

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention Division of Reproductive Health Maternal and Infant Health Branch Atlanta, Georgia 30333





Reporting Form

INVESTIGATION DATA

Inidiit S Las	st Name	Infa	nt's First Name	<u>}</u>	Middle	Name		Case Nu	mber
Sex: Male	Female D	ate of Birth			Age:		SS#:		
Race: White	Black/Africa	an Am.	Asian/Pacific Isl.	Am. I	ndian/Alaskan I	Native	Hispanie	c/Latino Othe	r
nfant's Primary F	Residence:								
Address:		C	ity:		County:		State:	Zip:	
Incident Address:		C	ity:		County:		State:	Zip:	
ontact Informati	on for Witness	s:							
Relationship to de	ceased:	Birth Moth	ier Birth	Father	Grandmo	ther	Gran	dfather	
Adoptive or F	oster Parent	Physi	cian I	Health Rec	ords O	ther Descr	ibe:		
_ast:		First:			M.:	S	SS#:		
Address:			City:			State:		Zip:	
Nork Address:			City	:		Stat	e:	Zip:	
lome Phone:			Work Phone				Date of E		
					14	/ITNESS			
Did you not	i ce anything u Yes	nusual or d Specify		the infant	in the last 2	(hro?			
			/:			+ nrs :			
No	nt experience			the last 72		+ 115?			
	nt experience a Yes	any falls or	injury within	the last 72		+ nrs ?			
_	-	any falls or Specify	injury within	the last 72		+ 115 ?			
_	Yes	any falls or Specify	injury within	the last 72					
When was t	Yes	any falls or Specify T PLACED? Military T	injury within /:	the last 72	hrs?				
When was t	Yes he infant LAS	any falls or Specify T PLACED? Military T	injury within /: ime: LIVE(LKA)?	the last 72	hrs?	oom):			
When was t Date: When was th Date:	Yes he infant LAS	any falls or Specify F PLACED? Military T KNOWN A Military T	injury within /: ime: LIVE(LKA)?	the last 72	hrs?	oom):			
When was t Date: When was th Date:	Yes he infant LAST	any falls or Specify F PLACED? Military T KNOWN A Military T	injury within /: ime: LIVE(LKA)?	the last 72	hrs?	oom):			
When was t Date: When was th Date: When was th Date:	Yes he infant LAST	Any falls or Specify TPLACED? Military T KNOWN A Military T ND? Military T	injury within /: ime: LIVE(LKA)? ime: ime:	the last 72	hrs?	oom):			
When was t Date: When was t Date: When was t Date: Explain how	Yes he infant LAST he infant FOUN you knew the	Any falls or Specify TPLACED? Military T KNOWN A Military T ND? Military T infant was	injury within		 hrs? Location (r Location (r Location (r 	oom):	of approp	priate response)?	
When was t Date: When was t Date: When was t Date: Explain how	Yes he infant LAST he infant FOUN you knew the the infant - (P)	any falls or Specify T PLACED? Military T KNOWN A Military T ND? Military T infant was	injury within	e, (F)ound (hrs? Location (r Location (r Location (r 	oom):		priate response)?	
When was t Date: When was t Date: When was t Date: Explain how Where was	Yes he infant LAST he infant LAST he infant FOUN you knew the the infant - (P)	any falls or Specify T PLACED? Military T KNOWN A Military T ND? Military T infant was	injury within /: ime: LIVE(LKA)? ime: ime: still alive. st known alive	e, (F)ound (<pre>hrs? Location (r Location (r Location (r Location (r Konte P, L, or</pre>	oom):			
When was t Date: Bassin Cradle	Yes he infant LAST he infant LAST he infant FOUN you knew the the infant - (P)	any falls or Specify T PLACED? Military T KNOWN A Military T ND? Military T Infant was	injury within (;); ime: LIVE(LKA)? ime: ime: still alive. still alive. edside co-slee	e, (F)ound (<pre>hrs? Location (r Location (r Location (r Location (r (write P, L, or Car seat</pre>	oom):		Chair	
When was t Date: Bassin Cradle	Yes he infant LAST he infant LAST he infant FOUN you knew the the infant - (P) let ss/box spring	any falls or Specify T PLACED? Military T KNOWN A Military T Military T Infant was	injury within /: ime: LIVE(LKA)? ime: ime: still alive. st known alive edside co-slee rib	e, (F)ound (per	Performance Location (r Location (r Location (r Location (r Car seat Floor	oom):		Chair n a person's arm	

