The Department of Criminal Justice Training does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability. This agency will provide, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities.

The Department of Criminal Justice Training is committed to full compliance with the spirit and intent of all provisions of the Americans with Disabilities Act and equal employment opportunity.
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MEDICAL EXAMINER AND CORONER DIRECTORY

In order to assist the citizens of the Commonwealth of Kentucky, we have provided information on how to contact coroners and answers to frequently asked questions about our professional services at our new website at http://www.coroners.ky.gov. Coroners can also find information and sign up for training programs through the Department of Criminal Justice Training.

Frankfort Office
Central Kentucky State Medical Examiner's Office
Central Laboratory Facility
100 Sower Boulevard, Suite 202
Frankfort, KY 40601-8272

Phone: (502) 564-4545
Fax: (502) 564-1699

AIT Laboratories
2265 Executive Drive
Indianapolis, IN 46209-6103

Phone: (800) 875-3894

Louisville Office
Kentucky State Medical Examiner’s Office
Urban Government Center
810 Barrett Avenue
Louisville, KY 40204

Phone: (502) 852-5587
Fax: (502) 852-1767

Madisonville Office
Western Kentucky State Medical Examiner’s Office
25 Brown Badgett Loop
Madisonville, KY 42431

Phone: (270) 824-7048
Fax: (270) 824-7092

Ft. Thomas Office
Northern Kentucky State Medical Examiner’s Office
St. Luke Hospital (East)
Department of Pathology
85 North Grand Avenue
Ft. Thomas, KY 41075

Phone: (859) 572-3559
Fax: (859) 572-3558

Coroner Association
Brian Ritchie
PO Box 730
Lawrenceburg, KY 40342

Phone: (502) 839-5151
Fax: (502) 839-1954
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<td>Deputy Commissioner</td>
<td>(859) 622-8081</td>
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<tr>
<td>Director of Training Operations</td>
<td>(859) 622-2221</td>
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<td>Legal Training Section</td>
<td>(859) 622-3801</td>
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<td>Louisville Office</td>
<td>(502) 429-7480</td>
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<tr>
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<tr>
<td>Richmond, KY 40475-3102</td>
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REGISTRATION
The Most Frequently Asked Questions

Q. How do I apply for a course offered by the Department of Criminal Justice Training?
A. Fill out DOCJT Form #29-1, Agency Requests for Training, to register for each of the classes. The County Coroner must sign this form.

Fax this form to 859-622-2740, or mail to:

Department of Criminal Justice Training
Registration Section
Funderburk Building, EKU
521 Lancaster Avenue
Richmond, KY  40475-3102

If any of the following conditions exist, you will also need to complete the Coroner’s Update Form (must be signed by the County Coroner):

• New employee
• Employment status change
• Address change
• Termination or resignation

Fax the form to 502-564-1699, or mail to:

Kentucky Medical Examiner’s Office
100 Sower Boulevard, Suite 202
Frankfort, KY  40601-8272

Q. Is there room in a particular class?
A. Applications are date stamped upon receipt and applications are processed on a first-come, first-served basis. It is impossible to give an accurate answer until the bulk of the applications are processed, after the Training Schedule book is distributed.

NOTE: All classes have a maximum number of spaces. Please don’t wait until the end of the year to request a class, because there may not be openings in the one you want.

Q. What if the minimum number for a class is not reached?
A. The class may be cancelled.

Q. How often may I take a particular course?
A. To receive training credit, you may only retake the same course once every three years.

Q. How do I cancel or reschedule a class I am registered for?
A. You should call or send a fax message to inform the Registration Section (as soon as possible in case we have someone on standby for the same class). You will be allowed to reschedule if there is room in another class.
Q. Who can register Coroners and Deputy Coroners for class?
A. Only the coroner can sign the Agency Requests for Training Form (DOCJT 29-1).

Q. What happens if a Coroner doesn’t get training for the year?
A. The office of coroner was established in Section 99 of the Kentucky Constitution. The General Assembly cannot mandate training requirements for coroners, but has established the monthly compensation for coroners in KRS 64.185. Pursuant to KRS 64.185(1) a coroner who attends and successfully completes an initial basic training course and at least eighteen (18) hours of approved training annually is entitled to a salary of $200 to $400 more per month than a coroner who does not complete training, depending upon the population of the county in which he or she serves.

Q. What happens if a Deputy Coroner doesn’t get training for the year?
A. KRS 72.415(2) requires every deputy coroner to complete a basic training course and take eighteen (18) hours of annual training as a condition of office. KRS 72.415(1) grants coroners and deputy coroners the full power and authority of peace officers to enforce the provisions of KRS 72.410 through 72.470. A deputy coroner who failed to complete his or her training would lose that power and authority. Additionally, KRS 64.185(2) establishes the monthly compensation for deputy coroners. Since basic and annual training is a condition of the office of deputy coroner, one who does not complete that training would not be entitled to the salary established in KRS 64.185.

Finally, KRS 72.470 grants immunity to a coroner or deputy coroner, acting in good faith within the scope of his or her official duties, from any civil liability that might otherwise be incurred or imposed. A deputy coroner who failed to complete his or her training might not be entitled to the protections of KRS 72.470.

