

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

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 => _____
Father => _____
Placer => _____
Finder => _____
Last Known Alive => _____
Other..... => _____

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 _____