

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





		INVESTIGATION DATA					
Infant's Last Name	Infant's First Name	Middle Name		Case Number			
ex: Da	ate of Birth:	Age:	SS#:				
ace: White Black/A	frican Am. Asian/Pacific Is	I. Am. Indian/Alaskan	Native	Hispanic/Latino			
int's Primary Residence:							
ldress:	City:	County:	State:	Zip:			
ncident Idress:	City:	County:	State:	Zip:			
ntact Information for Witnes	s:						
elationship to deceased:	Birth Mother Birth Fath	er Grandmother	Grar	ndfather			
Adoptive or Foster Parent	Physician Healt	h Records Other Des	scribe:				
st:	First:	M.:	SS#:				
Idress:	City:	State		Zip:			
			tate:				
ork Address:	City:			Zip:			
ome Phone:	Work Phone:		Date of E	3irth:			
Are you the usual caregiv No Yes Tell me what happened:	er?						
No Yes Tell me what happened:		infant in the last 24 hrs2					
No Yes Tell me what happened: Did you notice anything u	nusual or different about the	infant in the last 24 hrs?					
No Yes Tell me what happened: Did you notice anything u No Yes	nusual or different about the Specify:						
No Yes Tell me what happened: Did you notice anything use No Yes Did the infant experience	nusual or different about the Specify: any falls or injury within the I						
No Yes Tell me what happened: Did you notice anything uses No Yes Did the infant experience No Yes	Inusual or different about the Specify: any falls or injury within the I						
No Yes Tell me what happened: Did you notice anything uses the infant experience No Yes When was the infant LAS	nusual or different about the Specify: any falls or injury within the I Specify: T PLACED?	ast 72 hrs?					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience No Yes When was the infant LAS	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time:						
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience No Yes When was the infant LAS: Date: When was the infant LAS:	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)?	ast 72 hrs? Location (room):					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience No Yes When was the infant LAS: Date: When was the infant LAS: Date:	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time:	ast 72 hrs?					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS Date: When was the infant LAS Date: When was the infant LAS When was the infant LAS	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: ND?	Location (room): Location (room):					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS: Date: When was the infant LAS: Date: When was the infant FOU Date:	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: ND? Military Time:	ast 72 hrs? Location (room):					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS Date: When was the infant LAS Date: When was the infant LAS Date:	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: ND? Military Time:	Location (room): Location (room):					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS: Date: When was the infant LAS: Date: When was the infant FOU Date: Explain how you knew the	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: ND? Military Time:	Location (room): Location (room): Location (room):	nt of approp	priate response)?			
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS' Date: When was the infant LAS' Date: When was the infant FOU Date: Explain how you knew the	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: ND? Military Time: infant was still alive.	Location (room): Location (room): Location (room):		priate response)?			
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS: Date: When was the infant LAS: Date: Explain how you knew the was the infant - (P)	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: KNOWN ALIVE(LKA)? Military Time: ND? Military Time: infant was still alive.	Location (room): Location (room): Location (room):		Chair			
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS: Date: When was the infant LAS: Date: When was the infant FOU Date: Explain how you knew the company the company to the compa	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: Infant was still alive. Bedside co-sleeper	Location (room): Location (room): Location (room): Cound (write P, L, or F in from Car seat Floor					
No Yes Tell me what happened: Did you notice anything use. No Yes Did the infant experience. No Yes When was the infant LAS' Date: When was the infant LAS' Date: When was the infant FOU Date: Explain how you knew the service of the property o	Inusual or different about the Specify: any falls or injury within the I Specify: T PLACED? Military Time: T KNOWN ALIVE(LKA)? Military Time: Infant was still alive. Bedside co-sleeper Crib	Location (room): Location (room): Location (room): Cound (write P, L, or F in from Car seat		Chair In a person's arms			

				VVIIIN	IESS INTER	AILAA (Conc.	
10	In what position was the infant LAST	PLACED?	Sitting	On back	On side		stomach	Unknown
	Was this the infant's usual position?		Yes	No	What was the	usual po	osition?	
11	In what position was the infant LKA? Was this the infant's usual position?	•	Sitting Yes	On back No	On side What was the		stomach	Unknown
40	•							
12	In what position was the infant FOUI Was this the infant's usual position?	ND?	Sitting Yes	On back No	On side What was the		stomach sition?	Unknown
13	Face position when LAST PLACED?	Face	down on su	rface F	ace up	Face rig	ht F	ace left
14	Neck position when LAST PLACED?	Hypere	extended (he	ad back)	Flexed (chin to	chest)	Neutral	Turned
15	Face position when LKA?	ice down on	surface	Face up	Face right	Fa	ace left	
16	Neck position when LKA?	perextended	d (head back	() Flexed	d (chin to chest)		Neutral	Turned
17	Face position when FOUND?	ce down on	surface	Face up	Face right	Fa	ace left	
18	Neck position when FOUND?	perextended	d (head back	() Flexed	d (chin to chest)		Neutral	Turned
19	What was the infant wearing? (ex. t-s	shirt, disposa	ble diaper)					
20	Was the infant tightly wrapped or sw	addled?	No 🗍	Yes - describe:				
21	Please indicate the types and numbe	rs of layers	of bedding l	both over and i	under infant (n	ot includ	ding wrappi	ng blanket):
	Bedding UNDER Infant	None	Number	Bedding OVE	R Infant		None	Number
	Receiving blankets			Receiving blan	nkets			
	Infant/child blankets			Infant/child bla				
	Infant/child comforters (thick)				mforters (thick)			
	Adult comforters/duvets			Adult comforte	. ,			
	Adult blankets			Adult blankets				
	Sheets			Sheets				
	Sheepskin			Pillows				
	Pillows			Other, specify:	:			
	Rubber or plastic sheet							
	Other, specify:							
22	Which of the following devices were	operating i	n the infant					
	None Apnea monitor H	umidifier	Vaporizer	Air purifie	r Other -			
23	In was the temperature in the infant's	s room?	Hot	Cold	Normal	Other	-	
24	Which of the following items were no	ear the infar	nt's face, no	se, or mouth?		_		
	Bumper pads Infant pillows	Positiona	al supports	Stuffed anin	nals Toys	Oth	ner -	
25	Which of the following items were w	ithin the inf	ant's reach?	?				
	Blankets Toys Pillows	Paci	ifier N	othing Ot	her -			
26	Was anyone sleeping with the infant	? No	Yes	Location	n in relation			
	Name of individual sleeping with infant	Age H	eight Weig		infant	Impare	ment (intoxi	cation, tired)
27	Was there evidence of wedging?	No	Yes - Descri	be:				
28	When the infant was found, was s/he	 ::	nthing N	lot Breathing				
	If not breathing, did you witness the infa			No Yes				
	ii not breating, aid you withess the line	ant stop bied	aumig:	162				

				WITNESS IN	VI LIXVILVV	(COIII.)		
What had led you to check on the infant?								
Describe the infant's appearance when fou	ınd.							
Appearance	Unknown	n No	Yes	De	scribe and spe	cify location		
a) Discoloration around face/nose/mouth								
b) Secretions (foam, froth)								
c) Skin discoloration (livor mortis)								
d) Pressure marks (pale areas, blanching)								
e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)	3							
f) Marks on body (scratches or bruises)								
g) Other								
What did the infant feel like when found? (Check all tha	t apply.)						
Sweaty Warm to touch Cool t	o touch	Lim	p, flexi	ble Rigid,	stif Unkr	nown		
	L							
Other - specify:								
Did anyone else other than EMS try to resu	uscitate the	infant	?	No Yes				
Who?		Date:			Military time:		:	
Please describe what was done as part of	resuscitati	on:						
				INFANT ME	DICAL HIS	TORY		
				INFANT ME	:DICAL HIS	TORY		
Source of medical information: Doct	tor Ot	ther hea	althcare		EDICAL HIS	TORY Family		
Source of medical information: Doct Mother/primary caregiver Other:	tor Of	ther hea	althcare					
Mother/primary caregiver Other:		ther hea	althcare					
Mother/primary caregiver Other: [In the 72 hours prior to death, did the infar				e provider \[\]		Family		
Mother/primary caregiver Other: In the 72 hours prior to death, did the infar Condition	nt have:		s Co	e provider N	Medical record		No	
Mother/primary caregiver Other: [In the 72 hours prior to death, did the infar	nt have:		es Co	e provider \[\]	Medical record	Family		
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever	nt have:		es Co	e provider Nondition Apnea (stopped	Medical record breathing) etite	Family		
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea	nt have:		es Co	e provider ondition Apnea (stopped Decrease in app	Medical record breathing) etite	Family		
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating	nt have:		es Co k) e) l) f)	e provider ondition Apnea (stopped Decrease in app Cyanosis (turned	Medical record breathing) etite d blue/gray)	Family		
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes	nt have:		es Co	e provider ondition Apnea (stopped Decrease in app Cyanosis (turned Vomiting	Medical record breathing) etite d blue/gray)	Family		
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual	nt have:		es Co k) e) l) f) m) g)	e provider ondition Apnea (stopped Decrease in app Cyanosis (turned Vomiting Seizures or conv	Medical record breathing) etite d blue/gray)	Family		
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual j) Difficulty breathing d) Fussiness or excessive crying	nt have: Unknown N	No Ye	es Co k) e) l) f) m)	e provider ondition Apnea (stopped Decrease in app Cyanosis (turned Vomiting Seizures or conv Choking Other, specify:	breathing) etite d blue/gray)	Unknown	No	
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual j) Difficulty breathing d) Fussiness or excessive crying In the 72 hours prior to death, was the infa	nt have: Unknown N	No Ye	es Co k) e) l) f) m)	e provider ondition Apnea (stopped Decrease in app Cyanosis (turned Vomiting Seizures or conv Choking Other, specify:	breathing) etite d blue/gray)	Unknown	No	
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Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual j) Difficulty breathing d) Fussiness or excessive crying In the 72 hours prior to death, was the infa	nt have: Unknown N	or did s	es Co k) e) l) f) m) g) n) s/he ha	e provider ondition Apnea (stopped Decrease in app Cyanosis (turned Vomiting Seizures or conv Choking Other, specify: ave any other conv vaccinations of	breathing) etite d blue/gray) /ulsions	Unknown the mentioned	No No	
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Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual j) Difficulty breathing d) Fussiness or excessive crying In the 72 hours prior to death, was the infa No Yes - describe: In the 72 hours prior to the infants death, we (Please include any home remedies, herbal medical) Name of vaccination or medication Dose	nt have: Unknown N	or did s	es Co k) e) l) f) m) g) n) s/he ha	e provider Indition Apnea (stopped Decrease in app Cyanosis (turned Vomiting) Seizures or conventions Choking Other, specify: ave any other conventions of specific counter of the c	breathing) etite d blue/gray) /ulsions ondition(s) not r medications medications.)	Unknown the mentioned	No	
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual j) Difficulty breathing d) Fussiness or excessive crying In the 72 hours prior to death, was the infa No Yes - describe: In the 72 hours prior to the infants death, we (Please include any home remedies, herbal medical) Name of vaccination or medication Dose	Int have: Unknown N Int injured of the second sec	or did s	es Co k) e) l) f) m) g) n) s/he ha	e provider Indition Apnea (stopped Decrease in app Cyanosis (turned Vomiting) Seizures or conventions Choking Other, specify: ave any other conventions of specific counter of the c	breathing) etite d blue/gray) /ulsions ondition(s) not r medications medications.)	Unknown a mentioned	No	
Mother/primary caregiver In the 72 hours prior to death, did the infar Condition a) Fever h) Diarrhea b) Excessive sweating i) Stool changes c) Lethargy or sleeping more than usual j) Difficulty breathing d) Fussiness or excessive crying In the 72 hours prior to death, was the infa No Yes - describe: In the 72 hours prior to the infants death, we (Please include any home remedies, herbal medical) Name of vaccination or medication Dose	Int have: Unknown N Int injured of the second sec	or did s	es Co k) e) l) f) m) g) n) s/he ha	e provider Indition Apnea (stopped Decrease in app Cyanosis (turned Vomiting) Seizures or conventions Choking Other, specify: ave any other conventions of specific counter of the c	breathing) etite d blue/gray) /ulsions ondition(s) not r medications medications.)	Unknown a mentioned	No	
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INFANT MEDICAL HISTORY (cont.) 5 At any time in the infant's life, did s/he have a history of? Unknown No Medical history Describe a) Allergies (food, medication, or other) b) Abnormal growth or weight gain/loss c) Apnea (stopped breathing) d) Cyanosis (turned blue/gray) e) Seizures or convulsions f) Cardiac (heart) abnormalities 6 Did the infant have any birth defects(s)? No Describe: 7 Describe the two most recent times that the infant was seen by a physician or health care provider: (Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls) First most recent visit Second most recent visit a) Date b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City h) State, ZIP i) Phone number 8 Birth hospital name: Discharge date: Street address: City: State: Zip: 9 What was the infant's length at birth? inches or centimeters 10 What was the infant's weight at birth? grams pounds ounces or 11 Compared to the delivery date, was the infant born on time, early, or late? On time Early - how many weeks? Late - how many weeks? 12 Was the infant a singleton, twin, triplet, or higher gestation? Singleton Twin Triplet Quadrupelet or higher gestation Were there any complications during delivery or at birth? (emergency c-section, child needed oxygen) No Describe: Are there any alerts to the pathologist? (previous infant deaths in family, newborn screen results) No Specify:

INFANT DIETARY HISTORY On what day and at what approximate time was the infant last fed? 1 Date: Military Time: 2 What is the name of the person who last fed the infant? 3 What is his/her relationship to the infant? 4 What foods and liquids was the infant fed in the last 24 hours (include last fed)? Food Unknown No Yes Quantity (ounces) Specify: (type and brand) a) Breast milk (one/both sides, length of time) b) Formula (brand, water source - ex. Similac, tap water) c) Cow's milk d) Water (brand, bottled, tap, well) e) Other liquids (teas, juices) f) Solids g) Other 5 Was a new food introduced in the 24 hours prior to his/her death? No Yes If yes, describe (ex. content, amount, change in formula, introduction of solids) 6 Was the infant last placed to sleep with a bottle? Yes No - if no, skip to question 9 below 7 Was the bottle propped? (i.e., object used to hold bottle while infant feeds) No Yes If yes, what object was used to prop the bottle? What was the quantity of liquid (in ounces) in the bottle? 8 9 Did the death occur during? Breast-feeding Bottle-feeding Eating solid foods Not during feeding 10 Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified? (ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges) No Yes If yes, - describe: **PREGNANCY HISTORY** 1 Information about the infant's birth mother: First name: Last name: Middle name: Maiden name: Birth date: SS#: City: Street address: State: Zip: How long has the birth mother been at this address? Years: Months: Previous Address: 2 At how many weeks or months did the birth mother begin prenatal care? Unknown No parental care Weeks: Months: 3 Where did the birth mother receive prenatal care? (Please specify physician or other health care provider name and address.) Physician/provider: Hospital/clinic: Phone: Street address: City: State: Zip:

Specify:										
Was the birth mother inju	red during	her pregn	ancy wi	th the inf	fant? (ex. auto acci	dent, falls)	No	o [Yes	
Specify:										
During her pregnancy, di	d she use a	ny of the f	following	g?						