Q. What is Form #101 and what is it used for?
A. DOCJT Form #101 is used to document and verify the coroners or deputy coroners that completed the Mandatory Training offered on a CD format. The coroner of each county will sign off on that form to verify the personnel listed have completed this training. The form is then mailed or faxed to Records at DOCJT. Otherwise, there would be no record of those persons having completed the training and they would not be so credited.
E-Mail to: docit.registration@ky.gov

In addition to U.S. mail and fax, we will accept DOCJT Form 29-1 (Agency Requests for Training) and 101 (Mandatory Training Credit) sent via e-mail.

The e-mail must include:
- Name and phone number of person sending the e-mail
- Form 29-1 (containing course information, date, agency, name, title of person authorizing the training and their name typed in the Signature Block)

PLEASE REPRODUCE THE FORMS ON PAGES 21-38 FOR YOUR USE, AS NEEDED.

Note: Coroner Update Form, Form 29-1, and 101 are available in electronic format (in Microsoft Word). If you need a form that can be filled out using your computer, contact Susan Dunaway at 859-622-2914 or via e-mail at Susan.Dunaway@ky.gov.

Please check the website at www.Coroners.ky.gov for forms and other pertinent information.
KENTUCKY REVISED STATUTES

KRS for Coroners can be found on these web sites:

http://www.lrc.ky.gov/KRS/064-00/185.PDF
http://www.lrc.ky.gov/KRS/072-00/CHAPTER.HTM

Training Requirement:

KRS 72.415 Power and authority of coroners and their deputies -- Training course for deputy coroners.

(1) For the purpose of enforcing the provisions of KRS 72.410 to 72.470, coroners and deputy coroners shall have the full power and authority of peace officers in this state, including the power of arrest and the authority to bear arms, and shall have the power and authority to:
   (a) Administer oaths;
   (b) Enter upon public or private premises for the purpose of making investigations;
   (c) Seize evidence;
   (d) Interrogate persons;
   (e) Require the production of medical records, books, papers, documents, or other evidence;
   (f) Impound vehicles involved in vehicular deaths;
   (g) Employ special investigators and photographers; and
   (h) Expend funds for the purpose of carrying out the provisions of KRS 72.410 to 72.470.

The fiscal court or urban-county government shall pay all reasonable expenses incurred by the coroner and his deputy in carrying out his responsibilities under the provisions of KRS 72.410 to 72.470.

(2) No person shall be eligible to hold the office of deputy coroner unless he holds a high school diploma or its recognized equivalent. Every deputy coroner, other than a licensed physician, shall be required as a condition of office to take during every calendar year he or she is in office the training course of at least eighteen (18) hours provided by the Department of Criminal Justice Training or other courses approved by the Justice and Public Safety Cabinet after having completed the basic training course the first year of employment. The training course shall include material developed by the cabinet and approved by the Cabinet for Health and Family Services on the human immunodeficiency virus infection and acquired immunodeficiency syndrome. The material shall include information on known modes of transmission and methods of controlling and preventing these diseases with an emphasis on appropriate behavior and attitude change.

Effective: June 26, 2007
Legislative Research Commission Note (6/26/2007). The numbering of subsection (1) of this section has been altered by the Reviser of Statutes from the numbering in 2007 Ky. Acts ch. 85, sec. 153, under the authority of KRS 7.136.
SPECIAL CRITERIA FOR TRAINING

COURSE RISKS:

Low Risks:
• Training occurs indoors. Involves classroom lecture, facilitation exercises and/or computer work.

Intermediate Risks:
• Scenarios: Training involves classroom lecture, facilitation exercises, and outdoor scenarios. The scenarios could include physical confrontations with simulated subjects. Training may occur in inclement weather.

High Risks:
• Firearms- handgun/shotgun/rifle: Training involves classroom lecture and facilitation exercises. Training involves handgun, shotgun, and/or rifle exercises fired on a static line and in tactical courses. Training may occur in inclement weather. Training may involve explosives (Explosive Investigations).
• Driving: Training involves classroom lecture and facilitation exercises. Training involves vehicle operations including emergency response and precision driving. Training may occur in inclement weather.
• Defensive Tactics: Training involves classroom lecture and facilitation exercises. Training involves hands-on encounters with simulated suspects necessitating physical control such as handcuffing. Training could include outdoor scenarios. Training may involve exposure to chemical agents.
• Challenge Course: Involves classroom lecture and facilitation exercises. Training involves moving about on high elements approximately 35 feet off the ground. Even though the participant is tethered at all times, the potential of a serious injury places this activity in the high-risk category. Training can be conducted outdoors as well as indoors and may be performed outdoors during inclement weather.

COURSE FITNESS LEVELS:

Low Fitness level:
This training could include lecture, facilitation, classroom scenarios and/or computer work.

Intermediate Fitness level:
This includes practical exercises in an outdoor location during all times and weather conditions. This training could involve hands-on simulated encounters with suspects necessitating physical control such as handcuffing.

High Intensity Fitness level:
In this training, students will need to have the ability to engage in confrontational situations in a high stress environment.

ATTENDANCE REQUIREMENTS

Any absence, excused or unexcused, of ten percent or more requires the participant to repeat the course.
Revised: April 2008

KENTUCKY STATE CORONER CAREER DEVELOPMENT

BASIC CORONER

- Certification from the Department of Criminal Justice Training indicating the participant’s completion of the Coroner’s Basic Course
- A statement from the Coroner indicating that the participant has completed one (1) year of service
- A copy of the Participants current Kentucky State Coroner’s Association membership card.

ADVANCED CORONER

- Certification for the Department of Criminal Justice Training indicating the participant’s completion of the five (5) core career coroner’s courses.
  1. Coroner’s Administration
  2. Basic Mass Fatality Planning
  3. Must attend Coroner’s Conference for credit
  4. Three (3) other in-service courses of your choice.
- A statement from the Coroner that the participant has completed six (6) years of service.
- A statement from the Executive Secretary of the Kentucky State Coroner’s Association that the participant has been a member of the association for at least three (3) years.

MASTER CORONER

- A typed or printed list of at least 300 postmortem examinations that the participant has assisted in performing. The list must include the following:
  1. Name of Deceased
  2. Date postmortem examination initiated
  3. Determined cause and manner of death
- A statement from the Coroner that the participant has completed twelve (12) years of service.
- A statement from the Executive Secretary of the Kentucky State Coroners Association that the participant has been a member of the association for at least eight (8) years.
- Must attend two (2) Coroner’s Conferences for credit in 12 years.

All information must be submitted to: Brian Ritchie, Executive Secretary
PO Box 730
Lawrenceburg, KY 40342

Approval of the participants receiving the recognition of the Basic Coroner, Advanced Coroner and Master Coroner will be made by the Credentials Committee of the Kentucky Medical Examiners Advisory Commission.
MANDATORY TRAINING FOR CORONERS

Course Number: 077C-13J

The Department of Criminal Justice Training will offer a two-hour block of Mandatory Training through a CD during 2013. Legislative provisions of KRS 72.415 (2) require training on the human immunodeficiency virus infection and acquired immunodeficiency syndrome.

It is a legislative requirement that each Deputy Coroner, other than a licensed physician, complete this training. A CD will be provided to each Coroner for viewing by Deputies within his jurisdiction. There is not a written examination attached to this phase of the training, however, it is the responsibility of each Coroner to ensure that his/her Deputies have viewed and understand the contents. The Coroner must verify this training by returning a DOCJT Form 101 listing those Deputies having completed this mandatory training. Form 101 shall be sent to Central Registration office of DOCJT.

The remaining 16 hours of required training will be offered over a two-day period at various locations as shown on the following pages.

Attendees: Deputy Coroners

Prerequisites: None

Risk: Low
Fitness Level: Low
### 001C-12J  BASIC TRAINING - CORONERS  
**40 Hours**

This training program provides information on the roles and responsibilities of the coroner and techniques for death-scene investigations and coroner's inquests. It is designed to provide legal and investigative fundamentals for the new coroner as well as familiarize the coroners with resources which may be used in the course of their work.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals  
**Prerequisites:** None  
**Risk:** Low  
**Fitness Level:** Low  
**Location:** FRANKFORT  
**Dates:** 2/11/2013 - 2/15/2013

### 037C-13J  CASE INTERVIEWS - CORONERS  
**16 Hours**

This course contains basic interviewing skills for Coroners and Deputy Coroners. Specific topics include qualities of an effective interviewer, kinesics techniques, proxemics, interpersonal communications, and dealing with those persons who present special interviewing challenges. Hypothetical death scenes are used for interviewing practicums.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals  
**Prerequisites:** None  
**Risk:** Low  
**Fitness Level:** Low  
**Location:** LOUISVILLE  
**Dates:** 9/4/2013 - 9/5/2013

### 067C-13J  CORONERS CONFERENCE - 2013  
**16 Hours**

The Department of Criminal Justice Training, in conjunction with the Medical Examiner's Program and the Kentucky Coroners Association, presents this annual conference. The two and a half day session for coroners and their deputies, as well as other interested criminal justice personnel, features a different theme each year which focuses on unusual or difficult death investigations. Nationally prominent guest lecturers are featured as well as in-state experts.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals  
**Prerequisites:** None  
**Risk:** Low  
**Fitness Level:** Low  
**Location:** LOUISVILLE  
**Dates:** 4/17/2013 - 4/19/2013

### 053C-12J  CRIME SCENE INVESTIGATION - CORONERS  
**16 Hours**

This training course is specifically designed to meet the needs of coroners who respond to death scene investigations. Emphasis is given to issues of scene integrity, preservation and collection of evidence, photography and interview techniques.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals  
**Prerequisites:** None  
**Risk:** Low  
**Fitness Level:** Low  
**Location:** MOREHEAD  
**Dates:** 8/6/2013 - 8/7/2013  
**Location:** LAKE BARKLEY  
**Dates:** 9/24/2013 - 9/25/2013
089C-12J  DEALING WITH CRISIS - CORONERS  16 Hours

This class is being offered based on recommendations from the Coroner community. This class will address stressors found in the operations of a Coroner’s Office, from death scenes to disasters, coping with death, and death notifications. It is intended to help coroners identify stress indicators and utilize healthful resources to cope with their daily duties.

Attendees: Coroners, Deputy Coroners and other Criminal Justice Professionals

Prerequisites: None

Risk: Low  Fitness Level: Low

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074C-11J  MASS FATALITY PREPARATION - CORONERS  16 Hours

This course is designed to enable the coroner's office to develop plans for working a large scale mass disaster. Specific instruction is given in scene protection, investigation, staffing and equipping a temporary morgue site. Examples of previous mass disasters will be used to illustrate recommended procedures.

Attendees: Coroners, Deputy Coroners and other Criminal Justice Professionals

Prerequisites: None

Risk: Low  Fitness Level: Low

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092C-13J  PATTERNS IN INJURIES & EVIDENCE FOR THE DEATH INVESTIGATOR  16 Hours

NEW

Recognition of patterns of injury and natural disease is critical to investigation of death and can direct investigators in avenues of inquiry during active investigations. This course will show, through example, many common patterns of signs of natural disease and patterns of injury. Injuries to be discussed in depth will include gunshot wounds, blunt force trauma, sharp force trauma and asphyxia. This course will also include drug-related deaths and deaths in infancy and the proper investigative techniques in such cases.

Attendees: Coroners, Deputy Coroners and other Criminal Justice Professionals

Prerequisites: None

Risk: Low  Fitness Level: Low

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FORMS
# Medical Examiner’s Office
## Coroner Status Update

**FAX:** (502) 564-1699

**MAIL:**
Kentucky Medical Examiner’s Office  
Central Laboratory Facility  
100 Sower Blvd., Ste. 202  
Frankfort, KY 40601-8272

**Telephone Contacts:**
- **Executive Director:** (502) 564-4545  
- **DOCJT Registration:** (859) 622-2225  
- **Fax:** (859) 622-2740

## Agency Information:
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**Agency Mailing Address:**
- **Street Address:**  
- **City:**  
- **Zip Code:**

## Personal Information:

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<th>Social Security Number</th>
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**Name:**
- First  
- M.I.  
- Last

**Mailing Address:**
- **Street:**  
- **City:**  
- **Zip Code:**

**Gender (M or F):**
- Gender:  
- Race:  

**Home Phone:**
- **Work Phone:**

**E-Mail:**
- **Cell Phone:**  
- **Fax #:**  
- **Dispatch:**  
- **Pager:**  

**Occupation:**
- **Name of Business:**

**EDUCATION:**
- GED  
- High School Diploma  
- College Hours:  

**Form Submission Purpose:**
- Change of Personal Information.
- The above named individual has **TERMINATED EMPLOYMENT**.  
  **Effective Date:**
- The above named individual is a **NEW HIRE**.  
  **Effective Date:**

## Agency Hiring Authority Statement:

- **I certify that the above individual is employed as a: Coroner Deputy Coroner** as defined in KRS 72.415.  
- **I hereby verify that the above information is true and accurate. Signed this day of 20**

**Signature of Agency Hiring Authority:**
- **Title:**  
- **Printed Name:**

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING
AGENCY REQUESTS FOR TRAINING
PHONE: (859) 622-1328     FAX: (859) 622-2740
E-MAIL: DOCJT.Registration@ky.gov

<table>
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INCOMPLETE FORMS WILL BE RETURNED

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This signature authorizes the training requested for the individuals indicated above:

AUTHORIZED SIGNATURE: _________________________  TYPED NAME: _________________________

Check One: ☐ Agency Head  ☐ Training Officer

DOCJT FORM #29-1 (REV. 09/10)
**MANDATORY TRAINING FOR CREDIT YEAR 20 __**

Please Type

Name of Agency conducting this course

<table>
<thead>
<tr>
<th>SOC. SEC. #</th>
<th>NAME OF TRAINEE</th>
<th>DATE OF COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. - -</td>
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<td>14. - -</td>
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<td>15. - -</td>
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<td>16. - -</td>
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<td>18. - -</td>
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<td>19. - -</td>
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<tr>
<td>20 - -</td>
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</tr>
</tbody>
</table>

**INSTRUCTOR STATEMENT:**

I certify that the above named law enforcement officer(s) successfully completed Mandatory Training for 20______.

AGENCY HEAD OR TRAINING DIRECTOR

DATE
CORONERS AUTHORIZATION FOR POST-MORTEM EXAMINATION

I hereby authorize the Kentucky Medical Examiner Division to perform a Post-Mortem Examination on this deceased body and to remove and retain such organs and tissues as may be necessary to determine the identification and/or the cause of death and/or the manner of death of this deceased person. This authorization is pursuant to KRS. Chapter 72.

