

CI Identifier..... (Office use only)



Confidential Inquiry Team

Norah Fry Research Centre

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Confidential Inquiry into Deaths of People with Learning Disabilities

Form B7 Other non-intentional injury

Specify nature of non-intentional injury (e.g. fall, collision not involving a motor vehicle, sports injury, suffocation, bite, sting, electric shock).

Brief account of events:

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Location of incident:	<input type="checkbox"/>	Home or garden of usual residence
	<input type="checkbox"/>	Other home or garden
	<input type="checkbox"/>	Public place (e.g. park)
	<input type="checkbox"/>	School or other educational institutional
	<input type="checkbox"/>	Public building
	<input type="checkbox"/>	Other building
	<input type="checkbox"/>	Other, please specify
	<input type="checkbox"/>	Not known

If fall		
Type of fall:	<input type="checkbox"/>	Fall on same level
	<input type="checkbox"/>	Fall from building or structure
	<input type="checkbox"/>	Fall on or from stairs
	<input type="checkbox"/>	Other fall from one level in another
	<input type="checkbox"/>	Fall on or from ladder or stepladder
	<input type="checkbox"/>	Unspecified fall
Approximate height of fall:		

Thank you for completing this form. Please return it as soon as possible to the CI team.

You can return the form:

- by post: CI team, Norah Fry Research Centre, FREEPOST (SWB 1630) Bristol BS8 1ZZ
- by fax: 0117 3310978

Thank you.