

**KENTUCKY CORONER CHILD FATALITY REPORTING FORM**

Revised 9/05

KRS 211.680

**Section I DEMOGRAPHIC AND RELATED INFORMATION For child deaths under age 18**

County of Death \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Incidence \_\_\_\_\_

County of Incidence \_\_\_\_\_ County of Residence \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Also I.D. State if other than KY Also I.D. State if other than KY hrs, days, mos., yrs.

Cause of Death \_\_\_\_\_ Manner of Death:  Natural  Homicide  Suicide  Accident  Undetermined

Name of Deceased \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security # \_\_\_\_\_  
(M/F) White, Black, Hispanic, Asian, Other: (Specify)

**Check Local Agencies Notified of this Child Fatality: (related to KRS 72.410 & KRS 620.030 requirements)**

- Law Enforcement  Health Department  Dept. for Community Based Services (Social Services)
- Other \_\_\_\_\_  Other \_\_\_\_\_

Has this fatality, or will it be reviewed by the Local Child Fatality Review Team?  Yes  No, why? \_\_\_\_\_  
Possible Risk Factors associated with the death for which interventions could potentially prevent similar future child deaths. (Also use for extra comments.)

\*\*\*Submit Report to\*\*\*: Child Fatality Review Administrator, Division of Adult & Child Health Improvement, 275 East Main St., HS 2GW-A, Frankfort, KY 40621-0001. For more information call 502/564-3527, Ext. 3786. Revised 9/05

**Section II CIRCUMSTANCES OF DEATH (Complete subsections appropriate to case)**

- A. SUDDEN INFANT DEATH SYNDROME (SIDS)
1. Has this family had another child to die?
 Yes  No  Unknown
If yes, at what age? \_\_\_\_\_ Cause \_\_\_\_\_
 Immediate family  Other relative
2. Position of infant on discovery?
 On stomach, face down
 On stomach, face to side
 On back  On left side
 On right side  Co-Sleeping
 Other \_\_\_\_\_
 Unknown
3. Place of death?
 Residence  Childcare
 Other \_\_\_\_\_
4. Tobacco use at place of discovery?
 Yes  No  Unknown
- B. ILLNESS OR OTHER NATURAL CAUSE
1. Apparent illness or other natural cause condition?
 Known Condition (specify) \_\_\_\_\_
 Unknown Condition
2. Last known date/time child was assessed by health care provider?
Date \_\_\_\_\_ Reason \_\_\_\_\_
3. Premature birth? \_\_\_\_\_ weeks gestation
Birth was:
 Spontaneous  Chemically induced
 Inflicted Injury to Mother (how?) \_\_\_\_\_
4.  Tobacco/drug use at place of discovery?
 Yes  No  Unknown
- C. UNDETERMINED
1.  Cause 2.  Manner
- D. FALL
1. Place of incident
 Residence  School
 Day care/child care  Park
 Other \_\_\_\_\_
2. Was child supervised?
 Yes  No  Unknown
3. Equipment or product involved, other comments \_\_\_\_\_
- E. ELECTRICAL
1. Cause?
 Lightning  Downed power line
 Equipment \_\_\_\_\_
 Wiring  Other \_\_\_\_\_
- F. POISON/OVERDOSE
1.  Due to drug or chemical
Name of drug or chemical \_\_\_\_\_
 Unknown b.  N/A
2.  Circumstances Unknown
3. Poison Control Contacted?
 Yes  No
4. Location of deceased at discovery?
 Residence  Other \_\_\_\_\_
5.  Intentional  Unintentional
Administered by  Self  Other \_\_\_\_\_
 Unknown
- G. DROWNING
1. Place of Drowning?
 Creek/River  Pond/Lake
 Well/ Cistern/ or septic tank
 Bathtub  Swimming pool
 Wading Pool  Bucket
 Other \_\_\_\_\_
 Unknown
2. Location prior to drowning?
 Boat  Water edge
 Other \_\_\_\_\_
 Unknown
3. Wearing flotation device?
 Yes  No  Unknown
4. Barrier devices present? (e.g. wall, fence, gate)
 Yes (Type) \_\_\_\_\_
5.  Circumstances Unknown
6. Was child supervised?
 Yes  No  Unknown
- H. DECEASED IS A FEMALE OF CHILD BEARING AGE
1. Pregnant at the time of death?
 Yes  No
2. If no, a pregnancy in the past 12 months?
 Yes  No  Unknown

Report submitted by:
Signature \_\_\_\_\_
Printed Name (or typed) \_\_\_\_\_
Date \_\_\_\_\_
 Coroner  Deputy Coroner