				WITN	NESS INTER	/IEW (cont.)	
10	In what position was the infant LAST Was this the infant's usual position?	PLACED?	Sitting Yes	On back No	On side What was the t	On stomach usual position?	Unknown
11	In what position was the infant LKA? Was this the infant's usual position?		Sitting Yes	On back No	On side What was the t	On stomach usual position?	Unknown
12	In what position was the infant FOUN Was this the infant's usual position?	D?	Sitting Yes	On back No	On side What was the r	On stomach usual position?	Unknown
13	Face position when LAST PLACED?	Face	down on su	face	ace up	ace right	Face left
14	Neck position when LAST PLACED?	Hypere	xtended (he	ad back)	Flexed (chin to c	hest)	Itral Turned
15	Face position when LKA? Fac	e down on :	surface	Face up	Face right	Face left	
16	-		l (head back		d (chin to chest)	Neutral	Turned
17		e down on :		Face up	Face right	Face left	
					-	I	Turreed
18			I (head back) Flexe	d (chin to chest)	Neutral	Turned
19	What was the infant wearing? (ex. t-sh	•					
20	Was the infant tightly wrapped or swa			Yes - describe:			
21	Please indicate the types and numbers	-	-		-	-	
	Bedding UNDER Infant Receiving blankets	None	Number	Bedding OVE Receiving bla		Non	e Number
	Infant/child blankets			Infant/child bla			
					omforters (thick)		
	Infant/child comforters (thick) Adult comforters/duvets			Adult comforte	. ,		
	Adult blankets			Adult blankets			
	Sheets			Sheets	>		
	Sheepskin			Pillows			
	Pillows			Other, specify			
	Rubber or plastic sheet			Other, specify	•		
	Other, specify:						
00							
22	Which of the following devices were of None Apnea monitor Hur	nidifier	Vaporizer	s room ? Air purifie	er Other -		
23	What was the temperature in the infan	t's room?	Hot	Cold	Normal	Other -	
24	Which of the following items were nea	r the infant	t's face, nos	se, or mouth?			
	Bumper pads Infant pillows		l supports	Stuffed ani		Other -	
25	Which of the following items were wit	hin the infa	ant's reach?	•			
	Blankets Toys Pillows	Paci	fier No	othing O	ther -		
26	Was anyone sleeping with the infant?	No	Yes	Locatio	n in relation		
	Name of individual sleeping with infant	Age H	eight Weig		infant	Impairment (int	oxication, tired)
27	Was there evidence of wedging?	No	Yes - Descril	be:			
28	When the infant was found, was s/he:	Brea	I	ot Breathing			
20	If not breathing, did you witness the infar	1	0	No Yes			
	in not breating, and you withess the filld	n stop bled	anny:	162			

WITNESS INTERVIEW (cont.)

