

2013

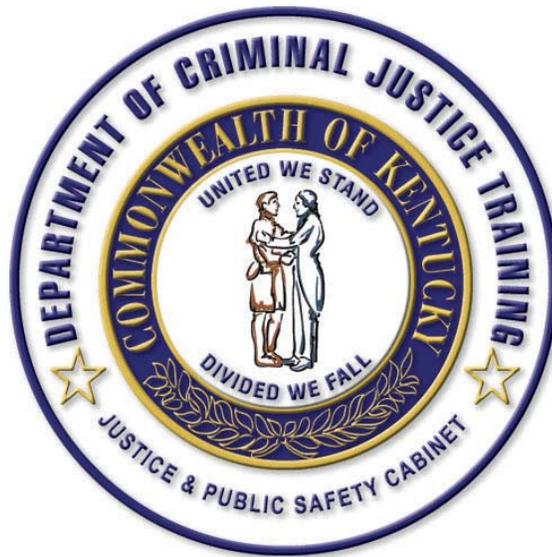


CORONER

TRAINING SCHEDULE

www.coroners.ky.gov





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 **Phone:** (502) 564-4545
Central Kentucky State Medical Examiner's Office
Central Laboratory Facility
100 Sower Boulevard, Suite 202 **Fax:** (502) 564-1699
Frankfort, KY 40601-8272

AIT Laboratories **Phone:** (800) 875-3894
2265 Executive Drive
Indianapolis, IN 46209-6103

Louisville Office **Phone:** (502) 852-5587
Kentucky State Medical Examiner's Office
Urban Government Center
810 Barrett Avenue **Fax:** (502) 852-1767
Louisville, KY 40204

Madisonville Office **Phone:** (270) 824-7048
Western Kentucky State Medical Examiner's Office
25 Brown Badgett Loop
Madisonville, KY 42431 **Fax:** (270) 824-7092

Ft. Thomas Office **Phone:** (859) 572-3559
Northern Kentucky State Medical Examiner's Office
St. Luke Hospital (East)
Department of Pathology **Fax:** (859) 572-3558
85 North Grand Avenue
Ft. Thomas, KY 41075

Coroner Association **Phone:** (502) 839-5151
Brian Ritchie
PO Box 730
Lawrenceburg, KY 40342 **Fax:** (502) 839-1954

DOCJT DIRECTORY

General Information **Phone:** (859) 622-1328

Commissioner **Phone:** (859) 622-6165

Deputy Commissioner **Phone:** (859) 622-8081

Director of Training Operations **Phone:** (859) 622-2221

Legal Training Section **Phone:** (859) 622-3801

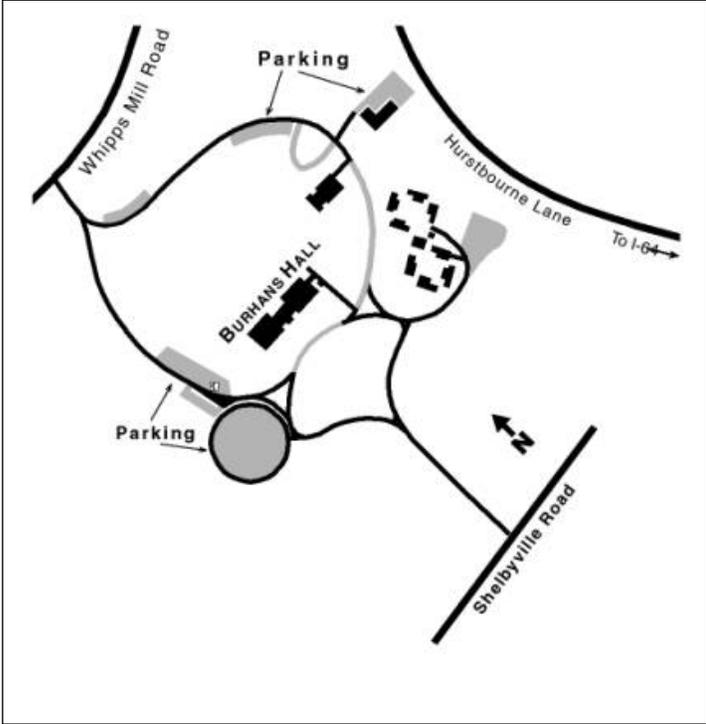
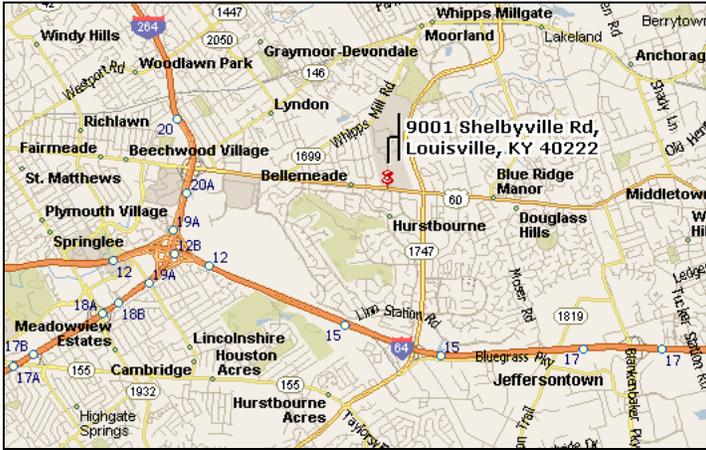
Louisville Office **Phone:** (502) 429-7480