NAME OF DECEDEDENT: ____________________________________________

AGE: _______________ SEX: ___________________ RACE: ________________

LOCATION WHERE DEATH OCCURRED: _______________________________________

DATE OF DEATH: ___________ TIME OF DEATH: _______ AM _____ PM

TYPE OF DEATH THAT IS SUSPECTED: _______________________________________

HISTORY: (WHAT HAPPENED) ___________________________________________

_____________________________________________________

POLICE AGENCY: ___________________________ INVESTIGATOR: ________________

If prescription drug related, state name of physicians and pharmacies on prescriptions:

Medication: ______________________ PHYSICIAN: ______________________

Medication: ______________________ PHYSICIAN: ______________________

Medication: ______________________ PHYSICIAN: ______________________

Signed: __________________________________________

Coroner or Deputy Coroner

________________________________________

County

CORONER: Please keep pink copy and send white and yellow copy to Medical Examiner.

(Rev. 11/99)
SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATION REPORT FORM (SUIDIRF) 3.96

<table>
<thead>
<tr>
<th>Infant's full name</th>
<th>Age</th>
<th>DOB</th>
<th>Race</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, state, zip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
<td>SS#</td>
</tr>
<tr>
<td>Police complaint number</td>
<td>Police department</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. CIRCUMSTANCES OF DEATH

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
<th>Time</th>
<th>By whom (person or agency)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>ME/C notified</td>
<td></td>
<td></td>
<td></td>
<td>Receipt by:</td>
</tr>
<tr>
<td>NOK notified</td>
<td></td>
<td></td>
<td></td>
<td>Person:</td>
</tr>
<tr>
<td>Scene visit</td>
<td></td>
<td></td>
<td>ME/C staff, Other agency, Not done</td>
<td></td>
</tr>
<tr>
<td>Scene address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition of infant when found</td>
<td>Dead (D)</td>
<td>Unresponsive (U)</td>
<td>In distress (I)</td>
<td>NA (N)</td>
</tr>
</tbody>
</table>

Sequence of events before death:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
<th>Location (street, city, state, county, zip code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discovery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrival</td>
<td>Hospital</td>
<td>Transport by:</td>
<td></td>
</tr>
<tr>
<td>Actual death</td>
<td>On scene (S)</td>
<td>Emergency room (E)</td>
<td>Inpatient (I)</td>
</tr>
<tr>
<td></td>
<td>En route or DOA (D)</td>
<td>During surgery (O)</td>
<td></td>
</tr>
<tr>
<td>Pronounced dead</td>
<td>By whom:</td>
<td>License #:</td>
<td>Where:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
<th>By whom (person)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant placed</td>
<td></td>
<td></td>
<td>Place:</td>
<td></td>
</tr>
<tr>
<td>Known alive</td>
<td></td>
<td></td>
<td>Place:</td>
<td></td>
</tr>
<tr>
<td>Infant found</td>
<td></td>
<td></td>
<td>Place:</td>
<td></td>
</tr>
<tr>
<td>First response</td>
<td></td>
<td></td>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>EMS called</td>
<td></td>
<td></td>
<td>From where:</td>
<td></td>
</tr>
<tr>
<td>EMS response</td>
<td></td>
<td></td>
<td>Agency:</td>
<td></td>
</tr>
<tr>
<td>Police response</td>
<td></td>
<td></td>
<td>Agency:</td>
<td></td>
</tr>
</tbody>
</table>

Place of fatal event:
- Witness in room or area (W)
- At own home (H)
- Indoors (I)
- In vehicle (V)
- Unwitnessed (U)
- Away from home (A)
- Outdoors (O)
- Not in vehicle (N)

Describe type of place:
## II. BASIC MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>Health care provider</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>for infant</td>
<td></td>
</tr>
</tbody>
</table>

Medical history  
- Not investigated (X)  
- Unk (U)  
- No past problems (N)  
- Medical problems (P)  

Medical source  
- Physician (P)  
- Other health care provider (H)  
- Family (F)  
- None (N)  

<table>
<thead>
<tr>
<th>Specific infant medical history</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Problems during labor or delivery</td>
<td></td>
<td></td>
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<tr>
<td>Birth hospital:</td>
<td></td>
<td></td>
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<tr>
<td>Birth city and state:</td>
<td></td>
<td></td>
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<tr>
<td>B. Maternal illness or complications during pregnancy</td>
<td></td>
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<tr>
<td>Number of prenatal visits:</td>
<td></td>
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<tr>
<td>C. Major birth defects</td>
<td></td>
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<tr>
<td>D. Infant was one of multiple births (e.g., a twin)</td>
<td></td>
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<tr>
<td>Birth weight:</td>
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<td></td>
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<tr>
<td>Gestational age at birth (weeks):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E. Hospitalization of infant after initial discharge</td>
<td></td>
<td></td>
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<tr>
<td>F. Emergency room visits in past 2 weeks</td>
<td></td>
<td></td>
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<tr>
<td>G. Known allergies</td>
<td></td>
<td></td>
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<tr>
<td>H. Growth and weight gain considered normal</td>
<td></td>
<td></td>
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<tr>
<td>I. Exposure to contagious disease in past 2 weeks</td>
<td></td>
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<tr>
<td>J. Illness in past 2 weeks</td>
<td></td>
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<tr>
<td>K. Lethargy, crankiness, or excessive crying in past 48 hours</td>
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<tr>
<td>L. Appetite changes in past 48 hours</td>
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<tr>
<td>M. Vomiting or choking in past 48 hours</td>
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<tr>
<td>N. Fever or excessive sweating in past 48 hours</td>
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<tr>
<td>O. Diarrhea or stool changes in past 48 hours</td>
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<tr>
<td>P. Infant has ever stopped breathing or turned blue</td>
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<tr>
<td>Q. Infant was ever breast-fed</td>
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<tr>
<td>R. Vaccinations in past 72 hours</td>
<td></td>
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<tr>
<td>S. Infant injury or other condition not mentioned above</td>
<td></td>
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<tr>
<td>T. Deceased siblings</td>
<td></td>
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</tr>
</tbody>
</table>

