

Fayette County
Domestic Violence Fatality Review Team
Data Collection Sheet
11/15/2007 Version



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Domestic Violence Fatality Review Team
Data Collection Sheet

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Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer: _____

Documents Reviewed (Circle yes or no for each category):

Source 0=NO 1=YES 2=Not reviewed but should have been/might have been helpful	Reviewed:			Comment
	0	1	2	
Media reports (if yes, attach to this form)	0	1	2	
Criminal & Civil Justice System Records				
Coroner report	0	1	2	
Police records (specify what records: dispatch, JC3, investigation, other)	0	1	2	
Sheriff's office records	0	1	2	
Protective order petitions and DVOs	0	1	2	
Court records	0	1	2	
Civil action history	0	1	2	
Jail/prison history	0	1	2	
Criminal history	0	1	2	
Prosecutor records	0	1	2	
Probation or pre-sentence investigation reports	0	1	2	
Parole information	0	1	2	
Legal aid	0	1	2	
Family court social worker/FOC	0	1	2	
Court records from other jurisdictions	0	1	2	
Other Public Service Agency Records				
Fire department records	0	1	2	
Child Protective Services	0	1	2	
Adult Protective Services	0	1	2	
Victim Services				
VINE registration	0	1	2	
VINE PO registration	0	1	2	
Advocate (specify agency):	0	1	2	
Shelter records	0	1	2	
Rape crisis records	0	1	2	
Medical/Mental Health Records				
Medical data/reports (from hospital or emergency rooms)	0	1	2	
Psychological evaluations/other mental health records (specify):	0	1	2	
DV offender treatment records	0	1	2	
Information regarding substance abuse or substance abuse treatment	0	1	2	
Other Records				
School data/records/contacts	0	1	2	
Other (specify):	0	1	2	

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

Section I. Incident (Police and Coroner) pages 4-8 should be filled in

1. Victim Name: _____

1a. AKA other names: _____

2. Type of case:

1=Murder

2=Murder/suicide

3=Attempted murder

4=Assault

5=Other (specify): _____

3. Date of death/near death: _____

4. Place of death

a. Her home

b. His home

c. Their shared residence

d. Public place

e. Automobile

e. Her relatives/friends home

f. His relatives/friends home

g. Other (specify): _____

5. Location of body: _____

6. Time complaint was received: _____

7. Day of week complaint was received: _____

8. Who called the police?
- a. Children
 - 1=their children
 - 2=her children
 - 3=his children
 - 4=other children (specify): _____
 - b. Her other partner
 - c. Her friend/acquaintance 1=male 2=female
 - d. His friend/acquaintance 1=male 2=female
 - e. Her coworkers/supervisor/someone at the job site
 - f. His coworkers/supervisor/someone at the job site
 - g. Neighbors
 - h. Bystanders
 - i. Other (specify): _____
- 8a. From where were police called? _____
9. Call was received: 1=After death 2=During incident
10. Estimated time of death: _____
11. Time lapse between murder and discovery of the body?
- 0=No 1=YES, _____ Estimated hours
12. Mode of killing
- a. Gunshot 1=handgun 2=rifle 3=shotgun 3=other (specify): _____
 - b. Stabbing
 - c. Beat with an object
 - d. Physical beating, choking, pushing, etc
 - e. Other (specify): _____
- 12a. Victim was also:
- a. Physically beaten
 - b. Strangled
 - c. Sexually assaulted
 - f. Pregnant
 - g. Other (specify): _____
13. Official cause of death: _____

14. Total number of victims died (including victim): _____

14a. Other deaths

- a. Children
 - 1=their children
 - 2=her children
 - 3=his children
 - 4=other children (specify): _____
- b. Her other partner
- c. Her friend/acquaintance 1=male 2=female
- d. His friend/acquaintance 1=male 2=female
- e. Her coworkers/supervisor/someone at the job site
- f. His coworkers/supervisor/someone at the job site
- g. Neighbors
- h. Bystanders
- i. Other (specify): _____

15. Total number of victims non-fatally wounded: _____

15a. Non-fatal wounding of others :

- a. Children
 - 1=their children
 - 2=her children
 - 3=his children
 - 4=other children (specify): _____
- b. Her other partner
- c. Her friend/acquaintance 1=male 2=female
- d. His friend/acquaintance 1=male 2=female
- e. Her coworkers/supervisor/someone at the job site
- f. His coworkers/supervisor/someone at the job site
- g. Neighbors
- h. Bystanders
- i. Other (specify): _____

16. Total number of witnesses (not deceased or non-fatally wounded): _____

16a. Witnesses

- a. Children
 - 1=their children
 - 2=her children
 - 3=his children
 - 4=other children (specify): _____
- b. Her other partner
- c. Her friend/acquaintance 1=male 2=female
- d. His friend/acquaintance 1=male 2=female
- e. Her coworkers/supervisor/someone at the job site
- f. His coworkers/supervisor/someone at the job site
- g. Neighbors
- h. Bystanders
- i. Other (specify): _____

17. Involvement of drugs or alcohol during or immediately preceding the fatal episode:

10a. Perpetrator 0=NO 1=YES 2=POSSIBLY

10b. Victim 0=NO 1=YES 2=POSSIBLY

18. Child(ren):

- 1=Minor children living in the household in common
- 2=Adult children living in the household in common
- 3=Minor children living in the household, but not in common
- 4=Adult children living in the household, but not in common

19. Perpetrator/victim living together:

- 0=Never
- 1=In the past but not at the time of the incident
- 2=Living together at the time of incident

20. Others help commit the murder?

0=NO 1=YES 2=POSSIBLY

If Yes, who: _____

21. Others help cover up the murder?

0=NO 1=YES 2=POSSIBLY

If Yes, who: _____

22. Other notes regarding crime scene or incident:

A large, empty rectangular box with a thin black border, intended for taking notes regarding a crime scene or incident. The box occupies most of the page below the question number.

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

Section II. Investigation (Police and Coroner) pages 9-11 should be filled in

1. Initially investigated as:
1= A homicide
2=Murder/suicide
3=Other (specify): _____

2. Perpetrator was (circle all that apply):
0=Not originally suspected
1=Committed suicide, *If committed suicide (answer questions 2d-2f)*
2=Arrested, *If arrested (answer questions 2a-2c)*:

IF arrested:

2a. How long did it take to arrest perpetrator? _____ days

2b. Where was perpetrator arrested? _____

2c. What were the initial charges? _____

IF committed suicide:

2d. Cause of death:
a. Gunshot wound
b. Drug overdose Toxicology report: _____
c. Other (Specify): _____

2e. Suicide note left: 0=NO 1=YES

2f. Suicide was:
1=During the incident
2=Close after the incident, specify where: _____
3= _____ days after the incident

3. Who was interviewed in the investigation or prosecution of the incident?
- a. Children
 - 1=their children
 - 2=her children
 - 3=his children
 - 4=other children (specify): _____
 - b. Her other partner
 - c. Her friend/acquaintance 1=male 2=female
 - d. His friend/acquaintance 1=male 2=female
 - e. Her coworkers/supervisor/someone at the job site
 - f. His coworkers/supervisor/someone at the job site
 - g. Neighbors
 - h. Bystanders
 - i. Other (specify): _____

4. Summary of interviews:

5. Other notes regarding investigation:

A large, empty rectangular box with a thin black border, intended for handwritten or typed notes regarding the investigation.

