

# REPORT FORM

*Version 1.0*

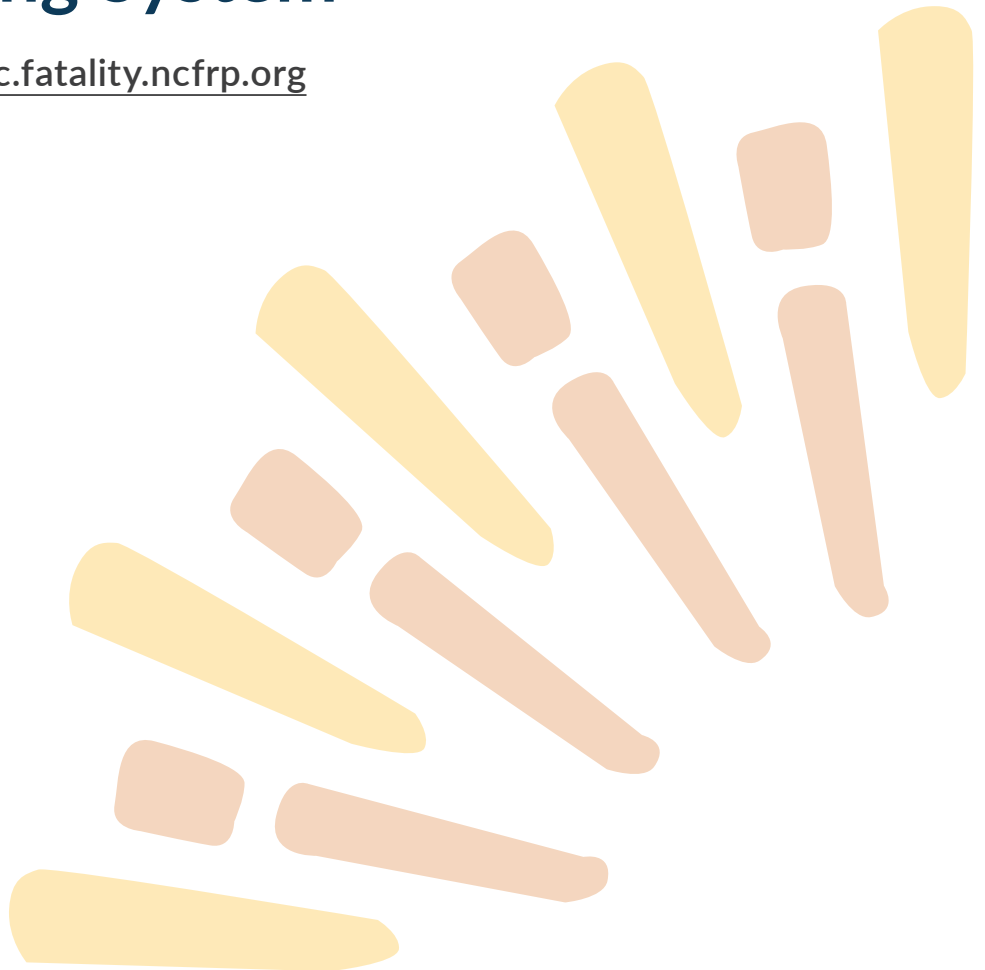
## **Adult National Fatality Review Case Reporting System**

Data Entry Website: [smrc.fatality.ncfrp.org](http://smrc.fatality.ncfrp.org)

Phone: 800-656-2434

Email: [SMRC@ncfrp.org](mailto:SMRC@ncfrp.org)

[ncfrp.org](http://ncfrp.org)



**CASE NUMBER**

A ^ next to a question number indicates the question is a SMRC priority variable.

_____ / _____ / _____ / _____ State or Territory    County/Team Number    Year of Review    Sequence of Review	Death Certificate Number: ME/Coroner Number: Date Team Notified of Death:
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**A. DECEDENT INFORMATION**

1. Name: Unknown

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Chosen name (if different from above): \_\_\_\_\_

^2. Date of birth:    Unknown _____ / _____ / _____ mm    dd    yyyy	^3. Date of death:    Unknown _____ / _____ / _____ mm    dd    yyyy	4. Age: _____ Years <span style="float: right;">Unknown</span>
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^5. Race, check all that apply: Alaska Native, Tribe: _____ Native Hawaiian American Indian, Tribe: _____ Pacific Islander, specify: Asian, specify: _____ White Black _____ Unknown	6. Hispanic or Latino/a origin? Yes No Unknown	^7. Sex on death certificate: Male Female Unknown
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^8. Relationship or marital status: Unknown

Married/civil union/domestic partnership    Divorced  
 Never married    Separated  
 Widowed    Single, not otherwise specified

9. Residence address: Unknown

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State or Territory: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

^10. Military status and service history:

What was decedent's military status at time of death?  
 Active Duty    National Guard or Reserve    Veteran    Non-Veteran    Unknown

If decedent was in the service, time in service (in years)?  
 Basic or Advanced training  
 <2 years  
 2-3 years  
 4-6 years  
 7-9 years  
 10-12 years  
 13-15 years  
 16-19 years  
 20 or more years  
 Unknown

If Veteran, character of service:  
 Honorable  
 Under honorable conditions (general)  
 Under other than honorable conditions  
 Bad conduct  
 Dishonorable  
 Uncharacterized  
 Unknown

If Veteran, was decedent enrolled in VHA health care?  
 No    Yes    Unknown

If Veteran, did decedent receive VHA health care?  
 No    Yes    Unknown

10. Military Status and Service History (continued):

If Veteran, did the decedent receive VA benefits/services (not health related)?

Yes  
No  
Unknown

If Veteran, what was the decedent's VA Service-connected disability rating?

