

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 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 8.

Lightning strike → *Complete Section 3: Lightning Strike Questions*
 Drowning → *Complete Section 4: Drowning Questions*
 Motor Vehicle Crash → *Complete Section 5: Motor Vehicle Crash Questions*
 Injury – Struck by (e.g., impaled by object)/Blunt force/Burns → *Complete Section 6: Injury Questions*
 Other (e.g., exacerbation of chronic diseases) → *Complete Section 7: Other Non-Injury Causes Questions*

3 LIGHTNING STRIKE QUESTIONS

Is there any evidence of lightning strike (e.g., entry and exit wounds, Lichtenberg figures)?
 Yes No

Is there any environmental evidence of lightning strike?
 Yes No Unknown

What type of lightning strike occurred:

Direct Strike – person physically struck
 Side Flash (or side splash) – taller object struck (e.g., tree) first and victim acts as a “short circuit”
 Ground Current – strike hits ground or other object (garage door) and current pass through ground to victim
 Conduction – metal live after strike can cause indoor deaths (e.g., touching faucet)
 Streamers – parts of large longer strike

3A LIGHTNING STRIKE QUESTIONS: INDOORS

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

Was the decedent in contact with or near to any of the following in the structure? (check all that apply)

- Water and/or metal fixtures (shower or sink)
- Appliance(s) connected to wall outlet without a surge protector
- Corded phone (aka landline)
- Concrete wall embedded with rebar or other metal support
- Near a window, door, or porch

3B LIGHTNING STRIKE QUESTIONS: OUTDOORS

Was the body near a body of water:

- Yes No Unknown

If yes, describe:

Was the body near any tall isolated objects:

- Yes No

If YES, check one

- Trees
- Flagpole
- Light or telephone poles
- Field goal posts
- Other (describe):

Was the body near any wide open areas:

- Yes No

If YES, check one

- Sports field
- Farm field
- Hiking trails
- Other (describe):

Was the body near any unprotected buildings:

- Yes No

If YES, check one

- Picnic pavilion/Baseball dugout/Bus stop shelter
- Car ports/Open garages
- Covered patios/Porches
- Other (describe):

Was the body near any metal:

- Fence/Bleachers
- Tools/Lawn mower
- Golf clubs
- Other (describe):

4 DROWNING QUESTIONS

Describe evidence of drowning:

What type of flood conditions?

- Storm surge – abnormal rise in water level in coastal areas above regular tides; caused by forces generated from severe storm winds, waves, or coinciding with high tide.
- Coastal flood – very high coastal tides from heavy rainfall and onshore winds.
- Inland flooding – moderate precipitation accumulates over several days, intense rainfall over short period of time, or river overflow because of ice or debris jam or levee failure.
- Flash flood – caused from heavy rainfall in a short period time, <6 hours, characterized by powerful torrents of water from rivers, across roads, or mountain canyons. Dam or levee failure can lead to flash floods.
- River floods – water level rises over top of river banks - from heavy rain fall, snow-melt, ice jams.
- Other, *describe*

Describe water current at estimated time of injury:

- Strong Moderate Weak Unknown N/A

Water temperature: °F or °C

Was the decedent engaging in any of the following activities? *Check all that apply.*

- Driving (e.g., on wet or flooded roadways)
- Sheltering in place either in home/business
- Swimming/surfing (e.g., in pre or post hurricane ocean waves)
- Fishing/playing/wading/walking (e.g., near high water on boardwalks, beaches, or flooded rivers)
- Attempting to rescue another from water
- Other, *describe:*

Was the decedent that drowned driving/riding in a motor vehicle?

- Yes No Unknown

Was the decedent that drowned driving/riding in a water craft?

- Yes No Unknown

If yes to either of the above,

Did the vehicle get washed away by flood water?

- Yes No Unknown

Did the vehicle enter an area beyond a "warning barrier"?

- Yes No Unknown

5 MOTOR VEHICLE CRASH QUESTIONS

Describe the motor vehicle crash:

Any evidence the decedent exited the vehicle intentionally?

- 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 INJURY QUESTIONS

How did the injury occur? Check all that apply:

Electric current or burn (Describe)

Submersion under water → Complete Section 4: Drowning Questions

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

Hit by or struck against (Describe)

Crushed (Describe)

Asphyxia (Describe)

Cut/laceration/impaled (Describe)

Burn and/or smoke inhalation (Describe)

Fall, slip, trip, specify

From height (Describe)

Same level (Describe)

Other (Describe)

7 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

8 INFORMATION ABOUT THE DECEDENT

Was the decedent incapacitated? Yes No Unknown

If yes, how?

If a lightning strike, Does it appear that the decedent took a position for safety (e.g., crouching in a ball)?

Yes No Unknown N/A

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

Boating?

Yes No Unknown

If YES, describe:

Fishing?

Yes No Unknown

Swimming/wading?

Yes No Unknown

Lying on the beach?

Yes No Unknown

9 STORM INFORMATION

Document the weather conditions for the tornado in ZIP code for the location of injury:

(Source: local emergency manager or National Weather Service)

Was there an active severe thunderstorm watch, warning, or alert where the incident occurred?

Yes No Unknown

Name of storm, if applicable:

Was here a severe thunderstorm watch, warning, or alert occurring where the incident occurred?

Yes No Unknown

Was the decedent aware of the warning or watch?

Yes No Unknown

By what methods (e.g. phone call from friends, word of mouth)

Were there confirmed reports of a thunderstorm/lightning? Yes No Unknown

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

The direct force of the storm?

An unsafe environment caused by the storm?

Actions taken by the decedent during or after the storm?

If YES to any of the above, describe:

10 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: