

REPORT FORM

Version 1.0

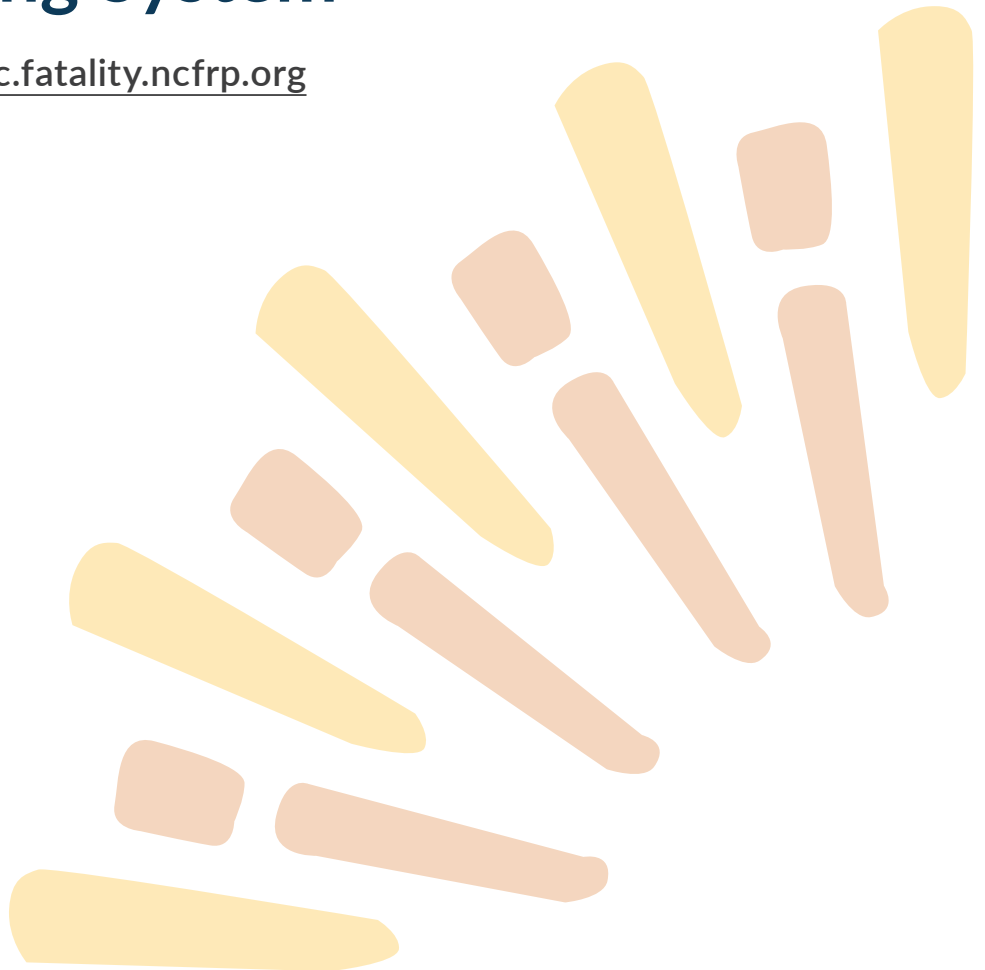
Adult National Fatality Review Case Reporting System

Data Entry Website: smrc.fatality.ncfrp.org

Phone: 800-656-2434

Email: SMRC@ncfrp.org

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 Unknown
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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			
1960-1969			
1970-1979			
1980-1989			
1990-1999			
2000-2019			
2020-2029			
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:

[^]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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State plan																														
<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																													
30 days	More than 12 months																													
3 months	Never																													
	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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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, conducted by:

Forensic pathologist	Other physician
General pathologist	Other, specify:
Unknown type pathologist	Unknown

If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?

Yes No Unknown

If yes, specify specialist:

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
Other Autopsy Procedures			
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:

<p>4. If injury, describe how injury occurred exactly as written on the death certificate:</p>	<p>Unknown</p> <p>^5. Official manner of death from the death certificate:</p> <table border="0"> <tr> <td>Natural</td> <td>Unknown</td> </tr> <tr> <td>Accident</td> <td>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.</td> </tr> <tr> <td>Suicide</td> <td></td> </tr> <tr> <td>Homicide</td> <td></td> </tr> <tr> <td>Undetermined</td> <td></td> </tr> <tr> <td>Pending</td> <td></td> </tr> </table>	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	
Natural	Unknown												
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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 | Undetermined if injury or medical cause |
| Neurological/seizure disorder | Unknown |

