



Decedent Name: _____

**The South Carolina Coroner's Association
The South Carolina Law Enforcement Division**

Coroner Protocol ::: Child Fatality
(Mail to SLED Regional Office as soon as practical)

Coroner Case No. _____

Law Enforcement Case No. _____

SLED / Child Fatality Case No. 55__ - __ __ __

Coroner-----

County: _____ County # __ __

Office contacted: Date: __ / __ / __ Time: __ __: __ __ (when Coroner's called)

By Whom: _____ of what agency _____

Responding Coroner/ Deputy Coroner/ Investigator _____ Date: __ / __ / __

Other Agencies Involved / Contacted: _____

Scene Investigation-----was onset of illness/trauma different from place of death Y / N

Place of Onset: _____

Deceased: Last _____, First _____ Race Sex: Age: _____ DOB: __ / __ / __
(If more than one child death @ same time, photocopy 1st page & attach with initial report)

Birth Place: _____ Name of Hospital / Health Care Facility _____
City State

Death: Date: __ / __ / __ Time: __ __: __ __ Site of Death: Residence, Day Care, Lake, ER, HWY, ICU, Caregiver, Other

Place of Death: _____

Mother's Maiden Name: _____

Mother: _____ Race: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____
_____/_____/____

Father: _____ Race: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____
_____/_____/____

Other Family Members Living with Child:

Race: _____ Sex: _____ DOB: _____ SSN: _____
_____/_____/____
_____/_____/____
_____/_____/____

Decedent Name: _____

Witnesses: _____

Caregiver(s) _____ Race: _____ Sex: _____ Age _____ DOB: _____ SSN: _____

Caregiver relationship: Mom / Dad / Relative / Acquaintance / Friend / Neighbor / Unknown / Sitter

Perpetrator(s): _____ / _____ / _____ : _____ : _____

(if applicable) _____ / _____ / _____ : _____ : _____

Perpetrator relationship: Mom / Dad / Relative / Acquaintance / Friend / Neighbor / Unknown / Sitter

Circumstances of Death::: Traffic (Child Pedestrian) / Fall / Electrocutation / Medical / Farm / Train / GSW / Poisoning / Knife-Stab / Boating / Other _____

Fire::: Cause _____ Smoke Detector: Y N CO Monitor: Y N Operable: Y N

Drowning::: Site _____ Public / Private Warning Signs: Y N Fence: Y N

Weapons Involved::: Type/Origin: _____

SIDS Related Factors::: Body position: back / side / stomach / wedged Other _____
Face position: face up / face to side / face down

Bedding Type: _____

Sleeping with / Alone: _____ Smokers in home(who): _____

Specify: mucous / blood / foam / food / foreign object seen at: nose / mouth / ears / other _____

Child Abuse / Neglect::: Abuse / Neglect: Yes No Unknown

Hx of Prior Abuse / Neglect / Domestic Violence _____

Drugs Involved::: Type of Drugs: Prescription / Street Used By: _____
(Attach list of drugs found in home or @ scene in narrative section)

Autopsy **Autopsy Ordered**

Suspected Cause: _____ Actual Cause: _____

Pathologist: Dr. _____ Hospital: _____

Manner of Death: Accident / Homicide / Suicide / Natural / Undetermined / Pending Investigation - Toxicology

Decedent: Hx of Medical Problems: _____

Decedent's Doctor: Dr. _____ Date Last Seen: ____/____/____

Health Dept. Services Received by victim? Y / N County: _____

Decedent Name: _____

Pending Legal Actions::: Criminal Charges Y / N

Narrative::: If possible, please include-- facts leading up to death / last person to see decedent / past deaths of other children / home environment / appearance of child. **Are all other Live born Children of parents living?** Y / N

MAIL A COPY OF THIS FORM TO YOUR REGIONAL SLED OFFICE. Coroner retains original, submit copy to pathologist, submit copy to the SLED Regional Office (please include SLED Agent's name on envelope), and submit copy to SLED Toxicology along with body fluids/ tissues obtained during autopsy using the SLED Child Postmortem Kit.

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CC: 1). Coroners (original) 2). Pathologist (copy) 3). Child Fatality (copy) 4). SLED Toxicology (copy)