0%	60%	Unknown
10%	70%	
20%	80%	
30%	90%	
40%	100%	
50%	Unemployability	

If decedent was in the service, what was the branch at time of death?

Army                      Unknown  
Air Force  
Marines  
Navy  
Coast Guard  
Space Force

If decedent was in the service, what was highest rank?

Enlisted  
Officer  
Warrant Officer  
Unknown

If decedent was Enlisted, what was highest pay grade?

E-1            E-6  
E-2            E-7  
E-3            E-8  
E-4            E-9  
E-5            Unknown

What was the decedent's era(s) of service? Check all that apply.

	Combat History?		
	Yes	No	Unknown
1950-1959	Yes	No	Unknown
1960-1969	Yes	No	Unknown
1970-1979	Yes	No	Unknown
1980-1989	Yes	No	Unknown
1990-1999	Yes	No	Unknown
2000-2019	Yes	No	Unknown
2020-2029	Yes	No	Unknown
Unknown	Yes	No	Unknown

If decedent was Officer, what was highest pay grade?

O-1            O-6            Unknown  
O-2            O-7  
O-3            O-8  
O-4            O-9  
O-5            O-10

If decedent was Warrant Officer, what was highest pay grade?

W-1  
W-2  
W-3  
W-4  
W-5  
Unknown

11. State/Territory of death:

12. County of death:

<sup>^</sup>13. Decedent had disability or chronic illness?            Yes            No            Unknown

If yes, check all that apply:

Physical/orthopedic, specify:  
Mental health/substance abuse, specify:  
Cognitive/intellectual, specify:  
Sensory, specify:  
Unknown

<p>^14. Decedent's health insurance, check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">None</td> <td style="width: 33%;">Indian Health Service</td> <td style="width: 33%;">Unknown</td> </tr> <tr> <td>Private</td> <td>VHA Health care</td> <td></td> </tr> <tr> <td>Medicaid</td> <td>Tricare</td> <td></td> </tr> <tr> <td>Medicare</td> <td>Other, specify:</td> <td></td> </tr> <tr> <td>State plan</td> <td></td> <td></td> </tr> </table>					None	Indian Health Service	Unknown	Private	VHA Health care		Medicaid	Tricare		Medicare	Other, specify:		State plan													
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<p>^15. When was the decedent's last contact with the health care system (before date of incident)?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Two weeks</td> <td style="width: 50%;">12 months</td> </tr> <tr> <td>30 days</td> <td>More than 12 months</td> </tr> <tr> <td>3 months</td> <td>Never</td> </tr> <tr> <td></td> <td>Unknown</td> </tr> </table>		Two weeks	12 months	30 days	More than 12 months	3 months	Never		Unknown	<p>16. Household income:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">High</td> <td style="width: 25%;">Medium</td> <td style="width: 25%;">Low</td> <td style="width: 25%;">Unknown</td> </tr> </table>			High	Medium	Low	Unknown														
Two weeks	12 months																													
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	Unknown																													
High	Medium	Low	Unknown																											
<p>^17. Decedent have any history of maltreatment as victim (including childhood or adulthood)?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 20%;">Unknown</td> </tr> </table> <p>If yes, did the maltreatment happen prior to age 18?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">Unknown</td> </tr> </table> <p>If yes prior to age 18, check all that apply:</p> <table style="width: 100%; border: none;"> <tr><td>Physical</td></tr> <tr><td>Neglect</td></tr> <tr><td>Sexual</td></tr> <tr><td>Emotional/psychological</td></tr> <tr><td>Unknown</td></tr> </table> <p>How was maltreatment on or after age 18 identified?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Through APS</td> <td style="width: 50%;">Other sources</td> </tr> </table>						Yes	No	Unknown	Yes	No	Unknown	Physical	Neglect	Sexual	Emotional/psychological	Unknown	Through APS	Other sources	<p>If yes, did the maltreatment happen on or after age 18?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">Unknown</td> </tr> </table> <p>If yes on or after age 18, check all that apply:</p> <table style="width: 100%; border: none;"> <tr><td>Physical</td></tr> <tr><td>Neglect</td></tr> <tr><td>Sexual</td></tr> <tr><td>Emotional/psychological</td></tr> <tr><td>Unknown</td></tr> </table> <p>If through APS:</p> <p style="text-align: center;">_____ # APS referrals      _____ # Substantiations</p>				Yes	No	Unknown	Physical	Neglect	Sexual	Emotional/psychological	Unknown
	Yes	No	Unknown																											
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Neglect																														
Sexual																														
Emotional/psychological																														
Unknown																														
<p>18. Decedent's highest education level:</p> <table style="width: 100%; border: none;"> <tr><td>8th grade or less</td></tr> <tr><td>9th to 12th grade, no diploma</td></tr> <tr><td>High school graduate/GED completed</td></tr> <tr><td>Some college credit, but no degree</td></tr> <tr><td>Associate's degree</td></tr> <tr><td>Bachelor's degree</td></tr> <tr><td>Master's degree</td></tr> <tr><td>Doctorate or professional degree</td></tr> <tr><td>Unknown</td></tr> </table>		8th grade or less	9th to 12th grade, no diploma	High school graduate/GED completed	Some college credit, but no degree	Associate's degree	Bachelor's degree	Master's degree	Doctorate or professional degree	Unknown	<p>^19. Decedent's work status:</p> <table style="width: 100%; border: none;"> <tr><td>Employed</td></tr> <tr><td>Unemployed</td></tr> <tr><td>Student</td></tr> <tr><td>Disabled</td></tr> <tr><td>Retired</td></tr> <tr><td>Unknown</td></tr> </table>			Employed	Unemployed	Student	Disabled	Retired	Unknown											
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Unknown																														
Employed																														
Unemployed																														
Student																														
Disabled																														
Retired																														
Unknown																														
<p>20. Decedent have problems in school or work?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%;">Not Applicable</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 20%;">Unknown</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Academic</td> <td style="width: 33%;">Expulsion</td> <td style="width: 33%;">Unknown</td> </tr> <tr> <td>Suspensions</td> <td>Other, specify:</td> <td></td> </tr> <tr> <td>Behavioral</td> <td></td> <td></td> </tr> </table>						Not Applicable	Yes	No	Unknown	Academic	Expulsion	Unknown	Suspensions	Other, specify:		Behavioral														
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Academic	Expulsion	Unknown																												
Suspensions	Other, specify:																													
Behavioral																														