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

**Section III. Perpetrator Status and History (Division of Police) pages
12-15 should be filled in**

1a. Perpetrator DOB: _____

1b. Perpetrator age at the time of the incident: _____

2. Gender of perpetrator: 1=Female 2=Male

3. Race/Ethnicity:
1=White
2=Black
3=Hispanic
4=Other (Specify): _____

4. Immigration status
1=Legal
2=Illegal
3=Temporary status
4=In process of becoming legal
5=Other (Specify): _____

5. Language spoken at home:
1=English
2=Hispanic
3=Other (Specify): _____

6. Address: _____

7. Total number of children: _____

8. Disabled:
0=No
1=YES,
8a. If yes, specify type(s) of disability: _____

9. Employment status at the time of the incident:

9=Unknown

0=No, If no specify: _____

a=Retired

b=Disability

c=Social security

d=other: _____

1=part time/seasonal

2=full time

3=Employed but was on leave for: _____

9a. Employed where? _____

10. Ever in the military? 0=NO 1=YES

If Yes, status at the time of the incident:

0=Honorably discharged

1=Dishonorably discharged

2=Active

3=Inactive reserved

4=Retired

11. Current residence:

1=Prison

2=Jail

3=Other (specify): _____

12. Other information:

0=NO 1=YES 9=D/K		Comments
Weapons		
Owned guns	0 1 9	
Licensed to carry a concealed weapon?	0 1 9	
Owned more than one or two guns	0 1 9	
Very interested in other weapons (knives, swords, other)	0 1 9	
DV history		
Prior history of domestic violence with other victims	0 1 9	
EPOs/DVOs with other victims	0 1 9	
Ever participate in batterers treatment		
Perpetrator characteristics		
History of substance abuse	0 1 9	
On prescription medication for health reasons	0 1 9	
On prescription medication for mental health reasons	0 1 9	
History of animal cruelty or abuse	0 1 9	
History of severe mental health problems	0 1 9	
Severe depression	0 1 9	
Suicide attempts/ideation	0 1 9	
Perpetrator family of origin		
History of child abuse in family of origin	0 1 9	
History of perpetrator experience of child abuse	0 1 9	
History of DV in family of origin	0 1 9	
Other (describe):	0 1 9	

13. Criminal history:

Criminal history prior to incident:	0=NO 1=YES	Number 1=1; 2=2+	Comments:
Felony charges	0 1	1 2	
Misdemeanor charges	0 1	1 2	
Felony convictions	0 1	1 2	
Misdemeanor convictions	0 1	1 2	
Traffic violations	0 1	1 2	
Probation/parole violations	0 1	1 2	
Other violations	0 1	1 2	
Other (specify):	0 1	1 2	

14. Specific crimes:

Specific crimes 0=NO 1=YES	charges	convictions	Comments
Non-violent crimes	0 1	0 1	
Violent crimes (non DV-related)	0 1	0 1	
Alcohol use/abuse related crimes (including DUI, AI)	0 1	0 1	
Drug use/abuse related crimes (including paraphernalia)	0 1	0 1	
Sex offences	0 1	0 1	
Child abuse	0 1	0 1	
DV related crimes	0 1	0 1	
PO violation	0 1	0 1	
Stalking	0 1	0 1	
Assault 4 th	0 1	0 1	
Other (specify):	0 1	0 1	

15. Other comments about perpetrator information/history:

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

**Section IV. Victim Status and History (Division of Police) pages 16-18
should be filled in**

1a. Victim DOB: _____

1b. Victim age at the time of the incident: _____

2. Gender of victim: 1=Female 2=Male

3. Race/Ethnicity:
1=White
2=Black
3=Hispanic
4=Other (Specify): _____

4. Immigration status
1=Legal
2=Illegal
3=Temporary status
4=In process of becoming legal
5=Other (Specify): _____

5. Language spoken at home:
1=English
2=Hispanic
3=Other (Specify): _____

6. Address: _____

7. Phone in the home: 0=NO 1=YES

9. Victim was pregnant at the time of the incident? 0=NO 1=YES
2=Gave birth within the 12 months prior to the incident

10. Disabled:
0=No
1=YES,
10a. If yes, specify type(s) of disability:

11. Employment status at the time of the incident:
9=Unknown
- 0=No, If no specify: _____
a=Retired
b=Disability
c=Social security
d=other: _____
- 1=part time/seasonal
2=full time
3=Employed but was on leave for: _____
- 11a. Employed where? _____
12. Ever in the military? 0=NO 1=YES
12a. If Yes, status at the time of the incident:
0=Honorably discharged
1=Dishonorably discharged
2=Active
3=Inactive reserved
4=Retired
13. Relationship to perpetrator
1=Married
2=Divorced
3=Separated (not yet divorced)
4=Living together at the time of incident but were never married
5=Had lived together in the past, but were never married
6=Dating
7=Other (Specify): _____
14. Length of relationship with perpetrator _____ Years

15. Victim criminal history:

0=NO 1=YES 9=D/K or not sure		Comment:
Criminal history		
Non-violent crime arrest	0 1 9	
Non-violent crime conviction	0 1 9	
Substance abuse related arrest	0 1 9	
Substance abuse related conviction	0 1 9	
Personal history		
Victim of other crimes (not related to perpetrator)	0 1 9	
Previous incidents of DV with other partner	0 1 9	
History of DV in family of origin	0 1 9	
History of victim experience of child abuse	0 1 9	
Other		
Other (specify):	0 1 9	

3. Other comments about victim information/history:

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

**Section V. Prosecution & Conviction/Sentencing (Prosecutors) pages
19-20 should be filled in**

1. Convicted: 0=NO 1=YES

1a. Convicted of: _____

2. Convicted by:

1=jury trial

2=Judge

3=Plea

4=Other (specify): _____

3. Sentence: _____

4. US attorney office involved? 0=NO 1=YES, If YES explain

5. Immigration (ICE) involved? 0=NO 1=YES, If YES explain

7. Other notes regarding prosecution:

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Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

**Section VI. Relevant Relationship History (All agencies) pages 21-24
should be filled in**

1. Any of the following present in the case:

0=NO 1=YES 9=D/K or not sure		
Relationship		
Divorce (dates):	0	1 9
Recent separation	0	1 9
Perpetrator was stalking or keeping tabs on victim	0	1 9
Abused the victim in public	0	1 9
Perpetrator came to victim work	0	1 9
Perpetrator interfered with victim employment	0	1 9
Perpetrator was very controlling	0	1 9
Perpetrator was very jealous	0	1 9
Recent escalation of violence	0	1 9
Sexual assault/abuse	0	1 9
Stalking	0	1 9
Strangulation	0	1 9
Other (specify):	0	1 9
Threats by Perpetrator		
Threat to commit suicide 1=Close to incident 2=In the past	0	1 9
Threats to abduct children	0	1 9
Actual abduction of children	0	1 9
Threats to harm children	0	1 9
Actual harm to children	0	1 9
Threats to harm others, inc. property destruction or other implicit threats (family/friends/coworkers)	0	1 9
Actual harm to others (family/friends/coworkers)	0	1 9
Threats to harm new partner or perceived romantic interest, inc. property destruction or other implicit threats	0	1 9
Actual harm new partner or perceived romantic interest	0	1 9

Any of the following present in the case continued			
0=NO 1=YES 9=D/K or not sure			
Threats or actual harm of family pets 1=Close to incident 2=In the past	0	1	9
Reports of threats to seriously harm or kill victim 1=Close to incident 2=In the past	0	1	9
Victim disclosed the threats to others	0	1	9
Victim disclosed details of how he said he would harm or kill her	0	1	9
Perpetrator disclosed threats to harm or kill her to others	0	1	9
Perpetrator disclosed threats to harm or kill her with details to others	0	1	9
Violation of protective order	0	1	9
Violation of court order	0	1	9
Other (specify):	0	1	9

2. Prior to the incident was there any indications that the level of abuse/jealousy/controlling behavior was increasing? 0=NO 1=YES

