STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

Death Report Form

Region/TS _____

Report Date & Time: __/__/____ : ____ m **Death Date & Time:** __/__/____ : ____ m
Person's Name: _____ **DDS #** _____ **DOB** __/__/____
Gender: ☐ Male ☐ Female
Address: _____
Residence Type: _____ **Agency:** _____ **Phone No.:** ____ - ____ - ____

Location of death: _____
Cause of Death: _____
Was death anticipated as the result of a known condition? ☐ Yes ☐ No **DNR Order?** ☐ Yes ☐ No
Was death accidental? ☐ Yes ☐ No
OCME contacted: ☐ Yes ☐ No **Date:** __/__/____ **OCME#** _____ **(860) 679-3980 / 1-800-842-8820**
Accepted jurisdiction? ☐ Yes ☐ No **OCME#:** _____
Private autopsy requested? ☐ Yes ☐ No **Consent obtained:** ☐ Yes ☐ No **Performed by:** _____

Is Abuse or Neglect Suspected? ☐ Yes ☐ No **Was an Abuse/Neglect Report Completed?** ☐ Yes ☐ No

(NOTIFICATION) ALL DEATHS

____ **DDS Case Manager – Name:** _____ **Date:** __/__/____
____ **Family:** ____ **Guardian:** ☐ **Advocate** ☐ **Name:** _____ **Date:** __/__/____
____ **Regional Director (on call mgr) - Name(s):** _____ **Date:** __/__/____
____ **DDS Health Service Director – Name:** _____ **Date:** __/__/____

(NOTIFICATION) UNEXPECTED DEATH

____ **Commissioner/CO On-Call Manager – Name:** _____ **Date:** __/__/____
____ **Health & Clinical Services Office/CO – Name:** _____ **Date:** __/__/____
____ **Director of Investigations – Name:** _____ **Date:** __/__/____
____ **Local/State Police – Name:** _____ **Date:** __/__/____

FOR UNEXPECTED DEATHS

1. **Police involvement: Yes** ☐ **No** ☐
2. **Secure records/environment: Yes** ☐ **No** ☐
3. **Conduct on-site visit: Yes** ☐ **No** ☐
4. **Complete Immediate Safety Assessment Form: Yes** ☐ **No** ☐

OTHER DETAILS

_____
_____
_____
_____
_____

Completed by: (Name & Title): _____ **Date:** __/__/____

Reporter's Name, Title, & Agency: _____ **Date:** __/__/____
Address: _____
Phone: ____ - ____ - ____ **City:** _____ **State:** _____ **Zip Code:** _____

Distribution: Original: Person's Master File/Case Manager; Copies: Director of Health and Clinical Services-CO; Health Services Director, Regional Director, Nurse Investigator

Revised 11/05

Unexpected death:

- **death that was not expected or anticipated as a result of any previously known medical diagnosis or condition**
- **death as a result of an accident (car accident, fall, choking, etc.) even if the person had a known terminal condition**
- **death that was due to a suspected/alleged homicide or suicide**
- **death for which there is an allegation of abuse or neglect**