Describe the infant's ap	pearance w	hen foun	d.							
Appearance			Unknowr	n No	Yes		Describe and spec	cify location		
a) Discoloration around	face/nose/m	outh								
b) Secretions (foam, fro	th)									
c) Skin discoloration (liv	or mortis)									
d) Pressure marks (pale	e areas, bland	ching)								
e) Rash or petechiae (s on skin, membranes,	mall, red bloc or eyes)	od spots								
f) Marks on body (scrat	ches or bruis	ses)								
g) Other										
What did the infant feel	like when fo	ound? (Cl	heck all tha	at apply.						
Sweaty Warm t		Cool to	г		ıp, flex	ihle	Rigid, stiff Unkn	own		
								own		
Other - specify:										
Did anyone else other t	han EMS try	to resus	citate the	e infan	:?	No	Yes			
Who?				Date:			Military time:			
Please describe what w	an dana an i	port of ro	cuccitati						-	
						INFA	NT MEDICAL HIST	FORY		
Source of medical infor	mation:	Doctor		ther be	althcar					
Source of medical infor		Doctor	r Ot	ther he	althcar	INFA		Family		
Mother/primary careg	giver C	Other:		ther he	althcar					
	giver C	Other:		ther he	althcar					
Mother/primary careg	giver C	Dther:				re provide				
Mother/primary careg	giver C	Dther:	have:		es Co	re provide		Family		}
Mother/primary carege In the 72 hours prior to Condition a) Fever b) Diarrhea	giver C	Dther:	have:		es Co	re provide ondition Apnea (s Decrease	r Medical record	Family		
Mother/primary carege In the 72 hours prior to Condition a) Fever	giver C	Dther:	have:		es Co	re provide ondition Apnea (s Decrease	r Medical record	Family		
Mother/primary carege In the 72 hours prior to Condition a) Fever b) Diarrhea	giver C	Dther:	have:		es Co h) i) j)	re provide ondition Apnea (s Decrease	r Medical record stopped breathing) e in appetite s (turned blue/gray)	Family		
Mother/primary carego In the 72 hours prior to Condition a) Fever b) Diarrhea c) Excessive sweating	jiver (C) death, did th	Dther:Ur	have:		es Co h) i) j)	ondition Apnea (s Decrease Cyanosis Vomiting	r Medical record stopped breathing) e in appetite s (turned blue/gray)	Family		
Mother/primary carego In the 72 hours prior to Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes	jiver (C) death, did th	Dther:Ur	have:		es Co h) i) j) k) l)	re provide ondition Apnea (s Decrease Cyanosis Vomiting Seizures	r Medical record stopped breathing) e in appetite s (turned blue/gray)	Family		
Mother/primary carego In the 72 hours prior to Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping f) Difficulty breathing	jiver (C) death, did th more than us	Dther:Ur	have:		es Co h) i) j) k) l) m	ondition Apnea (s Decrease Cyanosis Vomiting Seizures) Choking	r Medical record stopped breathing) e in appetite s (turned blue/gray) s or convulsions	Family		
Mother/primary carego In the 72 hours prior to Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping f) Difficulty breathing g) Fussiness or excession	jiver C death, did th more than us ve crying	Dther: he infant Ur 	have:	No Yi	es Co h) i) j) k) l) m n)	re provide ondition Apnea (s Decrease Vomiting Seizures) Choking Other, sp	r Medical record stopped breathing) e in appetite s (turned blue/gray) s or convulsions pecify:	Unknown	No	
Mother/primary carego In the 72 hours prior to Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping f) Difficulty breathing g) Fussiness or excessi In the 72 hours prior to	jiver C death, did th more than us ve crying death, was t	Dther: he infant Ur 	have:	No Yi	es Co h) i) j) k) l) m n)	re provide ondition Apnea (s Decrease Vomiting Seizures) Choking Other, sp	r Medical record stopped breathing) e in appetite s (turned blue/gray) s or convulsions pecify:	Unknown	No	
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Mother/primary carego In the 72 hours prior to Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping f) Difficulty breathing g) Fussiness or excessi In the 72 hours prior to	piver C death, did th more than us ve crying death, was the ibe: C the infants of	Dther: he infant Ur ur sual the infant	have: hknown N tinjured of as the infa	No Yo	es Co h) i) j) k) l) m n) s/he h	ondition Apnea (s Decrease Cyanosis Vomiting Seizures) Choking Other, sp ave any c	r Medical record stopped breathing) e in appetite s (turned blue/gray) s or convulsions becify: bther condition(s) not	Family Unknown	No	
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INFANT MEDICAL HISTORY (cont.)

5	At any time in the infant's life, did s/he have a history of?	Describe
	Medical history Unknown No Yes	Describe
	a) Allergies (food, medication, or other)	
	b) Abnormal growth or weight gain/loss	
	c) Apnea (stopped breathing)	
	d) Cyanosis (turned blue/gray)	
	e) Seizures or convulsions	
	f) Cardiac (<i>heart</i>) abnormalities	
6	Did the infant have any birth defects(s)? No Yes	
	Describe:	
7	Describe the two most recent times that the infant was seen by a phys	sician or healthcare provider:
-	(Include emergency department visits, clinic visits, hospital admissions, observational First most recent visit	l stays, and telephone calls) Second most recent visit
	a) Date	
	b) Reason for visit	
	c) Action taken	
	d) Physician's name	
	e) Hospital/clinic	
	f) Address	
	g) City	
	h) State, ZIP	
	i) Phone number	
8	Birth hospital name:	Discharge date:
	Street address:	
	City:	State: Zip:
9	What was the infant's length at birth?	centimeters
10	What was the infant's weight at birth? pounds	ounces or grams
11	Compared to the delivery date, was the infant born on time, early, or la	
	On time Early - how many weeks? Late - how m	
12	Was the infant a singleton, twin, triplet, or higher gestation?	
12		ation
	Singleton Twin Triplet Quadrupelet or higher gesta	
13	Were there any complications during delivery or at birth? (emergency	c-section, child needed oxygen) Yes No
	Describe:	
14	Are there any alerts to the pathologist? (previous infant deaths in family	r, newborn screen results) Yes No
	Specify:	

