

**2015**



DEPARTMENT OF  
**CRIMINAL JUSTICE TRAINING**

**CORONER**  
**TRAINING SCHEDULE**

**[www.coroners.ky.gov](http://www.coroners.ky.gov)**

# **DO****CT**

DEPARTMENT OF

## **CRIMINAL JUSTICE TRAINING**

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

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

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**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

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

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**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

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

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# DOCJT DIRECTORY

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

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

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

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

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

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

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

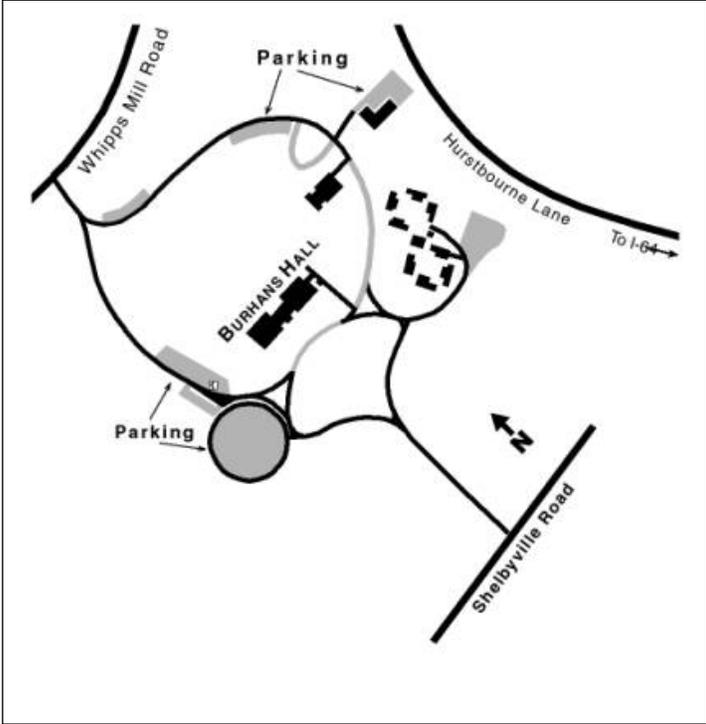
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**Registration (Class Availability)** **Phone:** (859) 622-1328

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

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**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.



E-Mail to: [docjt.registration@ky.gov](mailto: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](mailto:Susan.Dunaway@ky.gov).**

Please check the website at [www.Coroners.ky.gov](http://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.

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### **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.

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## **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.

# PROFESSIONAL DEVELOPMENT

## **MANDATORY TRAINING FOR CORONERS**

It is a legislative requirement that each Coroner/Deputy Coroner, other than a licensed physician, complete this training.

The 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-15J                    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

2/2/2015

2/6/2015

FRANKFORT

6/8/2015

6/12/2015

**037C-13JR                    CASE INTERVIEWS - CORONERS                    18 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 challenging individuals.

**Attendees:**            Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:**

**Risk:** Low

**Fitness Level:** Low

LOUISVILLE

11/18/2015

11/19/2015

**054C-15J                    CHILD DEATH INVESTIGATION - CORONERS                    18 Hours**

This course will detail areas unique to investigation of injury and death in children. Issues to be addressed will include natural diseases unique to children, Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Death in Children (SUDI), deaths due to abuse and neglect, accidental death in children, investigation of the scene in traumatic childhood death, completion of the death certificate in SIDS/SUDI cases, postmortem studies unique to the pediatric age group, and utility of Child Fatality Review Teams.

**Attendees:**            Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:**    None

**Career Development Category:**    Technical/Human

**Risk:** Low

**Fitness Level:** Low

LAKE BARKLEY

11/3/2015

11/4/2015

**067C-15J                    CORONERS CONFERENCE - 2015                    24 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

4/28/2015

4/30/2015

**053C-15J                    CRIME SCENE INVESTIGATION - CORONERS                    18 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

LOUISVILLE

11/10/2015

11/11/2015

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**089C-15J                    DEALING WITH CRISIS - CORONERS                    18 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

LOUISVILLE

12/1/2015

12/2/2015

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**094C-15J                    FORENSIC ANTHROPOLOGY AND PATHOLOGY - CORONERS                    18 Hours**

**NEW**

This course was developed to acquaint the Coroners and Deputy Coroners of the new forensic anthropology protocol for Kentucky Medicolegal death investigators, to include procedures for requesting medical Examiner assistance on identifying human versus animal remains, and outside assistance to assist in the scene investigation.

**Attendees:**            Coroners, Deputy Coroners and other Law Enforcement Investigators

**Prerequisites:**    None

**Risk:** Low

**Fitness Level:** Low

MOREHEAD

8/4/2015

8/5/2015

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**072C-14JR                    HOMICIDE INVESTIGATION FOR CORONERS                    18 Hours**

This course is designed to provide students with information related to the proper investigative techniques that should be used in the investigation of homicides and other violent crimes.

**Attendees:**            Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:**

**Risk:** Low

**Fitness Level:** Low

LOUISVILLE

9/9/2015

9/10/2015

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**093C-14JR**

**PHOTOGRAPHY/BLOOD SPATTER - CORONERS**

**18 Hours**

This course focuses on basic crime scene photography techniques. Course topics will include; Macro and Close-up photography, low-light and flash photography, and bloodstain pattern documentation techniques.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:**

**Risk:** Low

**Fitness Level:** Low

RICHMOND

3/17/2015

3/18/2015

## 2015 CORONER SCHEDULE

LOCATION	COURSE	TITLE	BEGIN	END
FRANKFORT	001C-15J	BASIC TRAINING - CORONERS	2/2/2015	2/6/2015
RICHMOND	093C-14JR	PHOTOGRAPHY/BLOOD SPATTER - CORONERS	3/17/2015	3/18/2015
LOUISVILLE	067C-15J	CORONERS CONFERENCE - 2015	4/28/2015	4/30/2015
FRANKFORT	018C-15J	OFFICE ADMINISTRATION - CORONERS	5/26/2015	5/27/2015
FRANKFORT	001C-15J	BASIC TRAINING - CORONERS	6/8/2015	6/12/2015
MOREHEAD	094C-15J	FORENSIC ANTHROPOLOGY AND PATHOLOGY - CORONERS	8/4/2015	8/5/2015
FRANKFORT	074C-14JR	MASS FATALITY & INCIDENT RESPONSE - CORONERS	8/18/2015	8/19/2015
LOUISVILLE	072C-14JR	HOMICIDE INVESTIGATION FOR CORONERS	9/9/2015	9/10/2015
MOREHEAD	083C-15J	INCIDENT RESPONSE TO TERRORIST BOMBINGS - CORONERS	9/15/2015	9/16/2015
BOWLING GREEN	095C-15J	MEDIA RELATIONS FOR CORONERS	10/6/2015	10/7/2015
LAKE BARKLEY	054C-15J	CHILD DEATH INVESTIGATION - CORONERS	11/3/2015	11/4/2015
LOUISVILLE	053C-15J	CRIME SCENE INVESTIGATION - CORONERS	11/10/2015	11/11/2015
LOUISVILLE	037C-13JR	CASE INTERVIEWS - CORONERS	11/18/2015	11/19/2015
LOUISVILLE	089C-15J	DEALING WITH CRISIS - CORONERS	12/1/2015	12/2/2015



# FORMS









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](mailto: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
<b>1</b>				
	LOCATION and/or EMAIL ADDRESS		COURSE TITLE	
				<b>OR</b> <input type="checkbox"/> First Available Date

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

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

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

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

	NAME	SSN or DRIVER'S LICENSE #	COURSE #	DATE OF COURSE
<b>6</b>				
	LOCATION and/or EMAIL ADDRESS		COURSE TITLE	
				<b>OR</b> <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 AND PUBLIC SAFETY CABINET  
STATE MEDICAL EXAMINER'S OFFICE  
CORONERS AUTHORIZATION FOR POST-MORTEM EXAMINATION

Pursuant to KRS. Chapter 72, I hereby authorize the Kentucky Medical Examiner Division to perform a Post-Mortem Examination on this deceased body and to remove, retain and dispose as necessary 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.

NAME OF DECEDENT: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

LOCATION OF WHERE DEATH OCCURRED: \_\_\_\_\_  
\_\_\_\_\_

DATE PRONOUNCED: \_\_\_\_\_ TIME PRONOUNCED: \_\_\_\_\_ AM \_\_\_\_\_ PM

LAST SEEN ALIVE: \_\_\_\_\_

TYPE OF DEATH THAT IS SUSPECTED: \_\_\_\_\_

HISTORY: (WHAT HAPPENED) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICE AGENCY: \_\_\_\_\_ INVESTIGATOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

Medication: \_\_\_\_\_ Physician: \_\_\_\_\_

Medication: \_\_\_\_\_ Physician: \_\_\_\_\_

Medication: \_\_\_\_\_ Physician: \_\_\_\_\_

Next of Kin Name and Address: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_

