

1 Infant's information:

First name Middle name Last name

Sex Male Female Date of Birth / / Age Months SS# --

Race Ethnicity Is infant Spanish, Hispanic, or Latino? Yes No

Primary residence address:
 Street City County State ZIP -

Incident address:
 Street City County State ZIP -

2 Findings summary:

Event timeline	Date of event			Approx. time Military time	Parameters to report
	Month	Day	Year		
a) Known injury to infant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	How injured, where (e.g. automobile accident)
b) Placement of infant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, where (e.g. crib)
c) Last known alive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, where, how (e.g., was coughing, on sofa)
d) Found unresponsive or dead	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, where (e.g. crib)
e) Non-medical first response	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, relation to infant (e.g., John Smith, neighbor)
f) Emergency Medical Service (EMS) called	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom (e.g., Jane Doe, mother1)
g) EMS arrived	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	Agency (e.g., Big City Hospital EMS)
h) Police arrived	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	Agency, officer name(s) (e.g., Big City PD)
i) Arrival of infant at hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	Condition (e.g., DOA, CPR in progress)
j) Pronouncement of death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom (e.g., Dr. Jones, DOA or ER or in patient)
k) Death actually occurred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	Where, how determined (e.g., hospital ER)
l) ME/Coroner /notified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom (e.g., Big City Detective John Jacks)
m) Primary residence investigation started	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, Investigating Agency (e.g., Big County Coroner, Bob Smith)
n) Other scene investigation started	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, Investigating Agency, type of place (e.g. daycare)
o) Next of kin notified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	Who was notified, relation to infant (e.g., Harry Smith, biological father)
p) Referral for counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	By whom, to whom (e.g., Big State SIDS Agency)

3 Brief description of circumstances:

(example: found dead on sofa, face down)

4 Index of SUIDIRF sections (check if completed):

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|--------------------------------------|--------------------------|--|--------------------------|--|--------------------------|
| A. Placer interview | <input type="checkbox"/> | I. Parental information | <input type="checkbox"/> | Q. Incident scene diagram | <input type="checkbox"/> |
| B. Last known alive interview | <input type="checkbox"/> | J. Contact history | <input type="checkbox"/> | R. Body diagram | <input type="checkbox"/> |
| C. Finder interview | <input type="checkbox"/> | K. Infant medical history | <input type="checkbox"/> | S. Informant contact | <input type="checkbox"/> |
| D. First responder information | <input type="checkbox"/> | L. Dietary and other information | <input type="checkbox"/> | T. Police and service encounters | <input type="checkbox"/> |
| E. EMS interview | <input type="checkbox"/> | M. Immunization record | <input type="checkbox"/> | U. Materials collected log | <input type="checkbox"/> |
| F. Police interview | <input type="checkbox"/> | N. Medications record | <input type="checkbox"/> | V. Narrative to pathologist | <input type="checkbox"/> |
| G. Hospital information | <input type="checkbox"/> | O. Incident scene investigation | <input type="checkbox"/> | | |
| H. Pregnancy history | <input type="checkbox"/> | P. Primary residence | <input type="checkbox"/> | | |