## Reporting Form



					IN'	VESTIGATI	ON D	AT	A
ant's Information: Last:			First:		N	1 C	ase#_		
x:  Male Female Date	of Birth	/ Month	/ Dav Yea	ar	Age_		SS#_		
			_			_	_		
ce: White Black/African Am.		n/Pacific Is	slander LA	m. Indiai	n/Alas	kan Native	Hisp	anic	:/Latino U Other
ant's Primary Residence Address:	:								
ddress				City _					Zip
cident Address:									
ddress				City _					Zip
ontact Information for Witness:									
elationship to the deceased:	Birth Mo	ther	☐ Birth F	ather		☐ Grandmo	ther		Grandfather
Adoptive or Foster Parent	Physicia	n	☐ Health	Records	3	Other:			
ast	First				_ M.	S	S#		
ome Address		(	City						
ace of Work		(	City			State			Zip
none (H)	Ph	none (W)				Date o	of Birth		
					W	ITNESS IN	TER\	/IE	W
Did you notice anything unusual	or differe	nt about th	ne infant in the	e last 24	hrs?	☐ No	Yes	6	⇒ Describe:
Did the infant experience any fal	lls or iniur	v within th	e last 72 hrs?			□ No	☐ Yes		⇒ Describe:
When was the infant LAST PLA				/			:	,	- Becombo
Whom was the mant Eries i Er	.025.		Month	Day	Year	Military	Time		Location (room)
When was the infant <b>LAST KNC</b>	OWN AI IV	/F (I KA)?	/	/			:		
		_ ( , _ ,	Month	Day	Year	Military	Time		Location (room)
When was the infant <b>FOUND</b> ?			/	/			:		
			Month	Day	Year	Military	Time		Location (room)
Explain how you knew the infant	was still a	alive.							
Where was the infant - (P)laced,			(F)ound (circle	le P, L. o	r F in i	front of appror	riate r	esp	onse)?
P L F Bassinet			de co-sleeper			Car seat		-	F Chair
P L F Cradle		F Crib		P					F In a person's arm
P L F Mattress/box spring	_					'	-		
S	ΡL	F Mattre	ess on floor			Playpen	Р	L	-
P L F Sofa/couch				Р	L F				F Portable crib
P L F Sofa/couch P L F Other	P L	F Strolle	er/carriage	P P	L F	Playpen Swing			-

					WITNESS I	NTERVIEW	(cont.)	
10	In what position was the infant LAST PLACE Was this the infant's usual position?	ED? Yes	☐ Sitting		back		On stomach	Unknown
11	In what position was the infant <i>LKA</i> ? Was this the infant's usual position?	Yes	☐ Sitting		back		On stomach	Unknown
12	In what position was the infant Found? Was this the infant's usual position?	Yes	☐ Sitting		back	n side   ial position?	On stomach	Unknown
13	FACE position when LAST PLACED?	Face	down on s	surface	☐ Face up	)	☐ Face right	☐ Face left
14	NECK position when LAST PLACED?	] Нуре	erextended	(head back	k) Elexed	(chin to chest)	Neutral	Turned
15	FACE position when <i>LKA?</i>	Face	down on s	surface	☐ Face up	)	Face right	☐ Face left
16	NECK position when <i>LKA</i> ?	] Нуре	erextended	(head back	k) Elexed	(chin to chest)	Neutral	Turned
17	FACE position when FOUND?	Face	down on s	surface	☐ Face up	)	☐ Face right	☐ Face left
18	NECK position when FOUND?	] Нуре	erextended	(head back	k) Elexed	(chin to chest)	Neutral	Turned
19	What was the infant wearing? (ex. t-shirt,	disposa	able diaper)					
20	Was the infant tightly wrapped or swad	dled?		□ No	☐ Yes ➡ De	escribe:		
21	Please indicate the types and numbers Bedding UNDER Infant	of laye	ers of bedo	ding both o	over and unde Bedding OVE	•	cluding wrappi None	
•	Receiving blankets				Receiving blar			
	Infant/child blankets			-	Infant/child bla			
	Infant/child comforters (thick)			_		mforters (thick		
	Adult comforters/duvets			-	Adult comforte	•	, — — — — — — — — — — — — — — — —	
	Adult blankets			-	Adult blankets			
	Sheets			-				
	Sheepskin	$\Box$		_				
	Pillows			_		stic sheet		
	Rubber or plastic sheet			-	Other, specify			
	·			-	Other, specify	·		
	Other, specify:	otina in t	the infantic	. room?				
	Which of the following devices were operation.  None Appnea monitor	aung in Humidif		aporizer	☐ Air Purifier	Other		
4							Othor	
•	What was the temperature of the infant's r	OOIII?		lot	Cold	Normal	Other	
_								
5	Which of the following items were near the					onimals	ove Other	
^	☐ Bumper pads ☐ Infant pillows	_	itional sup	ports	Ѕтипеа	animals T	oys	
6	Which of the following items were within the	ne infan	t's reach?		Blanket	s 🗌 T	oys  Pillows	
7	Pacifier Nothing			her				
7	Was anyone sleeping with the infant?		☐ No		☐ Yes 🖒	Name these		
	Name	Age	Height	Weight	_ocation in Rela	ation to Infant	Impaired (intox	icated, tired)
_								
8	Was there evidence of wedging?	No		Yes	S ⇔ Describe	e:		
9	When the infant was found, was s/he:	Brea	athing	☐ No	t breathing			
	If not breathing, did you witness the infant	stop br	eathing?	☐ No		Yes		

What had led you to check on the infant	t?										
Describe infant's appearance when four	nd.						_				
a) Discoloration around face/nose/mouth				Uı	nknown N	lo Ye:	⇒	escribe a	and specify	locati	or
b) Secretions (foam, froth)							⇒_				
c) Skin discoloration (livor mortis)							⇒				
d) Pressure marks (pale areas, blanching)							⇒				
e) Rash or petechiae (small, red blood spo	ots on skin	, men	nbranes	s, or eyes)			⇒				
f) Marks on body (scratches or bruises)							⇒				
g) Other							⇒				
What did the infant feel like when found  ☐ Sweaty	· .	<i>all tha</i> m to t		•	ool to tou	ch					
Limp, flexible     Other ⇔Specify:		d, stif	f	_ U	nknown						
Did anyone else other than EMS try to r	esuscitat	e the	infant	No	o 🗌 Y	′es ⇔V	Vho and	d when?			
Who						/	/		_	_:	
					Moi	nth	Day	Year	Milita	ry Tim	ne
Has the parent/caregiver ever had a chi	ld die sud	ideni	y and u	inexpectedly	?	No [	Yes r	⇒Explai	in		
	ld die sud			INFA	ANT ME	DICA	L HIS	TORY			
	ld die sud	ddenly Doc	ctor		ANT ME	DICA	L HIS				
Source of medical information:  Mother/primary caregiver		Doo	ctor	INF.	ANT ME	DICA	L HIS	TORY			
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in		Doo	ctor	INF.	ANT ME	DICA	L HIS	TORY		No	
Source of medical information:  Mother/primary caregiver In the 72 hours prior to death, did the in		Doo	etor nily Yes	INF.	ANT ME	DICA	L HIS	TORY	ecord	No 🗆	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  U  a) Fever		Doo	ctor mily	INFA  Other heal  Other:	ANT ME	DICA	L HIS	TORY	ecord	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  U  a) Fever  b) Excessive sweating		Doo	etor mily Yes	INFA Other heal Other:	ANT ME Ithcare pro	DICA	L HIS	TORY	ecord	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual		Doo	ctor mily  Yes	Other heal Other:	ANT ME  Ithcare pro	<b>DICA</b> ovider	L HIS	TORY	ecord	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying		Doo	Yes	INFA Other heal Other:  n) Diarrhea ) Stool change ) Difficulty bre	ANT ME  Ithcare pro  es  eathing  pped breat	<b>DICA</b> ovider	L HIS	TORY	ecord	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite		Doo	ector mily  Yes	Other heal Other:  n) Diarrhea ) Stool change ) Difficulty bre k) Apnea (stop	es eathing oped breat	DICA ovider hing)	L HIS	TORY	ecord	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting		Doo	Yes	Other heal Other:  Oth	es esthing oped breaturned blue r convulsion	DICA ovider hing)	L HIS	TORY	ecord	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking	nfant have	Dood Fan  No  In the control of the	Yes	Other heal Other:  Other, spec	es esthing pped breat urned blue r convulsion cify: other cor	DICA ovider hing) /gray) ons	L HIS	TORY edical re	ecord  Unknown	No	,
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, was the integration in the 72 hours prior to the infants death	nfant have	Doc Fan	Yes	Other heal Other:  Other, spectors  Other, spectors  Other, spectors  Other any  other any	es eathing oped breat urned blue r convulsionity:	DICA ovider hing) /gray) ons ndition medic	L HIS  Me  (s) not	TORY edical re	ecord  Unknown	No	,
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, was the integration in the 72 hours prior to the infants death.	nfant have	Doc Fan	Yes	Other heal Other:  Other, spectors  Other, spectors  Other, spectors  Other any  other any	es eathing oped breat urned blue r convulsionity:	DICA ovider hing) /gray) ons ndition medic	L HIS  Me  (s) not	TORY edical re	ecord  Unknown	No	
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking In the 72 hours prior to death, was the i  No Yes ⇒ Describe: In the 72 hours prior to the infants death (Please include any home remedies, herbal medical) No Yes ⇒ List below	nfant have	Dood Fan  No  red o	Yes	Other heal Other:  Oth	es estathing oped breat urned blue r convulsion cify: other cor ations or e-counter n	DICA  pvider  ching) /gray) pns  medicati Appr	L HIS  Me  (s) not  ations? ons.)	TORY edical re	Unknown  Unk		,
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking In the 72 hours prior to death, was the i  No Yes ⇒ Describe: In the 72 hours prior to the infants death (Please include any home remedies, herbal medication No Yes ⇒ List below  Name of vaccination or medication	nfant have Jnknown  nfant inju  h, was the dications, p	Dood Fan  No  red o  rescrip	Yes	Other heal Other:  Oth	es eathing oped breat urned blue r convulsionity:	DICA  pvider  ching) /gray) pns  medicati Appr	L HIS  Me  (s) not  ations?	TORY edical re	ecord  Unknown  □ □ □ □ □ □ □ □		
In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking In the 72 hours prior to death, was the i  No Yes ⇒ Describe: In the 72 hours prior to the infants death (Please include any home remedies, herbal median) No Yes ⇒ List below	nfant have Jnknown  nfant inju  h, was the dications, p	Dood Fan  No  red o  rescrip	Yes	Other heal Other:  Oth	es estathing oped breat urned blue r convulsion cify: other cor ations or e-counter n	DICA  pvider  ching) /gray) pns  medicati Appr	L HIS  Me  (s) not  ations? ons.)	TORY edical re	Unknown  Unk		
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking In the 72 hours prior to death, was the i  No Yes ⇒ Describe: In the 72 hours prior to the infants death (Please include any home remedies, herbal medication No Yes ⇒ List below  Name of vaccination or medication	nfant have Jnknown  nfant inju  h, was the dications, p	Doce infarescrip	Yes	Other heal Other:  Oth	es estathing oped breat urned blue r convulsion ify: other cor ations or e-counter n	DICA  pvider  ching) /gray)  pns  medicati  Appr  Milita	L HIS  Me  (s) not  ations?  ox. time  ry Time	mention	Unknown  Unk	/en/	

