STATE OF CONNECTICUT

DEPARTMENT OF DEVELOPMENTAL SERVICES

# DEATH REPORT FORM

## Region/TS: [ ]  NR [ ]  SR [ ]  WR [ ]  STS

|  |  |  |  |  |  |  |  |  |  |  |  |
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| Report Date: |       | Time: |   : |    |  | Death Date: |       | Time: |  : |    |  |
| Individual’s Name: |       | DDS#: |       | DOB: |       |
| Gender: | [ ]  Male | [ ]  Female |
| Address: |       |
| Residence Type: |       | Phone No.: | (   ) |     - |      |

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| 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 |
| Private autopsy requested: | [ ]  Yes [ ]  No | Consent obtained? | [ ]  Yes [ ]  No | Performed by: |       |

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| Is Abuse or Neglect Suspected? | [ ]  Yes [ ]  No | Was an Abuse/Neglect Report Completed? | [ ]  Yes [ ]  No |

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| (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 DEATHS |
| [ ]  Director of Health & Clinical Services (860-418-6083) | Name: | Gloria Jones | Date: |       |
| [ ]  Director of Investigations (860-418-8725) | Name: | Kendres Lally | Date: |       |
| [ ]  Local/State Police | Name: |       | Date: |       |
| [ ]  Abuse/Neglect Suspected Contact AID (844-878-8923) | Name: |       | Date: |       |

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

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| OTHER DETAILS |
|  |
| Completed by (Name & Title): |       | Date: |       |

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| Reporter’s Name, Title & Agency: |       | Date: |       |
| Address: |       |
| Phone: |    - |     - |      | City: |       | State: |    | Zip Code: |       |

Distribution: Original: Consumer Master File/Case Manager

Copies: Director of Health & Clinical Services – CO, Health Services Director, Regional Director, Nurse Investigator,

 Director of Investigations Fax# 860-920-3182