enforcement</td>
</tr>
<tr>
<td>☐ Other social services</td>
</tr>
<tr>
<td>☐ Fire</td>
</tr>
<tr>
<td>☐ Substance abuse</td>
</tr>
<tr>
<td>☐ Prosecutor/district attorney</td>
</tr>
<tr>
<td>☐ Physician</td>
</tr>
<tr>
<td>☐ EMS</td>
</tr>
<tr>
<td>☐ Court</td>
</tr>
<tr>
<td>☐ Public health</td>
</tr>
<tr>
<td>☐ Hospital</td>
</tr>
<tr>
<td>☐ Education</td>
</tr>
<tr>
<td>☐ Child advocate</td>
</tr>
<tr>
<td>☐ Others, list</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Factors that prevented an effective review, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Confidentiality issues among members prevented full exchange of information.</td>
</tr>
<tr>
<td>☐ HIPAA regulations prevented access to or exchange of information.</td>
</tr>
<tr>
<td>☐ Inadequate investigation precluded having enough information for review.</td>
</tr>
<tr>
<td>☐ Team members did not bring adequate information to the meeting.</td>
</tr>
<tr>
<td>☐ Necessary team members were absent.</td>
</tr>
<tr>
<td>☐ Meeting was held too soon after death.</td>
</tr>
<tr>
<td>☐ Meeting was held too long after death.</td>
</tr>
<tr>
<td>☐ Records or information were needed from another locality in-state.</td>
</tr>
<tr>
<td>☐ Records or information were needed from another state.</td>
</tr>
<tr>
<td>☐ Team disagreement on circumstances.</td>
</tr>
<tr>
<td>☐ Other factors, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Review meeting outcomes, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Review led to additional investigation.</td>
</tr>
<tr>
<td>☐ Team disagreed with official manner of death.</td>
</tr>
<tr>
<td>☐ What did team believe manner should be?</td>
</tr>
<tr>
<td>☐ Team disagreed with official cause of death.</td>
</tr>
<tr>
<td>☐ What did team believe cause should be?</td>
</tr>
<tr>
<td>☐ Because of the review, the official cause or manner of death was changed.</td>
</tr>
<tr>
<td>☐ Review led to the delivery of services.</td>
</tr>
<tr>
<td>☐ Review led to changes in agency policies or practices.</td>
</tr>
<tr>
<td>☐ Review led to prevention initiatives being implemented.</td>
</tr>
<tr>
<td>☐ Local</td>
</tr>
</tbody>
</table>

**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: ___________________________
TITLE: ___________________________ DATE COMPLETED: ___________________________
AGENCY: ___________________________ DATA ENTRY COMPLETED FOR THIS CASE? ☐
PHONE: ___________________________
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