			IN	FANT	MEDIC	CAL HISTORY (cont.)
At any time in the inf	ant's life, did s/he have a his	story of?				
-		Unknown	No	Yes	Descri	be:
a) Allergies (food, med	lication, or other)				⇒	
o) Abnormal growth or	weight gain/loss			c	⇒	
c) Apnea (stopped bre	athing)				⇒	
d) Cyanosis (turned bl	ue/gray)				⇒	
e) Seizures or convuls	sions				⇒	
f) Cardiac (heart) abno	ormalities				⇒	
g) Metabolic disorders					⇒	
h) Other					⇒	
Did the infant have a	ny birth defects(s)?	□ No	)	Ye	S	
Describe:						
		Month Day	Year		/ Month	Day Year
a) Date b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic		Month Day	Year	  	Month	Day Year
b) Reason for visit c) Action taken		Month Day	Year	  	/ Month	Day Year
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic		Month Day	Year	  	Month /	Day Year
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP		Month Day	Year	   	Month /	Day Year
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address	( ) -	Month Day	Year		Month /	Day Year
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number	( ) -	Month Day	Year	  	Month /	Day Year
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name:	( ) -	Month Day	Year		Month /	Day Year
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name: Street		Month Day	Year		()	) -
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name: Street City Date of discharge	•	Month Day	Year	  	()	) -
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name: Street City	s length at birth?	- inches	Year		() State	
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name: Street City Date of discharge What was the infant's	s length at birth? s weight at birth?	inches pounds			State _	ZIP centimeters
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name: Street City Date of discharge What was the infant's What was the infant's	s length at birth? s weight at birth? ivery date, was the infant bo	inches pounds	or lat		State	ZIP centimeters grams
b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City, ZIP h) Phone number Birth hospital name: Street City Date of discharge  What was the infant's What was the infant's Compared to the deli	s length at birth? s weight at birth?	inches pounds prn on time, early,	or lat		State	ZIP centimeters