Diet in past 2 weeks included:  
- Breast milk  
- Formula  
- Cow’s milk  
- Solids

Date and time of last meal:  
Content of last meal:  

Medication history  
- Not investigated (X)  
- Unk (U)  
- Rx (P)  
- OTC (O)  
- Home remedies (H)  
- None (N)  

Emergency medical treatment  
- None (N)  
- CPR (R)  
- Transfusion (T)  
- IV fluids (F)  
- Surgery (S)

Medicine names and doses; if prescription, include Rx number, Rx date, and name of pharmacy:  
Describe nature and duration of resuscitation and treatments used to revive infant:  
Describe any known injuries or marks on infant created or observed during resuscitation or treatment:
### III. HOUSEHOLD ENVIRONMENT

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. House was visited</td>
<td></td>
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<tr>
<td>B. Evidence of alcohol abuse</td>
<td></td>
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<tr>
<td>C. Evidence of drug abuse</td>
<td></td>
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<tr>
<td>D. Serious physical or mental illness in household</td>
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<tr>
<td>E. Police have been called to home in past</td>
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<tr>
<td>F. Prior contact with social services</td>
<td></td>
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<tr>
<td>G. Documented history of child abuse</td>
<td></td>
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<tr>
<td>H. Odors, fumes, or peeling paint in household</td>
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<tr>
<td>I. Dampness, visible standing water, or mold growth</td>
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<tr>
<td>J. Pets in household</td>
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</tbody>
</table>

Type of dwelling:  
Main language in home:  
Estimated annual income:  
On public assistance: Yes No  
Number of adults (≥18 years of age):  
and children (<18 years of age):  
living in household. Total = people.  
Number of smokers in household:  
Does usual caregiver smoke? Yes No Unk  
If yes, cigarettes/day  
Maternal information  
Age: Married (M) Divorced (D) Cohabiting with partner: Yes No  
Widowed (W) Yes No  
Education (years): Employed (E) Not employed (N)  

### IV. INFANT AND ENVIRONMENT

<table>
<thead>
<tr>
<th>In crib (C)</th>
<th>In bed (B)</th>
<th>Sleeping alone (A)</th>
<th>Sleeping with others (O)</th>
<th>NA (N)</th>
<th>Temperature of area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (O)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Body position when placed  
Unk Back Stomach Side Other  
Body position when found  
Unk Back Stomach Side Other  
Face position when found  
Unk To left To right Facedown Face up To side  
Nose or mouth was covered or obstructed  
Unk No Yes  
Postmortem changes when found  
Unk None Rigor Lividity Other  
Number of cover or blanket layers on infant: Covers on infant (C) Wrapped (W) No covers (N)  

Sleeping or supporting surface:  
Clothing:  

Other items in contact with infant:  
Items in crib or immediate environment:  

Devices operating in room:  
Cooling source in room:  
On (+) Central (C) None (N)  
Off (-) Space (S)  
Heat source in room:  
On (+) Central (C) None (N)  
Off (-) Space (S)  

<table>
<thead>
<tr>
<th>Item collected</th>
<th>Yes</th>
<th>No</th>
<th>Item collected</th>
<th>Yes</th>
<th>No</th>
<th>Number of scene photos taken:</th>
</tr>
</thead>
</table>
| Baby bottle    |     |    | Apnea monitor  |     |    | Other items collected:  
| Formula        |     |    | Medicines      |     |    |  
| Diaper         |     |    | Pacifier       |     |    |  
| Clothing       |     |    | Bedding        |     |    |  

Page 3
## V. INTERVIEW AND PROCEDURAL TRACKING

<table>
<thead>
<tr>
<th>Contact</th>
<th>Name</th>
<th>Date</th>
<th>Time</th>
<th>Phone</th>
<th>Relationship to infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
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</tr>
<tr>
<td>Usual caregiver</td>
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<tr>
<td>Last caregiver</td>
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</tr>
<tr>
<td>Placer</td>
<td></td>
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</tr>
<tr>
<td>Last witness</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Finder</td>
<td></td>
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</tr>
<tr>
<td>First responder</td>
<td></td>
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<td></td>
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<tr>
<td>EMS caller</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS responder</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Police</td>
<td></td>
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<td></td>
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<tr>
<td>Alternate contact person</td>
<td></td>
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</tr>
</tbody>
</table>

### Action | Date | Time | Action
--- | --- | --- | ---
Medical record review for infant | | | Doll reenactment performed | Yes | No
Medical record review for mother | | | Scene diagram completed | Yes | No
Physician or provider interview | | | Body diagram completed | Yes | No
Referral to social or SIDS services | | | Detailed protocol completed | Yes | No | NA
Cause of death discussed with family | | | Other:

## VI. OVERALL PRELIMINARY SUMMARY

Notes to pathologist performing autopsy:

Indications that an environmental hazard, drug, poison, or consumer product contributed to death | Yes | No
--- | ---
Organ or tissue donation requested by family or agency | Yes | No | Unk

Cause of death: | Presumed SIDS | Suspect trauma or injury | Other
--- | --- | ---

## VII. CASE DISPOSITION

<table>
<thead>
<tr>
<th>Case disposition</th>
<th>Case declined (D) due to</th>
<th>Case accepted (J) for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic (T)</td>
<td>Locale (L)</td>
<td>Autopsy (A)</td>
</tr>
</tbody>
</table>

Body disposition | Brought in for exam (E) | Brought in for holding or claim (C) | Released from site (R)
--- | --- | ---

Who sign DC?:

Transport agent: | Funeral home:
--- | ---

Investigator and affiliation: | Date:
--- | ---

Number of supplement pages attached:
SCENE DIAGRAM

Instructions

1) Use figure at right for a rectangular room, and use figure below right for a square room. Use a supplementary page to draw an unusually shaped room.

2) Indicate the following on the diagram (check when done):
   - North direction
   - Windows and doors
   - Wall lengths
     - Ceiling height: __________
   - Location of furniture
   - Location of crib or bed
   - Body location when found
   - Location of other objects in room
   - Location of heating and cooling supplies and returns

3) Make additional notes or drawings in available spaces as needed.

4) Check all that apply about heat source:
   - Gas furnace or boiler
   - Electric furnace or boiler
   - Forced air
   - Steam or hot water
   - Electric baseboard
     - Other: ____________________________
   - None

5) Complete the following:
   - Thermostat setting: _________
   - Thermostat reading: _________
   - Actual room temperature: _________
   - Outside temperature: _________
Instructions

1) If present, indicate the following on the diagram. If not present, enter "None."
   ____ Drainage or discharge from body or orifices
   ____ Marks or bruises
   ____ Location of diagnostic or therapeutic devices
   ____ Pale pressure mark areas
   ____ Predominate areas of lividity

2) Complete the following:
   Body temperature: _______
   Source of temperature: ____________________
**KENTUCKY CORONER CHILD FATALITY REPORTING FORM**

**Section I: DEMOGRAPHIC AND RELATED INFORMATION**

For child deaths under age 18

<table>
<thead>
<tr>
<th>County of Death</th>
<th>Date of Death</th>
<th>Date of Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Incidence</td>
<td>County of Residence</td>
<td>Age</td>
</tr>
<tr>
<td>Also I.D. State if other than KY</td>
<td>Also I.D. State if other than KY</td>
<td></td>
</tr>
</tbody>
</table>

**Cause of Death**

- Natural
- Homicide
- Suicide
- Accident
- Undetermined

Name of Deceased

<table>
<thead>
<tr>
<th>Sex</th>
<th>First</th>
<th>Race</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M/F)</td>
<td>White, Black, Hispanic, Asian, Other: (Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check Local Agencies Notified of this Child Fatality:** (related to KRS 72.410 & KRS 620.030 requirements)

- Local Police
- Fire Department
- Health Department
- Dept. for Community Based Services (Social Services)
- Other

**Has this fatality, or will it be reviewed?** by the Local Child Fatality Review Team?  Yes  No, why? (Also use for extra comments.)

---

**Section II: CIRCUMSTANCES OF DEATH**

(Complete subsections appropriate to case)

1. Sudden Infant Death (SIDS)
2. Fall
3. Electrical
4. Poison/Overdose
5. Drowning
6. Other

---

**Report submitted by:**

- Signature
- Printed Name (or typed)
- Date

Continued on next page
I. VEHICULAR
1. Age of Driver________
2. Position of decedent?
   - Driver
   - Pedestrian
   - Passenger
   - Back of truck
   - Other
   - Unknown
3. Type of Vehicle?
   - Car
   - All-Terrain Vehicle
   - Motorcycle
   - Bicycle
   - Riding mower
   - Farm tractor
   - Truck/RV
   - Other farm vehicle
   - Unknown
4. Condition of Road?
   - Normal
   - Loose gravel
   - Ice/Snow
   - Fog
   - Unknown
   - N/A
   - Other
5. Restraint Use?
   - Yes
   - No
   - Car seat
   - Booster seat
   - Present in vehicle/Not used
   - None in Vehicle
   - Unknown
   - N/A
   - Other
6. Location of infant car seat?
   - Passenger seat
   - Back seat
   - Position (facing)?
     - Forward
     - Backward
7. Decedent wearing a helmet?
   - Yes
   - No
   - Unknown
   - N/A
8. Vehicle in which decedent was an occupant
   - Driver Impaired
   - Excessive speed
     - Speed limit? ____________ mph
     - Vehicle speed? ____________ mph
     - Other violations
   - Mechanical failure
   - Other
   - Unknown
   - N/A
9. Vehicle in which decedent was not an occupant
   - Operator impaired due to
     - Excessive speed ____________ mph
     - Other operator violations
   - Mechanical Failure
   - Other
   - Unknown
   - N/A

