NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Understanding How and Why Children Die & Taking Actions to Prevent Child Deaths

Child Death Review Case Reporting System

Case Report 2.0

Effective January 2008

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. It can be partially filled out before a meeting. 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.

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 represented by a circle; (2) Those in which users can select several responses 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 2.0, effective January 2008. 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.

CASE NUMBER

_____/_____/_____/_____/_____
State / County / Team Number / Year of Review / Sequence of Review

Death Certificate Number:

Birth Certificate Number:

Case Type: ○ Death ○ Near death/serious Injury ○ Not born alive

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: ○ U/K
☐ White ☐ Native Hawaiian
☐ Black ☐ Pacific Islander
☐ Asian, specify:
☐ American Indian, Tribe:
☐ Alaskan Native, Tribe:

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:
○ Licensed foster home ○ Shelter
○ Relative foster home ○ Homeless ○ U/K

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: _____ ○ U/K

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

15. Child's height: ○ U/K
_____/_____
feet inches

16. Highest education level:
○ N/A ○ Drop out
○ None ○ HS graduate
○ Preschool ○ College
○ Grade K-8 ○ Other, specify:
○ Grade 9-12 ○ U/K
○ Home schooled, K-8
○ Home schooled, 9-12

17. Child's work status:
○ N/A
○ Employed
○ Full time
○ Part time
○ U/K
○ Not working
○ 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:
☐ U/K

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

21. Child's mental health (MH):
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 ☐ U/K
☐ Methamphetamine
☐ Opiates
☐ Prescription drugs
☐ Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:

As Victim	As Perpetrator		As Victim	As Perpetrator	
	○	N/A	☐	☐	Physical
○	○	No	☐	☐	Neglect
○	○	Yes	☐	☐	Sexual
○	○	U/K	☐	☐	Emotional/psychological
			☐	☐	U/K
If yes, how was history identified:					
○	○	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, #_____ ○ U/K

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
_____ # weeks

35. Birth weight: ◯ U/K
◯ Grams _____
◯ Pounds/ounces _____/_____

36. Multiple birth?
◯ No ◯ U/K
◯ Yes, #_____

37. Number of prenatal visits:
◯ U/K # _____

38. Month of first prenatal visit, specify 1-9: _____
◯ N/A ◯ U/K

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

☐ Have medical complications/infections? Check all that apply.

☐ Acute/Chronic Lung Disease	☐ Eclampsia	☐ Low MSAFP	☐ PROM
☐ Anemia	☐ Genital Herpes	☐ Other Infectious Disease	☐ Renal Disease
☐ Cardiac Disease	☐ Hemoglobinonpathy	☐ Pregnancy-Related Hypertension	☐ Rh Sensitization
☐ Chorioamnionitis	☐ High MSAFP	☐ Preterm labor	☐ Uterine Bleeding
☐ Chronic Hypertension	☐ Hydramnios/Oligohydramnios	☐ Previous Infant 4000+ Grams	☐ Other, specify:
☐ Diabetes	☐ Incompetent Cervix	☐ Previous 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?

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

◯ Yes
◯ No
◯ U/K

If yes, check all apply:

☐ Lack of money for care	☐ Religious objections to care	☐ Lack of family/social support	☐ U/K
☐ Limitations of health insurance coverage	☐ Language barriers	☐ Services not available	
☐ Multiple health insurance, not coordinated	☐ Referrals not made	☐ Distrust of health care system	
☐ Lack of transportation	☐ Specialist needed, not available	☐ Unwilling to obtain care	
☐ No phone	☐ Multiple providers, not coordinated	☐ Intimate partner would not allow care	
☐ Cultural differences	☐ 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 Sect. C
◯	◯ Biological parent
◯	◯ Adoptive parent
◯	◯ Step parent
◯	◯ Foster parent
◯	◯ Mother's partner
◯	◯ Father's partner
◯	◯ Grandparent
◯	◯ Sibling
◯	◯ Other relative
◯	◯ Friend
◯	◯ Institutional staff
◯	◯ Other, specify:
◯	◯ U/K

2. Caregiver(s) age in years:

One	Two	
_____	_____	# Years
◯	◯	U/K

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:

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	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

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
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	Ever in foster care or adopted?

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
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation services?
☐	☐	Children ever removed?