Records **Phone:** (859) 622-5055

Registration (Class Availability) **Phone:** (859) 622-1328

Department of Criminal Justice Training
Registration Section
Funderburk Building, ECU
521 Lancaster Avenue
Richmond, KY 40475-3102 **Fax:** (859) 622-2740

**Department of Criminal Justice Training
Louisville Field Office Training Site
University of Louisville, 9001 Shelbyville Road
Burhans Hall (Ground Floor) 502-429-7480**



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, ECU
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: docjt.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.

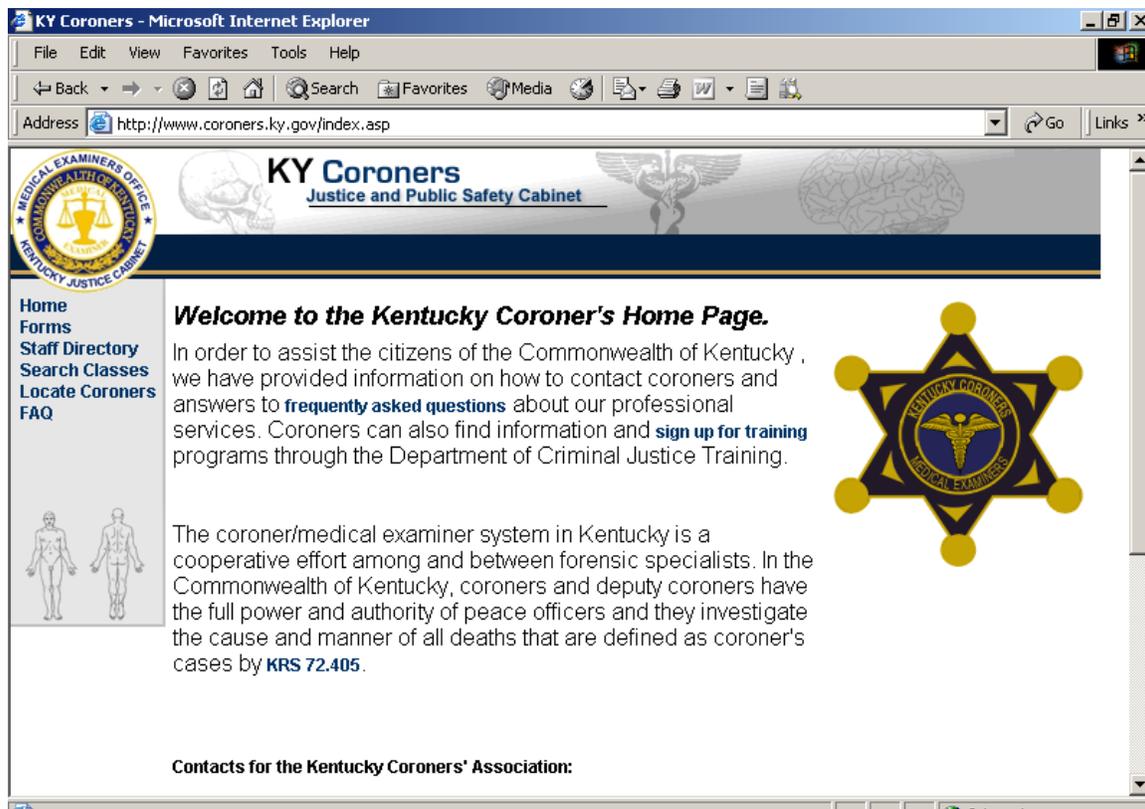
The e-mail must include:

- 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.



TRAINING

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

History: Amended 2007 Ky. Acts ch. 85, sec. 153, effective June 26, 2007. -- Amended 2005 Ky. Acts ch. 99, sec. 112, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 95, effective July 15, 1998. -- Amended 1990 Ky. Acts ch. 443, sec. 35, effective July 13, 1990. -- Amended 1988 Ky. Acts ch. 248, sec. 2, effective July 15, 1988. -- Amended 1986 Ky. Acts ch. 64, sec. 6, effective July 15, 1986. -- Amended 1982 Ky. Acts ch. 195, sec. 11, effective July 15, 1982. -- Created 1978 Ky. Acts ch. 93, sec. 5, effective June 17, 1978.

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.

PROFESSIONAL DEVELOPMENT

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

FRANKFORT

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

LOUISVILLE

9/4/2013

9/5/2013

067C-13J CORONERS CONFERENCE - 2013 16 Hours
NEW

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

LOUISVILLE

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

MOREHEAD

8/6/2013

8/7/2013

LAKE BARKLEY

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

BOWLING GREEN	5/28/2013	5/29/2013
OWENSBORO	10/1/2013	10/2/2013
LOUISVILLE	10/14/2013	10/15/2013
LOUISVILLE	11/19/2013	11/20/2013

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

FRANKFORT	8/20/2013	8/21/2013
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092C-13J PATTERNS IN INJURIES & EVIDENCE FOR THE DEATH 16 Hours
INVESTIGATOR

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

LOUISVILLE	11/6/2013	11/7/2013
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2013 CORONER SCHEDULE

LOCATION	COURSE	TITLE	BEGIN	END
FRANKFORT	001C-12J	BASIC TRAINING - CORONERS	2/11/2013	2/15/2013
LOUISVILLE	067C-13J	CORONERS CONFERENCE - 2013	4/17/2013	4/19/2013
BOWLING GREEN	089C-12J	DEALING WITH CRISIS - CORONERS	5/28/2013	5/29/2013
MOREHEAD	053C-12J	CRIME SCENE INVESTIGATION - CORONERS	8/6/2013	8/7/2013
FRANKFORT	074C-11J	MASS FATALITY PREPARATION - CORONERS	8/20/2013	8/21/2013
LOUISVILLE	037C-13J	CASE INTERVIEWS - CORONERS	9/4/2013	9/5/2013
LAKE BARKLEY	053C-12J	CRIME SCENE INVESTIGATION - CORONERS	9/24/2013	9/25/2013
OWENSBORO	089C-12J	DEALING WITH CRISIS - CORONERS	10/1/2013	10/2/2013
LOUISVILLE	089C-12J	DEALING WITH CRISIS - CORONERS	10/14/2013	10/15/2013
LOUISVILLE	092C-13J	PATTERNS IN INJURIES & EVIDENCE FOR THE DEATH INVESTIGATOR	11/6/2013	11/7/2013
LOUISVILLE	089C-12J	DEALING WITH CRISIS - CORONERS	11/19/2013	11/20/2013

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: _____ () - () -
County Agency Telephone Number Agency Fax Number

Agency Mailing Address: _____
Street Address City Zip Code

Personal Information:

