This form is used in the child death review process to gather detailed information about children who die as the result of a vehicle collision. 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 time of day did the collision occur? | ☐ Dark  ☐ Light  ☐ Dawn  ☐ Dusk |
| What were the driving conditions at the time of the incident? | ☐ Normal  ☐ Loose gravel  ☐ Muddy  ☐ Ice/snow  ☐ Fog  ☐ Wet  ☐ Construction zone  ☐ Inadequate lighting  ☐ Other *(please specify)* |
| Collision type: | ☐ Child not in/on a vehicle but struck by vehicle  ☐ Child in/on a vehicle that was struck by another  vehicle  ☐ Child in/on a vehicle that struck another vehicle  ☐ Child in/on a vehicle that struck person/object  ☐ Other event *(please specify)* |
| What were the type of vehicle(s) involved? *(Tick* ***ALL*** *that apply)* | ☐ Bicycle  ☐ Motorcycle  ☐ Moped  ☐ Taxi / private hire car  ☐ Car (fully electric)  ☐ Car (Hybrid)  ☐ Car (Petrol/Diesel)  ☐ Truck  ☐ Van  ☐ HGV  ☐ Minibus (8-16 passenger seats)  ☐ Bus or coach (17 or more passenger seats)  ☐ Other motor vehicle  ☐ Other non-motor vehicle  ☐ Ridden horse  ☐ Agricultural vehicle (including diggers etc)  ☐ Tram / light rail  ☐ Train  ☐ Not known |
| Age of the driver of the vehicle(s) involved? |  |
| Breath test of the driver of the vehicle(s) involved? | ☐ Not applicable  ☐ Positive  ☐ Negative  ☐ Not requested  ☐ Refused to provide  ☐ Driver not contacted at time of accident  ☐ Not provided (medical reasons)  ☐ Not known |
| What contributory factors were identified in this incident and which was seen to be the most important factor? *(Tick* ***ALL*** *that apply)* | ☐ Speeding over the limit  ☐ Unsafe speed for conditions  ☐ Recklessness  ☐ Ran stop sign or red light  ☐ Driver distraction  ☐ Driver inexperience  ☐ Mechanical failure  ☐ Poor tyres  ☐ Poor weather  ☐ Poor visibility  ☐ Drug or alcohol use  ☐ Fatigue / sleeping  ☐ Medical event  ☐ Car changing lanes  ☐ Road hazard  ☐ Animal in road  ☐ Mobile phone while driving  ☐ Other driver error *(please specify)*  ☐ Other |
| What was the casualty class of the child in this incident? | ☐ Driver or passenger *(answer* ***Driver or Passenger***  *questions only)*  ☐ Pedestrian or cyclist *(answer* ***Pedestrian or***  ***Cyclist*** *question only)* |

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| --- | --- |
| **Driver or Passenger Casualty Class** | |
| What was the child’s passenger position? | ☐ Driver  ☐ Front seat passenger  ☐ Rear seat passenger  ☐ Other |
| Was the child in an approved car seat or age appropriate restraint as recognised by UK law? | ☐ Yes *(please specify the type of restraint)*  ☐ No  ☐ Not known |
| If the child was in an infant seat, how was it positioned? | ☐ Facing forward  ☐ Rear facing  ☐ Horizontal  ☐ Not known  ☐ Not applicable |
| Was the infant seat fitted correctly? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Was the child’s restraint correctly fastened? | ☐ Yes  ☐ No  ☐ Not known |
| Did the vehicle have airbags? | ☐ Yes  ☐ No  ☐ Not known |
| If **yes**, were the airbags switched on? | ☐ Yes  ☐ No  ☐ Not known |
| If **yes**, did the airbags deploy? | ☐ Yes  ☐ No  ☐ Not known |

|  |  |
| --- | --- |
| **Pedestrian or Cyclist Casualty Class** | |
| If the child was a pedestrian/cyclist, what was their location? | ☐ In carriageway, crossing on pedestrian crossing  facility  ☐ In carriageway, crossing within zig-zag lines at  crossing approach  ☐ In carriageway, crossing within zig-zag lines at  crossing exit  ☐ In carriageway, crossing elsewhere  ☐ On central refuge island or central reservation  ☐ In centre of carriageway, not on refuge island or  central reservation  ☐ In carriageway, not crossing  ☐ On footway or verge  ☐ Not known  ☐ Other *(please specify)* |