

## 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 → *Complete 2A: OUTDOORS*

Was the decedent found in a basement?

Yes  No  Unknown

Was the decedent found in a tornado shelter?

Yes  No  Unknown

Was the decedent found in the center of the structure (e.g., away from windows or doors)?

Yes  No  Unknown

If none of the above, in what part of residence or building was the decedent found?

Specify the structure:

- Single family house detached from any other house
- Single family house attached to one or more houses
- Condo/apartment with less than 7 stories
- Condo/apartment with 7 or more stories
- Mobile home
- School/Workplace/Business
- Unknown
- Other, *describe*

Is a basement present in the structure?

Yes  No  Unknown

Is a tornado shelter present in the structure?

Yes  No  Unknown

Describe any damage to the structure:

## 2A OUTDOORS

### Was the decedent found OUTDOORS?

Yes  No → Complete Section 3: Information about Circumstances of Death

### Was the person near a structure that could have provided some shelter?

Yes  No

Describe this shelter (e.g., structurally sound buildings, underground shelter):

### Any evidence the person was previously in a:

Structure?  Yes  No  Unknown

Vehicle?  Yes  No  Unknown

## 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 8.

Traumatic Injury – Struck by (e.g., impaled by object)/Blunt force/Crushed/Burns → Complete Section 4: Injury Questions

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

Drowning → Complete Section 6: Drowning Questions

Other (e.g., exacerbation of chronic diseases) → Complete Section 7: Other Non-Injury Causes Questions

## 4 INJURY QUESTIONS

How did the injury occur? Check all that apply

Crushed, describe

Asphyxia, describe

Hit by or struck against, describe

Cut/laceration/impaled, describe

Fall, slip, trip, specify

From height, describe

Same level, describe

Motor vehicle crash → If YES, complete Section 5: Motor Vehicle Crash Questions

Burn and/or smoke inhalation, describe (include if working fire detector in location)

Electric current or burn, describe

Other, describe

## 5 MOTOR VEHICLE CRASH QUESTIONS

Describe the motor vehicle crash:

- Any evidence the decedent exited the vehicle intentionally?  Yes  No  Unknown
- Was the vehicle directly struck by the tornado?  Yes  No  Unknown
- Was the vehicle struck by flying projectile(s) or debris? (e.g., falling trees)  Yes  No  Unknown
- Was the person ejected or sucked out of the vehicle?  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 DROWNING QUESTIONS

Describe evidence of drowning:

What type of flood conditions?

- Heavy rain with tornado caused rain water to accumulate quickly
- Other, describe

Was the decedent engaging in any of the following activities? (check all that apply)

- Driving (e.g., on wet or flooded roadways)
- Exited vehicle to seek shelter from tornado
- Attempting to rescue another from water
- 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?

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

If YES, describe:

Activities related to storm preparation?

Yes  No  Unknown

Attempting to flee the tornado?

Yes  No  Unknown

Attempting to seek shelter?

Yes  No  Unknown

Activities related to storm clean up?

Yes  No  Unknown

## 9 DISASTER SPECIFIC 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 the tornado affecting the area at the scene of the injury or death?

Yes  No  Unknown

What was the tornado strength nearest to the victim:

EF-1  EF-2  EF-3  EF-4  EF-5

Name of tornado(es), if applicable (e.g., Joplin tornadoes):

Was there a declared state of emergency and/or federal declaration?

Yes  No  Unknown

Was the location where the decedent was injured or found under a tornado watch or tornado warning?

Yes  No  Unknown

Was there a tornado siren in the area?

Yes  No  Unknown

Was the decedent aware of the tornado warning or watch?

Yes  No  Unknown

If yes, what methods (e.g. siren, word of mouth)

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

The direct force of the tornado?

An unsafe environment caused by the tornado?

Actions taken by the decedent during or after the tornado?

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: