

**Wisconsin State Laboratory of Hygiene
Occupational Safety and Health Statistics
Census of Fatal Occupational Fatalities (CFOI) – Case Fatality Form
2811 Agriculture Drive Madison WI 53718
Phone: 608-221-6289 Fax: 608-221-6297**

Demographics

Decedent's name: _____ Gender: Male Female
Date of Birth: ___ - ___ - _____ Social Security Number: _____ - _____ - _____

Employer Information

Employer Name: _____ Employer Address: _____
Employer City, State, Zip: _____ Was Decedent Self-Employed? Yes No

Incident

Date of the Injury/Illness: _____ Date of Death: _____
State of Death: _____ State of Residence: _____
Time of Injury/Illness: _____

What was the employee doing just before the incident?

What happened? (Briefly, but please include specifics; e.g., falls from height: include height and structure type.)

What object or substance directly caused the fatality? (If vehicle, please include type and safety belt usage.)

Where did the incident occur?

Is there an autopsy being conducted? Yes No Is there an inquest being conducted? Yes No

If "Yes," date of autopsy: _____ If "Yes," approximate date of inquest: _____

Toxicology results (if applicable): _____

Coroner's Office

Print Name: _____ Date: _____ Telephone Number: _____

Please return to:
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