

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
- B. ILLNESS OR OTHER NATURAL CAUSE**
1. Apparent illness or other natural cause condition?
 Known Condition (specify) _____
 Unknown Condition
- C. UNDETERMINED**
1. Cause 2. Manner
- D. FALL**
1. Place of incident
 Residence School
 Day care/child care Park
 Other _____
- 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
- G. DROWNING**
1. Place of Drowning?
 Creek/River Pond/Lake
 Well/ Cistern/ or septic tank
 Bathtub Swimming pool
 Wading Pool Bucket
 Other _____
 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
- 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
- 2. Was child supervised?
 Yes No Unknown
- 2. Location prior to drowning?
 Boat Water edge
 Other _____
 Unknown
- 3. Place of death?
 Residence Childcare
 Other _____
- 3. Equipment or product involved, other comments _____
- 3. Wearing flotation device?
 Yes No Unknown
- 3. Premature birth? _____ weeks gestation
Birth was:
 Spontaneous Chemically induced
 Inflicted Injury to Mother (how?) _____
- 3. Barrier devices present? (e.g. wall, fence, gate)
 Yes (Type) _____
- 4. Tobacco use at place of discovery?
 Yes No Unknown
- 4. Was child supervised?
 Yes No Unknown
- 4. Location of deceased at discovery?
 Residence Other _____
- 4. Intentional Unintentional
Administered by Self Other _____
- 4. Tobacco/drug use at place of discovery?
 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 _____ Unknown
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 3. Previous attempts
4. Mental Health Care or Child Protective Services System involvement?
 - Yes _____ No