^21. Decedent have history of intimate partner violence?					
Yes, experienced IPV In last 30 days?	Yes	No	Unknown	If IPV experienced or used, charges/legal involvement	
Yes, used IPV In last 30 days?	Yes	No	Unknown		
No					
Unknown					
^22. Decedent was receiving mental health services in the 90 days before death?      Yes      No      Unknown					
If yes, decedent was (select one):					
Actively engaged in mental health services at time of death					
Not actively engaged in mental health services at time of death					
Unknown					
If yes, check all that apply:		Outpatient		Residential	
		Day treatment/partial hospitalization/PRRC		MHICM/ACT	
^23. Decedent on medications for mental health illness in the 90 days before death?					
Yes	If yes, specify:				
No					
Unknown					
^24. Decedent had received prior mental health services at any time prior to the 90 days before death?					
Yes	No	Unknown			
If yes, check all that apply:		Outpatient		Residential	
		Day treatment/partial hospitalization/PRRC		MHICM/ACT	
^25. Decedent was on medications for mental health illness at any time prior to the 90 days before death?					
Yes	If yes, specify:				
No					
Unknown					
^26. Decedent had emergency department visit for mental health care within the previous 12 months?					
Yes	No	Unknown			
If yes, did the decedent have an emergency department visit for mental health care within the previous 90 days?					
Yes	No	Unknown			
If yes, did the decedent have a follow-up mental health appointment within 30 days of the emergency department visit?					
Yes	No	Unknown			
^27. Decedent hospitalized for mental health care within the previous 12 months?					
Yes	No	Unknown			
If yes, was the decedent hospitalized for mental health care within the previous 90 days?					
Yes	No	Unknown			
If yes, did the decedent have a follow-up mental health appointment within 30 days of discharge from hospital?					
Yes	No	Unknown			

^28. Issues prevented decedent from receiving mental health services?

Yes No Unknown

If yes, specify:

^29. Decedent had history of substance use or abuse?

Yes No Unknown

If yes, age at first use: Unknown

If yes, check all that apply:

If yes, did the decedent receive treatment?

Alcohol Prescription drugs, specify:

Yes No Unknown

Cocaine

Marijuana

Over-the-counter drugs, specify:

If yes, type? Check all that apply:

Methamphetamine

Outpatient

Opioids

Tobacco/nicotine, specify type:

Day treatment/partial hospitalization/PRRC

Unknown

Other, specify:

Inpatient/detox

Residential

MHICM/ACT

^30. Decedent have any interactions with justice system?

Yes No Unknown

If yes, check all that apply:

Assault

Weapon offense

Robbery/theft

Other, specify:

Drugs/alcohol

Misbehavior

Unknown

^31. Decedent serve time in jail/prison/incarceration (including any military experiences, if applicable)?

Yes No Unknown

^32. Decedent acutely ill in the two weeks before death?

Yes No Unknown

33. Please note any demographic or social factors not previously captured:



## C. INVESTIGATION INFORMATION

^1. Was a death investigation conducted?

Yes    No    Unknown

If yes, check all that apply:

Medical examiner	ME investigator	Law enforcement	EMS	Other, specify:
Coroner	Coroner investigator	Fire investigator	Adult Protective Services	Unknown

If yes, which of the following death investigation components were completed?

Narrative description of circumstances	Yes	No	Unknown	Shared with review team?	Yes	No
Scene photos/information	Yes	No	Unknown	Shared with review team?	Yes	No
Witness interviews	Yes	No	Unknown	Shared with review team?	Yes	No

If yes, was a death scene investigation conducted at the place of incident?    Yes    No    Unknown

2. What additional information would the team like to have known about the death scene investigation?

^3. Death referred to:

Medical examiner	Not referred
Coroner	Unknown

4. Person declaring official cause and manner of death:

Medical examiner	Other physician	Other, specify:
Coroner	Mortician	
Hospital physician		Unknown

^5. Autopsy performed?    Yes    No    Unknown    If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?

If yes, conducted by:

Forensic pathologist	Other physician	Yes    No    Unknown
General pathologist	Other, specify:	If yes, specify specialist:
Unknown type pathologist	Unknown	If no, why not?

6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in C10.

**Imaging**

X-ray - single	Yes	No	Unknown
X-ray - multiple views	Yes	No	Unknown
X-ray - complete skeletal series	Yes	No	Unknown
Other imaging (includes MRI, CT scan, photos of the brain, etc.), specify:	Yes	No	Unknown

**External Exam**

Exam of general appearance	Yes	No	Unknown
<b>Other Autopsy Procedures</b>			
Gross examination of organs	Yes	No	Unknown
Weights of any organs taken	Yes	No	Unknown

7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in C10.

