

Death Scene Investigation Supplement **WINTER WEATHER**

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:

MM

DD

YYYY

Date of Death: Estimated Found Known

MM

DD

YYYY

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

2 LOCATION OF THE DECEDENT

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

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

What was the structure constructed from? Brick Wood Unknown Other (*Describe*)

Describe condition of the structure where the decedent was found (e.g., disrepair):

Was the electrical power on? Yes No Unknown

If **NO**, estimate duration of power outage: Hours Days

What was the cause of the power outage?

- Storm/weather conditions
 Rolling blackout
 Power disconnected by power company
 Structure not wired for power
 Unknown
 Other, *describe*

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 9.

- Excessive Exposure to Cold Temperatures or Hypothermia → Complete Section 4: Excessive Exposure Questions
- Motor Vehicle Crash → Complete Section 5: Motor Vehicle Crash Questions
- Carbon Monoxide Poisoning → Complete Section 6: Carbon Monoxide Exposure Questions
- Injury – Struck by (e.g., impaled by object)/Blunt force/Burns/Smoke inhalation → Complete Section 7: Injury Questions
- Other (e.g., exacerbation of chronic diseases) → Complete Section 8: Other Non-Injury Cause Questions

4 EXCESSIVE EXPOSURE TO COLD TEMPERATURES OR HYPOTHERMIA QUESTIONS

If the decedent was found **INDOORS**:

- A. Were the following items in the room where the decedent was found?
- B. If present, was the item in working condition?
- C. If present and working, was the item on?

	A. Present?	B. Working?	C. On?
Heater (furnace)	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Space heater	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other heating device (portable heater)	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Were the windows:

- Closed
- Open
- Unknown

If the decedent was found **OUTDOORS**: Was the decedent near a structure that could provide shelter from the weather conditions and/or warmer temperatures?

- Yes
- No
- Unknown

Describe:

5 MOTOR VEHICLE CRASH QUESTIONS

Describe the motor vehicle crash:

Did the vehicle run off road or crash due to snow, ice, or other winter weather condition?

- Yes
- No
- Unknown

Did the vehicle run into or get struck by debris (e.g., falling trees)?

- 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 CARBON MONOXIDE EXPOSURE QUESTIONS

Describe evidence and circumstance(s) of suspected CO exposure:

CO Measurements

Was the structure checked for presence of CO?

- Yes →
 No **STOP**
 Unknown **STOP**

Were environmental measurements of CO taken?

- Yes →
 No **STOP**
 Unknown **STOP**

CO level (ppm)

Who took the measurement? (e.g., Fire, Police)

Date/time taken?

CO Alarm

Was there a CO alarm present?

- Yes →
 No **STOP**
 Unknown **STOP**

Working?

- Yes →
 No **STOP**
 Unknown **STOP**

Did it go off?

- Yes
 No
 Unknown

Where was the CO alarm in relation to the decedent?

Were there reports of fire or smoke? Yes No Unknown

**Were any of the following potential sources present (check all that apply)?
If yes, note distance between potential source of CO or fire and decedent:**

- Heat source (boilers, furnace): (ft.)
- Kerosene or gas space heater: (ft.)
- Generator (close to or inside): (ft.)
- Grill meant for outdoor use: (ft.)
- Lawnmower: (ft.)
- Power washer: (ft.)
- Major appliance: (ft.)

Specify type:

6 CARBON MONOXIDE EXPOSURE QUESTIONS (CONTINUED.)

Motor vehicle. If yes:

Was the vehicle in an enclosed space?

Yes No Unknown

Was the ignition on?

Yes No Unknown

Was the battery dead?

Yes No Unknown

Was the gas tank empty?

Yes No Unknown

Was the vehicle locked?

Yes No Unknown

Is there remote start?

Yes No Unknown

Was there keyless ignition?

Yes No Unknown

Were any hoses/apparatus present?

Yes No Unknown

Was anything blocking the tailpipe?

Yes No Unknown

Was there exhaust present or reported to be in the space?

Yes No Unknown

Other potential source, *describe*

7 INJURY QUESTIONS

How did the injury occur? Check all that apply:

Fall, slip, trip (*Specify*)

From height (*Describe*)

Same level (*Describe*)

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*)

Carbon monoxide exposure (*If yes, complete Section 6: Carbon Monoxide Exposure Questions*)

Motor vehicle crash (*If yes, complete Section 5: Motor Vehicle Crash Questions*)

Other, *describe*

8 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

9 INFORMATION ABOUT THE DECEDENT

Was the decedent incapacitated? Yes No Unknown

If yes, how?

Before death, was the decedent engaged in any of the below activities?

If YES, describe:

Exercising outside?

Yes No Unknown

Working outside (occupational)?

Yes No Unknown

Engaging in other outside activity (non-occupational)?

Yes No Unknown

Engaging in removing snow?

Yes No Unknown

Immersed in water?

Yes No Unknown

How long was the decedent engaging in these activities outdoors?

Description of clothing, including materials:

Was clothing appropriate for the conditions? Yes No Unknown

Is clothing wet/damp? Yes No Unknown

Is there evidence of undressing? Yes No Unknown

Did the decedent live alone? Yes No Unknown

Was the decedent homeless? Yes No Unknown

10 STORM INFORMATION

Document the weather conditions for the previous 24 hours before the estimated time of death in ZIP code for the location of injury:
(Source: local emergency manager or National Weather Service)

Was the snow or ice storm or other winter weather conditions affecting the area at the scene of the injury or death?

Yes No Unknown

Name of storm, if applicable:

Was there a declared state of emergency and/or federal declaration? Yes No Unknown

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

- The direct force of the winter weather or the storm?
 An unsafe environment caused by the winter weather or the storm?
 Actions taken by the decedent during the winter weather or the storm?

If YES to any of the above, describe:

11 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: