

Infant's Information

Last _____ First _____ M. _____ Case Number _____

Information about the Law Enforcement officer:

Last name _____ Middle name _____

First name _____ Phone _____

Agency _____

Date/Time Dispatched: _____ / _____ / _____ : _____
Month Day Year Military Time

Who called? _____ Relationship (ex. aunt) _____

1 What date and time did you arrive? _____ / _____ / _____ : _____
Month Day Year Military Time

2 What did the infant look like when you arrived at the scene?

- | | No | Yes | Describe and specify location: |
|--|--------------------------|--------------------------|--------------------------------|
| a) Discoloration around face/nose/mouth | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| b) Secretions (foam, froth) | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| c) Skin discoloration (livor mortis) | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| d) Pressure marks (pale, blanching) | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| e) Rash or petechiae (small, red blood spots on skin, membranes or eyes) | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| f) Marks on body (scratch on nose) | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| g) Other | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| h) Unknown | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |

3 How did the infant feel when found?

- Sweaty
 Warm to touch
 Cool to touch
 Rigid, stiff
 Limp, flexible
 Unknown
 Other ⇨ Specify _____

4 How would you describe the surface on which the infant was placed? Soft Firm

Condition of surface (check all that apply): Lumpy Concave Stained Wet

5 Describe condition: Check all that apply: Broken Worn Repaired Clean Dirty

6 Describe what the scene looked like upon arrival: _____

7 Describe what law enforcement did at the scene: _____

8 Describe the person's reactions to the infant's death:

- | | No | Yes | Specify: |
|------------------------|--------------------------|--------------------------|----------|
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| Placer | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| Finder | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| Last Known Alive | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |

9 Are there any known prior contacts with law enforcement?

No Yes

Mother ⇒ Reason for contact _____ Outcome _____

Father ⇒ Reason for contact _____ Outcome _____

Placer ⇒ Reason for contact _____ Outcome _____

Finder ⇒ Reason for contact _____ Outcome _____

Last Known Alive ⇒ Reason for contact _____ Outcome _____

Other ⇒ Reason for contact _____ Outcome _____

10 What was the final disposition of the infant?

Left at the scene Released to funeral home Morgue ME/C facility

Transported to the hospital ⇒ Specify _____
(Hospital name and name of person who received the infant)

Other ⇒ Specify _____

11 Have there been any contacts/complaints to social services regarding this family and other siblings in the home?

Yes No ⇒ STOP

12 Total number of contacts with social services: _____

13 List up to two most recent contacts with social services.

Date First Contacted _____/_____/_____	Date First Contacted _____/_____/_____
Case Worker Name _____	Case Worker Name _____
Agency Name _____	Agency Name _____
Reason for contact _____	Reason for contact _____
_____	_____
_____	_____
Outcome _____	Outcome _____
_____	_____
_____	_____
Comments _____	Comments _____
_____	_____
_____	_____

Section completed on ____/____/____ at ____:____ by _____

How conducted: In person Telephone Other _____