

## Maternal Mortality Case Review Report

Version 1 May 2014

**CASE NUMBER**

Reviewing County _____ / Date of Review _____	Case Type: Pregnant within 42 days of death Pregnant 43 days to 1 year of death Pregnant at time of death	Mother's Death Certificate Number: Infant Birth Certificate Number: Infant/Fetal Death Certificate Number:
	Ascertainment: State Community	Date Team Notified of Death:

**A. MOTHER INFORMATION**

1. Mother's name: First: _____ Middle: _____ Last: _____ U/K																																				
2. Date of birth: U/K _____/_____/_____	3. Date of death: U/K _____/_____/_____	4. Age: U/K _____	6. Race, check all that apply: U/K White Am. Indian/ Alaska Native Black specify: Native Hawaiian Other, specify: Asian, specify: Pacific Islander, specify:	7. Hispanic or Latino origin? Yes No U/K	8. Martial Status U/K Never Married Married But Separated Widowed Divorced Married Domestic Partnership																															
5. Sex: Female			9. Type of residence: U/K Mother's home Relative home Other, specify: Licensed group home Shelter Licensed foster home Homeless Relative foster home Jail/detention U/K		10. New residence in past 30 days? Yes No U/K																															
8. Residence address: U/K Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____		11. Residence overcrowded? Yes No U/K		12. Mother ever homeless? Yes No U/K																																
14. Highest education level: None Drop out Preschool HS graduate Grade K-8 College Grade 9-12 Other, specify: Home schooled, K-8 Home schooled, 9-12 U/K		13. Number of children living with mother: _____ U/K		16. Mother's health insurance, check all that apply: None Private Medicaid IHS Other, specify: U/K																																
15. Did mother have problems in school? N/A Yes No U/K If yes, check all that apply: Academic Behavioral Truancy Expulsion Suspensions U/K Other, specify:		17. Mother's work status: N/A Employed Full time Part time Homemaker Active military duty If yes, specify branch: U/K Not working U/K																																		
18. Mother 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 mother receiving Children's Special Health Care Needs services? N/A Yes No U/K		19. Mother's mental health (MH): Mother had received prior MH services? Yes No U/K Mother was receiving MH services? Yes No U/K Mother on medications for MH illness? Yes No U/K Issues prevented mother from receiving MH services? Yes No U/K If yes, specify:		20. Mother had history of substance abuse? Yes No U/K If yes, check all that apply: Alcohol Other, specify: Cocaine Marijuana U/K Methamphetamine Opiates Prescription drugs Over-the-counter drugs																																
21. Mother had history of maltreatment? If yes, check all that apply: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-right: 1px solid black;"><u>As Victim</u></td> <td style="width:15%; border-right: 1px solid black;"><u>As Perpetrator</u></td> <td style="width:15%; border-right: 1px solid black;"><u>As Victim</u></td> <td style="width:15%; border-right: 1px solid black;"><u>As Perpetrator</u></td> </tr> <tr> <td style="border-right: 1px solid black;">N/A</td> <td style="border-right: 1px solid black;">Physical</td> <td style="border-right: 1px solid black;">Physical</td> <td style="border-right: 1px solid black;">Physical</td> </tr> <tr> <td style="border-right: 1px solid black;">Yes</td> <td style="border-right: 1px solid black;">Neglect</td> <td style="border-right: 1px solid black;">Neglect</td> <td style="border-right: 1px solid black;">Neglect</td> </tr> <tr> <td style="border-right: 1px solid black;">No</td> <td style="border-right: 1px solid black;">Sexual</td> <td style="border-right: 1px solid black;">Sexual</td> <td style="border-right: 1px solid black;">Sexual</td> </tr> <tr> <td style="border-right: 1px solid black;">U/K</td> <td style="border-right: 1px solid black;">Emotional/psychological</td> <td style="border-right: 1px solid black;">Emotional/psychological</td> <td style="border-right: 1px solid black;">Emotional/psychological</td> </tr> <tr> <td style="border-right: 1px solid black;">If yes, how was history identified:</td> <td style="border-right: 1px solid black;">U/K</td> <td style="border-right: 1px solid black;">U/K</td> <td style="border-right: 1px solid black;">U/K</td> </tr> <tr> <td style="border-right: 1px solid black;">Through CPS</td> <td style="border-right: 1px solid black;">_____ # CPS referrals</td> <td style="border-right: 1px solid black;">_____ # CPS referrals</td> <td style="border-right: 1px solid black;">_____ # CPS referrals</td> </tr> <tr> <td style="border-right: 1px solid black;">Other sources</td> <td style="border-right: 1px solid black;">_____ # Substantiations</td> <td style="border-right: 1px solid black;">_____ # Substantiations</td> <td style="border-right: 1px solid black;">_____ # Substantiations</td> </tr> </table>			<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>	N/A	Physical	Physical	Physical	Yes	Neglect	Neglect	Neglect	No	Sexual	Sexual	Sexual	U/K	Emotional/psychological	Emotional/psychological	Emotional/psychological	If yes, how was history identified:	U/K	U/K	U/K	Through CPS	_____ # CPS referrals	_____ # CPS referrals	_____ # CPS referrals	Other sources	_____ # Substantiations	_____ # Substantiations	_____ # Substantiations	22. Was there an open CPS case with mother at time of death? N/A Yes No U/K	
<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>																																	
N/A	Physical	Physical	Physical																																	
Yes	Neglect	Neglect	Neglect																																	
No	Sexual	Sexual	Sexual																																	
U/K	Emotional/psychological	Emotional/psychological	Emotional/psychological																																	
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Through CPS	_____ # CPS referrals	_____ # CPS referrals	_____ # CPS referrals																																	
Other sources	_____ # Substantiations	_____ # Substantiations	_____ # Substantiations																																	
			23. Was mother ever placed outside of the home prior to the death? N/A Yes No U/K																																	
			24. Were any siblings placed outside of the home prior to this death? N/A Yes, # _____ No U/K																																	
25. Mother had history of intimate partner violence? Check all that apply: Yes, as victim Yes, as perpetrator No U/K																																				
26. Mother had delinquent or criminal history? Yes No U/K If yes, check all that apply: Assaults Other, specify: Robbery Drugs U/K		28. Mother spent time in an adult correctional facility? N/A Yes No U/K		30. Are mother's parents first generation immigrants? Yes No U/K If yes, country of origin:																																
27. Mother spent time in juvenile detention? N/A Yes No U/K		29. Mother acutely ill during the two weeks before death? Yes No U/K		31. What was mother's sexual orientation? Heterosexual Questioning Lesbian U/K Bisexual																																

