

1 DECEDENT PERSONAL DETAILS

Last Name: **First Name:**

Sex: Male Female **Law Enforcement Case Number (if available):**

ME/C Case Number (if available): **Law Enforcement Agency (if applicable):**

Date of Birth: **Date of Death:** Estimated Found Known
 MM DD YYYY MM DD YYYY

Location of Injury (physical address, including ZIP code):

2 LOCATION OF THE DECEDENT

Was the decedent found INDOORS? Yes No → *Complete 2A: OUTDOORS*

In what part of residence or building was the decedent found?

Did the incident destroy the location? Yes No Unknown

Did the incident collapse the walls or ceiling of the location? Yes No Unknown

2A OUTDOORS

Was the decedent found OUTDOORS? Yes No → *Go to Section 3: Information about Circumstances of Death*

Any evidence the person was previously in a...

Structure? Yes No Unknown

Vehicle? Yes No Unknown

3 INFORMATION ABOUT CIRCUMSTANCES OF DEATH

Does the cause of death appear to be due to any of the following?
Select all potential causes of death. Complete all corresponding sections, THEN go to Section 7.

Injury – Struck by (e.g., falling object)/Blunt force/Burns → *Complete Section 4: Injury Questions*

Motor Vehicle Crash → *Complete Section 5: Motor Vehicle Crash Questions*

Other (e.g., exacerbation of chronic diseases) → *Complete Section 6: Other Non-Injury Causes Questions*

4 INJURY QUESTIONS

How did the injury occur? Check all that apply:

- Hit by or struck against (Describe)
- Crushed (Describe)
- Asphyxia (Describe)
- Cut/laceration/impaled (Describe)
- Electric current or burn (Describe)
- Burn and/or smoke inhalation (Describe)
- Motor vehicle crash (If yes, complete Section 5: Motor Vehicle Crash Questions)
- Fall, slip, trip (Specify)
- From height (Describe)
- Same level (Describe)
- Other, describe

5 MOTOR VEHICLE CRASH QUESTIONS

Describe the motor vehicle crash:

- Did the vehicle run into or get struck by falling debris? Yes No Unknown
- Did the vehicle get swept away by the landslide force? Yes No Unknown
- Was the decedent going to or coming from work at time of injury? Yes No Unknown
- Was the decedent performing occupation-related work at the time of injury? Yes No Unknown
- Was the decedent working on the response or recovery? Yes No Unknown

6 OTHER NON-INJURY CAUSES QUESTIONS

Describe circumstances surrounding this non-injury death. Check all that apply:

- Lack of access to durable medical equipment (e.g., home oxygen) (Describe)
- Lack of access to life-saving medical care (e.g., dialysis) (Describe)
- Exacerbation of chronic disease (Describe)
- Vulnerable health status (e.g., 85+ years old, dementia) (Describe)
- Other, describe

7 INFORMATION ABOUT THE DECEDENT

Was the decedent incapacitated? Yes No Unknown

If yes, how?

Did the decedent appear to take a position for earthquake safety (e.g., drop/cover/hold on)?

Yes No Unknown N/A (mudslide associated death)

Any suspicion this could be a suicide? Explain.

Was there a suicide note present at the scene? Yes No Unknown

8 DISASTER-SPECIFIC INFORMATION

Name of earthquake (or landslide) disaster, if applicable:

What was the magnitude of the earthquake nearest to the victim:

1.0-2.9 3.0-3.9 4.0-4.9 5.0-5.9 6.0-6.9 7.0+

Did the earthquake (or landslide) affect the area at the scene of the injury or death? Yes No Unknown

Did aftershocks affect the area at the scene of injury or death? Yes No Unknown

As you close this case, was there evidence that the death was related to:

- The direct force of the earthquake, an aftershock, and/or a landslide?
- An unsafe environment caused by the earthquake, an aftershock, and/or a landslide?
- Actions taken by the decedent during the earthquake, an aftershock, and/or a landslide?

If YES to any of the above, describe:

9 DATA SOURCES

What data sources were used to complete this form? (check all that apply)

- Law enforcement records and/or interviews
- EMS run sheets and/or interviews
- Hospital or Emergency Department records and/or interviews
- Past medical records
- Mental health records
- Substance abuse treatment records
- Online media (e.g., newspaper reports, weather details)
- Local Emergency Manager(s) interviews
- Local staff at NWS Weather Forecast Office interviews
- Other interviews, *specify with whom:*

Other, *specify:*

Form completed by

Name/contact information:

Date: