

**WISCONSIN STATE CHILD FATALITY REVIEW TEAM  
CORONERS'/MEDICAL EXAMINERS' SUPPLEMENTAL DATA FORM  
FOR UNEXPECTED CHILD DEATH**

**A. IDENTIFICATION OF THE VICTIM**

Reporter's case number	Reporter's name	Reporter's title	Reporter's county	Reporter's phone
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**B. CUSTODIAL STATUS/SUPERVISION OF DECEDENT (Mark all that apply to this fatality)**

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| <input type="checkbox"/> 1. County Human Services Department reports on decedent or other persons in the residence | <input type="checkbox"/> 5. Inadequate care or neglect   |
| <input type="checkbox"/> 2. Decedent in County Human Services Department custody                                   | <input type="checkbox"/> 6. Suspected inflicted injury   |
| <input type="checkbox"/> 3. Possible inadequate supervision  | <input type="checkbox"/> 7. Legal Confinement            |
| <input type="checkbox"/> 4. Possible malnutrition or delay in seeking medical care                                 | <input type="checkbox"/> 8. Suspicious/criminal activity |

**C. NARRATIVE OF CIRCUMSTANCES OR OTHER COMMENTS**

**D. DEATH SCENE INFORMATION**

1. Place of incident     Descendant's home     Other home     Rural road     Highway     Public drive     Street  
 Private drive     Farm     Other private property     Licensed child care facility     Unlicensed child care facility  
 Child care residential facility     Body of water     Work place     Hospital     Other \_\_\_\_\_
2. Time elapsed from when the victim was last seen until the time of the incident?  
 Known (    hrs,    min)     Unknown     N/A
3. Was the person in charge of child's care present at the time of the incident?     Yes     No     Unknown     N/A
4. Was the person in charge of child's care asleep at the time of the incident?     Yes     No     Unknown     N/A
5. If MV crash passenger: Was decedent restrained?     Yes     No     Unknown  
Position in Vehicle?     Driver     Front seat passenger     Rear seat passenger     Position unknown
6. If bicycle, ATV or motorcycle rider, was the decedent wearing a helmet?     Yes     No     Unknown
7. EMS at the scene?     Yes     No     Unknown
8. Death scene investigation?     None     Conducted by coroner/M.E. or their deputies     Conducted by law enforcement  
 Conducted by fire investigator     Conducted by other (specify)  
 Law enforcement agency involved (specify)

**E. INVESTIGATION FOLLOW-UP**

1. Local death review team review     Yes     No
2. Autopsy?     Not performed     Performed by (specify name)  
Findings
3. Toxicology?     Yes     No    If yes: Substance(s) involved  
Level(s) (if available)

**F. SUDDEN UNEXPECTED DEATH IN INFANCY, OR "SIDS" (Skip if does not apply)**

1. Position when found     On abdomen     On back     On side     Other (Specify)     Unknown
2. Sleeping place?     Crib     Adult bed     Waterbed     Firm surface     Soft surface  
 Other     Unknown
3. Sleeping arrangements?     Overlying     Sleeping alone     Co-sleeping ( with adult     with child)
4. Recent upper respiratory infection (in last 2 weeks of life)?     Yes     No     Unknown
5. Other recent illness (in last 2 weeks of life)?     Yes     No     Unknown  
If yes, specify diagnosis

(Please turn page over)

## G. SOCIAL INFORMATION

1. Person(s) in charge of decedent at time of fatal illness or injury event (choose all that apply)?
- Natural father     Adoptive father     Stepfather     Foster father     Grandfather     Male legal guardian  
 Natural mother     Adoptive mother     Stepmother     Foster mother     Grandmother     Female legal guardian  
 Child(ren)     Parent's male paramour     Parent's female paramour     Sitter/child care provider  
 No one in charge     Unknown     Other (specify)
2. If children were in charge, indicate their ages:     Known (    yrs.,    yrs.,    yrs.)     Unknown     N/A
3. Did an investigation determine that one or more persons in charge at time of fatal illness or injury were under the influence of alcohol or drugs?     Yes     No     Unknown
4. Have there been other child fatalities associated with any of the persons above?     Yes (explain below)     No     Unknown

## H. INSTRUCTIONS FOR FILLING OUT THIS FORM

1. About the Wisconsin Child Fatality Review Team  
In May of 1999 the Attorney General convened the first meeting of the Wisconsin State Child Fatality Review Team. The goal of this multidisciplinary team is to reduce preventable childhood deaths in Wisconsin. To fulfill this mission, the statewide team must gather information on unexpected Wisconsin child deaths. The crucial element is participation by Wisconsin coroners and medical examiners in this process. The state team uses the information gathered to:
- Advise the legislature and state agencies on the need for modifications to law, policy or practice regarding the safety of children.
  - Educate the public regarding the incidence and causes of child deaths, and outline specific steps the public can take to prevent future deaths.
  - Identify training needs and make training resources available to statewide professional organizations, advocacy groups and others.
  - Encourage development of local and/or regional CFRTs.
2. "Unexpected deaths" are those which were not reasonably anticipated, or which occurred under obscure circumstances. This includes any death in which the child was not terminally ill with expected imminent death. Examples include, but are not limited to unintentional traumatic injury, homicide, suicide, asphyxia, aspiration, airway obstruction, and infectious illnesses.
3. Please complete this form and attach a copy of the death certificate stamped "For Administrative Use Only" for all unexpected deaths of children 17 years of age or less within 60 days of death or at completion of the death investigation, whichever comes first.
4. When completed, please either FAX the form and death certificate to:  
Ann Rulseh, Wisconsin Child Fatality Review Team Staff  
(608) 264-6368  
or send them to: Ann Rulseh, Wisconsin Child Fatality Review Team Staff  
P.O. Box 7951  
Madison, WI 53707-7951
5. For questions, please call Ann Rulseh at (608) 266-3934.