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**I. VEHICULAR**

1. Age of Driver \_\_\_\_\_
2. Position of decedent?
  - Driver
  - Pedestrian
  - Passenger
  - Back of truck
  - Other \_\_\_\_\_
  - Unknown
3. Type of Vehicle?
  - Car  All-Terrain Vehicle
  - Motorcycle  Bicycle
  - Riding mower
  - Farm tractor
  - Truck/RV
  - Other farm vehicle
  - Other \_\_\_\_\_
  - Unknown
4. Condition of Road?
  - Normal
  - Loose gravel
  - Ice/Snow
  - Fog
  - Unknown
  - N/A
  - Other \_\_\_\_\_
5. Restraint Use?
  - Yes  No
  - Car seat  Booster
  - Seat belt
    - Present in vehicle/Not used
    - None in Vehicle
    - Unknown
    - N/A
- 6 Location of infant car seat?
  - Passenger seat
  - Back seat
  - Position (facing)?
    - Forward  Backward
7. Deceased wearing a helmet?
  - Yes  No  Unknown  N/A
8. Vehicle in which decedent **was** an occupant
  - Driver Impaired \_\_\_\_\_
  - Excessive speed
    - Speed limit? \_\_\_\_\_ mph
    - Vehicle speed? \_\_\_\_\_ mph
    - Other violations \_\_\_\_\_
  - Mechanical failure
  - Other \_\_\_\_\_
  - Unknown
  - N/A
9. Vehicle in which decedent was **not** an occupant
  - Operator impaired due to \_\_\_\_\_
  - Excessive speed \_\_\_\_\_ mph
  - Other operator violations \_\_\_\_\_
  - Mechanical Failure
  - Other \_\_\_\_\_
  - Unknown  N/A

**J. SUFFOCATION/STRANGULATION**

1. Circumstances
  - Overlay or roll-over by another
  - Inflicted by another person, not an overlay or roll-over
  - Self-inflicted with use of
    - Hanging device \_\_\_\_\_
    - Other \_\_\_\_\_
  - Unknown
2.  Object obstructing breathing?
  - Food
  - Object in airway \_\_\_\_\_
  - Object covering mouth or nose \_\_\_\_\_
  - (e.g. blanket/plastic bag/person's hand)
  - Object exerting pressure on victim's neck \_\_\_\_\_
3.  Suicide
4.  Other \_\_\_\_\_
  - Unknown
5.  Injury occurred while victim sleeping?
  - Yes  No  Unknown
6. Condition of bed/crib?
  - Hazardous design of bed/crib
  - Malfunction/improper use of bed
  - Use of soft bedding/sleeping surface
  - Use of a sofa, soft bedding, pillow
  - Other \_\_\_\_\_
  - Unknown
  - N/A
7. Carbon Monoxide Inhalation
  - Yes  No  Unknown
8.  Circumstances unknown

**K. FIREARM**

1. Person handling the firearm?
  - Decedent  Other person
  - Unknown  N/A
2. Firearm involved?
  - Handgun  Long gun
  - Unknown  N/A
3.  Caliber \_\_\_\_\_
4. Age of person handling firearm?
  - Years \_\_\_\_\_  Unknown
5.  Use of firearm at time of incident?
  - Shooting at person other than victim
  - Suicide  Cleaning
  - Target shooting  Loading
  - Hunting  Playing
  - Other  Unknown  N/A
6. Was weapon easily accessible?
  - Yes  No  Unknown
7.  Circumstances unknown

**L. INFLECTED INJURY**

1. Manner injury was inflicted?
  - Firearm  Sharp/stabbing trauma
  - Blunt force trauma  Unknown
2. Injury inflicted by?
  - Self  Parent/Caregiver
  - Other adult assailant  Peer
  - Law enforcement  Unknown
3.  Accident  Suicide  Homicide
4.  Abusive \_\_\_\_\_
5.  Circumstances unknown

**M. FIRE/BURN**

1. If not fire, source of burn?
  - Hot water  Appliance
  - Other \_\_\_\_\_
  - Unknown  N/A
2. Fire source?
  - Oven/stove  Explosion \_\_\_\_\_
  - Cooking appliance for warmth
  - Matches  Lit cigarette
  - Lighter  Space heater
  - Furnace  Electrical wire
  - Wood stove  Meth. Lab
  - Fireworks/Explosives
  - Other \_\_\_\_\_
  - Unknown  N/A
3. Smoke alarm present at scene?
  - Yes  No  Non-functional
4. Did another person start fire?
  - Yes  No  Unknown
5. If yes, age of person \_\_\_\_\_
  - Unknown  N/A
6. If started by a person, did this person survive fire?
  - Yes  No
7. Activity of person that started fire at time of fire?
  - Playing  Cooking
  - Smoking  Other \_\_\_\_\_
  - Unknown  N/A
  - Suspected arson
8. Type of structure burned?
  - Wood  Brick/stone
  - Trailer/Mobile home
  - Other \_\_\_\_\_
  - Unknown  N/A
9. Was person under influence of ETOH/drugs?
  - Yes  No  Unknown
10.  Circumstances unknown?
  - Yes  No  N/A

**N. OCCUPATIONAL FATALITY**

1. Was this death work related?
  - Yes  No  Unknown

**O. OTHER**

1. Place of fatality \_\_\_\_\_
2. Cause \_\_\_\_\_
3. Injury \_\_\_\_\_
4. Faulty consumer product involved?
  - Yes  No  UnknownProduct: \_\_\_\_\_

**P. SUICIDE**

1. History of abuse?
  - Yes  No  UnknownType of Abuse:  Mental  Physical  Sex  
By  Self  Other \_\_\_\_\_
2.  School problems  Previous attempts
4. Mental Health Care or Child Protective Services System involvement?
  - Yes \_\_\_\_\_  No