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

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental, was caregiver receiving services?

◯	◯	No
◯	◯	Yes
◯	◯	U/K

14. Caregiver(s) have prior child deaths?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, cause(s): Check all that apply:

One	Two	
☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

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

One	Two	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

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

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

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

C. SUPERVISOR INFORMATION

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

2. How long before incident did supervisor last see child? Select one:
   - ○ Child in sight of supervisor
   - ○ Minutes _____
   - ○ 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
   - ○ Step parent
   - ○ Foster parent
   - ○ Mother's partner
   - ○ Father's partner
   - ○ Grandparent
   - ○ Sibling
   - ○ Other relative
   - ○ Friend
   - ○ Acquaintance
   - ○ Hospital staff, go to C15
   - ○ Institutional staff, go to C15
   - ○ Babysitter
   - ○ Licensed child care worker
   - ○ Other, specify:
   - ○ U/K

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

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

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

   If no, language spoken:

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

   If yes, specify branch:

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

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

10. Supervisor has history of child maltreatment?

As Victim	As Perpetrator	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐		Ever in foster care/adopted?
	☐	CPS prevention services?
	☐	Family Preservation svcs?
	☐	Children ever removed?

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

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

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

12. Supervisor has prior child deaths? ○ No ○ Yes ○ U/K

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

    Other, specify:
    - ☐ 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

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

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

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?
   - Hour, specify 1-12 _____
   - ○ AM
   - ○ PM
   - ○ U/K

3. Interval between incident and death: ○ U/K
   - ☐ Minutes ____ ☐ Weeks ____
   - ☐ Hours ____ ☐ Months ____
   - ☐ Days ____ ☐ Years ____

4. Place of incident, check all that apply:

☐ Child's home ☐ Licensed group home ☐ School ☐ Sidewalk ☐ Sports area
☐ Relative's home ☐ Licensed child care center ☐ Place of work ☐ Roadway ☐ Other recreation area
☐ Friend's home ☐ Licensed child care home ☐ Indian Reservation ☐ Driveway ☐ Hospital
☐ Licensed foster care home ☐ Unlicensed child care home ☐ Military installation ☐ Other parking area ☐ Other, specify:
☐ Relative foster care home ☐ Farm ☐ Jail/detention facility ☐ State or county park ☐ U/K

5. Type of area:
○ Urban ○ Suburban ○ Rural ○ Frontier ○ U/K

6. Incident state: _____

7. Incident county _____

8. Was 911 or local emergency number called?
○ N/A ○ No ○ Yes ○ U/K

9. CPR performed before EMS arrived?
○ N/A ○ No ○ Yes ○ U/K

10. At time of incident leading to the death, had child used alcohol or drugs?
○ N/A ○ Yes ○ No ○ U/K

11. EMS to scene?
○ N/A ○ No ○ Yes ○ U/K

12. Child's activity at time of incident, check all that apply:
☐ Sleeping ☐ Other, specify:
☐ Playing
☐ Working ☐ U/K
☐ Eating
☐ Driving/vehicle occupant

13. 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
If yes, conducted by:
○ Forensic pathologist
○ Pediatric pathologist
○ General pathologist
○ Unknown pathologist
○ Other physician
○ Other, specify:
○ U/K

4. Agencies that conducted a scene investigation, check all that apply:
☐ Not conducted ☐ Fire investigator
☐ Medical examiner ☐ EMS
☐ Coroner ☐ Child Protective Services
☐ ME investigator ☐ Other, specify:
☐ Coroner investigator ☐ U/K
☐ Law enforcement

5. Toxicology screen?
○ No
○ Yes If yes, check all that apply:
○ U/K
☐ Negative ☐ Marijuana ☐ Too high prescription drug, specify:
☐ Alcohol ☐ Meth. ☐ Too high over-the-counter drug, specify:
☐ Cocaine ☐ Opiates ☐ Other, specify: ☐ U/K

6. X-rays taken?
○ No ○ Yes ○ U/K

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

8. Did investigation find evidence of prior abuse?
○ No ○ Yes ○ U/K
If yes, from what source? Check all that apply:
☐ From x-rays ☐ U/K
☐ From autopsy
☐ From CPS review
☐ From law enforcement

