

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?

What was the structure made of? Brick Wood Unknown Other (*Describe*)

Describe condition of the structure where the decedent was found (e.g., disrepair):

Was the electrical power on? Yes No Unknown

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

What was the cause of the power outage?

- Storm/weather conditions (including extreme heat)
 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 6.

- Excessive Exposure to Environmental Heat or Hyperthermia → Complete Section 4: Environmental Heat Questions
 Other (e.g., exacerbation of chronic diseases) → Complete Section 5: Other Non-Injury Causes Questions

4 EXCESSIVE EXPOSURE TO ENVIRONMENTAL HEAT OR HYPERTHERMIA QUESTIONS

If the decedent was found or exposed **INDOORS**:

- A. Were the following items in the room where the decedent was found?
 B. If present, was the item in working condition?
 C. If present and working, was the item on?

	A. Present?	B. Working?	C. On?
Central air conditioner	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Window unit air conditioner	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Evaporative/swamp cooler	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Ceiling fan	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other fan	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes → <input type="checkbox"/> No STOP <input type="checkbox"/> Unknown STOP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Were the windows of the room the decedent was in:

- Open Closed Unknown Other

Describe:

If the decedent was found **OUTDOORS**:

Was the decedent near a structure that could provide shade, water, and/or cooler temperatures?

- Yes No Unknown

Describe circumstances:

5 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)

Exacerbation of chronic disease (Describe)

Vulnerable health status (e.g., 85+ years old, dementia) (Describe)

Other, describe

6 INFORMATION ABOUT THE DECEDENT

Was the decedent incapacitated? Yes No Unknown

If yes, how?

Is there a previous history of heat illness? Yes No Unknown

If yes, describe:

If died at hospital, then what was admission body temperature or EMS temperature?

Date/Time:

Source:

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

If YES, describe:

Sitting in a vehicle?

Yes No Unknown

Exercising or participating in sports outside?

Yes No Unknown

Working outside (occupational)?

Yes No Unknown

Engaging in other outside activity (non-occupational)?

Yes No Unknown

How long was the decedent engaging in these activities outdoors?

Was there evidence of water consumption? Yes No Unknown

If yes, explain:

Did the decedent live alone?

Yes No Unknown

Was the decedent known to receive home visiting services?

Yes No Unknown

Was the decedent homeless?

Yes No Unknown

7 EXTREME HEAT INFORMATION

Document the weather conditions for the previous 72 hours before the estimated time of death in ZIP code for the location of injury. Excessive heat for more than 3 days is a risk factor for heat-related deaths especially if temperatures do not cool down during the night.

(Source: local emergency manager or National Weather Service)

Document weather conditions AT TIME when body is found (e.g., temperature, clear, windy, cloudy):

Was extreme heat (e.g., heat wave in your region) affecting the area at the scene of the injury or death?

Yes No Unknown

Was there a heat watch, warning, or alert in the PREVIOUS 72 HOURS where the incident occurred?

Yes No Unknown

Was the decedent aware of the extreme weather conditions/heat warnings?

Yes No Unknown

Describe:

8 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: