

Kentucky Coroner Report & Child Fatality Review Meeting Report

Coroner to complete Section I & Section II at time of death and submit the next business day to Local Health Department (LHD) as initial report of death. LHD CFR to fax EACH update of form to State CFR (502) 564-5766.

Section I. Incident Information

County of Death: _____ County of Incident: _____ County of Residence: _____

Coroner Initial Report date: _____ Coroner Update date: _____

Date Reported to CPS: _____ **Date Reported to Law Enforcement:** _____ **Date Reported to LHD:** _____

Coroner Name: _____ Anticipated Review Date: _____

Childs Name	Age	Date of Death	Date of Birth
Last First	<input type="checkbox"/> Min <input type="checkbox"/> Day <input type="checkbox"/> Mth <input type="checkbox"/> Yrs		

Gender: Male / Female Residence Address: _____
 Race: _____
 Hispanic: No Yes Mailing Address if different: _____

Cause of Death: <input type="checkbox"/> MVC <input type="checkbox"/> Fire <input type="checkbox"/> Drowning <input type="checkbox"/> Asphyxia <input type="checkbox"/> Firearm <input type="checkbox"/> Poisoning <input type="checkbox"/> Injury/Maltreatment/Neglect <input type="checkbox"/> SUDI <input type="checkbox"/> Medical Condition <input type="checkbox"/> Injury/Other <input type="checkbox"/> Undetermined <input type="checkbox"/> Other _____	Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Undetermined
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Place of Incident: Child's Home Relatives Home Friend's Home Foster Care Child Care Farm/Ranch School
 Work Park Jail/Detention Sidewalk Driveway Highway Street Intersection Shoulder Parking area
 Off Road RR track Pool Creek/River Lake/Pond Bathtub Well/Cistern/Septic tank Other _____

Scene Details:

a. Investigation conducted by: Coroner Law enforcement Fire Dept. EMS CPS Death Investigation not conducted
 b. Death: Intentional Unintentional c. Total number of deaths at incident/event: _____ Children _____ Adults
 d. Photographs taken? No Yes e. Scene re-creation? No Yes f. Doll re-enactment? No Yes
 g. Was 911 called? No Yes h. Was resuscitation attempted? No Yes: By: _____ UNK

Briefly Describe the Incident:

Section II. Circumstances of Death

MVC a. Vehicle type: Car/Truck Bus Motorcycle Farm Vehicle ATV Mower Train/Airplane Other: _____
 b. Position of child: Driver Passenger On Bicycle Pedestrian Other: _____
 c. Location of child if passenger: Front Back Truck Bed d. Age of driver _____ years
 e. Cause of incident (speeding, cell phone use, road hazard, etc.) _____
 f. Driving Conditions: Normal Loose gravel Muddy Ice/snow Fog Wet Poor Tire Tread Other _____
 g. Driver's License: Full Graduated Suspended Violating Graduated License h. Protective measures (check all that apply)
 airbag lap belt shoulder belt child seat belt positioned booster seat helmet other: specify _____

FIRE a. Fire source: Matches/lighter Cigarette Candle Stove Space heater Electrical Other: _____
 b. Was the fire started by a person? No Yes UNK c. Was arson suspected? No Yes
 d. Were smoke detectors present? No Yes e. Child died from: Burns Smoke Inhalation Other: _____

DROWNING a. Location child last seen? _____ b. Time between last seen and incident _____ mins hrs
 c. Were safety barriers present? UNK No Yes: Describe: _____ d. Could the child swim? No Yes UNK
 e. Was child forcibly submerged? No Yes UNK f. Rescue attempt made? No Yes UNK N/A

FIREARM a. Was firearm stored? Unlocked Locked Not Stored b. Was it stored loaded? No Yes UNK
 c. Use of weapon at time: Hunting/Target shooting Loading/Cleaning Playing with weapon Gang Activity
 Other: _____

SUICIDE Select all that apply: Note was left Talked about it Prior attempts Unexpected History (hx) of Self Harm
 Family hx Murder-Suicide Suicide pact School Problems Child had been bullied Other factors _____

UNINTENTIONAL ASPHYXIA

- 1. Suffocation-Sleep related: a. sleeping place (crib, adult bed, etc) _____ if adult bed size: _____
b. Position found: Back Stomach Side UNK c. Face position when found: Up Down Left/Right UNK
d. Airway: Unobstructed Fully obstructed Partially obstructed What obstructed airway? _____
e. Time between last known alive and found _____ mins hrs **(Send a copy of completed SUIDI-RF for <1 to the LHD)**
- 2. Suffocation- Not Sleep related: Confined in tight space Asphyxia by gas Other: _____
- 3. Strangulation: list the object that caused event (cord, belt, person, etc): _____
- 4. Choking: list object that caused choking (food, toy, liquid, etc): _____
- 5. Other Asphyxia: Describe _____
- 6. Was asphyxia an autoerotic event? No Yes UNK 7. Was the child playing the pass out/choking game? No Yes UNK
- 8. Did child have a hx of seizures? No Yes UNK 9. Did child have a hx of apnea? No Yes UNK
- 10. Was the Heimlich Maneuver attempted? No Yes UNK

- POISONING/OVERDOSE** a. Death due to: Poisoning Overdose (self-administered) Overdose (administered by another)
Adverse effect, but not overdose b. Type of substance: Rx Over counter Illegal Other: _____
c. Where was the substance stored? _____

- MEDICAL CONDITION** a. Diagnosis: _____
b. Was the death expected? No Yes Yes, but at a later date c. Was child receiving health care for condition? No Yes
d. Were there access/compliance issues? UNK No Yes: Describe: _____

- OTHER INJURY** Burn (liquid/chemical) Electrocution Assault type of weapon _____ Abusive Head Trauma
Inflicted Injury to Head/Torso Child Sexual Abuse Fall Crush Exposure to Hazards
Other injury Describe: _____

- CONSUMER PRODUCT** a. Was product used properly? No Yes UNK b. Is a recall in place? No Yes UNK
c. Did product have safety label: No Yes UNK d. Was Consumer Product Safety Commission notified? No Yes UNK

LHD complete Section III & IV during the CFR meeting. LHD CFR fax EACH update of form to State CFR (502) 564-5766.

Section III. Case Details

- 1. Was anyone involved under the influence of: alcohol or drugs Describe: _____
- 2. Was mental health a factor in the death? No Yes Describe: _____
- 3. Was poverty or lack of resources a factor in the death? No Yes: Describe: _____
- 4. At time of incident, was child supervised? No Yes UNK Not needed 5. Was supervisor impaired? No Yes UNK
- 6. Relationship of the person Supervising the child: Mother Father Other: _____
- 7. Relationship of the Primary Caregiver (PC) of the child: Mother Father Other: _____
- 8. Mother's Age: ____ Criminal hx No Yes UNK Substance Abuse No Yes UNK Prior Child Deaths No Yes UNK
- 9. Father's Age: ____ Criminal hx No Yes UNK Substance Abuse No Yes UNK Prior Child Deaths No Yes UNK
- 10. Supervisor's Age: ____ Criminal hx No Yes UNK Substance Abuse No Yes UNK Prior Child Deaths No Yes UNK
- 11. PC's Age: ____ Criminal hx No Yes UNK Substance Abuse No Yes UNK Prior Child Deaths No Yes UNK
- 12. a. Did a person do something/fail to do something contributing to the death? No Yes UNK b. Relationship: _____
c. Age of person: ____ d. Was person impaired: No Yes UNK e. Was person asleep: No Yes UNK
f. Did person have Criminal hx No Yes UNK Substance Abuse No Yes UNK Prior Child Deaths No Yes UNK
g. Hx of maltreatment: Perpetrator Victim
- 13. Did child have a Disability or Chronic Illness? UNK No Yes: Physical Mental Intellectual Sensory
- 14. Were there any medical/behavioral changes in the 72 hours prior to death? No Yes UNK Describe: _____
- 15. What was the Child's Health Insurance: Medicaid Private Other _____
- 16. Child had: a. mental health hx? UNK No Yes b. substance abuse hx? UNK No Yes c. criminal hx? UNK No Yes
- 17. Did the family have: a. CPS hx? UNK No Yes b. Open CPS or APS case/investigation at time of death? No Yes UNK
c. other children living in home? No Yes UNK How many? ____ d. Hx Child or a sibling placed outside of home? No Yes
- 18. Is there evidence of prior child abuse? No Yes: physical sexual emotional injury neglect UNK
- 19. Was the death reported to CPS? UNK No Yes CPS Action: Not Investigated Unsubstantiated Substantiated
- 20. Was an autopsy completed? No Yes UNK
- 21. Was Toxicology completed? No UNK Yes: Findings: Negative Positive for: Cocaine Methamphetamine Alcohol
Marijuana Opiates Over Counter Drug Other _____
- 22. Describe any abnormalities or significant findings in autopsy: _____
- 23. For Infants: a. Born Drug Exposed No Yes UNK b. Had Neonatal Abstinence Syndrome (NAS) No Yes UNK
c. Exposed to 2nd hand smoke No Yes UNK d. Had Abnormal Newborn Screen No Yes UNK