14	Are there any alerts t	o pathologist? (previous infant deaths in family, newborn screen results)
	□ No	☐ Yes ⇔Specify:

☐ No

INFAI	ח דו	ETA	DVI	ЛС	TO	100
пигап	וט וע			-110		

Month Day Year		Military		Time	_			
What is the name of the person who last fed the	infant? _							
What is his/her relationship to the infant?								
What foods and liquids was the infant fed in the								
•	Unknown	•	o raot i	Quantity	Sned	cify: <i>(type ar</i>	nd brand	if annlic
a) Breast milk (one/both sides, length of time)			⇨	-	•			
b) Formula (brand, water source - ex. Similac, tap water)			⇒		_ ounces .			
			⇨					
c) Cow's milk			⇨					
d) Water (brand, bottled, tap, well)			⇨					
e) Other liquids (teas, juices)			- ⇒		_ ounces .			
f) Solids			⇒					
g) Other  Was a new food introduced in the 24 hours prior			7					
Was the bottle propped? (i.e., object used to hold  No			-					
Was the bottle propped? (i.e., object used to hold  No	prop the bottle?	bottle?		ating solid f	oods	Not durir	ıg feedi	ng
<ul> <li>No</li> <li>Yes ⇒ What object was used to</li> <li>What was the quantity of liquid (in ounces) in the</li> <li>Did death occur during?</li> </ul> Breast-feeding	prop the bottle? Bott mental c	bottle? le-feeding oncerns tha	☐ E	ating solid for	oods	Not durir	ng feedin	ng
No Yes ⇒ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur	prop the bottle? Bott mental c	bottle? le-feeding oncerns tha	☐ E	ating solid for	oods	Not durir	ng feedin	ng
No Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)	prop the bottle? Bott mental c	bottle? le-feeding oncerns tha	☐ E	ating solid for	oods	Not durir	ng feedin	ng
No Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)	prop the bottle? Bott mental c	bottle? le-feeding oncerns tha	☐ E	ating solid for	oods	Not durir	ng feedin	ng
No Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)	prop the bottle? Bott mental c	bottle? le-feeding oncerns tha	☐ E	ating solid for	oods ted the inf	Not during ant that he	ng feedin	ng
No Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)	prop the bottle? Bott mental c	bottle? le-feeding oncerns tha	☐ E	ating solid for the solid for the solid factor and	oods ted the inf	Not during ant that he	ng feedin	ng
No Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)  No ☐ Yes ➡ Describe concerns:	prop the bottle? Bott mental c mes at som	cle-feeding concerns that eone else's ho	at may	eating solid for have impact infant unusually pregnature.	oods eted the inf heavy, place	Not during and that he ded with posite	ng feedinave not	ng yet
No  Yes ⇒ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)  No Yes ⇒ Describe concerns:	prop the bottle? Bott mental c mes at som	cle-feeding concerns that eone else's ho	Ent may	eating solid for have impact in the impact i	oods eted the inf	Not during and that had with posite	ng feedinave not	ng yet
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)  No ☐ Yes ➡ Describe concerns: ☐  Information about the infant's birth mother:  First name  Last name	prop the bottle? Bott mental c mes at som	cle-feeding concerns that eone else's ho	Ent may	PREGNA	oods Eted the inf heavy, place	Not during and that he with positions and with positions are strongly STORY	ng feedinave not	ng yet
No  Yes ⇒ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)  No Yes ⇒ Describe concerns:	prop the bottle? Bott mental c mes at som	cle-feeding concerns that eone else's ho	Ent may	eating solid for have impact in the impact i	oods eted the inf	Not during and that he with positions and with positions are strongly STORY	ng feedinave not	ng yet