9. CPS action taken because of death? ○ No ○ Yes ○ U/K

If yes, highest level of action taken because of death:
○ Report screened out and not investigated.
○ Unsubstantiated
○ Inconclusive
○ Substantiated

If yes, services or actions resulting, check all that apply:
☐ Voluntary services offered
☐ Voluntary services provided
☐ Court ordered services provided
☐ Voluntary out of home placement
☐ Court ordered out-of-home placement
☐ Children removed
☐ Parental rights terminated
☐ U/K

10. If death occurred in licensed setting, indicate action taken:
○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

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

2. Primary cause of death: Choose only one of four, then a specific cause. For pending, choose most likely cause.

○ 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.

○ Undetermined if injury or medical cause, go to G12

○ U/K go to G12

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

a. Vehicles involved in incident:

Total number of vehicles: _____

Child's	Other primary vehicle	
○	○	None
○	○	Car
○	○	Van
○	○	Sport utility vehicle
○	○	Truck
○	○	Semi/tractor trailer
○	○	RV
○	○	School bus
○	○	Other bus
○	○	Motorcycle
○	○	Tractor
○	○	Other farm vehicle
○	○	All terrain vehicle
○	○	Snowmobile
○	○	Bicycle
○	○	Train
○	○	Subway
○	○	Trolley
○	○	Other, specify:
○	○	U/K

b. Position of child:

- ○ Driver
- ○ Passenger
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

c. Causes of incident, check all that apply:

- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Ran stop sign or red light
- ☐ Driver distraction
- ☐ Driver inexperience
- ☐ Mechanical failure
- ☐ Poor tires
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Drugs or alcohol use
- ☐ Fatigue/sleeping
- ☐ Medical event, specify:
- ☐ Back over
- ☐ Rollover
- ☐ Poor sight line
- ☐ Car changing lanes
- ☐ Road hazard
- ☐ Animal in road
- ☐ Cell phone use while driving
- ☐ Racing, not authorized
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Collision type:

- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by other vehicle
- ○ Child in/on a vehicle that struck other vehicle
- ○ Child in/on a vehicle that struck person/object
- ○ Other event, specify:
- ○ U/K

e. Driving conditions, check all that apply:

- ☐ Normal
- ☐ Loose gravel
- ☐ Muddy
- ☐ Ice/Snow
- ☐ Fog
- ☐ Wet
- ☐ Construction zone
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Location of incident, check all that apply:

- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Shoulder
- ☐ Sidewalk
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ Railroad crossing/tracks
- ☐ Other, specify:
- ☐ U/K

g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver	Driver of other primary vehicle	
	_____	_____	Age of Driver
☐	☐	☐	Responsible for causing incident
☐	☐	☐	Was alcohol/drug impaired
☐	☐	☐	Has no license
☐	☐	☐	Has a learner's permit
☐	☐	☐	Has a graduated license
☐	☐	☐	Has a full license
☐	☐	☐	Has a full license that has been restricted
☐	☐	☐	Has a suspended license
☐	☐	☐	If recreational vehicle, has driver safety certificate
☐	☐	☐	Other, specify:
☐	☐	☐	Was violating graduated licensing rules:
☐	☐	☐	Nighttime driving curfew
☐	☐	☐	Passenger restrictions
☐	☐	☐	Driving without required supervision
☐	☐	☐	Other violations, specify:
☐	☐	☐	U/K

h. Total number of occupants in vehicles:

In child's vehicle, **including child**:

☐ N/A, child was not in a vehicle.

- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash.

- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

i. Protective measures for child, Select one option per row:

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*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
- ○ Cigarette or cigar
- ○ Candles
- ○ Cooking stove
- ○ Heating stove
- ○ Space heater
- ○ Furnace
- ○ Power line
- ○ Electrical outlet
- ○ Electrical wiring
- ○ Lightning
- ○ Oxygen tank
- ○ Hot cooking water
- ○ Hot bath water
- ○ Other hot liquid, specify:
- ○ Fireworks
- ○ Other explosives
- ○ Appliance in water
- ○ Other, specify:
- ○ U/K

b. Type of incident:
- ○ Fire, go to c
- ○ Scald, go to r
- ○ Other burn, go to t
- ○ Electrocution, go to s
- ○ Other, specify, go to t
- ○ U/K, go to t

c. For fire, child died from,
- ○ Burns
- ○ Smoke inhalation
- ○ Other, specify:
- ○ U/K