Cultures for infectious disease	Yes	No	Unknown	Vitreous testing	Yes	No	Unknown
Microscopic/histologic exam	Yes	No	Unknown	Genetic testing	Yes	No	Unknown
Postmortem metabolic screen	Yes	No	Unknown				

^8. Was any toxicology testing performed on the decedent?    Yes    No    Unknown

If yes, what were the results? Check all that apply:    Unknown

Negative	Marijuana	Too high Rx drug, specify:
Alcohol	Methamphetamine	Too high OTC drug, specify:
Cocaine	Opioids	Other, specify:



4. If injury, describe how injury occurred exactly as written on the death certificate:	Unknown	^5. Official manner of death from the death certificate:		
		Natural	Unknown	
		Accident	If manner of death was not Natural or Suicide, check this box if it is possible that the decedent intended to hurt themselves. If checked, complete the Suicide Section (F2) to note other risk factors in the decedent's life.	
		Suicide		
		Homicide		
		Undetermined		
		Pending		

^6. Primary cause of death: Choose 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

**From an external cause of injury. Select one:**

- |   |   |
|---|---|
| Motor vehicle and other transport, go to E1 | Fall or crush, go to E6                             |
| Fire, burn, or electrocution, go to E2      | Poisoning, overdose or acute intoxication, go to E7 |
| Drowning, go to E3                          | Undetermined injury, go to F1                       |
| Asphyxia, go to E4                          | Other cause, go to E8                               |
| Weapon or bodily force, go to E5            | Unknown, go to F1                                   |

**From a medical cause. Select one:**

- |                               |  |
|-------------------------------|--|
| Asthma/respiratory, specify:  | Pneumonia, specify:                            |
| Cancer, specify:              | Other infection, specify:                      |
| Cardiovascular, specify:      | Other medical condition, specify:              |
| COVID-19                      | Undetermined medical cause                     |
| Diabetes                      | Unknown  |
| HIV/AIDS                      |  |
| Influenza                     |  |
| Malnutrition/dehydration      | <b>Undetermined if injury or medical cause</b> |
| Neurological/seizure disorder | <b>Unknown</b>                                 |

**E. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE**

**E1. MOTOR VEHICLE AND OTHER TRANSPORT**

a. Vehicles involved in incident:	Total number of vehicles:
<b>Decedent's: Other primary vehicle:</b>	Was vehicle autonomous?
None	Decedent's vehicle:
Car	Not Applicable    Yes    No    Unknown
Van	Other primary vehicle:
Sport utility vehicle	Not Applicable    Yes    No    Unknown
Truck	
Semi/tractor trailer	
RV/bus/school bus	
Motorcycle	
Tractor/farm vehicle	
All terrain vehicle	
Snowmobile	
Bicycle	
Train/subway/trolley	
Other, specify:	
Unknown	

b. Position of decedent:

Driver	
Passenger	If passenger, relationship of driver to decedent:
Front seat	Intimate partner
Back seat	Parent
Truck bed	Grandparent
Other, specify:	Sibling
	Other relative
Unknown	Friend
On bicycle	Other, specify:
Pedestrian	
Walking	Unknown
Boarding/blading	
Other, specify:	
	If bicycle, boarding/blading or other, was the decedent riding something electric?
Unknown	Yes      No      Unknown
Unknown	

c. Did any of the following contribute to the incident? Check all that apply:		d. Location of incident, check all that apply:
None listed below	Poor sight line	City street
Speeding over limit	Road hazard	Residential street
Unsafe speed for conditions	Car changing lanes	Rural road
Recklessness	Driver inexperience	Highway
Carelessness	Electronic use e.g., cell phone, smart watch, in-car navigation	Intersection
Racing, not authorized		Driveway
Drug use	Driver distraction	Parking area
Alcohol use	Ran stop sign/red light	Off road
Vehicle ran over decedent	Other driver error, specify:	Railroad crossing/tracks
Vehicle flipped over		Other, specify:
Poor weather	Other, specify:	Unknown
Poor visibility	Unknown	

e. Did driving conditions factor into this incident?	f. Incident type:
Yes      No      Unknown	Decedent not in/on a vehicle, but struck by vehicle
If yes, check all that apply:	Decedent in/on a vehicle, struck by the other vehicle
Loose gravel	Decedent in/on a vehicle that struck the other vehicle
Ice/snow	Decedent in/on a vehicle that struck person/object/ran off the road
Wet	Other event, specify:
Inadequate lighting	
Other, specify:	Unknown
Unknown	

g. Driver who was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs, motorbikes, etc.) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not.

Decedent was responsible as driver of vehicle, including single vehicle incidents	Multiple drivers were responsible, go to j
Driver of decedent's vehicle was responsible, including single vehicle incidents	Unable to determine driver responsible, go to j
Driver of the other vehicle was responsible, including decedent as pedestrian hit by vehicle	Other, specify:
	Unknown

h. Age and license type of driver responsible for incident, check all that apply:

Age of Driver (if not decedent):	License type/violation:	
<16 years	Has no license	Has a full license that has been restricted
16 to 18 years old	Has a learner's permit	Has a suspended license
19 to 21 years old	Has a graduated license	Other, specify:
22 to 29 years old	Has a full license	
30 to 65 years old		
>65 years old		Unknown
Unknown		

i. Total number of occupants in vehicle responsible for incident:

Not Applicable

Total number of occupants: Unknown

Number of teens, ages 14-21: Unknown

j. Was a restraint or safety measure used by the decedent?

Yes No Unknown

If yes, select the restraint or safety measures used: If yes, describe:

Lap/shoulder belt

Helmet

Unknown

**E2. FIRE, BURN, OR ELECTROCUTION**

a. Ignition, heat or electrocution source:

Matches	Cooking stove	Electrical outlet	Other, specify:
Cigarette lighter	Heating stove	Electrical wiring	
Cigarette or cigar	Space heater	Lightning	
Candles	Power line	Hot bath water	Unknown

b. Type of incident:

Fire, go to c

Scald, go to F1

Electrocution, go to o

Unknown

c. Type of building on fire:

Trailer/mobile home

Not Applicable

Other, specify:

Single home

Row home/townhouse

Multi-unit (duplex, apartment, condo) Unknown

d. Fire started by a person?

Yes No Unknown If yes, suspected arson?

If yes, person's age: Yes No Unknown

If yes, did person have a history of starting fires?

Yes No Unknown

e. Did any factors delay fire department arrival?

Yes No Unknown

If yes, specify:

f. Were barriers preventing safe exit? Yes No Unknown

Locked/blocked door Trapped above first floor Unknown

If yes, check all that apply: Window security bars Smoke/fire

Locked/blocked window Household items/hoarding

Blocked stairway Other, specify:

g. Was the decedent found in the same location as where the fire started? Yes      No      Unknown	h. Was building a rental property? Yes      No      Unknown
i. Were building/rental codes violated? Yes      No      Unknown If yes, describe in narrative	j. Were proper working fire extinguishers present? Yes      No      Unknown
k. Was fire sprinkler system present? Yes      No      Unknown	l. Was fire sprinkler system required? Yes      No      Unknown

m. Were smoke alarms present? Yes      No      Unknown  If yes, were they functioning properly? Yes      No      Unknown	n. Did the decedent or family (check all that apply):  None listed below  Have fire escape plan  Practice a home fire drill  Have two or more possible exits from the location where the decedent was found  Attempt to put out the fire  Unknown
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o. For electrocution, what cause: Lightning/electrical storm      Wire/product in water      Unknown Faulty wiring      Decedent playing with outlet Contact with power line      Other, specify:		
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**E3. DROWNING**

a. Drowning location: Open water/pond, go to c Pool, hot tub, spa, go to f Bathtub, go to F1 Other, specify and go to h  Unknown, go to h	b. For open water, place: Lake      Ocean River      Quarry or gravel pit Pond      Canal/drainage ditch Creek      Unknown	c. Was decedent boating? Yes No Unknown
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d. Select all contributing environmental factors. Check all that apply: None      Dropoff Weather      Rough waves Temperature      Flash flood Current      Water clarity Riptide/undertow      Unknown	e. For pool, type of pool: Above-ground In-ground Wading Hot tub, spa Unknown	f. For pool, ownership is: Private Public Unknown
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g. Flotation device used at time of incident? Not Applicable      No      Unknown Yes, specify:	h. Did the decedent depend on a life jacket, swim vest or swim aid while in or around water? Not Applicable      No      Unknown Yes
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<p>i. Did barriers/layers of protection exist to prevent access to water?      Yes      No      Unknown</p> <p>If yes, check all that apply:</p> <table border="1"> <tr> <td>Fence</td> <td>Gate</td> <td>Door</td> <td>Alarm</td> <td>Cover</td> </tr> <tr> <td>Was it breached? Yes    No Unknown</td> <td>Was it breached? Yes    No Unknown</td> <td>Was it breached? Yes    No Unknown</td> <td>Was it breached? Yes    No Unknown</td> <td>Was it breached? Yes    No Unknown</td> </tr> <tr> <td>If yes, check all that apply: Climbed fence Gap in fence Damaged fence Fence too short</td> <td>If yes, check all that apply: Gate left open Gate unlocked Gate latch failed Gap in gate</td> <td>If yes, check all that apply: Door left open Door unlocked Door broken Door screen torn Door self-close failed</td> <td>If yes, check all that apply: Alarm not working Alarm not answered</td> <td>If yes, check all that apply: Cover left off Cover not locked</td> </tr> <tr> <td>Fence surrounds water on: Four sides Three sides Two or one side Unknown</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Fence	Gate	Door	Alarm	Cover	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	If yes, check all that apply: Climbed fence Gap in fence Damaged fence Fence too short	If yes, check all that apply: Gate left open Gate unlocked Gate latch failed Gap in gate	If yes, check all that apply: Door left open Door unlocked Door broken Door screen torn Door self-close failed	If yes, check all that apply: Alarm not working Alarm not answered	If yes, check all that apply: Cover left off Cover not locked	Fence surrounds water on: Four sides Three sides Two or one side Unknown						
Fence	Gate	Door	Alarm	Cover																			
Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown	Was it breached? Yes    No Unknown																			
If yes, check all that apply: Climbed fence Gap in fence Damaged fence Fence too short	If yes, check all that apply: Gate left open Gate unlocked Gate latch failed Gap in gate	If yes, check all that apply: Door left open Door unlocked Door broken Door screen torn Door self-close failed	If yes, check all that apply: Alarm not working Alarm not answered	If yes, check all that apply: Cover left off Cover not locked																			
Fence surrounds water on: Four sides Three sides Two or one side Unknown																							
<p>j. Local ordinance(s) regulating access to water?      Yes      No      Unknown</p> <p>If yes, rules violated?      Yes      No      Unknown</p>		<p>k. Select all of the decedent's water safety skills (without assistance or flotation device):</p> <table border="1"> <tr> <td>None of these</td> <td>Control breathing</td> </tr> <tr> <td>Float on their back independently</td> <td>Return to surface</td> </tr> <tr> <td>Step/jump into water over their head</td> <td>Swim 25 yards</td> </tr> <tr> <td>Tread water for 1 minute</td> <td>Had swimming lessons</td> </tr> <tr> <td>Find a safe exit from the water</td> <td>Unknown</td> </tr> </table>		None of these	Control breathing	Float on their back independently	Return to surface	Step/jump into water over their head	Swim 25 yards	Tread water for 1 minute	Had swimming lessons	Find a safe exit from the water	Unknown	<p>l. Decedent able to swim?      Not Applicable      No      Yes      Unknown</p> <p>m. Warning sign or label posted?      Not Applicable      No      Yes      Unknown</p>									
None of these	Control breathing																						
Float on their back independently	Return to surface																						
Step/jump into water over their head	Swim 25 yards																						
Tread water for 1 minute	Had swimming lessons																						
Find a safe exit from the water	Unknown																						
<p>n. Lifeguard present?      Not Applicable      Yes      No      Unknown</p>		<p>o. Rescue attempt made?      Not Applicable      Yes      No      Unknown</p> <table border="1"> <tr> <td>If yes, who? Check all that apply: Parent/relative Child Lifeguard Other adult EMS/First responder Bystander Other, specify:  Unknown</td> <td>If yes, did rescuer(s) also drown? Yes No Unknown</td> </tr> </table>		If yes, who? Check all that apply: Parent/relative Child Lifeguard Other adult EMS/First responder Bystander Other, specify:  Unknown	If yes, did rescuer(s) also drown? Yes No Unknown	<p>p. Appropriate rescue equipment present?      Not Applicable      Yes      No      Unknown</p> <p>If yes, was it used?      Yes      No      Unknown</p> <p>If no, describe:</p>																	
If yes, who? Check all that apply: Parent/relative Child Lifeguard Other adult EMS/First responder Bystander Other, specify:  Unknown	If yes, did rescuer(s) also drown? Yes No Unknown																						