		known No	Yes Yes	Daily	T., -,	Unk	known	No	Yes	Daily
a) Over the counter medic					d) Cigarettes					
b) Prescription medication	ns				e) Alcohol					
c) Herbal remedies		5.11 . 5			f) Other					
Currently, does any care	•	r y of the fo known No	_	Daily		Link	known	No	Yes	Daily
a) Over the counter medic		CHOWII INC	163	Daily	d) Cigarettes	Offic	CHOWII	INO	163	Daii
b) Prescription medication	ns				e) Alcohol					
c) Herbal remedies					f) Other					
						_\	V			
					INCIDENT SO	ENE IN	VEST	IGA	TION	
Where did the incident or	r death occı	ır?								
Was this the primary resi	idence?	No	Yes							
-							٦			
Is the site of the incident	or death sc	ene a day	care or	other ch	ildcare setting? [Yes	No -	If no,	skip to	questio
How many children (unde	er age 18) w	ere under	the car	e of the p	provider at the tin	ne of the i	ncider	t or c	death?	
	,			•		ne of the i	ncider	t or c	death?	
How many adults (age 18	B and over) v	vere supe	rvising	the child	(ren)?	me of the i	ncider	it or c	leath?	
How many adults (age 18 What is the license numb	B and over) v	vere supe	rvising t	the child	(ren)?	ne of the i	ncider	nt or c	leath?	
How many adults (age 18 What is the license numb License number:	B and over) v	were supe	rvising to	the child	(ren)?	ne of the i	ncider	nt or c	leath?	
How many adults (age 18 What is the license numb	B and over) v	were supe	rvising to	the child	(ren)?	ne of the i	ncider	nt or c	leath?	
How many adults (age 18 What is the license numb License number:	and over) were and licer	were supensing agei	rvising to a cy for to Age ness?	the child the dayca	(ren)?	ne of the i	ncider	nt or c	death?	
How many adults (age 18 What is the license numb License number: How long has the daycar	and over) we been oper the site of t	were supensing agei	rvising to a cy for to Age ness?	the child the dayca ncy:	(ren)?			nt or c	death?]
How many adults (age 18 What is the license numb License number: How long has the daycar How many people live at Number of adults (18 years	and over) we been oper the site of the sortion of the site of the sortion of the	were supensing ageing for busing he incider	rvising to the control of the contro	the child the dayca ncy:	(ren)? are? e? of children (under	18 years o		nt or c	leath?	
How many adults (age 18 What is the license numb License number: How long has the daycar How many people live at Number of adults (18 years Which of the following he	and over) we been oper the site of the sort older):	were supensing agents of for busing he incider	rvising to the Age less? Interces wei	the child the dayca ncy:	(ren)? are? e? of children (under used? (Check all th	18 years o	old):)) w(s)
How many adults (age 18 What is the license numb License number: How long has the daycar How many people live at Number of adults (18 years Which of the following he	and over) we been oper the site of the sort older): eating or co	were super sing ager for busing he incider oling source furnace of	rvising to help for the help fo	the child the dayca ncy: ath scene Number re being	e? of children (under used? (Check all the Wood burning	18 years on the state of the st	old):	Open	ı windov	
How many adults (age 18 What is the license number: License number: How long has the daycar How many people live at Number of adults (18 years Which of the following he Central air A/C window unit	and over) very and licer e been oper the site of the sorrolder): eating or co Gas Electrical	were supensing agental for busing he incider oling source of turnace of the furnace of the furna	rvising to help for the help for dear the help for dear the help for boiler the or boiler	the child the dayca ncy: ath scene Number re being	e? of children (under used? (Check all the Wood burning Coal burning f	18 years of the state of the st	old):	Open	ı windov	g stove