- - - - -
Social Security Number Driver's License # Date of Birth

Name: _____
First M.I. Last

Mailing Address: Street: _____ City: _____ Zip Code: _____

Gender (M or F) _____ Race: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cell Phone: _____ Fax #: _____

Dispatch: _____ Pager: _____

Occupation: _____ Name of Business: _____

EDUCATION: GED High School Diploma College Hours: _____

College Degree(s): _____

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



NAME OF AGENCY _____

Date: _____ Page _____ of _____ Pages Agency Phone # _____

**INFORMATION BELOW MUST BE TYPED OR PRINTED
 INCOMPLETE FORMS WILL BE RETURNED**

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
1				
	LOCATION and/or EMAIL ADDRESS	COURSE TITLE		OR
				<input type="checkbox"/> First Available Date

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
2				
	LOCATION and/or EMAIL ADDRESS	COURSE TITLE		OR
				<input type="checkbox"/> First Available Date

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
3				
	LOCATION and/or EMAIL ADDRESS	COURSE TITLE		OR
				<input type="checkbox"/> First Available Date

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
4				
	LOCATION and/or EMAIL ADDRESS	COURSE TITLE		OR
				<input type="checkbox"/> First Available Date

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
5				
	LOCATION and/or EMAIL ADDRESS	COURSE TITLE		OR
				<input type="checkbox"/> First Available Date

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
6				
	LOCATION and/or EMAIL ADDRESS	COURSE TITLE		OR
				<input type="checkbox"/> First Available Date

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

AUTHORIZED SIGNATURE: _____ TYPED NAME: _____

Check One: Agency Head Training Officer

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
 DEPARTMENT OF CRIMINAL JUSTICE TRAINING
MANDATORY TRAINING
FOR CREDIT YEAR 20 __
 Please Type

 Name of Agency conducting this course

Page _____ of _____ Pages Agency Phone Number: _____

	SOC. SEC. #	NAME OF TRAINEE	DATE OF COMPLETION
1.	- -		
2.	- -		
3.	- -		
4.	- -		
5.	- -		
6.	- -		
7.	- -		
8.	- -		
9.	- -		
10.	- -		
11.	- -		
12.	- -		
13.	- -		
14.	- -		
15.	- -		
16.	- -		
17.	- -		
18.	- -		
19.	- -		
20.	- -		

INSTRUCTOR STATEMENT:
 I certify that the above named law enforcement officer(s) successfully completed Mandatory Training for 20____.

 AGENCY HEAD OR TRAINING DIRECTOR DATE

**KENTUCKY JUSTICE CABINET
STATE MEDICAL EXAMINER'S OFFICE**

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 DECEDENT: _____

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.

**SUDDEN UNEXPLAINED INFANT DEATH
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number _____

Infant's full name _____ Age _____ DOB _____
 Home address _____ Race _____ Sex _____
 City, state, zip _____ Ethnicity _____
 County _____ SS# _____
 Police complaint number _____ Police department _____

I. CIRCUMSTANCES OF DEATH

Action	Date	Time	By whom (person or agency)	Remarks
ME/C notified				Receipt by:
NOK notified				Person:
Scene visit				___ ME/C staff ___ Other agency ___ Not done
Scene address				
Condition of infant when found ___ Dead (D) ___ Unresponsive (U) ___ In distress (I) ___ NA (N)				
Sequence of events before death:				

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

Event	Date	Time	By whom (person)	Remarks
Infant placed				Place:
Known alive				Place:
Infant found				Place:
First response				Type:
EMS called				From where:
EMS response			Agency:	
Police response			Agency:	

