2013 West Fertilizer plant explosion investigation

Fatal Injury Abstraction Form

Date of Abstraction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Reviewer name ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA FROM MEDICAL EXAMINER REPORT

Medical Examiner Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical examiner case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy)

Time of death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (hhmm)

Death attended by:

\_\_ Physician

\_\_ Other medical professional

\_\_ Family member

\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Unattended

If death was unattended, complete the following section:

Date of body recovery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy)

Time of body recovery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (hhmm)

Exact location of body at recovery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who recovered the body?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical condition of the body at recovery?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF INJURIES (check all that apply)

\_\_ Eye injury

\_\_ Tympanic membrane rupture

\_\_ Traumatic brain injury / concussion

\_\_ Inhalation injury

\_\_ Blast lung / pulmonary contusion

\_\_ Pneumothorax / hemothorax

\_\_ Blast abdomen / acute abdomen

\_\_ Tinnitus / hearing problem

\_\_ Psychological problems post-bombing

\_\_ Unknown

\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Head / neck | Thorax / abdomen | Upper extremity | Lower extremity | Unknown |
|  | Fracture / dislocation |  |  |  |  |  |
|  | Sprain / strain |  |  |  |  |  |
|  | Abrasion |  |  |  |  |  |
|  | Contusion |  |  |  |  |  |
|  | Laceration / penetrating trauma |  |  |  |  |  |
|  | Crush syndrome |  |  |  |  |  |
|  | Amputation |  |  |  |  |  |
|  | Burn |  |  |  |  |  |

Mechanism of injury (check all that apply)

\_\_ Cut / pierced / struck by

 \_\_ fragments

 \_\_ other debris

 \_\_ unknown

\_\_ Struck fixed object (pushed or knocked against object)

\_\_ Crushed (caught between two objects)

\_\_ burned by

 \_\_ explosion

 \_\_ secondary fire

 \_\_ chemical

 \_\_ unknown

\_\_ Inhaled

 \_\_ toxic gas / fumes

 \_\_ particulate matter

 \_\_ unknown

\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this death work-related?

\_\_\_YES (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_NO

\_\_\_UNKNOWN

Lab results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past medical history (check all that apply):

\_\_\_Heart disease (congestive heart failure, history of myocardial infarction, atherosclerosis, etc.)

\_\_\_Diabetes

\_\_\_Respiratory disease (COPD, asthma, etc.)

\_\_\_Hypertension

\_\_\_ Psychiatric diagnoses (depression, anxiety, bipolar disorder, etc.)

\_\_\_Alcoholism or drug abuse

\_\_\_Cancer (specify)\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

ABSTRACTOR IMPRESSION

Is this case fertilizer plant explosion related?

🞎 Definite (clearly stated in autopsy report)

🞎 Probable (not explicitly stated, but timing and type of death consistent with blast injury)

🞎 Possible (unable to exclude blast related death)

🞎 Not Related