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

e. Type of building on fire:
- ○ N/A
- ○ Single home
- ○ Duplex
- ○ Apartment
- ○ Trailer/mobile home
- ○ Other, specify:
- ○ U/K

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

g. Fire started by a person? ○ No ○ Yes ○ U/K

If yes, person's age _____

Does person have a history of setting fires? ○ 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

If yes, specify:

k. Were barriers preventing safe exit? ○ No ○ Yes ○ U/K

If yes, check all that apply:
- ☐ Locked door
- ☐ Window grate
- ☐ Locked window
- ☐ Blocked stairway
- ☐ Other, specify:
- ☐ U/K

l. Was building a rental property? ○ No ○ Yes ○ U/K

m. Were building/rental codes violated? ○ No ○ Yes ○ U/K

If yes, describe in narrative.

n. Were proper working fire extinguishers present? ○ No ○ Yes ○ U/K

o. Was sprinkler system present? ○ No ○ Yes ○ U/K

If yes, was it working? ○ No ○ Yes ○ U/K

p. Were smoke detectors present? ○ No ○ Yes ○ U/K

If yes, what type?	If yes, functioning properly?			If not functioning properly, reason: Missing batteries	Other	U/K
☐ Removable batteries	○ No	○ Yes	○ U/K	☐	☐	☐
☐ Non-removable batteries	○ No	○ Yes	○ U/K		☐	☐
☐ Hardwired	○ No	○ Yes	○ U/K	☐	☐	☐
☐ U/K	○ No	○ Yes	○ U/K	☐	☐	☐

Other, specify:

If yes, was there an adequate number present? ○ No ○ Yes ○ U/K

q. Suspected arson? ○ No ○ Yes ○ U/K

r. For scald, was hot water heater set too high?
- ○ N/A
- ○ No
- ○ Yes, temp. setting: _____
- ○ U/K

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

t. Other, describe in detail:

3. DROWNING

a. Where was child last seen before drowning? Check all that apply:
- ☐ In water
- ☐ On shore
- ☐ On dock
- ☐ Poolside
- ☐ In yard
- ☐ In bathroom
- ☐ In house
- ☐ Other, specify:
- ☐ U/K

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

c. Was child forcibly submerged? ○ No ○ Yes ○ U/K

d. Drowning location:
- ○ Open water, go to e
- ○ U/K, go to n
- ○ Pool, hot tub, spa, go to i
- ○ Bathtub, go to w
- ○ Bucket, go to x
- ○ Well/ cistern/ septic, go to n
- ○ Toilet, go to z
- ○ Other, specify and go to n

e. For open water, place:
- ○ Lake
- ○ River
- ○ Pond
- ○ Creek
- ○ Ocean
- ○ Quarry
- ○ Gravel pit
- ○ Canal
- ○ U/K

f. For open water, contributing environmental factors:
- ○ Weather
- ○ Temperature
- ○ Current
- ○ Riptide/ undertow
- ○ Drop off
- ○ Rough waves
- ○ Other, specify:
- ○ U/K

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

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

i. For pool, type of pool:
- ○ Above ground
- ○ In-ground
- ○ Wading
- ○ Hot tub, spa
- ○ 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
- ○ <6 months
- ○ 6m-1 yr
- ○ >1yr
- ○ U/K

m. Flotation device used?
○ N/A ○ No ○ Yes ○ U/K

If yes, check all that apply:
☐ Coast Guard approved ☐ Not Coast Guard approved ☐ U/K
☐ Jacket ☐ Cushion ☐ Lifesaving ring
☐ Swim rings ☐ Inner tube ☐ Air mattress ☐ Other, specify:
If jacket:
Correct size? ○ No ○ Yes ○ U/K
Worn correctly? ○ No ○ Yes ○ U/K

n. What barriers/layers of protection existed to prevent access to water?
Check all that apply.
☐ None ☐ Alarm, go to r
☐ Fence, go to o ☐ Cover, go to s
☐ Gate, go to p ☐ U/K
☐ Door, go to q

o. Fence:
Describe type:
Fence height in ft _____
Fence surrounds water on:
○ Four sides ○ Two or ○ Three sides less sides ○ U/K

p. Gate, check all that apply:
☐ Has self closing latch
☐ Has lock
☐ Is a double gate
☐ Opens to water
☐ U/K

q. Door, check all that apply:
☐ Patio door ☐ Opens to water
☐ Screen door ☐ Barrier between
☐ Steel door door and water
☐ Self closing ☐ U/K
☐ Has lock