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

**SUDDEN UNEXPLAINED INFANT DEATH
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number _____

II. BASIC MEDICAL INFORMATION

Health care provider for infant:		Phone:		
Medical history	<input type="checkbox"/> Not investigated (X)	<input type="checkbox"/> Unk (U)	<input type="checkbox"/> No past problems (N)	<input type="checkbox"/> Medical problems (P)
Medical source	<input type="checkbox"/> Physician (P)	<input type="checkbox"/> Other health care provider (H)	<input type="checkbox"/> Other (O)	<input type="checkbox"/> None (N)
	<input type="checkbox"/> Medical records (M)	<input type="checkbox"/> Family (F)		
Specific infant medical history	Yes	No	Unk	Remarks
A. Problems during labor or delivery Birth hospital: Birth city and state:				
B. Maternal illness or complications during pregnancy Number of prenatal visits:				
C. Major birth defects				
D. Infant was one of multiple births (e.g., a twin) Birth weight: Gestational age at birth (weeks):				
E. Hospitalization of infant after initial discharge				
F. Emergency room visits in past 2 weeks				
G. Known allergies				
H. Growth and weight gain considered normal				
I. Exposure to contagious disease in past 2 weeks				
J. Illness in past 2 weeks				
K. Lethargy, crankiness, or excessive crying in past 48 hours				
L. Appetite changes in past 48 hours				
M. Vomiting or choking in past 48 hours				
N. Fever or excessive sweating in past 48 hours				
O. Diarrhea or stool changes in past 48 hours				
P. Infant has ever stopped breathing or turned blue				
Q. Infant was ever breast-fed				
R. Vaccinations in past 72 hours				
S. Infant injury or other condition not mentioned above				
T. Deceased siblings				
Diet in past 2 weeks included: <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula <input type="checkbox"/> Cow's milk <input type="checkbox"/> Solids Date and time of last meal: Content of last meal:				
Medication history <input type="checkbox"/> Not investigated (X) <input type="checkbox"/> Unk (U) <input type="checkbox"/> Rx (P) <input type="checkbox"/> OTC (O) <input type="checkbox"/> Home remedies (H) <input type="checkbox"/> None (N)				
Emergency medical treatment <input type="checkbox"/> None (N) <input type="checkbox"/> CPR (R) <input type="checkbox"/> Transfusion (T) <input type="checkbox"/> IV fluids (F) <input type="checkbox"/> 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:

**SUDDEN UNEXPLAINED INFANT DEATH
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number _____

III. HOUSEHOLD ENVIRONMENT

Action	Yes	No	Unk	Remarks
A. House was visited				
B. Evidence of alcohol abuse				
C. Evidence of drug abuse				
D. Serious physical or mental illness in household				
E. Police have been called to home in past				
F. Prior contact with social services				
G. Documented history of child abuse				
H. Odors, fumes, or peeling paint in household				
I. Dampness, visible standing water, or mold growth				
J. Pets in household				
Type of dwelling:	Water source:		Number of bedrooms:	
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 w/partner:	Education
		___ Single (S) ___ Widowed (W)	___ Yes ___ No	(years):
				___ Employed (E) ___ Not employed (N)

IV. INFANT AND ENVIRONMENT

___ In crib (C) ___ In bed (B) ___ Other (O)	___ Sleeping alone (A) ___ Sleeping with others (O)	___ NA (N)	Temperature of area:
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)
Item collected	Yes	No	Item collected
Baby bottle			Apnea monitor
Formula			Medicines
Diaper			Pacifier
Clothing			Bedding
		Number of scene photos taken:	
		Other items collected:	

V. INTERVIEW AND PROCEDURAL TRACKING

Contact	Name	Date	Time	Phone	Relationship to infant
Mother					
Father					
Usual caregiver					
Last caregiver					
Placer					
Last witness					
Finder					
First responder					
EMS caller					
EMS responder					
Police					
Alternate contact person:				Phone:	
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

Case disposition ___ Case declined (D) due to ___ Case accepted (J) for
 ___ Topic (T) ___ Locale (L) ___ Autopsy (A) ___ Inspection (I) ___ Certification (C)

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

Who will sign DC?

Transport agent:

Funeral home:

Investigator and affiliation:

Date:

Number of supplement pages attached:

SCENE DIAGRAM

Instructions

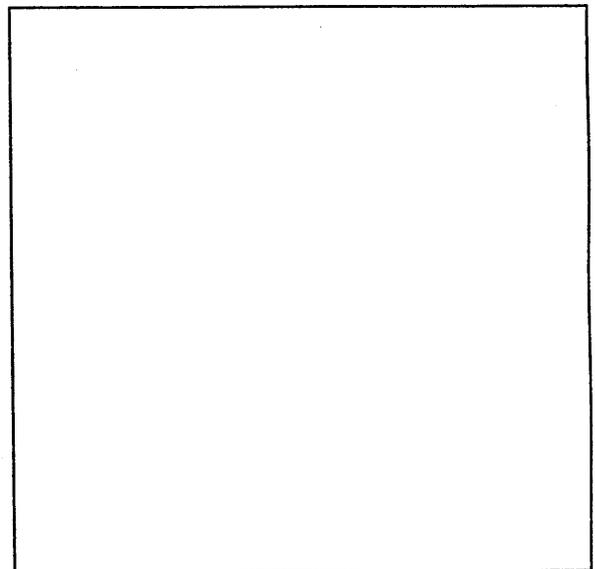
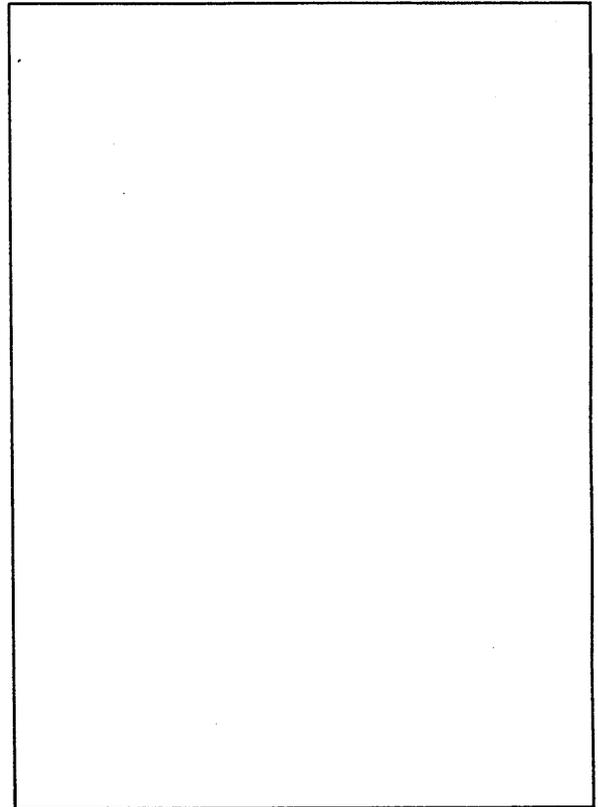
- 1) Use figure at right for a rectangular room, and use figure below right for a square room. Use a supplementary page to draw an unusually shaped room.

