

**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

- 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 _____
- Time elapsed from when the victim was last seen until the time of the incident?
Known (____ hrs, ____ min) Unknown N/A
- Was the person in charge of child's care present at the time of the incident? Yes No Unknown N/A
- Was the person in charge of child's care asleep at the time of the incident? Yes No Unknown N/A
- If MV crash passenger: Was decedent restrained? Yes No Unknown
Position in Vehicle? Driver Front seat passenger Rear seat passenger Position unknown
- If bicycle, ATV or motorcycle rider, was the decedent wearing a helmet? Yes No Unknown
- EMS at the scene? Yes No Unknown
- 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

- Local death review team review Yes No
- Autopsy? Not performed Performed by (specify name) _____
Findings _____
- 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)

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

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.