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

<p>a. Vehicles involved in incident:</p> <p>Decedent's: Other primary vehicle:</p> <ul style="list-style-type: none"> None Car Van Sport utility vehicle Truck Semi/tractor trailer RV/bus/school bus Motorcycle Tractor/farm vehicle All terrain vehicle Snowmobile Bicycle Train/subway/trolley Other, specify: Unknown 	<p>Total number of vehicles:</p> <p>Was vehicle autonomous?</p> <p>Decedent's vehicle:</p> <table border="0"> <tr> <td>Not Applicable</td> <td>Yes</td> <td>No</td> <td>Unknown</td> </tr> </table> <p>Other primary vehicle:</p> <table border="0"> <tr> <td>Not Applicable</td> <td>Yes</td> <td>No</td> <td>Unknown</td> </tr> </table>	Not Applicable	Yes	No	Unknown	Not Applicable	Yes	No	Unknown
Not Applicable	Yes	No	Unknown						
Not Applicable	Yes	No	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		
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:					
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	
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	
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		

<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

<p>a. Was the event:</p> <p>Suffocation, go to b</p> <p>Strangulation/hanging, go to c</p>	<p>b. If suffocation, was the event:</p> <p>Environmental (e.g., insufficiency of oxygen)</p> <p>Traumatic (e.g., pneumothorax)</p> <p>Position/postural (e.g., trunk of body at lower level than rest of body)</p>
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<p>c. If strangulation/hanging, object causing event:</p>		
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

<p>^a. Was the death a result of a weapon (e.g., firearm, sharp object, etc.)?</p> <p>Yes, go to b</p> <p>No, death due to bodily force, go to l</p> <p>Unknown, go to b</p>	<p>^b. Type of weapon:</p> <p>Firearm, go to c</p> <p>Knife or sharp instrument, go to l</p> <p>Rope, go to l</p> <p>Other, specify and go to l</p> <p>Unknown, go to l</p>
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<p>c. For firearms, type:</p> <p>Handgun</p> <p>Shotgun</p> <p>Rifle, specify:</p> <p>3D gun</p> <p>Other, specify:</p> <p>Unknown</p>	<p>d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch?</p> <p>Yes</p> <p>No</p> <p>Unknown</p>	<p>^e. Was firearm kept loaded?</p> <p>Yes No Unknown</p> <p>If no, was the ammunition stored separately from the firearm?</p> <p>Yes No Unknown</p> <p>If yes ammunition stored separately, was the ammunition locked?</p> <p>Yes No Unknown</p>
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<p>^f. Was the firearm kept locked?</p> <p>Yes</p> <p>No</p> <p>Unknown</p>	<p>g. Did the decedent have permission to use the firearm at the time of incident?</p> <p>Not Applicable Yes No</p> <p>Unknown</p>	<p>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?</p> <p>Not Applicable Yes No</p> <p>Unknown</p>
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<p>i. Was the person handling the firearm the owner?</p> <p>Yes</p> <p>No</p> <p>Unknown</p>	<p>j. Owner of fatal firearm:</p> <p>Self Stranger</p> <p>Caregiver Other, specify:</p> <p>Family member</p> <p>Intimate partner</p> <p>Friend/acquaintance Unknown</p>	<p>k. Was the firearm stolen?</p> <p>Yes</p> <p>No</p> <p>Unknown</p>
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I. Use of weapon at time, check all that apply: Self injury Commission of crime Drug dealing/trading Random violence Physical abuse Argument Jealousy Intimate partner violence Hate crime Bullying Hunting Russian roulette Gang-related activity Other, specify: Unknown		m. Type of bodily force used. Check all that apply: Beat, kick, punch Drop Push Bite Shake Strangle/choke Throw Drown Burn Shake Other, specify: Unknown	
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E6. FALL OR CRUSH

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

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

g. For crush, object causing crush: Appliance Television Furniture Walls Playground equipment Animal Tree branch Boulders/rocks Dirt/sand Person, go to E5I Commercial equipment Farm equipment Other, specify: Unknown		
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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><1 mo 3-5 mo >=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>
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<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. Had the decedent ever experienced:			Medical	
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
Provider bias	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
^c. Had the decedent ever experienced:			Relationships	
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

^e. Had the decedent ever engaged in:			Technology			
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
^f. Had the decedent ever experienced:			Transitions			
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
^g. Had the decedent ever experienced:			Trauma			
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:

For State/Territory Program Use Only:
Data quality assurance completed by state/territory?



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

www.ncfrp.org smrc@ncfrp.org

1-800-656-2434