DEATH SCENE INVESTIGATION

State of Michigan Protocols
to Determine Cause and Manner of a Sudden and Unexplained Child Death

INSTRUCTIONS:

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

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

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

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

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

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

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

Endorsed by the Michigan Association of Medical Examiners, Michigan State Police, Michigan Association of Chiefs of Police, Michigan Sheriffs' Association, Prosecuting Attorneys Association of Michigan, Michigan Department of Community Health, Michigan Family Independence Agency, Michigan SIDS Alliance

1. Child's Name:

2. Scene Address:

3. Date of Birth:	4. Date of Death:	5. Race of Child:	6. Sex:

7. Date/Time of Investigation:	8. Case Number:
9. Investigator's Name:	10. Agency/Department:

EVENTS SURROUNDING DEATH

11. Place of Fatal Event: (e.g. in crib, in car)	12. Death Witnessed: ☐ No ☐ Yes **Provide Detail in Narrative**

13. Who Found Child: Time Found:

14. Status of Child When Found: ☐ Dead ☐ Unresponsive ☐ In Distress ☐ Unsure

15. When Was Child Last Seen Alive: Time: By Whom:
Where:

16. Describe Condition of Child When Last Seen:

17. Medical Assistance Summoned: ☐ No ☐ Yes	18. 911 Call ☐ No ☐ Yes **Obtain Tapes**

19. Resuscitation Attempted: ☐ No ☐ Yes By Whom:
History of Previous Resuscitation: ☐ No ☐ Yes ☐ Unknown

20. Conveyed to a Medical Facility: ☐ No ☐ Yes Where:
Name and Address of Facility:

21. Who Pronounced Child Dead:

CONDITION OF CHILD

22. Body Temperature: Degrees: Time: Method: Sweaty ☐ No ☐ Yes

23. Livor Mortis: ☐ No ☐ Yes Time: Where Observed:
Consistent with Position When Found (See Question 32): ☐ No ☐ Yes

24. Rigor Mortis: ☐ No ☐ Yes Time:

25. Hemorrhage of Eyes, Lips or Ears: ☐ No ☐ Yes

26. Child Appears Clean, Well Nourished and Cared for: ☐ No ☐ Yes **If No, Explain in Narrative**

27. Clothing Clean: ☐ No ☐ Yes Clothing Removed After Death: ☐ No ☐ Yes
Right Size: ☐ No ☐ Yes Clothing Type:

28. Diapers Used: ☐ No ☐ Yes Wet: ☐ No ☐ Yes
Collect as Necessary Soiled: ☐ No ☐ Yes

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

☐ No ☐ Yes

Describe Colors, Shapes, Sizes and Locations in Narrative.

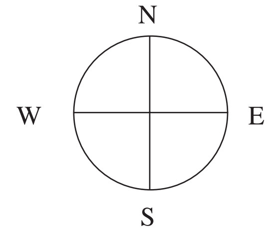
Ensure That Necessary Photos Are Taken if Possible

POSITION OF CHILD

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

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

Indicate Direction of Child's Head: Circle One:



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

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

BODY	BODY PINNED	HEAD AND NECK	USUAL SLEEPING POSITION
☐ On Stomach	☐ Pinned Vertically	☐ Face Directly Up	☐ On Stomach
☐ On Back	☐ Pinned Horizontally	☐ Face Directly Down	☐ On Back
☐ Seated Upright	☐ Other Wedging	☐ Face to Right	☐ Seated Upright
☐ Left Side	☐ Not Pinned	☐ Face to Left	☐ Left Side
☐ Right Side		☐ Neck Flexed to Chin	☐ Right Side
		☐ Neck Extended Back	

33. Was Airway Obstructed When Discovered:

☐ Airway Not Obstructed ☐ Right Nostril Blocked ☐ Object Covering Mouth ☐ Objects Near Face

☐ Both Nostrils Blocked ☐ Left Nostril Blocked ☐ Object Covering Nose

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

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

☐ No ☐ Yes Depth: Diameter:

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

37. Material Found in Nose or Mouth:

☐ None ☐ Formula ☐ Bloody Froth ☐ Blood Tinged Secretion

☐ Mucous ☐ Vomit ☐ Dried Secretion ☐ Other

☐ Food ☐ Froth ☐ Urine or Stool

38. Secretion Found on: ☐ Blanket ☐ Sheet ☐ Clothing ☐ Pillow ☐ Other

☐ None ☐ Formula ☐ Bloody Froth ☐ Blood Tinged Secretion

☐ Mucous ☐ Vomit ☐ Dried Secretion ☐ Other

☐ Food ☐ Froth ☐ Urine or Stool

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

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

If No, Who was Child Sleeping with:

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

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

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

SOCIAL AND ENVIRONMENTAL CONDITIONS

43. Who Does Child Live with:

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

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

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

For Domestic Violence: ☐ No ☐ Yes

Contact FIA to Obtain Information from Protective Services

46. List Child Care Providers: Licensed:

Unlicensed:

47. Do Siblings Ever Watch Child Unattended: ☐ No ☐ Yes

48. Are there Any Cultural Practices that May Have Influenced the Death? ☐ No ☐ Yes
If Yes, Explain Fully in the Narrative

49. Description of Dwelling:

50. Cleanliness of Dwelling: ☐ Below Average ☐ Above Average ☐ Average

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

Overcrowding: ☐ No ☐ Yes

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

53. Could any of These Materials & Objects Have Influenced the Death: ☐ No ☐ Yes
If Yes, Describe in Narrative

54. Are there any Environmental Hazards: ☐ No ☐ Yes

☐ Tobacco Smoke ☐ High Room Temp ☐ Recent Remodeling ☐ Toboccao ☐ Animals

☐ Drugs or Alcohol ☐ Low Room Temp ☐ Toxic Gases ☐ Lead ☐ Other

☐ Medicines ☐ Unusual Dampness ☐ Toxic Products ☐ Electrical

55. Room Temperature: Heating/Cooling Source:

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

OPTIONAL CHECKLIST FOR DEFECTIVE CRIBS

1. Manufacturer:
2. Any Crack, Splits, Toe Holds, Old Paint:
3. Measure Space Between Mattress and Sides of Crib (Should be Less Than One Inch):
4. Measure Space Between Rails (Should be Less than 2 3/8”):
5. Measure Distance Between Top of Mattress and Top of Rails (Should be More than 26”):
6. Measure Distance from Floor to Mattress: Top of Railing to Floor with Railing Up: Down:
7. What is the Surface of the Floor: What is Mattress Surface:
8. Do Rails Fall Down when Shaken or Pushed on:
9. Can Rails be Pulled Away from Sides of Crib:
10. Does Mattress Fit Securely or Does it Move Around:
11. Can Toys or Objects Be Wedged in Mattress:

CHECKLIST FOR DISCRETIONARY COLLECTION OF EVIDENCE

- ☐ Clothing
- ☐ Medicines
- ☐ Baby Bottles
- ☐ Toys
- ☐ Bedding
- ☐ Drug Paraphernalia
- ☐ Formula/Food
- ☐ Equipment
- ☐ Diapers
- ☐ Folk Remedies
- ☐ Honey, if fed within 30 Days
- ☐ Other

Trace Evidence Collected: List

ALL WITNESSES, RESPONDERS, AND OTHER PERSONS AT SCENE

List All Persons at Scene During Time Child Died:

Name	Address	Relationship

NARRATIVE

INVESTIGATOR'S SIGNATURE: DATE:

SEND COPY TO LOCAL MEDICAL EXAMINER'S OFFICE