



STATE CHILD DEATH REVIEW BOARD

The Kansas State Child Death Review Board (SCDRB) is a multi-disciplinary, multi-agency Board that examines the circumstances surrounding the deaths of all Kansas children (birth through 17 years of age) and children who are not residents, but who die in the state.

The SCDRB was created by the 1992 Kansas Legislature. To ensure a coordinated response that fully addresses all systemic concerns surrounding child deaths, the Legislature gave the SCDRB authority to obtain all records concerning the death of each child. K.S.A. 22a-244(b) provides that the Board shall have access to all necessary records. All requested records provided shall remain confidential.

The goals of the SCDRB are to describe trends and patterns of child deaths in Kansas, to develop prevention strategies, and to improve sources of data and communication among agencies so that recommendations can be made. The members of the SCDRB would therefore, request your assistance in their review of the case in question by completing the following form and providing a copy of your agency's investigation.

INSTRUCTIONS

- A. It is recommended that a person who is familiar with the particular investigation complete this form.
- B. Please **include copies of other investigative reports and a clear copy of photographs (photographs on a CD are recommended)**, which will help the Board understand the background and details surrounding the family and the death. Without this information a complete review of the death cannot be done.
- C. If additional victims or suspects need to be listed, either use another form or add to the back of the page.
- D. If the death was a **suicide**, please include a copy of any note(s) left by the victim.
- E. The information on this form, along with investigative reports and photographs, will be used by the law enforcement representative on the Board to assist in their review.

Thank you for your assistance with this matter. If you have questions, please contact Sara Hortenstine, SCDRB Executive Director, at 785-296-7970 or sara.hortenstine@ag.ks.gov; or KBI Assistant Director Tony Weingartner at 785-296-8219 or tony.weingartner@kbi.state.ks.us.

Please forward the information to: Sara Hortenstine, Executive Director
State Child Death Review Board
Office of the Kansas Attorney General
120 SW 10th Avenue, 2nd Floor
Topeka, KS 66612
(785) 296-7970
(785) 296-7796 (fax)
Sara.hortenstine@ag.ks.gov

STATE CHILD DEATH REVIEW BOARD

Law Enforcement Summary

1. Victim's Full Name:		Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/>	Sex: Male <input type="checkbox"/>	Date of Birth:
		Hispanic <input type="checkbox"/> Native American <input type="checkbox"/>	Female <input type="checkbox"/>	
Address:			City:	County:
2. Date of Death:	3. Location where death occurred: (be specific)			Zip code of scene:
Was a scene investigation done? Yes <input type="checkbox"/> No <input type="checkbox"/>		** Please also send copies of the investigative reports & photos of the scene **		
5. Was an autopsy done? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name(s) of Coroner and/or Pathologist:		
6. Cause and Manner of Death: Cause:		Manner: <input type="checkbox"/> Natural – Not SIDS <input type="checkbox"/> Natural - SIDS <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Child Abuse <input type="checkbox"/> Gang-Related <input type="checkbox"/> Unknown		
7. Toxicology / Drug Screen done? Yes <input type="checkbox"/> No <input type="checkbox"/>		Results, if known:	8. Was a blood alcohol taken? Yes <input type="checkbox"/> No <input type="checkbox"/>	Results, if known:
9. Who was in charge/ responsible for decedent at the time of death?			10. Who had legal custody of the decedent at the time of death?	
11. Was the above person(s) (Boxes 9 & 10) under the influence of alcohol/drugs when the death occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, whom?				

12. Information about persons living in the residence with the decedent. (If related, specify if relationship is natural, step, adopted, or foster.)

Name	Race/Sex	Age	Relationship

13. Did anyone (other than suspect) witness the injury/death? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
14. How much time elapsed from the time the decedent was last seen - until the time of death? Hours _____ Minutes _____ Unknown <input type="checkbox"/> N/A <input type="checkbox"/>			
15. Was the person in charge of decedent's care at the time of the incident asleep at the time? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/>			
16. Approximate distance between the decedent and the person in charge of the decedent when injury/death occurred? _____ Number of: Feet <input type="checkbox"/> Blocks <input type="checkbox"/> Miles <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/>			
17. Did decedent have any prior known history of sexual/physical abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
18. Did decedent have any prior known history of neglect/negligence? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
19. Have there been any other child fatalities associated with decedent's family? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			

SUSPECT INFORMATION

Suspect Name:		Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/>	Sex: Male <input type="checkbox"/>	Date of Birth
		Hispanic <input type="checkbox"/> Native American <input type="checkbox"/>	Female <input type="checkbox"/>	
Address:		City:		State:
Was a drug screen done? Yes <input type="checkbox"/> No <input type="checkbox"/> Results: _____		Was a blood alcohol done? Yes <input type="checkbox"/> No <input type="checkbox"/> Results: _____		
What was the relationship of the suspect with the decedent? <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Other <input type="checkbox"/> Parent's boyfriend / girlfriend		Did the suspect have a prior criminal history? Yes <input type="checkbox"/> No <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Unknown <input type="checkbox"/>		
Was the suspect arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>	What, if any, charges were filed?			

Is this an ongoing investigation? Yes No Pending DA/CA Review
 Has the Sudden Unexplained Infant Death Report Form (SUIDRF) or other child death forms/checklists been completed on this case? Yes No Unknown Attached

Who were the investigators (phone numbers / email)?

Comments/Summary of Circumstances Of Death

(Please include any known history of prior contact with law enforcement, SRS, etc.)

Please Print

Agency Case or File Number	
Name of Agency	
Address	
Phone Number	
Name/title officer completing form	
Date of this Report	New Report <input type="checkbox"/> Amended Report <input type="checkbox"/>