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**1. DISASTER OP #:** 2. SOURCE OF INFORMATION (Report verified by):3.REPORT DATE:

**Part II** **DECEASED INFORMATION**  O O ME/coroner Physician OO Family/iFire Dept/Police ndividual OO OtherNot verified , specify: MM DD YYYY

**4. NAME:** 5. DATE OF BIRTH: O Unknown6.AGE (YEARS): O Unknown

O < 1 year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LASTFIRST  MM DD YYYY

7.RESIDENTIAL ADDRESS OF DECEASED: 8.DATE OF DEATH:DATE OF BODY RECOVERY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE ZIPCODE COUNTY MM DD YYYY MM DD YYYY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS CITY O Missing, presumed dead O Recovery Date same as Date of Death

9.RACE (Check all that apply): O American Indian or Alaskan Native O Asian 10.ETHNICITY: 11.GENDER: O Male

O White O Black/African American O Native Hawaiian or Pacific Islander O Other O Hispanic O Non-Hispanic O Unknown O Female

12.LOCATION OF INJURY OR ONSET OF ILLNESS: If same address as #7; check here O

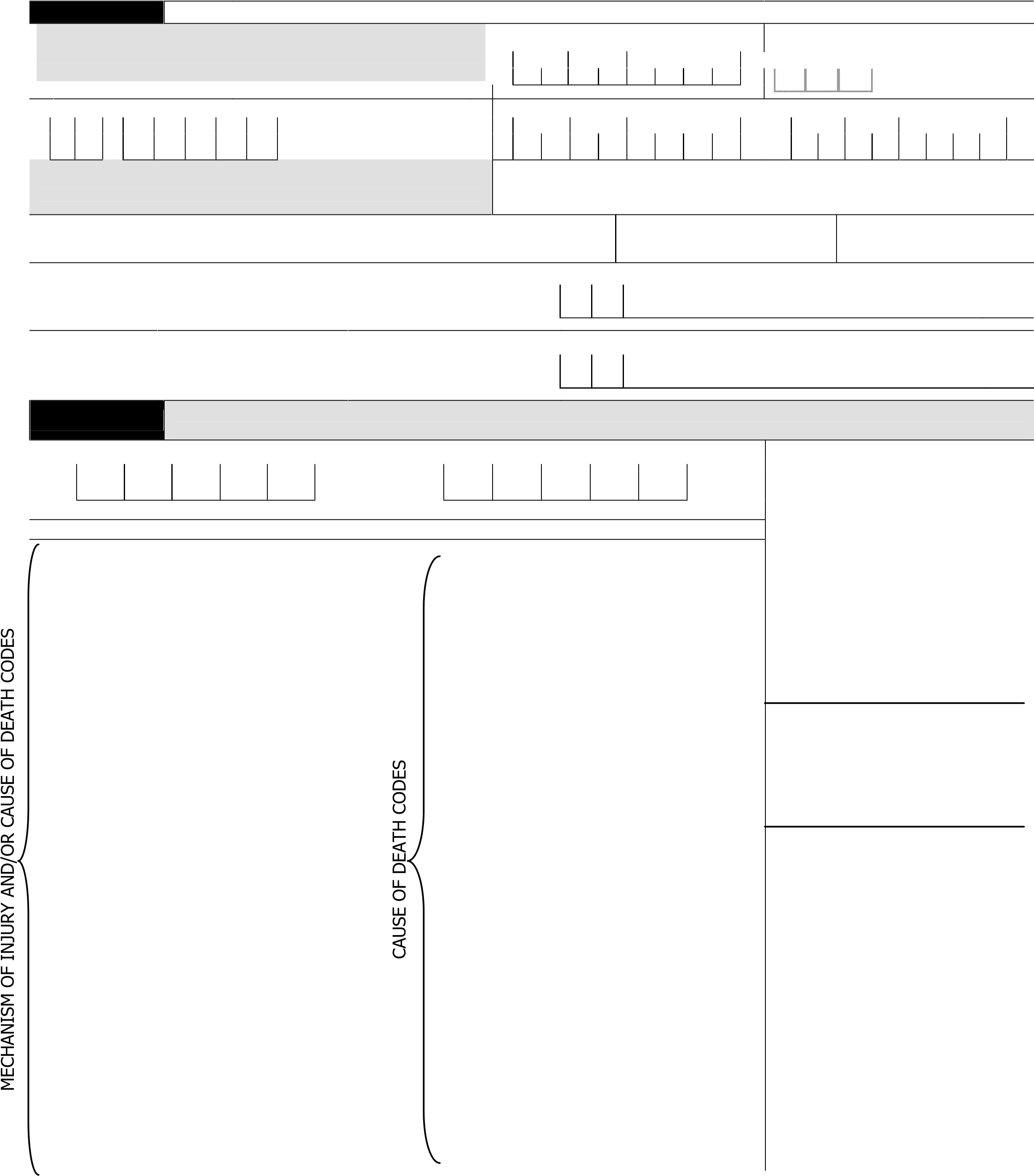
O Mobile home O Single family residence O Unknown

O Motor vehicle O OutsideO Other, specify:STATE ADDRESS and ZIP CODE

13. LOCATION OF DEATH/BODY RECOVERY: If same address as #7; check here  O

O Hospital O Decedent’s home O Unknown

O Motor vehicleO OutsideO Other, specify:STATE ADDRESS and ZIP CODE

**Part IIICAUSE AND CIRCUMSTANCES OF DEATH** (Use the codes below to mark the category that best applies. For example, if driver died of a heart attack preceded by a MVA, code Mechanism as 07- 01 and COD as 51- 01)

14. MECHANISM OF INJURY\* 15. IMMEDIATE CAUSE OF DEATH\*

# — —

USE 4-DIGIT MECH OF INJURY CODE USE 4-DIGIT CAUSE OF DEATH OR MECH OF INJURY CODE

\*MECHANISM OF INJURY CODES INCLUDE 00-00 to 18-00, CAUSE OF DEATH INCLUDE ANY BELOW

16. WAS THE DEATH

O **DIRECTLY** caused by disaster

(e.g., structural collapse, struck by flying debris, swept away by water,

00-0 **NO INJURY**

01-00 **Burns**

01-01 fire / flames 01-02 chemical /caustics

02-00 **Crushed in or between objects**

03-00 **Cut/struck by or against**,

03-01 debris

03-02machinery/tools/equipment/chainsaw

03-03 other, specify

04-00 **Drowning / submersion** 05-00 **Electric current** (e.g., cables / lines) 06-00 **Fall**, specify:

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|  | | **Form 2077A v3 Rev. 2/2013** |
| **Disaster Health Services Mortality Report Form**    Complete one form per decedent. Email form to Mary.CaseyLockyer@redcross.org or fax to  202- 303- 0225 | |
| **Part I** | **GENERAL INFORMATION** |  |

06-01 from one level to another (e.g., down stairs; from ladder, building, or tree)

06-02 on same level

07-00 **Motor vehicle /transport**, specify:

07-01 driver

07-02 passenger / occupant

07-03 pedestrian / bicyclist

07-04 bicyclist 08-00 **Poisoning**, specify:

08-01 toxic effect of carbon monoxide

08-02 inhalation of gases, fumes, vapors

08-03 ingestion of poison 09-00 **Assault** **/** **violence** specify: 09-01 firearm / gunshot

09-02 other assault

09-03 suicide / self-inflicted injury

11-00 **Unknown mechanism of injury**

18-00 **Other Mech.** specify:\_\_\_\_\_\_\_\_\_\_\_\_

asphyxiation by fire )

50-00 **Asphyxiation / suffocation** OR

51-00 **Cardiovascular illness/disease**: O **INDIRECTLY** caused by the

51-01 ASCVD (e.g. MI) disaster (e.g., hazardous roads, CO

51-02 congestive heart failure poisoning, stress/acute MI)

52-00 **Dehydration**

53-00 **GastroIntestinal,**  specify: OR

53-01 bleeding O UNKNOWN

53-02 hepatic failure

54-00 **Neurological**, specify: 17.Did death occur as a result

54-01 meningitis / encephalitis of work (paid or volunteer) 54-02 seizure / convulsions involving response, recovery, or

54-03 stroke (hemorrhagic/thrombotic) clean up?

55-00 **Renal failure**  O YES O NO O Unknown

56-00 **Respiratory illness/disease**, specify: 18**.** CIRCUMSTANCES LEADING

56-01 asthma TO DEATH: short narrative of

56-02 COPD “what happened” (e.g., warning(s)

56-03 pneumonia heard, actions taken, how died,

56-04 pulmonary embolism where body found)

57-00 **Sepsis**

58-00 **Temperature Extremes**

58-01 hypothermia

58-02 hyperthermia/heat-related illness

59-00 **Trauma**

59-01 head injury

59-02 multiple injuries

60-00 **Unknown cause of death** 88-00 **Other Cause of Death**, specify:……………………………………………………

**Complete the mortality form for all known mortalities related to a disaster:** This information should be obtained from a medical examiner, coroner, hospital, funeral home or DMORT (Disaster Mortuary Team) office. Please, complete one form per deceased.

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| **Part I: GENERAL**  **INFORMATION** | **Q1. Disaster operation number:** The unique number assigned by ARC headquarters to identify a disaster response. Usually of the format ###-##, where the first three-digits (including left zeros) are unique and two digits after the dash usually represent the year.  **Q2. Source of information:** Source used to complete form. Note ‘Confirmed’ if the cause of death was disaster related via confirmed by a ME/physician or other source (indicate)  **Q3. Report date:** Date the mortality survey form is completed by the ARC. Use MM/DD/YYYY format **Q4. Name**: Deceased name  **Q5. Date of birth**: Date of decedent’s birth in MM/DD/YYYY format  **Q6. Age in years**: Age in years. If age is less than one year, enter no numeric information and mark the circle to indicate ‘< 1 year”. |

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| **Part II: DECEASED INFORMATION** | **Q7. Residential address of deceased**: Decedent’s home address prior to the disaster event.  **Q8. Date of death and Date of body recovery**: Date of death in MM/DD/YYYY format. Date of body recovery in MM/DD/YYYY format Indicate if Date of Death and Date or Body recovery are same. If missing, indicate.  **Q9. Race**: Decedent’s race. Mark all that apply  **Q10. Ethnicity**: Decedent’s ethnicity (e.g., Hispanic, non-Hispanic).  **Q11. Gender**: Decedent’s sex (e.g., Male, Female).  **Q12. Location of injury**. Type of structure and ADDRESS and ZIP Code where the injury occurred. If different than #7, please note **Q13. Location of death**. Type of structure and ADDRESS and ZIP Code where the deceased was physically located at the time of death. If different address than #7, please note different address.  **Q14. Mechanism of Injury –** indicate the mechanism that lead to the death. Mechanism that best describes the cause of death. If ‘Other,’ please specify.   * **Burn**—Includes but not limited to burns sustained due to contact with chemicals, fires, or hot objects or substances. * **Crushed in or between objects** — (e.g., structural collapse—Included but not limited to building or shelter collapse). * **Cut/ struck by object/tool**—Includes but not limited to contact or collision with inanimate objects that results in death. * **Drowning**—Includes but not limited to accidental drowning while in natural/flood water or following fall into natural/flood water. * **Electrocution**—Includes but not limited to exposure to electric transmission lines or other unspecified electric current. * **Fal**l—includes but not limited to falls on same level (e.g., slipping or tripping; falls involving ice and snow) or from one level to another (e.g., falls from trees, bed, stairs, roofs, ladders). * **Motor vehicle /transportation**—Includes collisions relating to land transport accidents (e.g., car, motorcycle). Mark main category and specify whether decedent was a driver/occupant of a vehicle or a pedestrian/bicyclist struck by a vehicle. * **Poisoning**—Includes accidental poisoning by and exposure to liquids or gases and ingestion of drugs or substances. Mark main category and specify using the sub-categories provided. * **Assault/Violence**—including self-inflicted   **Q15. Immediate cause of death** —Record the cause that best describes the disease process that lead to the death. Mark main category and specify   * **Asphyxia /Suffocation**—Includes but not limited to suffocation due to mechanical means or oxygen depleted environment. * **Cardiovascular** —Includes but not limited atherosclerotic cardiovascular disease, heart failure. * **Dehydration**—Include sensible and insensible fluid and electrolyte loses. * **GI**—Includes but not limited to upper and lower GI bleeding, jaundice, hepatoma and pancreas. * **Neurological** —Includes but not limited to CNS infectious disease, seizure disorder, intracerebral hemorrhage, cerebral infarction and stroke. * **Renal failure**—Includes kidney failure and other disorders of the renal system. * **Respiratory failure**—Includes but not limited to COPD, pneumonia, asthma and pulmonary embolism. * **Sepsis**—Includes systemic infection * **Temperature extremes**—**Heat related injury**—excessive environmental exposure to heat indicated as the cause of death (e.g., heat stroke)  **and hypothermia or cold related injury**—excessive exposure to cold indoor or outside temperature. * **Trauma–**indicate head injury and multiple injuries separately. If has both check both. |

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| **Part III: CAUSE**  **AND**    **CIRCUMSTANCES OF**  **DEATH** | **Q16. Disaster-relatedness of death,** ‘unsafe or unhealthy conditions’ may include but are not limited to hazardous road conditions, contaminated water supplies, scattered debris. ‘Disruptions of usual services’ may include but are not limited to utilities, transportation, environmental protection, medical care or police/fire.  **Q17. Work-relatedness**—Indicate if this death occurred while the person was working as part of the disaster response or clean up. **Q18. Circumstance of death**—Short narrative of the death and preceding events. If possible, include whether or not there was a warning received (e.g., siren), any actions taken by the decedent/family prior to the death (e.g., went to the basement), how they died (e.g., decedent thrown 100 yards outside by tornado), the location where the body was found, , etc. |

Complete one form per decedent. Email form to Mary.CaseyLockyer@redcross.org or fax to 202- 303- 0225.