

# Minnesota Minimal Investigation Checklist

## I. *Investigative Report:*

A. Is the standard investigation form complete? Yes \_\_\_ No \_\_\_

B. General geographic setting of the home or other location where the body was found

\_\_\_\_\_

C. General condition of the residence or area where the body was found

\_\_\_\_\_

D. Alcohol and other drug use by parents or caretakers?

Suspected \_\_\_\_\_ Confirmed \_\_\_\_\_

Drug (s) \_\_\_\_\_

If suspected, reason \_\_\_\_\_

If confirmed, by whom \_\_\_\_\_

Who is a suspected of drug use \_\_\_\_\_

Who is a confirmed drug user \_\_\_\_\_

E. Immediate scene:

• Where in the residence was the body found \_\_\_\_\_

• Condition of the room or area where the body was found \_\_\_\_\_

• Condition of the bed/crib where the body was found \_\_\_\_\_

• Presence of blood: Yes \_\_\_ No \_\_\_

vomit: Yes \_\_\_ No \_\_\_

feces: Yes \_\_\_ No \_\_\_

urine: Yes \_\_\_ No \_\_\_

• Is there evidence for scene alteration? Yes \_\_\_ No \_\_\_

If "Yes", describe \_\_\_\_\_

• Is there evidence for any abnormal environmental condition related to heating, cooling<sup>1</sup> or ventilation? Yes \_\_\_ No \_\_\_

If "Yes", describe \_\_\_\_\_

F. Body:

• The position and location of the body when you first observed it \_\_\_\_\_

\_\_\_\_\_

• Body temperature \_\_\_\_\_

• Rigor: No \_\_\_ Extent \_\_\_\_\_

• Livor: No \_\_\_ Extent \_\_\_\_\_



Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

- Previous death or injury in the family:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Cause of death: \_\_\_\_\_

- Known familial disease: Yes \_\_\_\_\_ No \_\_\_\_\_ What \_\_\_\_\_

Name of family member affected \_\_\_\_\_

Relationship to child \_\_\_\_\_

- Any recent illness in a family member: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of family member \_\_\_\_\_

Illness and date diagnosed \_\_\_\_\_

- Any recent illness in any other person who was in contact with the child: Yes \_\_\_ No \_\_\_

Name of person \_\_\_\_\_

Illness and date diagnosed \_\_\_\_\_

Means of contact \_\_\_\_\_ Date of last contact \_\_\_\_\_

- Medication(s) or toxic substances at the scene: \_\_\_\_\_

\_\_\_\_\_

- Is there any involvement by the family or the caretakers with *child protection*?

Yes \_\_\_\_\_ No \_\_\_\_\_ Agency \_\_\_\_\_

Reason for agency involvement with the family/caretaker \_\_\_\_\_

- Is there any involvement by the family or the caretakers with any other *social services*?

Yes \_\_\_\_\_ No \_\_\_\_\_ Agency \_\_\_\_\_

Reason for agency involvement with the family/caretakers \_\_\_\_\_

\_\_\_\_\_

- Is there any involvement by the family/caretakers with *law enforcement*?

Yes \_\_\_\_\_ No \_\_\_\_\_ Agency \_\_\_\_\_

Reason for agency involvement \_\_\_\_\_

\_\_\_\_\_

- Is there any involvement by another caregiver of the child with child protection, any other social services, or law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency \_\_\_\_\_ Name of caregiver \_\_\_\_\_