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

s. Type of cover:
○ Hard
○ Soft
○ U/K

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

If yes, rules violated?
○ No ○ Yes ○ U/K

u. How were layers of protection breached, check all that apply:
☐ No layers breached ☐ Gap in fence ☐ Door screen torn ☐ Cover left off
☐ Gate left open ☐ Damaged fence ☐ Door self-closer failed ☐ Cover not locked
☐ Gate unlocked ☐ Fence too short ☐ Window left open ☐ Other, specify:
☐ Gate latch failed ☐ Door left open ☐ Window screen torn
☐ Gap in gate ☐ Door unlocked ☐ Alarm not working
☐ Climbed fence ☐ Door broken ☐ Alarm not answered ☐ U/K

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

w. For bathtub, child in a bathing aid?
○ No ○ Yes ○ U/K
If yes, specify type:

x. Warning sign or label posted?
○ N/A ○ Yes ○ No ○ U/K

y. Lifeguard present?
○ N/A ○ Yes ○ No ○ U/K

z. Rescue attempt made?
○ N/A ○ No ○ Yes ○ U/K

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

aa. Did rescuer(s) also drown?
○ N/A ○ Yes ○ No ○ U/K
If yes, number of rescuers: ____

bb. Appropriate rescue equipment present?
○ N/A ○ Yes ○ No ○ 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
○ U/K, 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
○ Dirt/Sand
○ Other, specify:
○ U/K
○ Confined in tight space
○ Refrigerator/freezer
○ Toy chest
○ Automobile
○ Trunk
○ Other, specify:
○ U/K
○ Other, specify:
○ U/K
○ Swaddled in tight blanket, but not sleep-related
○ Wedged into tight space, but not sleep-related
○ Asphyxia by gas, answer G9a.
○ Other, specify:
○ U/K

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

d. If choking, object causing choking:
○ Food, specify:
○ Toy, specify:
○ Balloon
○ Other, specify:
○ U/K

e. Was asphyxia an autoerotic event?
○ No ○ Yes ○ U/K

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

g. History of seizures?
○ No ○ Yes ○ U/K If yes, #_____
If yes, witnessed? ○ No ○ Yes ○ U/K

h. History of apnea?
○ No ○ Yes ○ U/K If yes, #_____
If yes, witnessed? ○ No ○ Yes ○ U/K

i. Was Heimlich Maneuver attempted?
○ No ○ Yes ○ 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, how often?
○ Frequently
○ Occasionally
○ U/K

b. Child overheated? ○ No ○ Yes ○ UK
If yes, Outside temp ____ deg. F
Check all that apply:
☐ Room too hot, temp ____ deg. F
☐ Too much bedding
☐ Too much clothing

c. History of seizures?
○ No ○ Yes ○ U/K
If yes, #_____
If yes, witnessed?
○ No ○ Yes ○ U/K

d. History of apnea?
○ No ○ Yes ○ U/K
If yes, #_____
If yes, witnessed?
○ No ○ Yes ○ U/K

e. 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
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?
- ○ Not stored
- ○ Locked cabinet
- ○ Unlocked cabinet
- ○ Glove compartment
- ○ Under mattress/pillow
- ○ Other, specify:
- ○ U/K

f. Firearm stored with 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
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Spouse
- ○ Other relative
- ○ Friend
- ○ Acquaintance
- ○ Child's boyfriend or girlfriend
- ○ Classmate
- ○ Co-worker
- ○ Institutional staff
- ○ Neighbor
- ○ Rival gang member
- ○ Stranger
- ○ Law enforcement
- ○ Other, specify:
- ○ U/K

i. Sex of fatal firearm owner:
- ○ Male
- ○ Female
- ○ U/K

j. Type of sharp object:
- ○ Kitchen knife
- ○ Switchblade
- ○ Pocketknife
- ○ Razor
- ○ Hunting knife
- ○ 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 history of weapon-related offenses?
- ○ 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		Fatal	and/or Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- ○ Male
- ○ Female
- ○ U/K