3. Other evidence of domestic violence:

0=NO 1=YES			Comment:
Documented police response to any victim residence with perpetrator involved	0	1	
Document police response to DV with perpetrator at any residence	0	1	
Document police response to DV with perpetrator at any place of employment	0	1	
Document police response to DV with perpetrator at any other public place (specify):	0	1	
Others reported hearing or seeing DV or abuse/violence (physical and emotional abuse or symbolic violence like destruction of property)	0	1	
neighbors	0	1	
Co-workers	0	1	
Supervisor	0	1	
Friends	0	1	
Relatives	0	1	
Children	0	1	
Others (specify):	0	1	

4. Contributing factors:

0=NO 1=YES 9=D/K or not sure		Comment
Relationship		
Victim had new relationship	0 1 9	
Recent divorce	0 1 9	
Served with divorce papers	0 1 9	
Recent separation	0 1 9	
Child support disputes	0 1 9	
Custody/visitation disputes	0 1 9	
Pregnancy	0 1 9	
Jealous of mother/child relationship	0 1 9	
Child from previous relationship joined the household recently	0 1 9	
Other significant change in relationship (specify):	0 1 9	
Other (specify):	0 1	
Abuse		
Control	0 1 9	
Jealousy	0 1 9	
Recent escalation of violence	0 1 9	
Violation of protective order	0 1 9	
Violation of court order	0 1 9	
Other (specify):	0 1	
Criminal Justice Factors		
Recent arrest for DV	0 1 9	
Recent arrest for other reasons	0 1 9	
Recently released from jail or prison	0 1 9	
Police confronted perpetrator but no arrest was made	0 1 9	
Served with EPO	0 1 9	
Served with other court orders	0 1 9	
Other (specify):	0 1	
Other system intervention		
Recent allegations of child abuse	0 1 9	
Investigation by CPS	0 1 9	
Investigation by APS	0 1 9	
Recent concern of deportation or other immigration issues	0 1 9	
Other (specify):	0 1	

Contributing factors (continued):

Perpetrator		
Recent loss of employment	0	1 9
Recent loss of income	0	1 9
Other significant loss (specify):	0	1 9
Unemployment	0	1 9
Blamed victim for life problems	0	1 9
Avenged perceived wrong doing	0	1 9
Drug and/or alcohol abuse	0	1 9
Mental illness/mental health problems/medications	0	1 9
Suicide attempts/ideation/talk	0	1 9
Other		
Other (specify):	0	1

5. Other notes regarding relationship:

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

Section VII. Children (DCBS, BDVP, Police, Other) pages 25-26 should be filled in

1. Children 0=NO, if No skip to next section 1=YES

2. Total number of children: _____

(start with youngest and work to the oldest)

Child age at the time of incident	Child in common with perpetrator 0=NO 1=YES	Victim 0=natural child/adopted 1=stepchild 2=other (specify):	Child witness incident 0=NO 1=YES	Child harmed during incident 0=NO 1=YES	Comment:
1	0 1	0 1	0 1	0 1	
2	0 1	0 1	0 1	0 1	
3	0 1	0 1	0 1	0 1	
4	0 1	0 1	0 1	0 1	
5	0 1	0 1	0 1	0 1	
6	0 1	0 1	0 1	0 1	
7	0 1	0 1	0 1	0 1	
8	0 1	0 1	0 1	0 1	
9	0 1	0 1	0 1	0 1	
10	0 1	0 1	0 1	0 1	

3. Any of the following present in the case:

0=NO 1=YES 9=D/K or not sure		Comment:
Regarding Children		
Child support disputes 1=Close to incident 2=In the past	0 1 9	
Child custody/visitation disputes 1=Close to incident 2=In the past	0 1 9	
Victim expressed concern about losing custody or abduction	0 1 9	
Perpetrator expressed concern about losing custody or abduction	0 1 9	
Victim expressed fear if physical danger to child(ren)	0 1 9	
Victim made allegations of perpetrator abuse toward child(ren) 1=Close to incident 2=In the past	0 1 9	
Other (specify):	0 1 9	

4. Child abuse/neglect
 0=No allegations, *If No allegations skip to question 4*
 1=Allegations
 2=investigated but unsubstantiated
 3=Substantiated

5. Specifics:
(start with youngest and work to the oldest)

Child	Child physical abuse	Child sexual abuse	Neglect	Against 1=victim 2=perpetrator	Comment:
1	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
2	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
3	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
5	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
6	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
7	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
8	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
9	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
10	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	

6. Placement of children:
 0=Ward of the state
 1=Her relatives
 2=His relatives
 3=Other (specify): _____

7. Did children receive counseling? 0=NO 1=YES
 5a. If Yes, where?

8. Comments about children:

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer name and phone number: _____

Section VIII. System Intervention *pages 27-29 should be filled in*

1. Services requested, ordered, or obtained:

	0=No 1=requested or ordered but not received 2=received	#	0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident	Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K: Comment
Police	0 1 2		0 1 2	0 1 9
EPO petitions	0 1 2		0 1 2	0 1 9
DVOs	0 1 2		0 1 2	0 1 9
Sheriff's office	0 1 2		0 1 2	0 1 9
Prosecutor	0 1 2		0 1 2	0 1 9
Probation/parole	0 1 2		0 1 2	0 1 9
Court (civil actions besides protective orders)	0 1 2		0 1 2	0 1 9
Legal aid	0 1 2		0 1 2	0 1 9
Private Attorney	0 1 2		0 1 2	0 1 9
Family court social worker/ FOC	0 1 2		0 1 2	0 1 9
Fire department	0 1 2		0 1 2	0 1 9

Services requested, ordered, or obtained (Continued)

	0=No 1=requested or ordered but not received 2=received	#	0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident	Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K: Comment
Child protective services	0 1 2		0 1 2	0 1 9
Adult protective services	0 1 2		0 1 2	0 1 9
VINE notification	0 1 2		0 1 2	0 1 9
VINE PO notification	0 1 2		0 1 2	0 1 9
Advocate	0 1 2		0 1 2	0 1 9
Spouse abuse center	0 1 2		0 1 2	0 1 9
Rape crisis center	0 1 2		0 1 2	0 1 9
Medical/doctor/ ER/Hospital	0 1 2		0 1 2	0 1 9
Mental health	0 1 2		0 1 2	0 1 9
DV offender treatment 1=not completed 2=completed	0 1 2		0 1 2	0 1 9
Other court ordered program/treatment/ stipulations (specify) 1=not completed 2=completed	0 1 2		0 1 2	0 1 9
DV counseling or treatment for victim	0 1 2		0 1 2	0 1 9

Services requested, ordered, or obtained (Continued)

	0=No 1=requested or ordered but not received 2=received	#	0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident	Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K: Comment
Substance abuse treatment	0 1 2		0 1 2	0 1 9
School contacts	0 1 2		0 1 2	0 1 9
Other (Specify):	0 1 2		0 1 2	0 1 9

Date of Fatality Review: _____ County: _____

Case # (*unique case number assigned by fatality review group*): _____

Reviewer name and phone number: _____

Section IX. Summary of case *pages 30-34 should be filled in*

1. Case summary:

2. Unique aspects of the case:

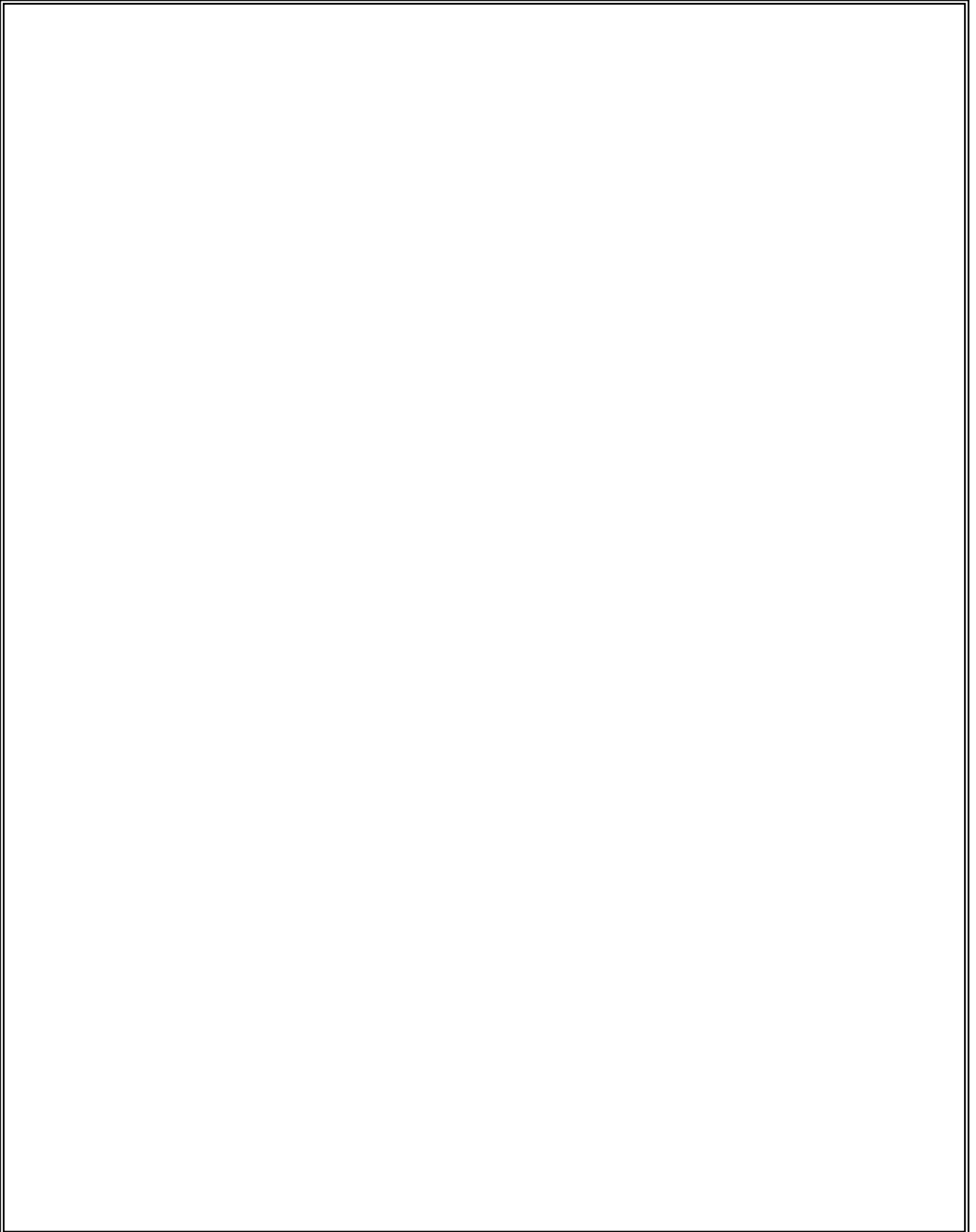
A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to write the unique aspects of the case.

3. Any new information pertaining to the case since the case has closed:

4. Point of intervention:

5. Point of education:

6. Recommendations:



7. Other remarks:

8. Attached documents of public record:

8a. Media reports

0=NO, if No explain why: 1=There are none 2=Other reason: _____

1=YES

8b. EPOs

0=NO, if No explain why: 1=There are none 2=Other reason: _____

1=YES

8c. Other (specify):

0=NO, if No explain why: 1=There are none 2=Other reason: _____

1=YES