Coroner/Deputy Coroner Signature

\_\_\_\_\_

Printed: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_





**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) ___ Single (S) ___ Widowed (W)	Cohabiting w/partner: ___ Yes ___ No	Education (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	Yes	No	Number of scene photos taken:
Baby bottle			Apnea monitor			Other items collected:
Formula			Medicines			
Diaper			Pacifier			
Clothing			Bedding			

**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:

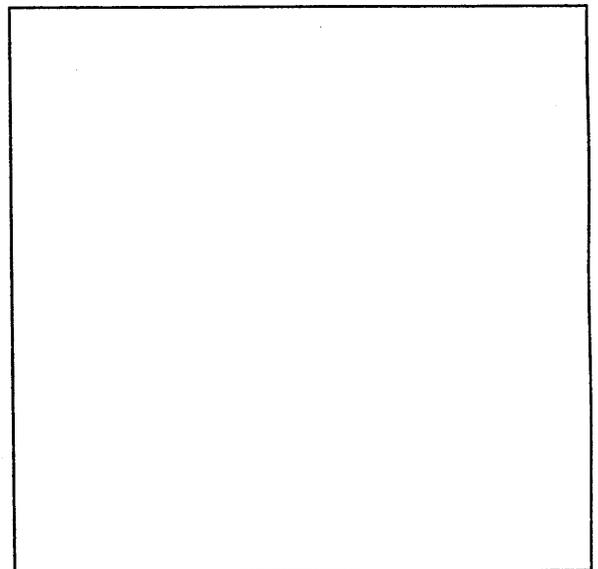
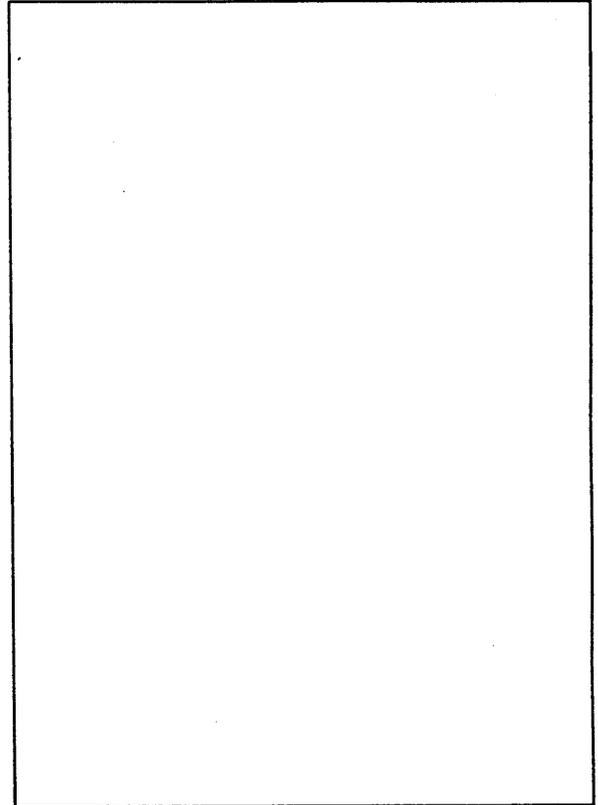
Date:

Number of supplement pages attached:

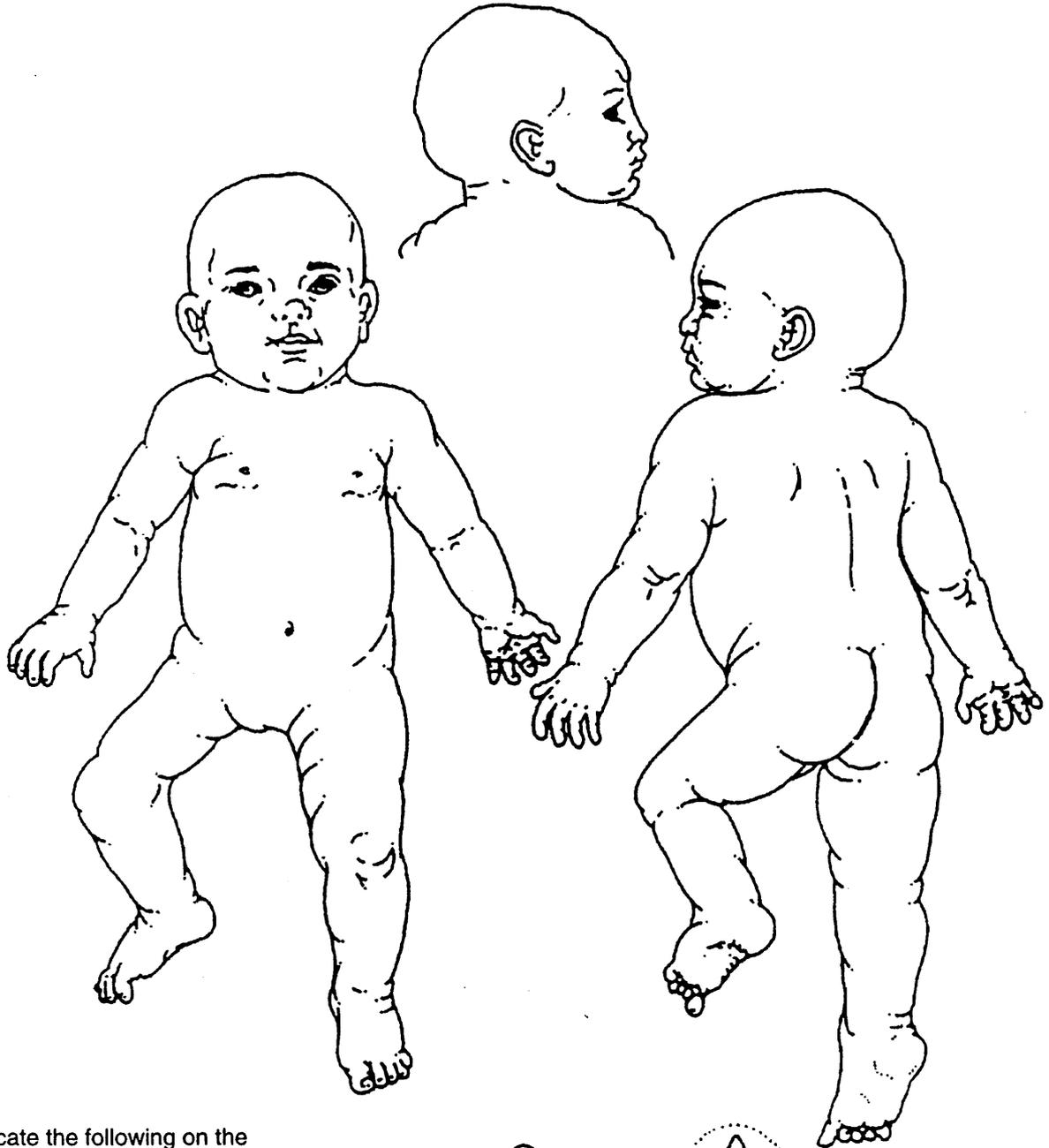
## SCENE DIAGRAM

### 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: \_\_\_\_\_



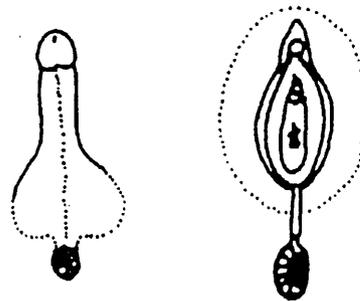
**BABY DIAGRAM**



**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
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
- B. ILLNESS OR OTHER NATURAL CAUSE
1. Apparent illness or other natural cause condition?
 Known Condition (specify) \_\_\_\_\_
 Unknown Condition
2. Last known date/time child was assessed by health care provider?
Date \_\_\_\_\_ Reason \_\_\_\_\_
3. Premature birth? \_\_\_\_\_ weeks gestation
Birth was:
 Spontaneous  Chemically induced
 Inflicted Injury to Mother (how?) \_\_\_\_\_
4.  Tobacco/drug use at place of discovery?
 Yes  No  Unknown
- C. UNDETERMINED
1.  Cause 2.  Manner
- D. FALL
1. Place of incident
 Residence  School
 Day care/child care  Park
 Other \_\_\_\_\_
2. Was child supervised?
 Yes  No  Unknown
3. Equipment or product involved, other comments \_\_\_\_\_
- 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
2.  Circumstances Unknown
3. Poison Control Contacted?
 Yes  No
4. Location of deceased at discovery?
 Residence  Other \_\_\_\_\_
5.  Intentional  Unintentional
Administered by  Self  Other \_\_\_\_\_
 Unknown
- G. DROWNING
1. Place of Drowning?
 Creek/River  Pond/Lake
 Well/ Cistern/ or septic tank
 Bathtub  Swimming pool
 Wading Pool  Bucket
 Other \_\_\_\_\_
 Unknown
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
- 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

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