Other weapon:
- ○ Male
- ○ Female
- ○ U/K

q. 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
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Other, specify:
- ☐ U/K

7. ANIMAL BITE OR ATTACK

a. Type of animal:
- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ 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
- ○ Child entered animal area
- ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ 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

b. Height of fall:
_____ feet
_____ inches
○ U/K

c. Child fell from:
- ○ Open window, screen?
  - ○ Screen
  - ○ No screen
  - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:
- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place:
Check all that apply:
- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Child in a baby walker?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

g. Was child pushed, droppped or thrown?
○ No ○ Yes ○ U/K

If yes, answer G6q, page 9

h. For crush, did child:
- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

i. For crush, object causing crush:
- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, answer G6q
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

9. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

Prescription drug
- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over the counter drug
- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances
- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances
- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to f.
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

○ U/K

b. Where was the substance stored?
- ○ Open area
- ○ Open cabinet
- ○ Closed cabinet, unlocked
- ○ Closed cabinet, locked
- ○ Other, specify:
- ○ U/K

c. Was the product in its original container?
○ N/A ○ Yes ○ No ○ U/K

d. Did container have a child safety cap?
○ N/A ○ Yes ○ No ○ U/K

e. If prescription, was it child's?
○ No ○ Yes ○ U/K

f. Was the incident the result of?
- ○ Accidental overdose
- ○ Medical treatment mishap
- ○ Adverse effect, but not overdose
- ○ Deliberate poisoning
- ○ Acute intoxication
- ○ Other, specify:
- ○ U/K

g. Was Poison Control called?
○ No ○ Yes ○ U/K

If yes, who called:
- ○ Child
- ○ Parent
- ○ Other caregiver
- ○ First responder
- ○ Medical person
- ○ Other, specify:
- ○ U/K

h. For CO poisoning, was a CO detector present?
○ No ○ Yes ○ U/K

If yes, how many? _____

Functioning properly?
○ No ○ Yes ○ U/K

10. EXPOSURE

a. Circumstances, check all that apply:
- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Illegal border crossing
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:
- ○ Hyperthermia
- ○ Hypothermia
- ○ U/K

_____ Ambient temp, degrees F

c. Number of hours exposed:
_____
○ U/K

d. Was child wearing appropriate clothing?
- ○ No
- ○ Yes
- ○ U/K

11. MEDICAL CONDITION

a. How long did the child have the medical condition?
- ○ In utero
- ○ Since birth
- ○ Hours
- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ U/K

b. Was death expected as a result of medical condition?
- ○ N/A not previoulsy diagnosed
- ○ No
- ○ Yes
- ○ U/K
- ☐ But at a later time

c. Was child receiving health care for the medical condition?
○ No ○ Yes ○ U/K

If yes, within 48 hours of the death?
○ No ○ Yes ○ U/K

d. Were the prescribed care plans appropriate for the medical condition?
- ○ N/A
- ○ No, specify:
- ○ Yes
- ○ U/K

e. Was child/family compliant with the prescribed care plans?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

If no, what wasn't compliant? Check all that apply.
- ☐ Appointments
- ☐ Medications, specify:
- ☐ Medical equipment use, specify:
- ☐ Therapies, specify:
- ☐ Other, specify:
- ☐ U/K

f. Was child up to date with American Academy of Pediatrics immunization schedule?
- ○ N/A
- ○ No, specify:
- ○ Yes
- ○ U/K

g. Was medical condition associated with an outbreak?
- ○ No
- ○ Yes, specify:
- ○ U/K

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	☐ Language barriers	☐ Caregiver distrust of health care system
☐ Limitations of health insurance coverage	☐ Referrals not made	☐ Caregiver unskilled in providing care
☐ Multiple health insurance, not coordinated	☐ Specialist needed, not available	☐ Caregiver unwilling to provide care
☐ Lack of transportation	☐ Multiple providers, not coordinated	☐ Caregiver's partner would not allow care
☐ No phone	☐ Lack of child care	☐ Other, specify:
☐ Cultural differences	☐ Lack of family or social support	
☐ Religious objections to care	☐ Services not available	☐ U/K