Reason for agency involvement \_\_\_\_\_

I. **Medical History** (provided by \_\_\_\_\_ relationship \_\_\_\_\_)

- Number of prenatal visits \_\_\_\_\_ Complications of pregnancy \_\_\_\_\_

Drug exposure during pregnancy: Yes \_\_\_\_\_ No \_\_\_\_\_

- Type and name of drug \_\_\_\_\_
- Number of previous pregnancies \_\_\_\_ and previous live births \_\_\_\_\_
- Type of delivery: Vaginal \_\_\_\_ Cesarean \_\_\_\_ Weeks gestation \_\_\_\_
  - Complications of birth \_\_\_\_\_ Birth weight \_\_\_\_\_ Apgar scores \_\_\_\_\_
  - Date of last physician visit \_\_\_\_\_ Reason \_\_\_\_\_
  - Date of last well-baby check \_\_\_\_\_
  - Immunizations up to date? Yes \_\_\_\_ No \_\_\_\_
  - Was growth and development similar to other children of the same age?
  - Yes \_\_\_\_ No \_\_\_\_ Growth chart completed? Yes \_\_\_\_ No \_\_\_\_
  - Was the child on any medications? Yes \_\_\_\_ No \_\_\_\_
  - If yes, what medication(s)? \_\_\_\_\_ Last dose amount \_\_\_\_\_
  - and time given \_\_\_\_\_
  - Any recent respiratory symptoms Yes \_\_\_\_ No \_\_\_\_
  - Any recent gastrointestinal symptoms Yes \_\_\_\_ No \_\_\_\_
  - Any recent falls or injuries Yes \_\_\_\_ No \_\_\_\_
  - Last measured height \_\_\_\_\_ Date \_\_\_\_\_
  - Last measured weight \_\_\_\_\_ Date \_\_\_\_\_
  - (Plot all available weight, length and head-circumference data on growth charts)
  - Recent illness or hospitalizations, changes in appetite, feeding patterns or level of activity
- \_\_\_\_\_

*Medical history confirmed by the primary physician:* Name \_\_\_\_\_ Date \_\_\_\_\_

Discrepancies \_\_\_\_\_

**II. *Postmortem Examination:***

- A. Describe, photograph (in 35 mm format) and measure all areas of external and/or internal trauma.
- B. Crown-heel length: \_\_\_\_\_ Head circumference \_\_\_\_\_ Weight \_\_\_\_\_
- Comparison to the measurements at the last clinic visit: \_\_\_\_\_
- C. X-rays?
- D. Skin, muscle development and subcutaneous fat \_\_\_\_\_
- E. Sclera, mouth, anus and vagina or penis \_\_\_\_\_
- F. Epiglottis, larynx and trachea \_\_\_\_\_
- G. Coronary arteries \_\_\_\_\_

*Tissue for microscopic examination:*

Heart (2) \_\_\_\_ Lungs (3) \_\_\_\_ Larynx (cross section) \_\_\_\_ Thyroid \_\_\_\_ Pancreas \_\_\_\_ Adrenal  
 \_\_\_\_ Liver \_\_\_\_ Spleen \_\_\_\_ Thymus \_\_\_\_ Kidney \_\_\_\_ Bladder \_\_\_\_  
 Medulla \_\_\_\_ Midbrain \_\_\_\_ Base of the frontal or temporal lobe including meninges \_\_\_\_

Other, including any area of external or internal trauma \_\_\_\_\_

III. **Cultures?**

IV. **Toxicology**

- A. Vitreous: Sodium \_\_\_\_ Urea nitrogen \_\_\_\_ if dehydration is suspected.
- B. Urine screen for cocaine or other drugs if illicit drug use (or administration to the child) by the parents or caretaker is suspected. Negative \_\_\_\_ Positive \_\_\_\_ Drug found \_\_\_\_\_
- C. Save unfixed liver and kidney, refrigerated, for a minimum of 2 months if illicit drug use may have caused or contributed to the death.
- D. Save blood (red top tube) \_\_\_\_, urine \_\_\_\_, vitreous \_\_\_\_ and stomach contents \_\_\_\_\_ for a minimum of two months (refrigerated)

V. **Certification:** SIDS? \_\_\_\_ Non-SIDS? \_\_\_\_

VI. **Follow-up:**

- A. Call the parents and the caretakers \_\_\_\_ Date \_\_\_\_\_
- B. Call the SIDS Center with the information on how the death was certified \_\_\_\_ Date \_\_\_\_\_

*Other/synopsis/impression:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_