**COMPLETE FOR MOST RECENT DELIVERY**

32. Delivery Outcome: Live birth Fetal death Ectopic Miscarriage Elective Termination	33. Date of Delivery or Termination: _____ mm dd yyyy	35. Infant birth weight and sex: Infant #1 U/K N/A Grams _____ Pounds/ounces _____/_____ Male Female U/K	36. Gestational age: U/K _____ # weeks
	34. Multiple birth? Yes, # _____ N/A No U/K	Infant #2 U/K N/A Grams _____ Pounds/ounces _____/_____ Male Female U/K	37. Number of children birth mother still has living: # _____ U/K

38. How many pregnancies did the birth mother have? # ____	39. How many live births did the birth mother have? # ____	40. Prenatal care provided during most recent pregnancy: Yes No U/K If yes, number of visits: # ____ U/K If yes, month of first visit? Specify 1-9 ____ U/K
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41. Were there access or compliance issues related to prenatal care? Yes No U/K	If yes, check all that apply:
Lack of money for care	Cultural differences
Limitations of health insurance coverage	Religious objections to care
Multiple health insurance, not coordinated	Language barriers
Lack of transportation	Referrals not made
No phone	Specialist needed, not available
	Multiple providers, not coordinated
	Lack of child care
	Lack of family/social support
	Services not available
	Distrust of health care system
	Unwilling to obtain care
	Intimate partner would not allow care
	Other, specify: _____

42. Primary provider for prenatal care: Family physician Nurse Practitioner Obstetrician None Lay Midwife Other, Specify: Certified Nurse Midwife Physician Assistant U/K	43. Medications used during pregnancy? Yes No U/K If yes, list the dose, route, and frequency of each:	44. Medications used during pregnancy? Yes No U/K If yes, list the dose, route, and frequency of each:
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45. Did mother smoke at any time during pregnancy? Yes If yes, ____ Avg # cigarettes/day No (20 cigarettes in pack) U/K U/K quantity	46. Did mother use alcohol at any time during pregnancy? Yes If yes, ____ Avg # drinks/week No U/K quantity U/K	47. Mother's height and weight: Height Pre-pregnancy weight Weight at delivery Centimeters _____ Kilograms _____ Kilograms _____ Feet/inches _____/____ Pounds _____ Pounds _____ U/K U/K U/K
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48. Risk factors during most recent pregnancy: Pre-existing diabetes Other poor pregnancy outcomes Previous cesarean delivery Gestational diabetes Pregnancy result from infertility treatment None Prepregnancy hypertension If yes, check method Other, specify: Gestational hypertension Fertility enhancing drugs U/K Eclampsia Assisted reproductive technology Previous preterm birth U/K	49. Infections treated during most recent pregnancy: Gonorrhea Parvovirus Syphilis Toxoplasmosis Chlamydia None Hepatitis B Other, specify: Hepatitis C Listeria U/K Group B Strep
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**IF DECEASED MOTHER DID NOT DELIVER ON MOST RECENT PREGNANCY GO TO SECTION B**

50. Primary provider for labor and delivery: Family physician Physician Assistant Student Obstetrician Nurse Practitioner None Lay Midwife EMS Team Other, specify: Certified Nurse Midwife Law Enforcement U/K	51. Delivery Site: Hospital Other, specify: U/K N/A	52. Status upon arrival to hospital: Stage 1 of labor Cervical Dilation _____ cm Stage 2 of labor Cervical effacement _____ % Stage 3 of labor Delivered Scheduled C-section U/K
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53. Onset of Labor: AM PM U/K	55. Induction of Labor: Yes No U/K If yes, check medication received Misoprostil Pitocin Cervidil Other, specify: Prostaglandins U/K	56. Membranes: Spontaneously ruptured prior to onset of labor Artificially ruptured U/K
54. Duration of labor: Stage 1 Stage 2 Stage 3 Normal Normal Normal Abnormal Abnormal Abnormal U/K U/K U/K		57. Membranes ruptured longer than 24 hours prior to delivery? Yes No U/K
		58. Presentation: Vertex Other, specify: Breech U/K

59. Type of Delivery: Primary C-Section, planned Primary C-Section, unplanned Secondary C-section, planned Secondary C-section, unplanned Vaginal Assisted Vaginal, specify:	60. Reason for C-Section: Repeat Diabetes Placenta previa Abruptio Failed induction Prematurity Breech Failure to progress/descend Pre-eclampsia Congenital Anomalies Fetal distress Other, specify: Cord Prolapse Herpes CPD Malpresentation (other than breech) U/K
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<p>13. Caregiver(s) have substance abuse history?</p> <p><u>One</u>   <u>Two</u></p> <p>Yes</p> <p>No</p> <p><input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p>Alcohol</p> <p>Cocaine</p> <p>Marijuana</p> <p>Methamphetamine</p> <p>Opiates</p> <p>Prescription drugs</p> <p>Over-the-counter</p> <p>Other, specify:</p> <p>U/K</p>	<p>14. Caregiver(s) ever victim of child maltreatment?</p> <p><u>One</u>   <u>Two</u></p> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If yes, check all that apply:</p> <p>Physical</p> <p>Neglect</p> <p>Sexual</p> <p>Emotional/psychological</p> <p>U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p>Ever in foster care or adopted</p>	<p>15. Caregiver(s) ever perpetrator of maltreatment?</p> <p><u>One</u>   <u>Two</u></p> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If yes, check all that apply:</p> <p>Physical</p> <p>Neglect</p> <p>Sexual</p> <p>Emotional/psychological</p> <p>U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p>CPS prevention services</p> <p>Family preservation services</p> <p>Children ever removed</p>	<p>16. Caregiver(s) have disability or chronic illness?</p> <p><u>One</u>   <u>Two</u></p> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If yes, check all that apply:</p> <p>Physical, specify:</p> <p>Mental, specify:</p> <p>Sensory, specify:</p> <p>U/K</p> <p>If mental illness, was caregiver receiving MH services?</p> <p>Yes</p> <p>No</p> <p>U/K</p>
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**C. SUPERVISOR INFORMATION IF DECEASED MOTHER IS ≥ 18 YEARS GO TO SECTION D.**

<p>1. Did mother have supervision at time of incident leading to death?</p> <p>Yes, answer 2-15</p> <p>No, not needed given developmental age or circumstances, go to Sect. D</p> <p>No, but needed, answer 3-15</p> <p>Unable to determine, try to answer 3-15</p>	<p>2. How long before incident did supervisor last see mother? Select one:</p> <p>Mother in sight of supervisor</p> <p>Minutes _____ Days _____</p> <p>Hours _____ U/K</p>	<p>3. Is person a primary caregiver as listed in previous section?</p> <p>Yes, caregiver one, go to 15</p> <p>Yes, caregiver two, go to 15</p> <p>No</p>
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<p>4. Primary person responsible for supervision? Select only one:</p> <p>Biological parent   Foster parent   Grandparent   Friend   Institutional staff, go to 15   Other, specify:</p> <p>Adoptive parent   Mother's partner   Sibling   Acquaintance   Babysitter</p> <p>Stepparent   Father's partner   Other relative   Hospital staff, go to 15   Licensed child care worker   U/K</p>					
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<p>5. Supervisor's age in years:</p> <p>_____ U/K</p>	<p>6. Supervisor's sex:</p> <p>Male   Female   U/K</p>	<p>7. Does supervisor speak English?</p> <p>Yes   No   U/K</p> <p>If no, language spoken:</p>	<p>8. Supervisor on active military duty?</p> <p>Yes   No   U/K</p> <p>If yes, specify branch:</p>
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<p>9. Supervisor has substance abuse history?</p> <p>Yes   No   U/K</p> <p>If yes, check all that apply:</p> <p>Alcohol</p> <p>Cocaine</p> <p>Marijuana</p> <p>Methamphetamine</p> <p>Opiates</p> <p>Prescription drugs</p> <p>Over-the-counter</p> <p>Other, specify:</p> <p>U/K</p>	<p>10. Supervisor has history of child maltreatment?</p> <p><u>As Victim</u>   <u>As Perpetrator</u></p> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If yes, check all that apply:</p> <p>Physical</p> <p>Neglect</p> <p>Sexual</p> <p>Emotional/psychological</p> <p>U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p>Ever in foster care/adopted</p> <p>CPS prevention services</p> <p>Family preservation services</p> <p>Children ever removed</p>	<p>11. Supervisor has disability or chronic illness?</p> <p>Yes   No   U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> U/K</p> <p>If mental illness, was supervisor receiving MH services?</p> <p>Yes</p> <p>No</p> <p>U/K</p>	<p>12. Supervisor has prior child deaths?</p> <p>Yes   No   U/K</p> <p>If yes, check all that apply:</p> <p>Child abuse # _____</p> <p>Child neglect # _____</p> <p>Accident # _____</p> <p>Suicide # _____</p> <p>SIDS # _____</p> <p>Other # _____</p> <p>Other, specify:</p> <p>U/K</p>
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<p>13. Supervisor has history of intimate partner violence?</p> <p>Yes, as victim</p> <p>Yes, as perpetrator</p> <p>No</p> <p>U/K</p>	<p>14. Supervisor has delinquent or criminal history?</p> <p>Yes   No   U/K</p> <p>If yes, check all that apply:</p> <p>Assaults   Drugs   U/K</p> <p>Robbery   Other, specify:</p>	<p>15. At time of incident was supervisor impaired?</p> <p>Yes   No   U/K</p> <p>If yes, check all that apply:</p> <p>Drug impaired   Absent</p> <p>Alcohol impaired   Impaired by illness, specify:</p> <p>Asleep   Impaired by disability, specify:</p> <p>Distracted   Other, specify:</p>
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**F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH**

1. Official manner of death from the death certificate:	2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.			
	<u>From an injury (external cause). Select one &amp; answer 2a:</u>	<u>From a medical cause, go to G11</u>	<u>Undetermined if injury or medical cause, go to G12</u>	<u>U/K go to G12</u>
Natural	Motor vehicle and other transport, go to G1	Asthma, go to G11		
Accident	Fire, burn, or electrocution, go to G2	Cancer, go to G11		
Suicide	Drowning, go to G3	Cardiovascular, go to G11		
Homicide	Asphyxia, go to G4	HIV/AIDS, go to G11		
Undetermined	Weapon, including body part, go to G6	Influenza, go to G11		
Pending	Animal bite or attack, go to G7	Neurological/seizure disorder, go to G11		
U/K	Fall or crush, go to G8	Animal bite or attack, go to G11		
	Poisoning, overdose or acute intoxication, go to G9	Pneumonia, go to G11		
	Exposure, go to G10	Other infection, go to G11		
	Undetermined, go to G12	Other perinatal condition, go to G11		
	Other cause, go to G12	Other medical condition, go to G11		
	U/K, go to G12	Undetermined, go to G11		
		U/K, go to G11		

3. Enter the following information exactly as written on the death certificate:

Immediate Cause (final disease or condition resulting in death):

a.

Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:

b.

c.

d.

4. Enter other significant conditions contributing to death but not an underlying cause(s) listed in F3 exactly as written on the death certificate:

5. If external cause in F2, describe how injury occurred exactly as written on the death certificate:

**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:		b. Position of Mother:		c. Causes of incident, check all that apply:	
Total number of vehicles: _____		Driver		Speeding over limit	
<u>Mother's</u> <u>Other primary vehicle</u>		Passenger If passenger, relationship of driver to mother:		Back/front over	
None		Front seat Biological parent		Unsafe speed for conditions	
Car		Back seat Adoptive parent		Recklessness	
Van		Truck bed Stepparent		Ran stop sign or red light	
Sport utility vehicle		Other, specify: Foster parent		Driver distraction	
Truck		U/K Mother's partner		Driver inexperience	
Semi/tractor trailer		On bicycle Father's partner		Mechanical failure	
RV		Pedestrian Grandparent		Poor tires	
School bus		Walking Sibling		Poor weather	
Other bus		Boarding/blading Other relative		Poor visibility	
Motorcycle		Other, specify: Friend		Drugs or alcohol use	
Tractor		U/K Other, specify:		Fatigue/sleeping	
Other farm vehicle		U/K U/K		Medical event, specify:	
All terrain vehicle		d. Collision type:		Other driver error, specify:	
Snowmobile		Mother <i>not</i> in/on a vehicle, but struck by vehicle		Other, event, specify:	
Bicycle		Mother in/on a vehicle, struck by other vehicle		U/K	
Train		Mother in/on a vehicle that struck other vehicle		e. Driving conditions, check all that apply:	
Subway		Mother in/on a vehicle that struck person/object		Normal	
Trolley				Inadequate lighting	
Other, specify:				Loose gravel	
U/K				Muddy	
				Ice/snow	
				Fog	
				Wet	
				Construction zone	
				f. Location of incident, check all that apply:	
				City street	
				Residential street	
				Rural road	
				Highway	
				Intersection	
				Shoulder	
				Sidewalk	
				Driveway	
				Parking area	
				Off road	
				RR xing/tracks	
				Other, specify:	
				U/K	

g. Drivers involved in incident, check all that apply:			<u>Mother as driver</u>	<u>Mother's driver</u>	<u>Driver of other primary vehicle</u>
<u>Mother as driver</u>	<u>Mother's driver</u>	<u>Driver of other primary vehicle</u>	Was violating graduated licensing rules:		
Age of Driver	Age of Driver		Nighttime driving curfew		
	<16 years		Passenger restrictions		
	16 to 18 years old		Driving without required supervision		
	19 to 21 years old		Other violations, specify:		
	22 to 29 years old		U/K		
	30 to 65 years old		h. Total number of occupants in vehicles:		
	>65 years old		In mother's vehicle, <b>including mother</b> :		
	U/K age		N/A, mother was not in a vehicle		
Responsible for causing incident			Total number of occupants:	_____	U/K
Was alcohol/drug impaired			Number of teens, ages 14-21:	_____	U/K
Has no license			Total number of deaths:	_____	U/K
Has a learner's permit			Total number of teen deaths:	_____	U/K
Has a graduated license			In other primary vehicle involved in incident:		
Has a full license			N/A, incident was a single vehicle crash		
Has a full license that has been restricted			Total number of occupants:	_____	U/K
Has a suspended license			Number of teens, ages 14-21:	_____	U/K
If recreational vehicle, has driver safety certificate			Total number of deaths:	_____	U/K
Other, specify:			Total number of teen deaths:	_____	U/K

i. Protective measures for mother,	<u>Not</u>	<u>Needed,</u>	<u>Present, used</u>	<u>Present, used</u>	<u>Present,</u>
Select one option per row:	<u>Needed</u>	<u>none present</u>	<u>correctly</u>	<u>incorrectly</u>	<u>U/K</u>
Airbag					
Lap belt					
Shoulder belt					
Helmet					
Other, specify:					

## 2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:				b. Type of incident:		c. For fire, mother died from:	
Matches	Heating stove	Lightning	Other explosives	Fire, go to c		Burns	
Cigarette lighter	Space heater	Oxygen tank	Appliance in water	Other burn, go to t		Smoke inhalation	
Utility lighter	Furnace	Hot cooking water	Other, specify:	Electrocution, go to r		Other, specify:	
Cigarette or cigar	Power line	Hot bath water		Other, specify and go to s			
Candles	Electrical outlet	Other hot liquid, specify:		U/K, go to t		U/K	
Cooking stove	Electrical wiring	Fireworks	U/K				

d. Material first ignited:	e. Type of building on fire:	f. Building's primary construction material:	g. Fire started by a person?	h. Did anyone attempt to put out fire?		
Upholstery	N/A	Wood	Yes No U/K	Yes	No	U/K
Mattress	Single home	Steel		i. Did escape or rescue efforts worsen fire?		
Christmas tree	Duplex	Brick/stone	If yes, person's age _____	Yes	No	U/K
Clothing	Apartment	Aluminum	Does person have a history of setting fires?	j. Did any factors delay fire department arrival?		
Curtain	Trailer/mobile home	Other, specify:	Yes No U/K	Yes	No	U/K
Other, specify:	Other, specify:	U/K		If yes, specify:		
U/K	U/K					

k. Were proper working fire extinguishers present?	m. Were smoke detectors present? Yes No U/K					
Yes No U/K	If yes, what type?		If yes, functioning properly?		If not functioning properly, reason:	
	Removable batteries	Yes No U/K			Missing batteries Other U/K	
	Non-removable batteries	Yes No U/K				
	Hardwired	Yes No U/K				
	U/K	Yes No U/K				
			Other, specify:			
l. Was sprinkler system present?	If yes, was there an adequate number present? Yes No U/K					
Yes No U/K						
If yes, was it working?						
Yes No U/K						

n. Were barriers preventing safe exit? Yes    No    U/K  If yes, check all that apply: Locked door Window grate Locked window Blocked stairway Other, specify: U/K	o. Was building a rental property? Yes    No    U/K	r. For electrocution, what cause:  Electrical storm Faulty wiring Wire/product in water Other, specify: U/K	s. Other, describe in detail:
	p. Were building/rental codes violated? Yes    No    U/K If yes, describe in narrative.		
	q. Suspected arson? Yes    No    U/K		

### 3. DROWNING

a. Where was mother last seen before drowning? Check all that apply:  In water    In yard On shore    In bathroom On dock    In house Poolside    Other, specify: U/K	b. What was mother last seen doing before drowning?  Playing    Tubing Boating    Waterskiing Swimming    Sleeping Bathing    Other, specify: Fishing Surfing    U/K	c. Was mother forcibly submerged? Yes    No    U/K	d. Drowning location:  Open water, go to e    U/K, go to n Pool, hot tub, spa, go to i Well/cistern/septic, go to n Other, specify and go to n
e. For open water, place:  Lake    Quarry River    Gravel pit Pond    Canal Creek    U/K Ocean	f. For open water, contributing environmental factors:  Weather    Drop off Temperature    Rough waves Current    Other, specify: Riptide/    U/K undertow	g. If boating, type of boat:  Sailboat    Commercial Jet ski    Other, specify: Motorboat Canoe Kayak    U/K Raft	h. For boating, was the mother piloting boat? Yes    No    U/K
i. For pool, type of pool:  Above ground In-ground    Hot tub, spa Wading    U/K	j. For pool, mother found:  In the pool/hot tub/spa On or under the cover U/K	k. For pool, ownership is:  Private Public U/K	l. Length of time owners had pool/hot tub/spa:  N/A    >1yr <6 months    U/K 6m-1 yr

m. Flotation device used?  N/A    If yes, check all that apply: Yes    Coast Guard approved    Not Coast Guard approved    U/K No    Jacket    Cushion    Lifesaving ring    Swim rings U/K    If jacket:    Inner tube Correct size?    Yes    No    U/K    Air mattress Worn correctly?    Yes    No    U/K    Other, specify:	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
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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
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t. Local ordinance(s) regulating access to water?  Yes    No    U/K  If yes, rules violated? Yes    No    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
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v. Mother able to swim?  N/A    No Yes    U/K	w. Warning sign or label posted?  N/A    No Yes    U/K	x. Lifeguard present?  N/A    No Yes    U/K
--------------------------------------------------------	-----------------------------------------------------------------	------------------------------------------------------

y. Rescue attempt made?			z. Did rescuer(s) also drown?		aa. Appropriate rescue equipment present?	
N/A	If yes, who? Check all that apply:		N/A	No	N/A	No
Yes	Spouse	Bystander	Yes	U/K	Yes	U/K
No	Friend	Other, specify:	If yes, number of rescuers that drowned: _____			
U/K	Lifeguard	U/K				

**4. ASPHYXIA**

a. Type of event:		b. If suffocation/asphyxia, action causing event:						
Suffocation, go to b		Sleep-related (e.g. bedding, overlay, wedged)	Confined in tight space	Wedged into tight space, but not sleep-related				
Strangulation, go to c		Covered in or fell into object, but not sleep-related	Refrigerator/freezer	Asphyxia by gas, go to G9h				
Choking, go to d		Plastic bag	Automobile	Other, specify:				
Other, specify and go to e		Dirt/sand	Trunk	U/K				
U/K, go to e		Other, specify:	Other, specify:					
		U/K	U/K					
			Other, specify:					
			U/K					
			Other, specify:					
			U/K					
c. If strangulation, object causing event:		d. If choking, object causing choking:	e. Was asphyxia an autoerotic event?		g. History of seizures?			
Person, go to G6q		Food, specify:	Yes	No	U/K	If yes, # _____		
Other, specify:		Other, specify:			If yes, witnessed?	Yes	No	U/K
U/K		U/K						
			f. Was mother participating in 'choking game' or 'pass out game'?		h. History of apnea?			
			Yes	No	U/K	If yes, # _____		
					If yes, witnessed?	Yes	No	U/K
					i. Was Heimlich Maneuver attempted?			
					Yes	No	U/K	

**6. WEAPON, INCLUDING PERSON'S BODY PART**

a. Type of weapon:		b. For firearms, type:		c. Firearm licensed?		d. Firearm safety features, check all that apply:						
Firearm, go to b		Handgun		Yes		No	U/K	Trigger lock		Magazine disconnect		
Sharp instrument, go to j		Shotgun						Personalization device		Minimum trigger pull		
Blunt instrument, go to k		BB gun						External safety/drop safety		Other, specify:		
Person's body part, go to l		Hunting rifle						Loaded chamber indicator		U/K		
Explosive, go to n		Assault rifle				e. Where was firearm stored?		f. Firearm stored with ammunition?				
Rope, go to n		Air rifle		Not stored		Under mattress/pillow		Yes			No	U/K
Pipe, go to n		Sawed off shotgun		Locked cabinet		Other, specify:						
Biological, go to n		Other, specify:		Unlocked cabinet								
Other, specify and go to n		U/K		Glove compartment		U/K						
U/K, go to n								g. Firearm stored loaded?				
								Yes			No	U/K
h. Owner of fatal firearm:		i. Sex of fatal firearm owner:		j. Type of sharp object:		k. Type of blunt object:						
U/K, weapon stolen	Grandparent	Co-worker		Kitchen knife		Bat						
U/K, weapon found	Sibling	Institutional staff		Switchblade		Club						
Self	Spouse	Neighbor		Pocketknife		Stick						
Biological parent	Other relative	Rival gang member		Razor		Hammer						
Adoptive parent	Friend	Stranger		Hunting knife		Rock						
Stepparent	Acquaintance	Law enforcement		Scissors		Household item						
Foster parent	Child's boyfriend or girlfriend	Other, specify:		Other, specify:		Other, specify:						
Mother's partner												
Father's partner	Classmate	U/K		U/K		U/K						

i. Use of weapon at time, check all that apply:				
Self injury	Argument	Hunting	Russian roulette	Intervener assisting crime victim (Good Samaritan)
Commission of crime	Jealousy	Target shooting	Gang-related activity	Other, specify:
Drive-by shooting	Intimate partner violence	Playing with weapon	Self-defense	
Random violence	Hate crime	Weapon mistaken for toy	Cleaning weapon	
Mother was a bystander	Bullying	Showing gun to others	Loading weapon	U/K

<p>m. What did person's body part do? Check all that apply:</p> <p>Beat, kick or punch</p> <p>Drop</p> <p>Push</p> <p>Bite</p> <p>Shake</p> <p>Strangle</p> <p>Throw</p> <p>Drown</p> <p>Burn</p> <p>Other, specify:</p> <p>U/K</p>	<p>n. Did person using weapon have history of weapon-related offenses?</p> <p>Yes</p> <p>No</p> <p>U/K</p>	<p>p. Persons handling weapons at time of incident, check all that apply:</p> <table border="0"> <tr> <td><u>Fatal</u> and/or <u>Other weapon</u></td> <td><u>Fatal</u> and/or <u>Other weapon</u></td> </tr> <tr> <td>Self</td> <td>Friend</td> </tr> <tr> <td>Biological parent</td> <td>Acquaintance</td> </tr> <tr> <td>Adoptive parent</td> <td>Mother's boyfriend or girlfriend</td> </tr> <tr> <td>Stepparent</td> <td>Classmate</td> </tr> <tr> <td>Foster parent</td> <td>Co-worker</td> </tr> <tr> <td>Mother's partner</td> <td>Institutional staff</td> </tr> <tr> <td>Father's partner</td> <td>Neighbor</td> </tr> <tr> <td>Grandparent</td> <td>Rival gang member</td> </tr> <tr> <td>Sibling</td> <td>Stranger</td> </tr> <tr> <td>Spouse</td> <td>Law enforcement officer</td> </tr> <tr> <td>Other relative</td> <td>Other, specify:</td> </tr> <tr> <td></td> <td>U/K</td> </tr> </table>		<u>Fatal</u> and/or <u>Other weapon</u>	<u>Fatal</u> and/or <u>Other weapon</u>	Self	Friend	Biological parent	Acquaintance	Adoptive parent	Mother'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>q. Sex of person(s) handling weapon:</p> <p>Fatal weapon:</p> <p>Male</p> <p>Female</p> <p>U/K</p> <p>Other weapon:</p> <p>Male</p> <p>Female</p> <p>U/K</p>
	<u>Fatal</u> and/or <u>Other weapon</u>	<u>Fatal</u> and/or <u>Other weapon</u>																												
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Sibling	Stranger																													
Spouse	Law enforcement officer																													
Other relative	Other, specify:																													
	U/K																													
<p>o. Does anyone in mother's family have a history of weapon offenses or die of weapons-related causes?</p> <p>Yes, describe circumstances:</p> <p>No</p> <p>U/K</p>																														

**7. ANIMAL BITE OR ATTACK**

<p>a. Type of animal:</p> <p>Domesticated dog      Insect</p> <p>Domesticated cat      Other, specify:</p> <p>Snake</p> <p>Wild mammal, specify:</p> <p>U/K</p>	<p>b. Animal access to mother, check all that apply:</p> <p>Animal on leash      Animal escaped from cage or leash</p> <p>Animal caged or inside fence      Animal not caged or leashed</p> <p>Mother reached in      U/K</p> <p>Mother entered animal area</p> <p>U/K</p>	<p>c. Did mother provoke animal?</p> <p>Yes      No      U/K</p> <p>If yes, how?</p>
		<p>d. Animal has history of biting or attacking?</p> <p>Yes      No      U/K</p>

**8. FALL OR CRUSH**

<p>a. Type:</p> <p>Fall, go to b</p> <p>Crush, go to h</p>	<p>b. Height of fall:</p> <p>_____ feet</p> <p>_____ inches</p> <p>U/K</p>	<p>c. Mother fell from:</p> <table border="0"> <tr> <td>Open window</td> <td>Natural elevation</td> <td>Stairs/steps</td> <td>Moving object, specify:</td> <td>Animal, specify:</td> </tr> <tr> <td>Screen</td> <td>Man-made elevation</td> <td>Furniture</td> <td>Bridge</td> <td>Other, specify:</td> </tr> <tr> <td>No screen</td> <td>Playground equipment</td> <td>Bed</td> <td>Overpass</td> <td>U/K</td> </tr> <tr> <td>U/K if screen</td> <td>Tree</td> <td>Roof</td> <td>Balcony</td> <td></td> </tr> </table>	Open window	Natural elevation	Stairs/steps	Moving object, specify:	Animal, specify:	Screen	Man-made elevation	Furniture	Bridge	Other, specify:	No screen	Playground equipment	Bed	Overpass	U/K	U/K if screen	Tree	Roof	Balcony	
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U/K if screen	Tree	Roof	Balcony																			
<p>d. Surface mother fell onto:</p> <p>Cement/concrete</p> <p>Grass</p> <p>Gravel</p> <p>Wood floor</p> <p>Carpeted floor</p> <p>Linoleum/vinyl</p> <p>Marble/tile</p> <p>Other, specify:</p> <p>U/K</p>	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <p>None</p> <p>Screen</p> <p>Other window guard</p> <p>Fence</p> <p>Railing</p> <p>Stairway</p> <p>Gate</p> <p>Other, specify:</p> <p>U/K</p>	<p>f. Was mother pushed, dropped or thrown?</p> <p>Yes      No      U/K</p> <p>If yes, go to G6q</p>	<p>g. For crush, did mother:</p> <p>Climb up on object</p> <p>Pull object down</p> <p>Hide behind object</p> <p>Go behind object</p> <p>Fall out of object</p> <p>Other, specify:</p> <p>U/K</p>	<p>h. For crush, object causing crush:</p> <table border="0"> <tr> <td>Appliance</td> <td>Dirt/sand</td> </tr> <tr> <td>Television</td> <td>Person, answer G6q</td> </tr> <tr> <td>Furniture</td> <td>Commercial equipment</td> </tr> <tr> <td>Walls</td> <td>Farm equipment</td> </tr> <tr> <td>Playground equipment</td> <td>Other, specify:</td> </tr> <tr> <td>Animal</td> <td></td> </tr> <tr> <td>Tree branch</td> <td>U/K</td> </tr> <tr> <td>Boulders/rocks</td> <td></td> </tr> </table>	Appliance	Dirt/sand	Television	Person, answer G6q	Furniture	Commercial equipment	Walls	Farm equipment	Playground equipment	Other, specify:	Animal		Tree branch	U/K	Boulders/rocks			
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Walls	Farm equipment																					
Playground equipment	Other, specify:																					
Animal																						
Tree branch	U/K																					
Boulders/rocks																						

**9. POISONING, OVERDOSE OR ACUTE INTOXICATION**

<p>a. Type of substance involved, check all that apply:</p>				
<p><u>Prescription drug</u></p> <p>Antidepressant</p> <p>Blood pressure medication</p> <p>Pain killer (opiate)</p> <p>Pain killer (non-opiate)</p> <p>Methadone</p> <p>Cardiac medication</p> <p>Other, specify:</p>	<p><u>Over-the-counter drug</u></p> <p>Diet pills</p> <p>Stimulants</p> <p>Cough medicine</p> <p>Pain medication</p> <p>Children's vitamins</p> <p>Iron supplement</p> <p>Other vitamins</p> <p>Cosmetics/personal care products</p> <p>Other, specify:</p>	<p><u>Cleaning substances</u></p> <p>Bleach</p> <p>Drain cleaner</p> <p>Alkaline-based cleaner</p> <p>Solvent</p> <p>Other, specify:</p>	<p><u>Other substances</u></p> <p>Plants</p> <p>Alcohol</p> <p>Street drugs</p> <p>Pesticide</p> <p>Antifreeze</p> <p>Other chemical</p> <p>Herbal remedy</p> <p>Carbon monoxide, go to e</p> <p>Other fume/gas/vapor</p> <p>Other, specify:</p>	<p>U/K</p>

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      No Yes      U/K	e. Was the incident the result of? Accidental overdose Medical treatment mishap Adverse effect, but not overdose Deliberate poisoning Acute intoxication Other, specify:  U/K	f. Was Poison Control called? Yes      No      U/K If yes, who called: Self Spouse Other caregiver First responder Medical person Other, specify: U/K	g. For CO poisoning, was a CO detector present? Yes      No      U/K  If yes, how many? _____  Functioning properly? Yes      No      U/K
	d. If prescription, was it mother's? Yes      No      U/K			

**10. EXPOSURE**

a. Circumstances, check all that apply: Abandonment 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 mother wearing appropriate clothing?  Yes No U/K
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**11. MEDICAL CONDITION**

a. How long did the mother 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? N/A not previously diagnosed Yes      But at a later date No U/K	c. Was mother receiving health care for the medical condition? Yes      No      U/K If yes, within 48 hours of the death? Yes      No      U/K	d. Were the prescribed care plans appropriate for the medical condition? N/A Yes No, specify: U/K
e. Was mother/family compliant with the prescribed care plans? N/A      If no, what wasn't compliant? Check all that apply. Yes      Appointments      Therapies, specify: No      Medications, specify: U/K      T edical equipment use, specify:      U/K		f. Was mother up to date with the respective age-appropriate immunization schedule? N/A Yes No, specify: U/K	g. Was medical condition associated with an outbreak? Yes, specify: No U/K

h. Was environmental tobacco exposure a contributing factor in death? Yes No U/K	i. Were there access or compliance issues related to the death?      Yes      No      U/K Lack of money for care Language barriers Limitations of health insurance coverage Referrals not made Multiple health insurance, not coordinated Specialist needed, not available Lack of transportation Multiple providers, not coordinated No phone Lack of child care Cultural differences Lack of family or social support Religious objections to care Services not available      U/K	If yes, check all that apply: Decedent's distrust of health care system Decedent unskilled in providing care Decedent unwilling to provide care Decedent's partner would not allow care Other, specify: U/K
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**12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE**

Specify cause, describe in detail:

**H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS**

**1. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?**       Yes       No, go to H2       U/K, go to H2

a. Describe product and circumstances:	b. Was product used properly? Yes      No      U/K	c. Is a recall in place? Yes      No      U/K	d. Did product have safety label? Yes      No      U/K	e. Was Consumer Product Safety Commission (CPSC) notified? Yes      U/K No, call 1-800-638-2772 to file report
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**2. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?**       Yes       No       U/K

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

**I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, ABUSE & NEGLECT, ASSAULTS, AND SUICIDE**

**TYPE OF ACT**

<p>1. Did any act(s) of omission or commission cause and/or contribute to the death?</p> <p>Yes No, go to Section J Probable U/K, go to Section J</p> <p>If yes/probable, were the act(s) either or both? Check all that apply:</p> <p style="padding-left: 20px;">The direct cause of death The contributing cause of death</p>	<p>2. What act(s) caused or contributed to the death? Check only one per column and describe in narrative.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><u>Caused</u></td> <td style="text-align: center; width: 50%;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Poor/absent supervision, go to 10</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Abuse, go to 3</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Neglect, go to 8</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Other negligence, go to 9</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Assault, not abuse, go to 10</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Religious/cultural practices, go to 10</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Suicide, go to 27</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Medical misadventure, specify and go to 11</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Other, specify and go to 10</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">U/K, go to 10</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Poor/absent supervision, go to 10		Abuse, go to 3		Neglect, go to 8		Other negligence, go to 9		Assault, not abuse, go to 10		Religious/cultural practices, go to 10		Suicide, go to 27		Medical misadventure, specify and go to 11		Other, specify and go to 10		U/K, go to 10
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<p>3. Abuse, type. Check all that apply and describe in narrative.</p> <p style="padding-left: 20px;">Physical, go to 4 Emotional, specify and go to 10 Sexual, specify and go to 10 U/K, go to 10</p>	<p>4. Type of physical abuse, check all that apply:</p> <p style="padding-left: 20px;">Abusive head trauma, go to 5 Chronic Battered Child Syndrome, go to 7 Beating/kicking, go to 7 Scalding or burning, go to 7 Munchausen Syndrome by Proxy, go to 7 Other, specify and go to 7</p> <p style="padding-left: 20px;">U/K, go to 7</p>	<p>5. For abusive head trauma, were there retinal hemorrhages?</p> <p style="padding-left: 20px;">Yes    No    U/K</p>	<p>7. Events(s) triggering physical abuse, check all that apply:</p> <p style="padding-left: 20px;">None Disobedience Domestic argument Other, specify: U/K</p>
<p>6. For abusive head trauma, was the mother shaken?</p> <p style="padding-left: 20px;">Yes    No    U/K</p> <p>If yes, was there impact? Yes    No    U/K</p>			

<p>8. Child neglect, check all that apply:</p> <p style="padding-left: 20px;">Failure to protect from hazards, specify: Failure to provide necessities Food Shelter Other, specify:</p>	<p>9. Other negligence:</p> <p style="padding-left: 20px;">Vehicular Other, specify:  U/K</p>	<p>10. Was act(s) of omission/commission:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Chronic with mother Pattern in family or with perpetrator Isolated incident U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Chronic with mother Pattern in family or with perpetrator Isolated incident U/K
<u>Caused</u>	<u>Contributed</u>					
	Chronic with mother Pattern in family or with perpetrator Isolated incident U/K					

**PERSON(S) RESPONSIBLE IF DECEASED MOTHER IS ≥18 YEARS GOTO SECTION J.**

<p>11. Is person the caregiver or supervisor in previous section?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Yes, caregiver one, go to 24 Yes, caregiver two, go to 24 Yes, supervisor, go to 25 No</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Yes, caregiver one, go to 24 Yes, caregiver two, go to 24 Yes, supervisor, go to 25 No	<p>12. 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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding-right: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Self, go to 24 Biological parent Adoptive parent Stepparent Foster parent Mother's partner Father's partner</td> </tr> </table> </td> <td style="width:33%; border-right: 1px solid black; padding-right: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Grandparent Sibling Other relative Friend Acquaintance Mother's boyfriend/girlfriend Stranger</td> </tr> </table> </td> <td style="width:33%; padding-left: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Medical provider Institutional staff Other, specify: U/K</td> </tr> </table> </td> </tr> </table>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Self, go to 24 Biological parent Adoptive parent Stepparent Foster parent Mother's partner Father's partner</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Self, go to 24 Biological parent Adoptive parent Stepparent Foster parent Mother's partner Father's partner	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Grandparent Sibling Other relative Friend Acquaintance Mother's boyfriend/girlfriend Stranger</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Grandparent Sibling Other relative Friend Acquaintance Mother's boyfriend/girlfriend Stranger	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Medical provider Institutional staff Other, specify: U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Medical provider Institutional staff Other, specify: U/K
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<p>13. Person's age in years:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="padding-left: 20px;">_____</td> <td style="padding-left: 20px;">_____ # Years</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	_____	_____ # Years		U/K	<p>14. Person's sex:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Male Female U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Male Female U/K	<p>15. Does person speak English?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Yes No U/K</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">If no, language spoken:</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Yes No U/K		If no, language spoken:	<p>16. Person on active military duty?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Yes No U/K</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">If yes, specify branch:</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>		Yes No U/K		If yes, specify branch:
<u>Caused</u>	<u>Contributed</u>																								
_____	_____ # Years																								
	U/K																								
<u>Caused</u>	<u>Contributed</u>																								
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	If no, language spoken:																								
<u>Caused</u>	<u>Contributed</u>																								
	Yes No U/K																								
	If yes, specify branch:																								

<p>17. Person have history of substance abuse?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes No U/K</p> <p>If yes, check all that apply:</p> <p>Alcohol Cocaine Marijuana Methamphetamine Opiates Prescription drugs Over-the-counter Other, specify:  U/K</p>	<p>18. Person have history of child maltreatment as victim?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes No U/K</p> <p>If yes, check all that apply:</p> <p>Physical Neglect Sexual Emotional/ psychological U/K</p> <p>_____ # CPS referrals _____ # Substantiations</p> <p>Ever in foster care or adopted</p>	<p>19. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes No U/K</p> <p>If yes, check all that apply:</p> <p>Physical Neglect Sexual Emotional/psychological U/K</p> <p>_____ # CPS referrals _____ # Substantiations</p> <p>CPS prevention services Family preservation services Children ever removed</p>	<p>20. Person have disability or chronic illness?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes No U/K</p> <p>If yes, check all that apply:</p> <p>Physical, specify:  Mental, specify:  Sensory, specify:  U/K</p> <p>If mental illness, was person receiving MH services? Yes No U/K</p>
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<p>21. Person have prior child deaths?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes No U/K</p>	<p>If yes, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Child abuse # _____ Child neglect # _____ Accident # _____ Suicide # _____ SIDS # _____ Other # _____ Other, specify: U/K</p>	<p>22. Person have history of intimate partner violence?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes, as victim Yes, as perpetrator No U/K</p>	<p>23. Person have delinquent/criminal history?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes No U/K</p> <p>If yes, check all that apply:</p> <p>Assaults Robbery Drugs Other, specify: U/K</p>
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<p>24. At time of incident was person impaired?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Yes   No   U/K   Yes   No   U/K</p> <p>If yes, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Drug impaired Alcohol impaired Asleep Distracted Absent Impaired by illness, specify: Impaired by disability, specify: Other, specify:</p>	<p>25. Does person have, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>Prior history of similar acts Prior arrests Prior convictions</p>	<p>26. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p>No charges filed Charges pending Charges filed, specify: Charges dismissed Confession Plead, specify: Not guilty verdict Guilty verdict, specify: Tort charges, specify: U/K</p>
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**FOR SUICIDE**

27. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

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

28. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the mother's despondency? Check all that apply:

None known	Suicide by friend or relative	Physical abuse/assault	Gambling problems
Family discord	Other death of friend or relative	Rape/sexual abuse	Involvement in cult activities
Parents' divorce/separation	Bullying as victim	Problems with the law	Involvement in computer or video games
Argument with parents/caregivers	Bullying as perpetrator	Drugs/alcohol	Involvement with the Internet, specify:
Argument with boyfriend/girlfriend	School failure	Sexual orientation	Other, specify:
Breakup with boyfriend/girlfriend	Move/new school	Religious/cultural issues	U/K
Argument with other friends	Other serious school problems	Job problems	
Rumor mongering	Pregnancy	Money problems	

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

1. Services:	<u>Provided</u>	<u>Offered but</u>	<u>Offered but</u>	<u>Should be</u>	<u>Needed but</u>		<u>CDR review</u>
Select one option per row:	<u>after death</u>	<u>refused</u>	<u>U/K if used</u>	<u>offered</u>	<u>not available</u>	<u>U/K</u>	<u>led to referral</u>
Bereavement counseling							
Debriefing for professionals							
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 a later date

1. Could the death have been prevented?      Yes, probably      No, probably not      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			Type of Action		Level of Action		
	<u>Recommendation</u>	<u>Planning</u>	<u>Implementation</u>	<u>Short term</u>	<u>Long term</u>	<u>Local</u>	<u>State</u>	<u>National</u>
Education	Media campaign							
	School program							
	Community safety project							
	Provider education							
	Parent education							
	Public forum							
	Other education							
Agency	New policy(ies)							
	Revised policy(ies)							
	New program							
	New services							
	Expanded services							
Law	New law/ordinance							
	Amended law/ordinance							
	Enforcement of law/ordinance							
Environment	Modify a consumer product							
	Recall a consumer product							
	Modify a public space							
	Modify a private space(s)							
	Other, specify:							

Briefly describe the initiatives:

3. Who took responsibility for championing the prevention initiatives? Check all that apply:

N/A, no strategies	Mental health	Law enforcement	Advocacy organization	Other, specify:
No one	Schools	Medical examiner	Local community group	
Health department	Hospital	Coroner	New coalition/task force	
Social services	Other health care providers	Elected official	Youth group	U/K

**L. THE REVIEW MEETING PROCESS**

1. Date of first review meeting:	2. Number of review meetings for this case: _____	3. Is review complete?	N/A	Yes	No
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4. Agencies at review, check all that apply:

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

5. Were the following data sources available at the review?

Check all that apply:

- Birth certificate - full form
- Death certificate
- Mother's medical records or clinical history, including vaccinations
- Mother's obstetric and prenatal information
- Law enforcement records
- Social service records
- Child protection agency records
- EMS run sheet
- Hospital records
- Autopsy/pathology reports
- Mental health records
- School records
- Substance abuse treatment records
- Other, specify:

6. 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:

7. Review meeting outcomes, check all that apply:

Review led to additional investigation	Review led to the delivery of services
Team disagreed with official manner of death. What did team believe manner should be?	Review led to changes in agency policies or practices
Team disagreed with official cause of death. What did team believe cause should be?	Review led to prevention initiatives being implemented
Because of the review, the official cause or manner of death was changed	Local                      State                      National

8. Describe the factor(s) that directly contributed to this death:

9. Which of the factors that directly contributed to this death are modifiable?

10. List any recommendations to prevent deaths from similar causes or circumstances in the future:

11. What additional information would the team like to know about the death scene investigation?

12. What additional information would the team like to know about the autopsy?

**M. NARRATIVE**

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.  
DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE.

Continue narrative if necessary on next page

**N. FORM COMPLETED BY:**

PERSON:  
TITLE:  
AGENCY:  
PHONE:

EMAIL:  
DATE COMPLETED:  
DATA ENTRY COMPLETED FOR THIS CASE?

For State Program Use Only:

DATA QUALITY ASSURANCE COMPLETED BY STATE

## NOTES





This form is modified from the National Center for the Review and Prevention of Child Deaths Case Report 3.0 and used with their permission

<http://www.dphhs.mt.gov/publichealth/cdrp/index.shtml>

For help, phone: 406-444-3394