E4. ASPHYXIA		
a. Was the event: Suffocation, go to b Strangulation/hanging, go to c	b. If suffocation, was the event: Environmental (e.g., insufficiency of oxygen) Traumatic (e.g., pneumothorax) Position/postural (e.g., trunk of body at lower level than rest of body)	
c. If strangulation/hanging, object causing event: Clothing                      Electrical cord                      Car power window/sunroof Blind cord                      Sheet                      Other, specify: Belt                      Towel Rope/string                      Curtain Leash                      Person, go to E5I                      Unknown		
E5. WEAPON OR BODILY FORCE		
^a. Was the death a result of a weapon (e.g., firearm, sharp object, etc.)? Yes, go to b No, death due to bodily force, go to l Unknown, go to b	^b. Type of weapon: Firearm, go to c Knife or sharp instrument, go to l Rope, go to l Other, specify and go to l Unknown, go to l	
c. For firearms, type: Handgun Shotgun Rifle, specify: 3D gun Other, specify: Unknown	d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch? Yes No Unknown	^e. Was firearm kept loaded? Yes      No      Unknown If no, was the ammunition stored separately from the firearm? Yes      No      Unknown If yes ammunition stored separately, was the ammunition locked? Yes      No      Unknown
^f. Was the firearm kept locked? Yes No Unknown	g. Did the decedent have permission to use the firearm at the time of incident? Not Applicable      Yes      No Unknown	h. If the decedent had a caregiver/supervisor at the time of incident, did that person know a firearm was present at time of incident? Not Applicable      Yes      No Unknown
i. Was the person handling the firearm the owner? Yes No Unknown	j. Owner of fatal firearm: Self                      Stranger Caregiver                      Other, specify: Family member Intimate partner Friend/acquaintance      Unknown	k. Was the firearm stolen? Yes No Unknown

<b>I. Use of weapon at time, check all that apply:</b> Self injury                      Hate crime Commission of crime              Bullying Drug dealing/trading              Hunting Random violence                    Russian roulette Physical abuse                        Gang-related activity Argument                              Other, specify: Jealousy Intimate partner violence        Unknown		<b>m. Type of bodily force used. Check all that apply:</b> Beat, kick, punch                  Drown Drop                                      Burn Push                                      Shake Bite                                        Other, specify: Shake Strangle/choke                      Unknown Throw	
--	--	---	--

**E6. FALL OR CRUSH**

<b>a. Type:</b> Fall, go to b Crush, go to f	<b>c. Decedent fell from:</b> Open window Screen No screen Unknown if screen	Natural elevation	Overpass
		Man-made elevation	Balcony
<b>b. Height of fall:</b> _____ feet _____ inches Unknown	Screen?	Playground equipment	Moving object, specify:
		Tree	Animal, specify:
		Stairs/steps	Other, specify:
		Furniture	Unknown
		Bed	
		Roof	
		Bridge	

<b>d. Surface decedent fell onto:</b> Cement/concrete Grass Gravel Wood floor Carpeted floor Linoleum/vinyl Marble/tile Other, specify: Unknown	<b>e. Barrier in place, check all that apply:</b> None                                  Stairway                                  Unknown Screen                                Gate Other window guard              Netting Fence                                 Other, specify: Railing
	<b>f. For crush, did decedent:</b> Climb up on object              Fall out of object Pull object down                 Other, specify: Hide behind object Go behind object                 Unknown

<b>g. For crush, object causing crush:</b> Appliance                            Animal                                    Commercial equipment Television                            Tree branch                            Farm equipment Furniture                              Boulders/rocks                      Other, specify: Walls                                    Dirt/sand Playground equipment              Person, go to E5I                      Unknown		
--	--	--



**E8. OTHER KNOWN INJURY CAUSE**

Specify cause, describe in detail:

**F. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS**

**F1. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME**

Yes No, go to F2  
Unknown, go to F2

a. Type of crime, check all that apply:	Robbery/burglary	Drug trade	Auto theft
	Interpersonal violence	Arson	Homicide
	Sexual assault	Sex work	Other, specify:
	Other assault	Witness intimidation	
	Gang conflict	Illegal border crossing	Unknown

**F2. SUICIDE**

<p>^a. History of head injury: Yes No Unknown</p> <p>If yes, select all that apply:</p> <p>Falls Yes No Unknown</p> <p>Sports-related Yes No Unknown</p> <p>Vehicle-related Yes No Unknown</p> <p>Assaults/violence Yes No Unknown</p> <p>Explosions/blasts Yes No Unknown</p> <p>History of concussions Yes No Unknown</p> <p>Diagnosis of TBI Yes No Unknown</p> <p>Unknown origin Yes No Unknown</p> <p>If yes, how long ago?</p> <p>&lt;1 mo 3-5 mo &gt;=1 yr</p> <p>1-2 mo 6mo - 1yr Unknown</p>	<p>^c. At the time of death (does not need to contribute to the death), did the decedent have the following: Select all that apply:</p> <p>Depressed mood Yes No Unknown</p> <p>Mental Illness Yes No Unknown</p> <p>Mental health treatment Yes No Unknown</p> <p>Substance use disorder Yes No Unknown</p> <p>Substance use treatment Yes No Unknown</p> <p>^d. Did decedent have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis) in the previous 12 months before death?</p> <p>Yes No Unknown</p> <p>If yes, was the plan created or updated in the 90 days before death?</p> <p>Yes No Unknown</p>
---	--

<p>^b. History of chronic pain: Yes No Unknown</p> <p>If yes, select all that apply:</p> <p>Neurologic Yes No Unknown</p> <p>Physical Yes No Unknown</p> <p>Somatic Yes No Unknown</p> <p>Unknown type Yes No Unknown</p> <p>If yes, was chronic pain relevant to death? Yes No Unknown</p> <p>If yes, further describe in narrative.</p>	<p>^e. Did the decedent have any previous suicide attempts? Yes No Unknown</p> <p>If yes, check all suicidal behaviors/attempts that ever applied and indicate number of attempts:</p> <p>Preparatory behavior # Interrupted attempt #</p> <p>Aborted attempt # Non-fatal attempt #</p> <p>^f. Did the decedent communicate any suicidal thoughts, actions or intent? Yes No Unknown</p> <p>If yes, to whom? If yes, in what manner?</p> <p>If yes, was the communication in the 90 days before death? Yes No Unknown</p>
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<p>^g. Was there evidence the death was planned or premeditated?  Yes    No    Unknown</p> <p>If yes, was a suicide note present?  Yes    No    Unknown</p> <p>If yes, did the decedent engage in any rehearsal behaviors?  Yes    No    Unknown</p>	<p>^h. Did the death occur under circumstances where it would likely be observed and intervened by others?  Yes    No    Unknown</p>
	<p>^i. Did the decedent ever have a history of non-suicidal self-harm, such as cutting or burning oneself?  Yes    No    Unknown</p> <p>If yes, check all that apply:  Reported to others      Other, specify:  Noted on autopsy</p>

^j. Warning signs within 90 days of death. A more detailed list of life stressors is included in next section. Check all that apply:

None listed below	Expressed perceived burden on others
Talked about or made plans for suicide	Showed worrisome behavioral cues or marked changes in behavior
Expressed hopelessness about the future	Gave possessions away
Displayed severe/overwhelming emotional pain or distress	Unknown

^k. Did the decedent experience a known crisis within 2 weeks of death?      Yes    No    Unknown

If yes, check all that apply:

Mental health	Yes	No	Unknown	Financial problem	Yes	No	Unknown
Alcohol	Yes	No	Unknown	Job problem	Yes	No	Unknown
Substance abuse	Yes	No	Unknown	Eviction/loss of home	Yes	No	Unknown
Other addiction	Yes	No	Unknown	School problem	Yes	No	Unknown
Physical health	Yes	No	Unknown	Death of friend/family member	Yes	No	Unknown
Intimate partner	Yes	No	Unknown	Suicide friend/family member	Yes	No	Unknown
Family relationship stress	Yes	No	Unknown	Criminal legal problem	Yes	No	Unknown
Other relationship stress	Yes	No	Unknown	Non criminal legal problem	Yes	No	Unknown

^l. Suicide was part of: Check all that apply.

None listed below	A cluster	A suicide pact
	A contagion, copy-cat or imitation	A murder-suicide

**F3. LIFE STRESSORS/RISK FACTORS AND PROTECTIVE FACTORS**

^a. Had the decedent ever experienced:      **Social/economic**

Discrimination	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes    No    Unknown
Poverty	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes    No    Unknown

## Social/economic continued

Neighborhood discord	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Job problems	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Financial problems	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Food insecurity	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
No phone	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Eviction/loss of home	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Witnessed violence	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Tobacco exposure	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Lack of transportation	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Cultural differences	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Language barriers	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Lack of child care	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Pregnancy	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Pregnancy scare	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Other addiction (e.g., gaming, gambling, sex)	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Criminal legal problem	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Incarceration	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown

Non-criminal legal problem	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Easy access to lethal means	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
<b>^b. Had the decedent ever experienced:</b>			<b>Medical</b>	
Lack of family/social support for care	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Distrust of health care systems	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Caregiver unskilled in providing care	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Lack of money for care	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Services or healthcare not available	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Multiple providers, not coordinated	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Limitations of health insurance	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Negative provider assumptions	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Felt dismissed by provider	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Lack of provider-family compatibility	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Physical health problem	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Sleep disturbances	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
<b>^c. Had the decedent ever experienced:</b>			<b>Relationships</b>	
Family relationship stress	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Divorce/separation	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Intimate partner problem	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown

## Relationships continued

Other relationship problem	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Social isolation	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Bullying as victim	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Bullying as perpetrator	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Cyberbullying as victim	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Cyberbullying as perpetrator	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Peer violence as a victim	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Peer violence as a perpetrator	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Abuse/neglect of child	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Death of friend/family member	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown
Suicide of friend/family member	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown

### **^d. Had the decedent ever experienced:**

### **School**

School problem	Yes	No	Unknown	If yes, did it contribute to the death?
If yes, in 90 days before death?	Yes	No	Unknown	Yes No Unknown

<b>^e. Had the decedent ever engaged in:</b>			<b>Technology</b>			
Electronic gaming	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Texting	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Restriction of technology	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Social media	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
<b>^f. Had the decedent ever experienced:</b>			<b>Transitions</b>			
Discharge from hospital	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Transition from any level of mental health center	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Release from justice facility	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
End of school year/school break	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Transition to/from welfare system	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Release from immigrant detention center	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Transition from military service	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
<b>^g. Had the decedent ever experienced:</b>			<b>Trauma</b>			
Rape/sexual assault	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Previous abuse (emotional/physical)	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown
Family/domestic violence	Yes	No	Unknown	If yes, did it contribute to the death?		
If yes, in 90 days before death?	Yes	No	Unknown	Yes	No	Unknown

**^h. Life stressors - Describe any other life stressors:**      Yes    No    Unknown

If yes, in 90 days before death?                      Yes    No    Unknown

If yes, did it contribute to the death?              Yes    No    Unknown

**^i. Protective Factors.**

Had the decedent ever experienced any of the following protective factors in the 90 days before death:

Positive social support                                      Yes    No    Unknown

Feeling connected to others                              Yes    No    Unknown

Sense of responsibility to family                      Yes    No    Unknown

Safe and stable environment                            Yes    No    Unknown

Positive therapeutic relationships                    Yes    No    Unknown

Positive therapeutic beliefs                              Yes    No    Unknown

Access to services and healthcare                    Yes    No    Unknown

Medical compliance                                        Yes    No    Unknown

How to access support                                      Yes    No    Unknown

Hope for future    Yes    No    Unknown

Sense of purpose, self-worth, self-esteem            Yes    No    Unknown

Positive coping skills                                        Yes    No    Unknown

Positive problem solving                                  Yes    No    Unknown

Reduction/restriction of lethal means                Yes    No    Unknown

Fear of death/suicide                                      Yes    No    Unknown

Cultural or religious beliefs that discourage  
suicidal behavior    Yes    No    Unknown

## G. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH

1. Were new or revised services recommended or implemented as a result of the death?      Yes    No    Unknown

If yes, select one option per row:

Bereavement counseling	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Debriefing for professionals/treatment providers	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Economic support	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Funeral arrangements	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Emergency shelter	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Mental health services	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Foster care	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Health services	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Legal services	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Home visiting	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Substance abuse	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown

Suicide postvention					
	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown
Other, specify:					
	Referred for service before review	Review led to referral	Referral needed, not available	Not Applicable	Unknown

**H. FINDINGS IDENTIFIED DURING REVIEW**

Mark this case to edit/add findings at a later date

1. Describe any significant challenges faced by the decedent, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the decedent or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples).

^3. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future - Up to 5 recommendations and/or initiatives can be listed below:

a.

b.

c.

d.

e.

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review?

Yes    No    Unknown

If yes, select all that apply and describe:

Welfare                      Describe:

Law enforcement            Describe:

Public health                Describe:

Coroner/medical examiner   Describe:

Courts                        Describe:

Health care systems        Describe:

Education                    Describe:

Mental health                Describe:

EMS                            Describe:

Substance abuse             Describe:

Other, specify:                Describe:

## I. THE REVIEW MEETING PROCESS

1. Date of first review meeting:

2. Number of review meetings for this case:

^3. Is review complete?                      Not Applicable      Yes      No

^4. Agencies and individuals at review meeting, check all that apply:

Medical examiner/coroner/pathologist	Faith based organization
Death investigator	Education
Law enforcement	Mental health
Prosecutor/district attorney	Suicidologist
Public health	Substance abuse
Adult Protective Services	Indian Health Services/Tribal Health
Other social services	Home visiting
Physician	Court
Nurse	Military
Hospital	Veterans Affairs
Other health care	Domestic violence
Fire	Others, list:
EMS	

5. Were the following data sources available at the review meeting? Check all that apply:

**Vital statistics**

Death certificate

**Health records**

Decedent's medical records or clinical history, including vaccinations

Hospital records

Mental health records

Substance abuse treatment records

**Investigation records**

Autopsy/pathology reports

Law enforcement records

Social service records

Adult protection agency records

EMS run sheet

**Other**

Home visiting

School records

Military discharge/service documentation

6. Did any of the following factors reduce meeting effectiveness, check all that apply:

None

Confidentiality issues among members prevented full exchange of information

HIPAA regulations prevented access to or exchange of information

Inadequate investigation precluded having enough information for review

Team members did not bring adequate information to the meeting

Necessary team members were absent

Meeting was held too soon after death

Meeting was held too long after death

Records or information were needed from another locality in-state/territory

Records or information were needed from another state/territory

Records or information were needed from a federal entity

Team disagreement on circumstances

Other factors, specify:

7. Was the official manner or cause of death amended as a result of the review?

Yes      No      Unknown

#### J. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information. **DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE** such as names, dates, addresses, and specific service providers. Consider the following questions: What was the decedent doing? Where did it happen? How did it happen? What went wrong? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPH/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

#### K. FORM COMPLETED BY:

Person:

Email:

Title:

Date completed:

Agency:

^Data entry completed for this case?

Phone:

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Data quality assurance completed by state/territory?



Data Entry: <https://smrc.fatality.ncfrp.org>

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