12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. DID DEATH OCCUR WHILE CHILD SLEEPING OR IN A SLEEPING ENVIRONMENT? ○ No, go to H2 ○ Yes ○ U/K, go to H2

a. Incident sleep place:
○ Crib ○ Playpen ○ Carseat/stroller
○ Bassinette ○ Couch ○ Other, specify:
○ Adult bed ○ Chair
○ Waterbed ○ Floor ○ U/K

If adult bed, what type?
○ Twin ○ King
○ Full ○ Other, specify:
○ Queen ○ 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 ○ Couch ○ U/K
○ Bassinette ○ Chair
○ Adult bed ○ Floor
○ Waterbed ○ Carseat/stroller
○ Playpen ○ Other, specify:

If adult bed, what type?
○ Twin ○ King
○ Full ○ Other, specify:
○ Queen ○ U/K

e. Usual sleep position:
○ On back
○ On stomach
○ On side
○ U/K

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

g. Child in new/different environment?
○ No ○ Yes ○ U/K
If yes, specify:

h. Circumstances when child found:

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

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)	☐ Water bed mattress	☐ Clothing
☐ Child(ren)	☐ Air mattress	☐ Cord
☐ Animal(s)	☐ Bumper pads	☐ Plastic bag
☐ Blanket	☐ Crib rail	☐ Wall
☐ Pillow	☐ Couch	☐ Other, specify:
☐ Comforter	☐ Chair, type:	
☐ Mattress	☐ Car seat/stroller	☐ U/K
☐ Pillow-top mattress	☐ Stuffed toy	

i. Caregiver/supervisor fell asleep while feeding child?
○ No ○ Yes ○ U/K
If yes, type of feeding: ○ Bottle ○ Breast ○ U/K

j. Child sleeping on same surface with person(s) or animals(s)? Check all that apply:
☐ With adult(s): Number: ____ ☐ # U/K
☐ With other children: Number: ____ ☐ # U/K
☐ With animal(s): Number: ____ ☐ # U/K
☐ 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

a. Describe product and circumstances:

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, call 1-800-638-2772 to file report
○ Yes ○ U/K

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ◯ No ◯ Yes ◯ U/K

a. Type of crime, check all that apply:

☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I. ACTS OF OMISSION OR COMMISSION INCLUDING CHILD ABUSE, NEGLECT, AND SUICIDE

Type of Act

1. Did any action(s) of omission or commission cause or contribute to the death?
◯ No, go to Sect. J, page 14
◯ Yes
◯ Probable
◯ U/K, go to Sect. J, page 14

If yes or probable, was the act(s)?
Check all that apply:
☐ The direct cause of death
☐ The contributing cause of death

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

Caused	Contributed
◯	◯ Unintentional
◯	◯ Intentional
◯	◯ Undetermined intent
◯	◯ U/K

3. What acts caused or contributed to the death?
Check only one per column and describe in narrative.

Caused	Contributed
◯	◯ Poor/absent supervision, go to 11
◯	◯ Child abuse, go to 4
◯	◯ Child neglect, go to 9
◯	◯ Other negligence, go to 10
◯	◯ Assault, not child abuse, go to 11
◯	◯ Religious/cultural practices, go to 11
◯	◯ Suicide, go to 28
◯	◯ Medical misadventure, specify and go to 12
◯	◯ Other, specify and go to 11
◯	◯ U/K, go to 11

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

If yes, was there impact?
◯ 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 provide necessities
☐ Food
☐ Shelter
☐ Other, 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 ommision/commision:

Caused	Contributed
◯	◯ Chronic with child
◯	◯ Pattern in family or with perpetrator
◯	◯ Isolated incident
◯	◯ U/K

Person(s) Responsible

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

Caused	Contributed
◯	◯ No
◯	◯ Yes, caregiver one, go to 25
◯	◯ Yes, caregiver two, go to 25
◯	◯ Yes, supervisor, go to 26

13. Primary person responsible for action(s) that caused and/or contributed to death:
Select no more than one person for caused and one person for contributed.

