CENTRAL DISTRICT:
400 E. Jackson St.
Richmond, Virginia 23219-3694
(804) 786-3174
800-447-1706
FAX (804) 371-8595

WESTERN DISTRICT:
6600 Northside High School Road
Roanoke, Virginia 24019
(540) 561-6615
800-862-8312
FAX (540) 561-6619

COMMONWEALTH of VIRGINIA

Department of Health

Office of the Chief Medical Examiner
400 E. Jackson Street
Richmond, VA. 23219-3694

TIDEWATER DISTRICT:
830 Southampton Avenue, Ste. 100
Norfolk, Virginia 23510
(757) 683-8366
800-395-7030
FAX (757) 683-2589

NORTHERN VA. DISTRICT:
9797 Braddock Road, Suite 100
Fairfax, Virginia 22032-1700
(703) 764-4640
800-856-6799
FAX (703) 764-4645

CHILDHOOD DEATH INVESTIGATION FORM

Name of Deceased______________________________ **Race**_________ **Sex**_______ **Date of Birth**________________

INVESTIGATION (by local medical examiner, police officer):

Name of person collecting information: ______________________________ PHONE:________________________

Name of person providing information:____

Relationship to decedent:____

Mother's name____

Address____

Phone Number____

Smoker? YES_____ NO_____ Alcohol user? YES_____ NO_____ Drug user? YES_____ NO_____

Did mother smoke during pregnancy? YES____ NO

Father's name ____

Address ____

Phone Number____

Smoker? YES_____ NO_____ Alcohol user? YES_____ NO_____ Drug user? YES_____ NO_____

Who **else** lives in decedent's household

age	sex	relationship	state of health

Does law enforcement have any prior records on the family, caregiver or deceased? YES____ NO_____

If so, **name** and **address of investigator and agency responsible** for investigation.

____

____

Does Social Services have any prior records on the family, caregiver or deceased? YES____ NO_____

If so, **name** and **address of investigator and agency responsible** for investigation.

____

____

MEDICAL HISTORY:

Was there prenatal care? YES_____ NO_____ Where?____

Name and address of hospital where child was delivered?____

____

Name and address of doctor who delivered child ____

____

Name of child's present physician, address and phone number____________________________________

____

Birth weight____

Any complications of pregnancy or delivery? (Describe)____

____

Was child developing normally?____

Date and type of last vaccination____

Any illnesses since birth?____

Any medical treatment since birth? (Describe)____

Date last seen by doctor?____________________Why?_________________________________

Name/phone of physician:____

Any hospitalizations since birth? (Describe)____

History of falls or other trauma: (Describe circumstances, date and time of occurrence) __________________

____

Medications prior to death and when taken (send all medications to district office):____________________

____

Symptoms of child prior to death: (for the past 48 hours - lethargy, crankiness or excessive crying, appetite changes, vomiting or choking, fever or excessive thirst, diarrhea or stool changes, infant has ever stopped breathing or turned blue, other)____

____

Are any other household members recently or currently ill or injured? If so, what complaints/illness?

____

____

Child's normal diet (specify, e.g. Similac with iron):____

Time of last feeding:________________________ What?____

Is the appropriate baby food available?____

Was child ever breastfed? YES _____ NO _____

MEDICAL HISTORY (continued):

Is there any previous history of SIDS, infant deaths, or other deaths of siblings (of any age)?

If so, who (obtain full name of child), jurisdiction, and date of death:____________________________________

____

If so, cause of death and manner of death:____

____

EMS response YES_____ NO_____ Agency and address______________________________________

Were there any resuscitative attempts? (describe how and by whom)______________________________

Transported to hospital? YES _____ NO _____ Where? ____________________________________

Who transported to hospital? ____

SCENE INVESTIGATION:

Place of illness or injury:____

Name, age and relationship of caretaker to decedent at apparent time of injury or death:_______________

____

Who last saw child alive and well? (Include time and date):______________________________________

____

Who found the child? (Include time and date):____

____

Who else was at scene?____

Was the death observed? (Describe):____

____

Was the child supposed to be awake or asleep?____

Hygiene of child and condition of clothing:____

Cleanliness of surroundings:____

Was there a heating or cooling apparatus in use? If so, what was it and where was it in relation to the child?

____

Room temperature?____

Any odors, fumes or peeling paint?____

Evidence of insect or rodent activity? YES_____ NO_____ Where?______________________________

Any indoor pets? YES _____ NO _____ Describe?____

Any medications present? If so, what?____

Any evidence of alcohol or illegal drug use at scene? YES_____ NO_____

If so, what?____

____

SCENE INVESTIGATION (continued):

What is child's usual sleep position? (i.e. face up or down, head turned to left or right?)________________________

____

The child can:	roll over on its own?	YES _____	NO _____
	lift its head?	YES _____	NO _____
	pull or push itself up?	YES _____	NO _____

Was the child sleeping alone? YES_____ NO_____

If yes:

What type of surface (e.g. crib, adult bed, sofa)____

Toys/pillows/sheep skin (describe relationship to deceased)____________________________

____

Position when put down (i.e. face up or down, head turned to left or right?____________________

____

Position when found (i.e. face up or down, head turned to left or right?______________________

____

Was nose or mouth covered? (describe) ____

If no:

Who was child sleeping with____

Physical characteristics of co-sleeper (height, weight, intoxicated)____________________________

____

What type of surface (e.g. crib, adult bed, sofa)____

Toys/pillows/blankets____

____

Position when put down and position of co-sleepers_____________________________________

____

Position when found and position of co-sleepers_______________________________________

____

Was nose or mouth covered? (describe) ____

If child was not sleeping in a crib, was one available? Explain_____________________________

Please reconstruct scene with infant-sized mannequin and submit a copy of photographs to district office.

Any other information relevant to this case____

____

____

____