

**STATE OF OREGON CHILD FATALITY REVIEW FORM**  
(for use in child deaths occurring after Jan 1,1999 — last reviewed 2003)

Purpose: This form is to be used to document the findings of the local Child Fatality Review Team (CFRT) meetings in accordance with Oregon revised Statute(ORS) 418.747. The information gathered with this form will be part of a statewide information management system required by ORS 418.753.

Instructions: Complete one form for each child aged 0-17 that is reviewed at the CFRT meeting. Fill it out to the best of your ability with the information presented at the meeting. If information is unavailable or incomplete check unknown or schedule to re-present the case at the next CFRT meeting inviting auxiliary members or obtaining records which can provide the answers.

See the data form guidelines for definitions and clarification of individual questions. **Shaded areas are for Office use only**

Send form to : Child Fatality Review  
800 NE Oregon St., Suite 772  
Portland, OR 97232

Questions call: (503) 731-8597  
(503) 731-4025

**Section I: Identification of the Child**

1. Child Name \_\_\_\_\_  
Last First Middle

2. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Time of Incident \_\_\_\_ am  
(If known) pm

4. Gender:  female  male 5. Race:  White  American Indian  
 Black  Other \_\_\_\_\_  
 Asian  unknown

6. Hispanic:  yes  no  unknown  
7. County of Residence: \_\_\_\_\_ County of death: \_\_\_\_\_

8. Place of death: **County of incidence:**  
 child's residence  child care facility  highway  body of water  other \_\_\_\_\_  
 foster home  ER  suburban road  work place  
 other residence  in-patient  rural road  farm/ranch

9. Place of incident:  
 child's residence  other residence  highway  rural road  other \_\_\_\_\_  
 foster home  child care facility  farm/ranch  body of water

**Address**

10. Supervision at time of incident:  
 caretaker present  unsupervised  other \_\_\_\_\_  
 caretaker in vicinity, but not directly supervising  unknown \_\_\_\_\_  
 caretaker present but impaired by alcohol or drugs \_\_\_\_\_

11. Specific relationship of supervisor to child: \_\_\_\_\_

12. Did the child have a disability?  yes  no  unknown  
If yes, please specify (check all that apply):  physical  social/emotional  learning  communication  other \_\_\_\_\_

13. Did the child have and acute or chronic medical condition at the time of death?  yes  no  unknown  
If yes, describe \_\_\_\_\_

14. Was the child receiving well baby/child care?  yes  no  Unknown

15. Is this a medical examiner case?  yes  no **ME#** 16. Was an autopsy performed  yes  no  unknown

## Section II: Investigation of the Circumstances

17. Was a death scene investigation conducted?  yes  no  unknown Name of investigating officer and agency \_\_\_\_\_

If yes by whom:  by Medical Examiner  by Law Enforcement  
 by Fire Investigator  by other \_\_\_\_\_

18. Was a Child Protective Service assessment completed by SCF due to this death?  Yes  No  Unknown SCF# \_\_\_\_\_

Disposition:  founded \_\_\_\_\_  unable to determine  
 unfounded  unknown

19. Was there an open case with SCF at the time of the fatality?

yes  no  unknown

20. Were there previous referrals to SCF regarding this family?

yes  no  unknown # referrals \_\_\_\_\_

21. Was alcohol a factor in the death?

yes  no  unknown BAC \_\_\_\_\_

If yes to either 21 or 22 specify by whom and how: \_\_\_\_\_

22. Were other drugs a factor in the death?

yes  no  unknown

### If no criminal charges skip to Section III

23. Was an arrest made?  yes  no  unknown

If yes, for what \_\_\_\_\_

24. Grand jury indictment:  yes  no  unknown  pending

25. Was the child:  intended victim  random Victim (e.g. in the line of fire)  unknown

26. Relationship of alleged perpetrator:

mother  step-mother  
 father  step-father  
 sibling  acquaintance  
 other, please describe \_\_\_\_\_

Name \_\_\_\_\_

mother's boyfriend  
 father's girlfriend  
 stranger

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

regular care provider  
 foster parent  
 unknown

27. Judicial Outcome:

tried, acquitted

tried, convicted of \_\_\_\_\_

sentenced to \_\_\_\_\_

pled guilty to the charge of \_\_\_\_\_

sentenced to \_\_\_\_\_

pending trial

judicial outcome unknown at this time

## Section III: Family/Social Context

28. Please provide the following information about persons who were part of the child's immediate family or consistently involved in the child's life. May include parent's boyfriend/girlfriend, neighbors, etc.

Name of person	DOB/Age	Specific relationship to deceased

Victim/Family History of: Check all that apply: Sources of information would be medical, school, SCF, Court records, etc.

Victim

Other

- diagnosis/treatment for mental health problems  
 chronic physical/medical condition  
 lost someone in a violent death  
 service plan from other social service agency  
 Adult and Family Services history  
 referrals to SCF for child abuse or neglect  
 victim of child physical abuse or neglect  
 victim of child sexual abuse

Victim

Other

- prior arrests//convictions for any crimes  
 gang involvement  
 school problems  
 employment problems  
 frequent moves  
 alcohol abuse  
 substance abuse (drug type) \_\_\_\_\_  
 perpetrating domestic violence  
 victim of domestic violence

Please clarify response:

other: \_\_\_\_\_

lack of information, unable to answer

None of these factors identified

## Section IV: Cause, Manner and Category of death

### 29. Manner of Death:

- Accident       Pending       Natural  
 Suicide       Undetermined       Unknown  
 Homicide       Other

### 30. Cause of death

Death certificate# \_\_\_\_\_

### 31. TYPE OF DEATH (Check one)

- Child under One Year of Age death from SIDS, other Natural or Undetermined Manner (Skip to Q32)  
 Shaken Baby Syndrome or Child Battering (Skip to Q33)  
 Vehicular Crash (Skip to Q34)       Poisoning (Skip to Q38)  
 Fire or Burn (Skip to Q35)       Electrocution (Skip to Q39)  
 Drowning or Submersion (Skip to Q36)       Firearm or Weapon (Skip to Q40)  
 Fall (Skip to Q37)       Suffocation or Strangulation (Skip to Q41)

### Q32. Child under One year of Age death due to natural or undetermined causes including SIDS

- a. Birth certificate reviewed:       yes    no    unknown  
Findings \_\_\_\_\_
- b. Birthweight: \_\_\_\_\_
- c. Adequate prenatal care  yes    no    unknown  
number visits (if known) \_\_\_\_\_
- d. Maternal cigarette smoking during pregnancy  
 yes    no    unknown
- e. Maternal drug use during pregnancy       yes    no    unknown
- f. Age of mother at birth of this child: \_\_\_\_\_
- g. First infant death to this mother?       yes    no    unknown  
If no, please describe \_\_\_\_\_
- h. Infant recently ill?  yes    no    unknown  
If yes, please describe: \_\_\_\_\_

**For SIDS or unexplained and unexpected infant deaths complete i-l else skip to Section V**

- i. Position of infant at initial discovery  
 On back, face up       On side  
 On stomach, face down       Unknown
- j. Regular sleeping position (>than 50% of time)  
 On back       On side       Unknown  
 On stomach       Varied       Other \_\_\_\_\_
- k. Location of infant when found  
 Crib       Couch       Other \_\_\_\_\_  
 Playpen       Floor       Unknown  
 Other bed       Parent's bed
- l. Infant sleeping alone:  yes    no    unknown  
If no, describe situation: \_\_\_\_\_

**Skip to Section V**

### Q33. Shaken Baby Syndrome and Child Battering

- a. Alleged perpetrator(s) trigger for abuse to child:  
 Crying    Feeding Difficulty    Disobedience    Toilet Training    Unknown    Other \_\_\_\_\_

**Skip to Section V**

### Q34. Motor Vehicle Related Fatality

- a. Type of Vehicle(s) Involved:  
 Car       Bicycle       Plane  
 Truck/RV       Farm Vehicle       Other  
 Motorcycle       Boat       Unknown  
 Sport Utility Vehicle
- b. Position of child  
 Driver       Passenger in back seat  
 Pedestrian       bed of pick up  
 Bicyclist       Other \_\_\_\_\_  
 Front seat passenger       Unknown
- c. If deceased was a vehicle occupant, restraint used?  
 Present, not Used       Not Applicable       Used correctly  
 None in Vehicle       Used Incorrectly       Unknown
- d. Type of Restraint  
 Seatbelt       Child safety seat
- e. Did airbag deployment contribute to death?  
 yes    no    unknown
- f. If motorcycle or bicycle crash, was a helmet used?  
 yes    no    unknown
- g. Alcohol/Drug Test done?       yes    no    unknown  
If yes, mark all that apply about results:  
 Child: BAC \_\_\_\_\_  
 Driver of Child's Vehicle BAC \_\_\_\_\_  
 Driver of Other Vehicle BAC \_\_\_\_\_  
 unknown
- h. Other drug use:  yes    no    unknown  
Positive toxicology results for: \_\_\_\_\_  
 Driver of Child's Vehicle  
 Driver of Other Vehicle  
 unknown

**i. Primary Cause of Incident As Determined By Police: (Check all that apply)**

- Speeding       Poor Weather       Mechanical Failure  
 Recklessness       Driver Error       Driver Impaired

- Other \_\_\_\_\_  
 Bicyclist or Pedestrian Impaired

- j. Any vehicle driver less than 18 years?**  
 yes  no  unknown

- k. Did the driver at fault have a license?**  
 yes  no  unknown

**Skip to Section V**

**Q35. Fire and Burn Fatality**

- a. For fire fatalities, the source:**  Matches       Cigarette       Lighter       unknown       other: \_\_\_\_\_

- b. Smoke alarm present:**  yes  no  unknown

- c. Smoke alarm functioning:**  yes  no  unknown

- d. Fire started by:**  victim       unknown       other \_\_\_\_\_

- e. History of fire setting behavior in family:**  
 yes  no  unknown

- f. The activity of the person starting the fire:**  
 Playing       Cooking       Smoking       Suspected Arson       other: \_\_\_\_\_

- g. Type of fire site (Check all that Apply)**  
 Wood Frame Home       Single family dwelling  
 Trailer/mobile home       Multiple family dwelling  
 Other: \_\_\_\_\_

- h. Multiple fire injuries or deaths:**  
 yes  no  unknown

- j. For residential fire, where was child found?**  
 Bathroom       Stairway       Hiding       Other \_\_\_\_\_  
 In Bed       Close to Exit       Unknown

- i. Did the family have an escape plan?**  
 yes  no  unknown

- k. For burn fatalities, the source:**  
 Hot Water       Cigarettes       Chemicals       Appliance       Heater       Unknown       Other \_\_\_\_\_

**Skip to Section V**

**Q36. Drowning and Submersion**

- a. Place of Drowning**  
 Lake       Swimming Pool  
 River       Well or Cistern  
 Ocean       Other \_\_\_\_\_  
 Bathtub       Unknown

- b. Activity at Time of Drowning**  
 Boating       Jet Skiing  
 Swimming       Other: \_\_\_\_\_  
 Playing       Unknown  
 Bathing

- c. Was Child Wearing a Flotation Device?**  yes  no  unknown

- d. Could the child swim?**  yes  no  unknown

- e. If drowning occurred in a pool, was there four sided fencing?**  yes  no  unknown

- f. If drowning occurred in a pool, was there a locked gate?**  yes  no  unknown

**Skip to Section V**

**Q37. Falls**

- a. Child Fell from:**  
 Open window       Crib       Stairs or Steps  
 Furniture       Cliff       Other \_\_\_\_\_

- b. Height of Fall** \_\_\_\_\_ inches/feet/meters  
(Circle one)

- c. Was Child in a Baby Walker?**  yes  no  unknown

- d. Was Child Thrown or Pushed Down?**  
 yes  no  unknown

**Skip to Section V**

**Q38. Poisoning**

- a. Type of Poisoning (be specific)**  
 Prescription medicine \_\_\_\_\_       Carbon monoxide or other gas inhalation  
 Over the counter medicine \_\_\_\_\_       Street drug (drug type) \_\_\_\_\_  
 Chemical \_\_\_\_\_       Foodstuff       other \_\_\_\_\_

- b. If prescription or over the counter medicine, was there a safety cap on bottle?**  yes  no  unknown

- c. Location of Drug, Chemical or Food**  
 In cabinet with locks or safety latch       On counter, table or floor       Unknown  
 In cabinet without locks or safety latch       Outside or in garage       Other \_\_\_\_\_