How many adults (age 18 What is the license numb License number: How long has the daycar How many people live at Number of adults (18 years Which of the following he Central air A/C window unit Ceiling fan	and over) we been oper the site of the sor older): Gas Gas Electric British and Street	were super nsing ager In for busing he incider In for busing source of the furnace of the furnac	Age ness? nt or dea rces wer r boiler e or boile heater	the child the dayca ncy: ath scene Number re being	e? of children (under used? (Check all the Wood burning Coal burning f Kerosene spa	18 years of the state of the st	old):	Open Wood Floor	ı windov d burnin /table fa	g stove
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How many adults (age 18 What is the license numb License number: How long has the daycar How many people live at Number of adults (18 years Which of the following he Central air A/C window unit Ceiling fan Electric baseboard he Other - specify:	and over) very and licer re been oper the site of the	were super sing ager for busing he incider oling source furnace of ctric furnace ctric space ctric (radial	Age ness? nt or dea rces wei r boiler se or boil heater nt) ceiling	the child the dayca ncy: ath scene Number re being	e? of children (under used? (Check all the Wood burning Coal burning f Kerosene spa	18 years of the state of the st	old):	Open Wood Floor	ı windov d burnin /table fa	g stove
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INVESTIGATION SUMMARY Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified? 2 **Arrival times** Military time Law enforcement at scene: DSI at scene: Infant at hospital: **Investigator's Notes** 1 Indicate the task(s) performed Additional scene(s)? (forms attached) Photos or video taken and noted Doll reenactment/scene re-creation Materials collected/evidence logged Referral for counseling EMS run sheet/report Notify next of kin or verify notification 911 tape 2 If more than one person was interviewed, does the information differ? No Yes If yes, detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last known alive on chair.) **INVESTIGATION DIAGRAMS** 1 Scene Diagram: 2 **Body Diagram:**

						SUMMA	RY FOR	R PATHOLOG	IST
l	Investiga	ator informa	ation Name:			Agency:		Phone:	
			Date	Milita	ary time				
		nvestigated:			:				
	Pronou	inced dead:			:				
	Infant's	nformation:	: Last:		First:		M:	Case #:	
	Sex:	Male	Female D	ate of Birth:		Д	vge:		
	Race:	White	Black/Afric	can Am.	Asian/Pa	cific Islander			
		Am. India	n/Alaskan Nativ	ve H	Hispanic/Latir	no Oth	ner:		
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	Yes No	-	eliminary inves	stigation sug	gests any of	the following:	i		
	Tes No	_	ex. overlvina. we	daina. chokina.	nose/mouth ob	struction. re-brea	thina. neck	compression, imme	rsion in water)
		⊣	sleep surface				O 2	,	,
		Change in	sleep condition	า (ex. unaccusto	omed stomach	sleep position, lo	cation, or sl	eep surface)	
			mia/Hypotherm						
		\dashv	ental hazards (e						
		j Unsafe sie	eep condition (e.	x. couch/sofa, v	vaterbed, stuffe	d toys, pillows, so	oft bedding)		
		+	solids introduced,	etc.)					
		Recent ho	spitalization						
		Previous n	nedical diagnos	sis					
		-	acute life-threa	-		izures, difficulty b	reathing)		
			medical care w	ithout diagnos	sis				
		-	I or other injury						
		-l '	religious, cultur						
		Cause of o	leath due to na	tural causes o	other than SII	OS (ex. birth defe	cts, compli	cations of preterm bi	rth)
		Prior siblin	g deaths						
		Previous e	encounters with	police or soci	ial service ag	encies			
		Request fo	or tissue or orga	an donation					
		Objection	to autopsy						
		Pre-termin	nal resuscitative	treatment					
		Death due	to trauma (inju	ry), poisoning	, or intoxicati	on			
		Suspicious	s circumstances	3					
		- '	ts for pathologis						
	Any "Ye	_	bove should be		detail (descri	ntion of circum	stances).		
	7 tily 10	3 dilawoia d	bove should be	, explained in	detail (descri	phon or oncome	<u> </u>		
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	Agency:	,		Phone:				ax:	
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