This form is used in the child death review process to gather detailed information about children who die as the result of injuries sustained by a falling object. Its primary purpose is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth  (dd/mm/yyyy) | / / |
| URN |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

|  |  |
| --- | --- |
| What object fell onto the child? | ☐ Wall  ☐ Tree  ☐ Television  ☐ Fireplace / Fireplace surround  ☐ Furniture  ☐ Door  ☐ Other *(please specify)* |
| Was the child being supervised at the time of the incident? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| What was the approximate weight of the falling object? |  |
| Was the object appropriately secured? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Was the object known to be at risk of falling prior to the incident? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |