

General Event Report Data Collection for Event: Death

Profile Information

Individual Name * _____

Provider Name _____ Program Name _____

Entered By _____ Title _____

Report Date * _____ Time Zone _____

Event Information

Event Date * _____

If not at responsible program Community Home Recreation/Leisure Vehicle School
 Work Family home visit Unknown **If Other** _____

Location Address

Street 1 _____ Street 2 _____

City _____ County _____ State _____

Zip Code _____ Phone _____ Fax _____

Death Information

Time of Death * _____ am / pm Unknown

Cause of Death* Natural/Expected Sudden/Unexpected Suicide Homicide/Violence
 Accident Unknown **If Other** _____

Specific Location Activity Area Ambulance Bathroom Bedroom Dental Clinic Dining Room
 Emergency Room Family's Home Hallway Hospice Center Hospital
 Individual's Home Kitchen Living Room Medical Clinic Physician's Office
 Outdoors Recreation Area Staircase Unknown Vehicle
If Other _____

Date of last medical exam _____

Death determined by Physician Specialist _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)



Autopsy consent Yes No

Name of person requesting consent _____

Name of person asked to consent _____

Name of person denied to consent _____

Did the Medical Examiner / Coroner request it? Yes No

Autopsy Date _____

Comments _____

Witness 1 _____

Witness 2 _____

General Information

Abuse Suspected ? Yes No

Type of Abuse Civil Rights Violation Physical Sexual Emotional Verbal
 Psychological **If Other** _____

Neglect Suspected ? Yes No

Type of Neglect Neglect by Responsible Provider **If Other** _____

Internal Report only ? Yes No **Notification Level *** Low Medium High

Reported By * _____

Reporter's Relationship to Individual Family Self Staff **If Other** _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)



Notification Information

Person/Entity Notified*	Name of Person Notified	Date*/Time* of Notification	Notified By*	Method of Notification*

Corrective Action Taken _____

Plan of Future Corrective Actions _____

Review/Follow-up Comments

I have reviewed this report

Review/Follow-up Comments _____

Photo Attached Photo Date _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)