

# Death Scene Investigation Supplement **HURRICANE**

## 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 → Go to Section 3: Information about Circumstances of Death

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

Was the electrical power on?  Yes  No  Unknown

If **NO**, estimate duration of power outage:  Hours or  Days

What was the cause of the power outage?

- Storm/weather conditions
- Rolling blackout
- Power disconnected by power company
- Structure not wired for power
- Unknown
- Other, *describe*

### 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 9.

- Drowning → Complete Section 4: Drowning Questions
- Motor Vehicle Crash → Complete Section 5: Motor Vehicle Crash Questions
- Carbon Monoxide Poisoning → Complete Section 6: Carbon Monoxide Exposure Questions
- Injury – Struck by (e.g., impaled by object)/Blunt force/Burns → Complete Section 7: Injury Questions
- Other (e.g., exacerbation of chronic diseases) → Complete Section 8: Other Non-Injury Causes Questions

### 4 DROWNING QUESTIONS

Describe evidence of drowning:

How did the injury occur?

- 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 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 time period (<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
- 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 enter flood water?

- Yes    No    Unknown

Did the vehicle enter an area beyond a “warning barrier”?

- Yes    No    Unknown

Was the decedent going to work at time of injury/death?

- Yes    No    Unknown

Was the decedent working on the response or recovery?

- Yes    No    Unknown

Was the decedent working (not part of the response) at time of injury/death?

- Yes    No    Unknown

## 5 MOTOR VEHICLE CRASH QUESTIONS

Describe the motor vehicle crash:

Did the vehicle run into or get struck by debris (e.g., falling trees)?  Yes  No  Unknown

Did the vehicle enter an area beyond a barrier?  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 CARBON MONOXIDE EXPOSURE QUESTIONS

Describe evidence and circumstance(s) of suspected CO exposure:

### CO Measurements

**Was the structure checked for presence of CO?**

Yes →

No **STOP**

Unknown **STOP**

**Were environmental measurements of CO taken?**

Yes →

No **STOP**

Unknown **STOP**

**CO level (ppm)**

**Who took the measurement? (e.g., Fire, Police)**

**Date/time taken?**

### CO Alarm

**Was there a CO alarm present?**

Yes →

No **STOP**

Unknown **STOP**

**Working?**

Yes →

No **STOP**

Unknown **STOP**

**Did it go off?**

Yes

No

Unknown

**Where was the CO alarm in relation to the decedent?**

Were there reports of fire or smoke?  Yes  No  Unknown

Were any of the following potential sources present (check all that apply)?

If yes, note distance between potential source of CO or fire and decedent:

Heat source (boilers, furnace):  (ft.)

Kerosene or gas space heater:  (ft.)

Generator (close to or inside):  (ft.)

Grill meant for outdoor use:  (ft.)

Power washer:  (ft.)

Major appliance:  (ft.)

Specify type:

## 6 CARBON MONOXIDE EXPOSURE QUESTIONS (CONTINUED.)

Motor vehicle. If yes:

**Was the vehicle in an enclosed space?**

Yes  No  Unknown

**Was the ignition on?**

Yes  No  Unknown

**Was the battery dead?**

Yes  No  Unknown

**Was the vehicle locked?**

Yes  No  Unknown

**Is there remote start?**

Yes  No  Unknown

**Was there keyless ignition?**

Yes  No  Unknown

**Were any hoses/apparatus present?**

Yes  No  Unknown

**Was anything blocking the tailpipe?**

Yes  No  Unknown

**Was there exhaust present or reported to be in the space?**

Yes  No  Unknown

Other potential source, *describe*

## 7 INJURY QUESTIONS

**How did the injury occur? Check all that apply:**

Submersion in flood water (*If yes, complete Section 4: Drowning Questions*)

Motor vehicle crash (*If yes, complete Section 5: Motor Vehicle Crash Questions*)

Hit by or struck against (*Describe*)

Crushed (*Describe*)

Asphyxia (*Describe*)

Cut/laceration/impaled (*Describe*)

Carbon monoxide exposure (*If yes, complete Section 6: Carbon Monoxide Exposure Questions*)

Fall, slip, trip (*Specify*)

Hit by or struck against (*Describe*)

Crushed (*Describe*)

Electric current or burn (*Describe*)

Burn and/or smoke inhalation (*Describe*)

Other, *describe*

## 8 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

## 9 INFORMATION ABOUT THE DECEDENT

Was the decedent incapacitated?  Yes  No  Unknown

If yes, how?

Any suspicion this could be a suicide? Explain.

Was there a suicide note present at the scene?  Yes  No  Unknown

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 move out of the path of the storm?

Yes  No  Unknown

Sheltering in place at home/business?

Yes  No  Unknown

Activities related to storm clean up?

Yes  No  Unknown

## 10 DISASTER SPECIFIC INFORMATION

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

*(Source: local emergency manager or National Weather Service)*

**Was the hurricane affecting the scene of injury or death?**  Yes  No  Unknown

**What was the hurricane strength nearest to the victim:**

Category 1  Category 2  Category 3  Category 4  Category 5

**Name of storm, if applicable** (e.g., Hurricane Sandy):

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

Yes  No  Unknown

**Was the decedent's residence under a mandatory evacuation order?**

Yes  No  Unknown

**Was the decedent aware of the mandatory evacuation order?**

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 hurricane?

*If YES to any of the above, describe:*

## 11 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:**