- 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

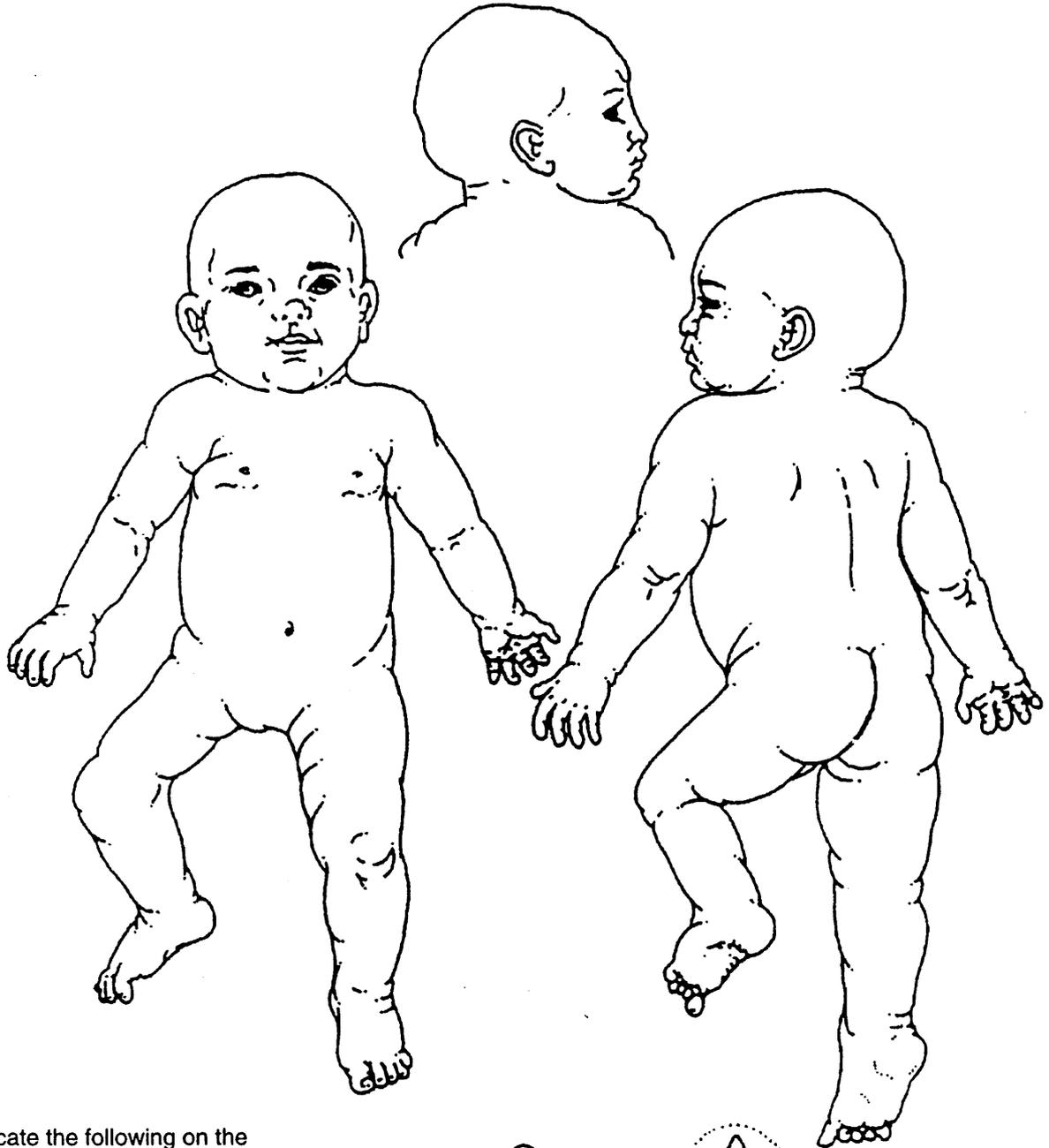
- 3) Make additional notes or drawings in available spaces as needed.

- 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: _____



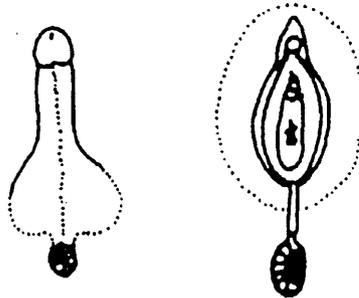
BABY DIAGRAM



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: _____



SUIDIRF SUPPLEMENT

KENTUCKY CORONER CHILD FATALITY REPORTING FORM

Revised 9/05

KRS 211.680

Section I DEMOGRAPHIC AND RELATED INFORMATION For child deaths under age 18

County of Death _____ Date of Death _____ Date of Incidence _____

County of Incidence _____ County of Residence _____ Age _____ Date of Birth _____
Also I.D. State if other than KY Also I.D. State if other than KY hrs, days, mos., yrs.

Cause of Death _____ Manner of Death: Natural Homicide Suicide Accident Undetermined

Name of Deceased _____

Sex _____ Race _____ Social Security # _____
(M/F) White, Black, Hispanic, Asian, Other: (Specify)

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

- Law Enforcement Health Department Dept. for Community Based Services (Social Services)
- Other _____ Other _____

Has this fatality, or will it be reviewed by the Local Child Fatality Review Team? Yes No, why? _____
Possible Risk Factors associated with the death for which interventions could potentially prevent similar future child deaths. (Also use for extra comments.)

Submit Report to: Child Fatality Review Administrator, Division of Adult & Child Health Improvement, 275 East Main St., HS 2GW-A, Frankfort, KY 40621-0001. For more information call 502/564-3527, Ext. 3786. Revised 9/05

Section II CIRCUMSTANCES OF DEATH (Complete subsections appropriate to case)

- A. SUDDEN INFANT DEATH SYNDROME (SIDS)**
1. Has this family had another child to die?
 Yes No Unknown
If yes, at what age? _____
Cause _____
 Immediate family Other relative
- B. ILLNESS OR OTHER NATURAL CAUSE**
1. Apparent illness or other natural cause condition?
 Known Condition (specify) _____
 Unknown Condition
- C. UNDETERMINED**
1. Cause 2. Manner
- D. FALL**
1. Place of incident
 Residence School
 Day care/child care Park
 Other _____
- E. ELECTRICAL**
1. Cause?
 Lightning Downed power line
 Equipment _____
 Wiring Other _____
- F. POISON/OVERDOSE**
1. Due to drug or chemical
Name of drug or chemical _____
 Unknown b. N/A
- G. DROWNING**
1. Place of Drowning?
 Creek/River Pond/Lake
 Well/ Cistern/ or septic tank
 Bathtub Swimming pool
 Wading Pool Bucket
 Other _____
 Unknown
- H. DECEASED IS A FEMALE OF CHILD BEARING AGE**
1. Pregnant at the time of death?
 Yes No
- 2. If no, a pregnancy in the past 12 months?
 Yes No Unknown
- 2. Position of infant on discovery?
 On stomach, face down
 On stomach, face to side
 On back On left side
 On right side Co-Sleeping
 Other _____
 Unknown
- 3. Place of death?
 Residence Childcare
 Other _____
- 4. Tobacco use at place of discovery?
 Yes No Unknown
- 3. Equipment or product involved, other comments _____
- 2. Location prior to drowning?
 Boat Water edge
 Other _____
 Unknown
- 3. Wearing flotation device?
 Yes No Unknown
- 4. Barrier devices present? (e.g. wall, fence, gate)
 Yes (Type) _____
- 5. Circumstances Unknown
- 6. Was child supervised?
 Yes No Unknown
- 2. Was child supervised?
 Yes No Unknown
- 3. Equipment or product involved, other comments _____
- 4. Location of deceased at discovery?
 Residence Other _____
- 5. Intentional Unintentional
Administered by Self Other _____
- Unknown
- 4. Tobacco/drug use at place of discovery?
 Yes No Unknown
- Unknown

Report submitted by:
Signature _____
Printed Name (or typed)
Date _____
 Coroner Deputy Coroner

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
 - Other _____
 - Unknown
4. Condition of Road?
 - Normal
 - Loose gravel
 - Ice/Snow
 - Fog
 - Unknown
 - N/A
 - Other _____
5. Restraint Use?
 - Yes No
 - Car seat Booster
 - Seat belt
 - Present in vehicle/Not used
 - None in Vehicle
 - Unknown
 - N/A
- 6 Location of infant car seat?
 - Passenger seat
 - Back seat
 - Position (facing)?
 - Forward Backward
7. Deceased 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. SUFFOCATION/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
2. 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 _____
3. Suicide
4. Other _____
- Unknown
5. Injury occurred while victim sleeping?
 - Yes No Unknown
6. 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
7. Carbon Monoxide Inhalation
 - Yes No Unknown
8. 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
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 Suicide Homicide
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 N/A

N. OCCUPATIONAL FATALITY

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

O. OTHER

1. Place of fatality _____
 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

2013

January

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1 New Year's Day
21 Martin Luther King Jr. Day

February

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

2 Groundhog Day
12 Lincoln's Birthday
13 Ash Wednesday
14 St. Valentine's Day
18 President's Day
22 Washington's Birthday

March

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

10 Daylight Saving Time Begins
17 St. Patrick's Day
24 Palm Sunday
29 Good Friday
31 Easter

April

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1 April Fool's Day

May

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

12 Mother's Day
27 Memorial Day

June

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

14 Flag Day
16 Father's Day
21 Summer Solstice

July

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

4 Independence Day

August

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

2 Labor Day
8 Grandparent's Day

October

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

31 Halloween

November

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

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

December

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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](http://docjt.ky.gov)