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)  No ☐ Yes ➡ Describe concerns:	prop the bottle? Bott mental c mes at som	bottle? cle-feeding oncerns that eone else's ho Middle Maider	name	PREGNA	oods Eted the inf heavy, place	Not during and that he with positions of the	ng feedinave not	ng yet
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)  No ☐ Yes ➡ Describe concerns: ☐  Information about the infant's birth mother:  First name  Last name  Date of birth:  Month ☐ Day ☐ Yea	prop the bottle? Bott mental c mes at som	bottle? cle-feeding oncerns that eone else's ho Middle Maider	name	PREGNA	oods Eted the inf heavy, place	Not during and that he did with position of the street of	ng feedinave not	ng yet
No Yes ⇒ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during?   Breast-feeding   Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)   No Yes ⇒ Describe concerns:   Information about the infant's birth mother:  First name  Last name  Date of birth:  Month Day Yea  Current Address	prop the  e bottle?  Bott  mental c  mes at som	bottle? cle-feeding oncerns that eone else's ho Middle Maider	name	PREGNA  SS#	oods Eted the inf heavy, place	Not during and that he did with positions and that he did with positions are set of the control	ng feedinave not ional	ng yet
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges) ☐ No ☐ Yes ➡ Describe concerns: ☐  Information about the infant's birth mother:  First name  Last name  Date of birth: ☐ Month ☐ Day ☐ Yea  Current Address  How long has the birth mother been a resident at this	prop the  bottle?  Bott  mental c  mes at som  ar  address?	bottle? cle-feeding oncerns that eone else's ho  Middle Maider  City	name	PREGNA  SS#	oods Eted the inf heavy, place	Not during and that he did with position of the street of	ng feedinave not	ng yet
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges) ☐ No ☐ Yes ➡ Describe concerns: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	prop the  bottle?  Bott  mental c  mes at som  ar  address?	bottle? tle-feeding oncerns that eone else's hou Middle Maider  City trenatal can be prenatal can be can be called a feeding on the called a feeding of the called a feeding o	namen name	PREGNA  SS#	oods Eted the inf heavy, place	Not during and that he did with position of the street of	state	zip
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges) ☐ No ☐ Yes ➡ Describe concerns: ☐ Information about the infant's birth mother:  First name ☐ Date of birth: ☐ Month ☐ Day ☐ Yea ☐ Current Address ☐ How long has the birth mother been a resident at this ☐ At how many weeks or months did the birth mot ☐ Weeks ☐ ☐ Weeks ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	prop the e bottle? Bott mental c mes at som ar  address? her begin	bottle? cle-feeding oncerns that eone else's ho  Middle Maider  City prenatal ca No	namen namen prena	PREGNA  SS #  and _ attal care	ANCY HIS	Not during and that he did with position of the second sec	state City Unkr	zip
What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges) ☐ No ☐ Yes ➡ Describe concerns: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	prop the e bottle? Bott mental c mes at som address? her begin Months e? (Please	middle  Middle  Maider  City  prenatal ca  No  specify physic	name n name Years are? prena	PREGNA  SS #  and _  atal care other health care	Months	Not during and that have divided with position of the position	state City Unkr	zip State