INFANT DIETARY HISTORY

1	On what day and at what approximate time was the infar	nt last fed	?			
	Date: Military Time: :					
2	What is the name of the person who last fed the infant?					
3	What is his/her relationship to the infant?					
4	What foods and liquids was the infant fed in the last 24 h	nours (incl	ude la	st fe	d) ?	
	Food	Unknown	No	Yes	Quantity (ounces) Specify: (type and brand)
	a) Breastmilk (one/both sides, length of time)					
	b) Formula (brand, water source - ex. Similac, tap water)					
	c) Cow's milk					
	d) Water (brand, bottled, tap, well)					
	e) Other liquids (teas, juices)					
	f) Solids					
	g) Other					
5	Was a new food introduced in the 24 hours prior to his/h If yes, describe (ex. content, amount, change in formula, introduct			No	Yes	
6	Was the infant last placed to sleep with a bottle?	es N	o - if n	o, sk	ip to question <u>9</u> b	elow
7	Was the bottle propped? (i.e., object used to hold bottle wh	nile infant f	eeds)		No Yes	
	If yes, what object was used to prop the bottle?					
8	What was the quantity of liquid (in ounces) in the bottle?	?				
9	Did the death occur during? Breastfeeding Bot	tle-feeding		Eatir	ng solid foods	Not during feeding
10	Are there any factors, circumstances, or environmental of been identified? (ex. exposed to cigarette smoke or fumes at sor or wedges)	concerns	that m	nay ł	ave impacted th	e infant that have not yet
			Р		GNANCY HIS	TORY
1	Information about the infant's birth mother:					
	First name:	Las	t name	۵.		
	Middle name:	Maider				
	Birth date:		SS	-		
			007	<i>.</i>		
	Street address:	City:			Stat	e: Zip:
	How long has the birth mother been at this address? Yea	ars:			M	onths:
	Previous Address:					
2	At how many weeks or months did the birth mother beginned	n prenata	l care	?	No prenatal ca	are
	Weeks: Months:					
3	Where did the birth mother receive prenatal care? (Please	e specify ph	ysician	or of	her healthcare prov	der name and addresses.)
	Physician/ Provider:	Hospital	clinic:			Phone:
	Street address:	City:			Stat	e: Zip:

Specify: Was the birth mother inju	ured dur	ring her p	regnan	ncv with	the infa	nt? (ex auto a	accident fa	alls) N	o [Yes	
Specify:			regnan								
During her pregnancy, d	d she u	se any of	the fol	llowing?)						
		Unknown		-	Daily			Unknown	No	Yes	Dai
a) Over the counter medi						d) Cigarettes	5				
b) Prescription medication	IS					e) Alcohol					
c) Herbal remedies						f) Other					
Currently, does any care	giver us	Unknown		-	Daily			Unknown	No	Yes	Dai
a) Over the counter medi	ations					d) Cigarettes	5				Dui
b) Prescription medication	IS					e) Alcohol					
c) Herbal remedies						f) Other					
						NCIDENT	SCENE				
							SCENE				
Where did the incident o	death o	occur?									
Was this the primary res	dence?	No		Yes							
		h coopo o	davea	are or ot	hor child	care setting	? Ye	s No ·	If no	skin to	questio
Is the site of the incident	or deat	n scene a	uavca								, aacsu
Is the site of the incident			-			-				•	
Is the site of the incident How many children (und			-			-				•	
	er age 1	8) were u	nder th	ne care c	of the pro	ovider at the				•	
How many children (und	er age 1 and ov	8) were u ver) were s	nder th supervi	ne care o ising the	of the pro	ovider at the				•	
How many children (und How many adults (age 18	er age 1 and ov	8) were u ver) were s	nder th supervi	ne care o ising the	of the pro e child(ro e daycaro	ovider at the				•	
How many children (und How many adults (age 14 What is the license num License number:	er age 1 and ov ber and	8) were u ver) were s licensing	nder th supervi agency	he care of ising the y for the Agency	of the pro e child(ro e daycaro	ovider at the				•	
How many children (und How many adults (age 13 What is the license number:	er age 1 and ov per and e been o	8) were u ver) were s licensing open for k	nder th supervi agency	ne care c ising the y for the Agency ss?	of the pro e child(re e daycare y:	ovider at the en)?				•	
How many children (und How many adults (age 14 What is the license num License number: How long has the daycat How many people live at	er age 1 and ov ber and e been o the site	8) were un rer) were s licensing open for k	nder th supervi agency	he care of ising the y for the Agency ss?	of the pro- e child(ro e daycaro y: y:	en)?	time of f	the incide		•	
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INVESTIGATION SUMMARY

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SUMMARY FOR PATHOLOGIST

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ent fall or other injury
ory of religious, cultural, or ethnic remedies
se of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth)
r sibling deaths
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th due to trauma (injury), poisoning, or intoxication
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wers above should be explained in detail (description of circumstances):
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