**Skip to Section V**

**Q39. Electrocutation**

- a. Source of Electricity:  Electrical wire     Lightning     Appliance     Unknown     Other \_\_\_\_\_
- b. Was source defective?     yes     no     unknown

**Skip to Section V****Q40. Firearms and Weapons**

- a. Person Handling the Weapon  
 Deceased child     Other child  
 Family member/adult     Other adult  
 Family Member/Child     Unknown
- b. Type of Weapon  
 Handgun     B-B Gun     Unknown  
 Rifle     Knife     Other \_\_\_\_\_  
 Shotgun     Bomb
- c. Age of person handling weapon: \_\_\_\_\_ years
- d. Was the incident witnessed?  yes     no     unknown  
Age of witness(es) \_\_\_\_\_
- e. Use of weapon at time  
 Intending to harm     Playing  
 Cleaning     Demonstrating  
 Hunting     Russian roulette  
 Loading     Other \_\_\_\_\_
- f. Was firearm in locked cabinet  
 yes     no     unknown
- g. Was there a trigger lock on the firearm  
 yes     no     unknown
- h. Was the firearm stored separately from the ammunition?     yes     no     unknown
- i. Who did the weapon belong to? \_\_\_\_\_
- j. How was the weapon accessed? \_\_\_\_\_

**If fatality was suicide fill in Q42, else skip to Section V****Q41. Suffocation or Strangulation**

- a. Circumstances of event  
 Other person lying on or rolling on child     Child rolling on or covered by object  
 Other person using hands or object to suffocate/strangle     Child choking on object  
 Confinement     Unintentional hanging  
 Intentional self-hanging     Other \_\_\_\_\_
- b. Object causing suffocation or strangulation  
 Food     Small object     Motor vehicle  
 Plastic bag     Refrigerator     Other \_\_\_\_\_  
 Body     Rope or string     Unknown
- c. Location of child at the time  
 In crib     In bed with others  
 In bed alone     Unknown  
 Playing     Other \_\_\_\_\_

**If fatality was suicide fill in Q42 else skip to Section V****Q42. Suicide**

- a. Identified risk factors (check all that apply)  
 History of depression     Family discord  
 Had previously received mental health services     History of physical abuse  
 Prior suicidal ideation or gestures     History of sexual abuse  
 Gender identity/sexual orientation issues identified     Substance abuse issues identified  
 Suicide attempt by friend or relative     Recent death of relative or friend  
 Argument or breakup of a close relationship     Cultural/ethnic factors \_\_\_\_\_  
 Untreated mental health problems     Other \_\_\_\_\_
- b. School History:  
 Truant     Learning disabled     Discipline problem     other \_\_\_\_\_  
 Expelled     Special education program     Unknown    \_\_\_\_\_  
 Drop out     Poor grades     no problems identified    \_\_\_\_\_
- c. Under the influence of alcohol or drugs at time of suicide?  yes     no     unknown
- d. Suicide note left?     yes     no     unknown
- e. Possible cluster suicide?     yes     no     unknown
- f. Are friends of deceased youth receiving services?     yes     no     unknown

Additional Comments:

## Section V: Child Fatality Review Team Findings

40. Date of First Review      /      /       
MM DD YY Additional Reviews  yes  no  unknown  
**Refer to State for Review**  Reason: \_\_\_\_\_  
\_\_\_\_\_
41. Team Members Present  
 Medical Examiner  SCF  Community Mental Health Representative  
 Law Enforcement  Public Health  Other (list here) \_\_\_\_\_  
 Prosecutor  Juvenile Officer \_\_\_\_\_
42. Was the death due to abuse?  
 yes  no  unable to determine
43. Was this death due to neglect? Level \_\_\_\_\_  
 yes  no  unable to determine
44. Are there services needed by surviving family members?  
 yes  no  unknown
45. Are there other children at immediate risk or harm?  
 yes  no  unknown
- If yes to 44 or 45 what needs to be done and who will do it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
46. What could be done to prevent a similar death? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
47. Should any activities be implemented now and if so who will do it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section VI: Additional Information

Please provide any additional information that you feel may help to describe issues related to the child's death, prevention, the review process itself or any pertinent questions/comments you may have

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Form completed By \_\_\_\_\_  
Please print name

Phone number \_\_\_\_\_