Caused	Contributed
◯	◯ Self, go to 25
◯	◯ Biological parent
◯	◯ Adoptive parent
◯	◯ Step parent
◯	◯ Foster parent
◯	◯ Mother's partner
◯	◯ Father's partner
◯	◯ Grandparent
◯	◯ Sibling
◯	◯ Other relative
◯	◯ Friend
◯	◯ Acquaintance
◯	◯ Child's boyfriend or girlfriend
◯	◯ Stranger
◯	◯ Medical provider
◯	◯ Institutional staff
◯	◯ Babysitter
◯	◯ Licensed child care worker
◯	◯ Other, specify:
◯	◯ U/K

14. Person's age in years:

Caused	Contributed
———	——— # Years
◯	◯ U/K

15. Person's sex:

Caused	Contributed
◯	◯ Male
◯	◯ Female
◯	◯ U/K

16. Does person speak English?

Caused	Contributed
◯	◯ No
◯	◯ Yes
◯	◯ U/K

If no, language spoken:

17. Person on active military duty?

Caused	Contributed
◯	◯ No
◯	◯ Yes
◯	◯ U/K

If yes, specify branch:

18. Person have history of substance abuse?

Caused	Contributed	
○	○	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	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/ psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	Ever in foster care or adopted?

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

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation svcs?
☐	☐	Children ever removed?

21. Person have disability or chronic illness?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental, was caregiver receiving services?

○	○	No
○	○	Yes
○	○	U/K

22. Person have prior child deaths?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

Caused	Contributed	
☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

23. Person have history of intimate partner violence?

Caused	Contributed	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

24. Person have delinquent/criminal history?

Caused	Contributed	
○	○	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:

Caused	Contributed	
☐	☐	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:

Caused	Contributed	
☐	☐	Prior history of similar acts?
☐	☐	Prior arrests?
☐	☐	Prior convictions?

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

Caused	Contributed	
☐	☐	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.

Yes	No	U/K	
○	○	○	A note was left?
○	○	○	Child talked about suicide?
○	○	○	Prior suicide threats were made?
○	○	○	Prior attempts were made?
○	○	○	Suicide was completely unexpected?
○	○	○	Child had a history of running away?
○	○	○	Child had a history of self mutilation?
○	○	○	There is a family history of suicide?
○	○	○	Suicide was part of a murder-suicide?
○	○	○	Suicide was part of a suicide pact?
○	○	○	Suicide was part of a suicide cluster?

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	☐ Involvement with the Internet, specify:
☐ School failure	☐ Other, specify:
☐ Move/new school	☐ U/K
☐ Other serious school problems	
☐ Pregnancy	

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

1. Services: Select one option per row:	Provided after death	Offered but refused	Offered but U/K if used	Should be offered	Needed but not available	Unknown	CDR review led to referral
Bereavement counseling	○	○	○	○	○	○	☐
Economic support	○	○	○	○	○	○	☐
Funeral arrangements	○	○	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	○	☐
Mental health services	○	○	○	○	○	○	☐
Foster care	○	○	○	○	○	○	☐
Health care	○	○	○	○	○	○	☐
Legal services	○	○	○	○	○	○	☐
Family planning	○	○	○	○	○	○	☐
Other, specify:	○	○	○	○	○	○	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

○ **Mark this case to edit/add prevention actions at at later date**

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

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

		***Current* Action Stage**			**Type of Action**		**Level of Action**		
		Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
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 strategies:

3. Who took responsibility for championing the prevention strategies? 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

1. Date of first review meeting:

2. Number of review meetings for this case: _____

3. Is review complete? ○ No ○ Yes

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
- ☐ Education
- ☐ Mental health
- ☐ Substance abuse
- ☐ Court
- ☐ Child advocate
- ☐ 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.
- ☐ Records or information were needed from another 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?
- ☐ Team disagreed with official cause of death.
  What did team believe cause should be?
- ☐ Because of the review, the official cause or manner of death was changed.
- ☐ Review led to the delivery of services.
- ☐ 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.

Continue narrative if necessary on back page

N. FORM COMPLETED BY:

PERSON:
TITLE:
AGENCY:
PHONE:
EMAIL:
DATE COMPLETED:
DATA ENTRY COMPLETED FOR THIS CASE? ☐

NOTES

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NATIONAL CENTER FOR CHILD DEATH REVIEW
KEEPING KIDS ALIVE

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