J. SUCCOFICATION/STRANGULATION
1. Circumstances
   - Overlay or roll-over by another
   - Inflicted by another person, not an overlay or roll-over
   - Self-inflicted with use of
     - Hanging device
     - Other
     - Unknown
   - Object obstructing breathing?
     - Food
     - Object in airway
     - Object covering mouth or nose
       (e.g. blanket/plastic bag/person’s hand)
       - Object exerting pressure on victim’s neck
     - Unknown
   - Suicide
   - Other
   - Unknown
   - Injury occurred while victim sleeping?
     - Yes
     - No
     - Unknown
   - Condition of bed/crib?
     - Hazardous design of bed/crib
     - Malfunction/improper use of bed
     - Use of soft bedding/sleeping surface
     - Use of a sofa, soft bedding, pillow
     - Other
     - Unknown
     - N/A
   - Carbon Monoxide Inhalation
     - Yes
     - No
     - Unknown
   - Circumstances unknown

K. FIREARM
1. Person handling the firearm?
   - Decedent
   - Other person
   - Unknown
   - N/A
2. Firearm involved?
   - Handgun
   - Long gun
   - Unknown
   - N/A
3. Caliber
4. Age of person handling firearm?
   - Years
   - Unknown
   - Other
5. Use of firearm at time of incident?
   - Shooting at person other than victim
     - Suicide
     - Cleaning
     - Target shooting
     - Loading
     - Hunting
     - Playing
     - Other
     - Unknown
     - N/A
6. Was weapon easily accessible?
   - Yes
   - No
   - Unknown
7. Circumstances unknown

L. INFLECTED INJURY
1. Manner injury was inflicted?
   - Firearm
   - Sharp/stabbing trauma
   - Blunt force trauma
   - Unknown
2. Injury inflicted by?
   - Self
   - Parent/Caregiver
   - Other adult assailant
   - Peer
   - Law enforcement
   - Unknown
3. Accident
4. Abusive
5. Circumstances unknown

M. FIRE/BURN
1. If not fire, source of burn?
   - Hot water
   - Appliance
   - Other
   - Unknown
   - N/A
2. Fire source?
   - Oven/stove
   - Explosion
   - Cooking appliance for warmth
   - Matches
   - Lit cigarette
   - Lighter
   - Space heater
   - Furnace
   - Electrical wire
   - Wood stove
   - Meth. Lab
   - Fireworks/Explosives
   - Other
   - Unknown
   - N/A
3. Smoke alarm present at scene?
   - Yes
   - No
   - Non-functional
4. Did another person start fire?
   - Yes
   - No
   - Unknown
5. If yes, age of person
   - Unknown
   - N/A
6. If started by a person, did this person survive fire?
   - Yes
   - No
7. Activity of person that started fire at time of fire?
   - Playing
   - Cooking
   - Smoking
   - Other
   - Unknown
   - N/A
   - Suspected arson
8. Type of structure burned?
   - Wood
   - Brick/stone
   - Trailer/Mobile home
   - Other
   - Unknown
   - N/A
9. Was person under influence of ETOH/drugs?
   - Yes
   - No
   - Unknown
10. Circumstances unknown?
   - Yes
   - No
   - Unknown

N. OCCUPATIONAL FATALITY
1. Was this death work related?
   - Yes
   - No
   - Unknown

O. OTHER
1. Place of fatally

2. Cause

3. Injury

4. Faulty consumer product involved?
   - Yes
   - No
   - Unknown
   - Product:

P. SUICIDE
1. History of abuse?
   - Yes
   - No
   - Unknown
   - Type of Abuse: □ Mental □ Physical □ Sex
   - By Self □ Other

2. School problems 3. Previous attempts
4. Mental Health Care or Child Protective Services System involvement?
   - Yes
   - No
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1. New Year’s Day
2. Groundhog Day
12. Lincoln’s Birthday
13. Ash Wednesday
14. St. Valentine’s Day
18. President’s Day
22. Washington’s Birthday

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1. April Fool’s Day
12. Mother’s Day
27. Memorial Day

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4. Independence Day

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3. Daylight Saving Time Ends
5. Election Day
11. Veteran’s Day
28. Thanksgiving

31. Halloween

21. Winter Solstice
25. Christmas
31. New Year’s Eve
Department of Criminal Justice Training
Funderburk Bldg.
521 Lancaster Avenue
Richmond, Kentucky 40475

Website: HTTP://DOCJT.KY.GOV