**Coroner Report Form**
To Be Completed for All Child Deaths (Ages 0-17)

### A. Identification of decedent

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate First Name:</th>
<th>Alternate Middle Name:</th>
<th>Alternate Last Name:</th>
<th>Alternate Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yy)</th>
<th>Date of Death (mm/dd/yy)</th>
<th>Time of Death (Military)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County, State of Residence</th>
<th>County, State of Injury/Illness Event</th>
<th>County, State of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>Ethnicity:</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
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</table>

**Manner of Death:**

- [ ] Natural – excluding SIDS
- [ ] Natural - SIDS
- [ ] Homicide
- [ ] Suicide
- [ ] Unintentional Injury (Accident)
- [ ] Undetermined
- [ ] Pending
- [ ] Investigation

(If Sudden Unexplained Infant Death (including SIDS) or possible SIDS - complete supplemental form)

### B. Contributing factors   (check all that apply)

- [ ] Lack of supervision
- [ ] Alcohol use
- [ ] Drug use
- [ ] Neglect (Physical, medical, emotional)
- [ ] Domestic violence
- [ ] Child abuse
- [ ] Known illness, specify: __________________________
- [ ] Other, specify: __________________________

### C. Describe the events and circumstances leading to the fatal illness/event:

Specify any concerns of abuse, neglect, drug/alcohol involvement, or suspicious circumstances.

### D. Additional information or comments:
E. Autopsy and investigation information:

Autopsy Status: □ No autopsy □ Autopsy completed, report pending □ Autopsy completed, report sent to SCDRB
Autopsy performed by: ____________________________

Was toxicology testing performed on the decedent? □ Yes □ No □ Unknown
Toxicology performed by: ____________________________

If yes, were results: □ Positive □ Negative □ Unknown □ Pending
If results positive, substance if known: ____________________________
If results positive, level, if known: ____________________________

Law Enforcement agency conducting required investigation: ____________________________

Additional death scene investigation performed by: (Mark all that apply)
□ Not conducted □ Coroner □ Fire Investigator □ Other: Specify ____________________________

F. Other source information (if applicable):

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Agency Name</th>
<th>Phone Number</th>
<th>Date (mm/dd/yy)</th>
<th>Case Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Coroner Name: ____________________________
Submitted by: ____________________________
Phone Number: ____________________________
E-mail: ____________________________

Please forward the information to: Sara Hortenstine, Executive Director
State Child Death Review Board
Office of the Attorney General
120 S.W. 10th Avenue, 2nd Floor
Topeka, KS 66612
Phone: (785) 296-7970
Fax: (785) 296-7796
E-mail: sara.hortenstine@ag.ks.gov
SUDDEN UNEXPLAINED INFANT DEATH – SUPPLEMENTAL INFORMATION

Decedent’s Name: 
Date of Death: 

Position of infant when placed:  
☑ Abdomen ☐ Back ☐ Side ☐ Unknown 
☐ Other ☐ If other, specify: 

Position of infant when found:  
☑ Abdomen ☐ Back ☐ Side ☐ Unknown 
☐ Other ☐ If other, specify: 

Sleeping place:  
☐ Crib ☐ Bed, not crib ☐ Couch ☐ Waterbed ☐ Unknown 
☐ Other ☐ If other, specify: 

Sleeping surface:  
☐ Firm ☐ Soft ☐ Unknown

Sleeping arrangement (check all that apply):  
☐ Sleeping alone ☐ Bed sharing w/adult ☐ Bed sharing w/child 
☐ Unknown ☐ Other, specify: 

Was bedding or items in or on the decedent’s sleeping surface a concern?  
☐ Yes ☐ No ☐ Unknown

Recent URI (In last 2 wks of life)?  
☐ Yes ☐ No ☐ Unknown

Other illness in last 2 wks of life?  
☐ Yes ☐ No ☐ Unknown

If yes, specify: 

Did anyone in the home smoke?  
☐ Yes ☐ No ☐ Unknown

Specify any other risk factors present at the scene: 

Supplemental SUID Form 01/14