					PREGNANC	Y HIST	ORY (co	nt.)
During her pregnancy with the (ex. high blood pressure, bleeding, ge			ological mo	other have any	/ complication	s?		
No ☐ Yes ⇒ Specify								
Was the biological mother injur	ed during h	er pre	gnancy w	ith the infant?	(ex. auto accid	lent, falls)		
☐ No ☐ Yes ➡ Specify	J	Ċ	,		,	, ,		
During her pregnancy, did she	use anv of tl	he fol	lowina?					
3 1 p 3 1 13/1 13/1	Unknown			y consumption		Unknown	No Yes	Daily consumpti
a) Over the counter medications					d) Cigarettes			
b) Prescription medications					e) Alcohol			
c) Herbal remedies					f) Other			
Currently, does any caregiver u	se any of th	e foll	owing?					
	Unknown	No	Yes Daily	y consumption		Unknown	No Yes	Daily consumpti
a) Over the counter medications					d) Cigarettes			
b) Prescription medications					e) Alcohol			
c) Herbal remedies					f) Other			_
				INC	CIDENT SCE	ENE INV	ESTIGA	TION
Where did the incident or death	occur?							
Was this the primary residence	?			Yes 🗆 N	lo			
Is the site of the incident or dea		davca	re or othe		ttina?			
	Skip to ques	-			3			
100								
How many children were under	the care of th	he pro	ovider at th	e time of the i	ncident or deat	th?	(und	der 18 vears or olde
How many adults were supervised		-		e time of the i				der 18 years or olde
How many adults were supervise	sing the chil	d(ren	)?			th?		der 18 years or olde
How many adults were supervisions What is the license number and	sing the chil I licensing a	d(ren	)? y for the d	aycare?	(18 yea	nrs or olde	r)	der 18 years or olde.
How many adults were supervisions What is the license number and License number:	sing the chil I licensing a	d(ren	)? y for the d	aycare?	<i>(18 yea</i> gency:	ars or olde	r)	der 18 years or olde
How many adults were supervise.  What is the license number and License number:  How long has the daycare been	sing the chil I licensing a	d(ren	)? y for the d  ss?	aycare?	<i>(18 yea</i> gency:	ars or olde	r)	der 18 years or olde
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How many adults were supervise What is the license number and License number:  How long has the daycare been How many people live at the sit  Number of adults (18) Which of the following heating	sing the child licensing a copen for but the inci	usines dent	y for the descriptions of the description of the de	aycare? Agcene?	gency: Numbe	r of childre	r) en (under 1	18 years old)
How many adults were supervise What is the license number and License number:  How long has the daycare been How many people live at the sit  Number of adults (18)  Which of the following heating Central air	d licensing a open for but the of the incirate or cooling see surnace or	usines dent er) source boiler	y for the days	aycare? Agcene? ing used? (Cr	gency: Numbe neck all that apurning fireplace	r of childre	en (under 1	18 years old)
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Peeling paint

Describe the general appearance of incident scene: (ex. cleanliness, hazards, overcrowding, etc.)

Rodents or vermin

Dampness

Visible standing water

Presence of drug paraphenalia

☐ Other ⇔Specify \_

1		factors, circumstances, or environmenta nfant that have not yet been identified?	INVESTIGATION SUMMARY al concerns about the incident scene investigation that may have
2	Arrival times:	Law enforcement at scene:  Military	DSI at scene:   :   Infant at hospital:   :   Military Time
Inv	estigator's N		
	Additional  Materials of Notify next	collected/evidence logged Referration P11 tape e person was interviewed, does the information	
1	Soons Discussion		INVESTIGATION DIAGRAMS  2 Body Diagram:
Ť	Scene Diagran	n:	Body Diagram:
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## **SUMMARY FOR PATHOLOGIST** Investigator Information: Name Agency Phone Case Informatiom Pronounced Dead: Investigated: Month Day Day Military Time Military Time M. \_\_\_\_\_ Case # \_ Infant's Information: Last First Sex: Male Date of Birth Female Month Day Year Months Race: White ☐ Black/African Am. ☐ Asian/Pacific Islander ☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other 1 Indicate whether preliminary investigation suggests any of the following: Sleeping Environment Yes Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water) Sharing of sleeping surface with adults, children, or pets Change in sleeping condition (ex. unaccustomed stomach sleep position, location, or sleep surface) Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments) Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices) Unsafe sleeping conditions (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding) Diet (ex. solids introduction etc.) Recent hospitalization Previous medical diagnosis History of acute life-threatening events (ex. apnea, seizures, diffi culty breathing) History of medical care without diagnosis Recent fall or other injury History of religious, cultural, or ethnic remedies Cause of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth) Family Info Prior sibling deaths Previous encounters with police or social service agencies Request for tissue or organ donation Objection to autopsy Pre-terminal resuscitative treatment Death due to trauma (injury), poisoning, or intoxication Suspicious circumstances Other alerts for pathologist's attention Investigator Insight Any "Yes" answers should be explained and detailed. Brief description of circumstances:

 Pathologist Information:

 Name
 Agency

 Phone (\_\_\_\_\_)
 Fax (\_\_\_\_\_)

Pathologist