

## Attachment E

### Screens Retrieving and Refiling Records

### State Unintentional Drug Overdose Reporting System (SUDORS)

**Form Approved**

OMB No. xxx-xxx

Exp. Date: x/xx/xxxx

Public Reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

## Introduction

This document displays the screens that abstractors use to enter required data elements. The variable name associated with each data entry field is provided to help users interpret and analyze the data.

# 1.0 Demographic Variables

## 1.1 Demographics, Race, and Ethnicity

Demographics, Race, and Ethnicity

### Basic Demographics

Person type  
 1

Day of birth  
 2

Last 4 of CME  
 4

Sex  
 6

First initial of last name  
 3

Last 4 of DC  
 5

Transgender 7

Age      Age unit  
 8     9

Height Feet  
 10

Height Inches      Weight (lbs)  
 11     12

### Race & Ethnicity

Check all that apply

White 17

Black or African American 18

Asian 19

Native Hawaiian or Other Pacific Islander 20

American Indian or Alaska Native 21

Other Race 22

Unspecified Race 23

Hispanic/Latino/Spanish 24  
 24

### Extended Demographics

Marital status  
 13

Victim was pregnant  
 14

Alternative sexual orientation  
 15

Current or former military personnel  
 16

- |   |                      |    |               |    |                     |
|---|----------------------|----|---------------|----|---------------------|
| 1 | PersonType           | 9  | AgeUnit       | 17 | RaceWhite           |
| 2 | BirthDayOfMonth      | 10 | HeightFeet    | 18 | RaceBlack           |
| 3 | LastNameFirstInitial | 11 | HeightInches  | 19 | RaceAsian           |
| 4 | CMENumberLastFour    | 12 | Weight        | 20 | RacePacificIslander |
| 5 | DCNumberLastFour     | 13 | MaritalStatus | 21 | RaceAmericanIndian  |

6	Sex	14	Pregnant	22	RaceOther
7	Transgender	15	SexualOrientation	23	RaceUnspecified
8	Age	16	Military	24	Ethnicity

## 1.2 Place of Residence, Birthplace, Industry, Occupation, and Education

emographics Injury and Death Circumstances Weapons Suspects Toxicology IPV CFR State Defined Data

+ Demographics, Race, and Ethnicity

- Place of Residence, Birthplace, Industry, Occupation, and Education

Residence	Residence Census	Birth Place	Other
Country of residence <sup>1</sup> Q (233) US	US Census tract of residence <sup>6</sup> **** **	Birth state, territory or country <sup>10</sup> Q (99) Unknown	Homeless <sup>15</sup> Q (0) No
State of residence <sup>2</sup> Q (41) Oregon	US Census block group of residence <sup>7</sup> #	Birth Country, if other <sup>11</sup> 	
County of residence <sup>3</sup> Q Type here to search	<b>Industry</b>	<b>Occupation</b>	<b>Education</b>
City of residence <sup>4</sup> Q Type here to search	Kind of business/industry code <sup>8</sup> ###	Usual occupation code <sup>12</sup> ###	Education by degree <sup>16</sup> Q (1) 9th - 12th grade
Zip code of residence <sup>5</sup> 88888	Usual industry text <sup>9</sup> 	Usual occupation text <sup>13</sup> 	Education by number of years <sup>17</sup> Q Type here to search
		Current occupation <sup>14</sup> 	

- 1 Country
- 2 ResidenceState
- 3 ResidenceCounty
- 4 ResidenceCity
- 5 ResidenceZip
- 6 ResidenceCensusTract
- 7 ResidenceCensusBlock
- 8 Industry
- 9 IndustryText

- 10 BirthPlace
- 11 BirthCountryOther
- 12 UsualOccupation
- 13 OccupationText
- 14 OccupationCurrentText
- 15 Homeless
- 16 EducationLevel
- 17 EducationYears



## 2.0 Injury and Death

### 2.1 Injury Locations, Time, and Events

Injury and Death
Circumstances
Weapons
Suspects
Toxicology
IPV
CFR
State Defined Data
expand

**Manner of Death**

Abstractor-assigned manner must be compatible with the manner given in at least one other data source

Manner of death per abstractor **1**

Manner of death on DC **2**

Manner of death per CME **3**

Manner of death per LE **4**

**Injury Locations, Time, and Events**

**Where Injury Occurred and Time**

State or Territory where injury occurred **5**

County where injury occurred **6**

City where injury occurred **7**

Zip code where injury occurred **8**

Type of location where injured **9**

US census tract where injury occurred **10**

US census block group where injury occurred **11**

Date of injury **12**  
 Month Day Year

Time of Injury (Military Time format **13**  
 e.g. 0000-2359, 9999)

**Injury Events**

Injured at work **14**

Injured at victim's home **15**

EMS at scene **16**

Victim in custody when injured **17**

Recent release from institution **18**

Alcohol use suspected when injured **19**

Survival time no. of units: **20**

Unit of time used in survival time: **21**

**Hospital Codes**

**Wounds and Death Certificate**

- |   |                       |    |                     |    |                     |
|---|-----------------------|----|---------------------|----|---------------------|
| 1 | DeathMannerAbstractor | 9  | InjuryLocationType  | 17 | VictimInCustody     |
| 2 | DeathMannerDC         | 10 | CensusTract         | 18 | RecentRelease       |
| 3 | DeathMannerCME        | 11 | CensusBlock         | 19 | AlcoholUseSuspected |
| 4 | DeathMannerLE         | 12 | InjuryDate          | 20 | SurvivalTime        |
| 5 | InjuryState           | 13 | InjuryTime          | 21 | SurvivalTimeUnit    |
| 6 | InjuryCounty          | 14 | InjuredAtWork       |    |                     |
| 7 | InjuryCity            | 15 | InjuredAtVictimHome |    |                     |
| 8 | InjuryZip             | 16 | EMSPresent          |    |                     |

## 2.2 Hospital Codes

Injury and Death   Circumstances   Weapons   Suspects   Toxicology   IPV   CFR   State Defined Data   [+ expand a](#)

---

**Manner of Death**

Abstractor-assigned manner must be compatible with the manner given in at least one other data source

Manner of death per abstractor   Manner of death on DC   Manner of death per CME   Manner of death per LE

---

[+ Injury Locations, Time, and Events](#)

---

[- Hospital Codes](#)

---

**Hospital**   **ICD9 Code**

Victim seen in emergency department    1

Victim admitted to inpatient care 2

First external cause of injury ICD9 code by hospital    3

Second external cause of injury ICD9 code by hospital    4

---

**ICD10 Code**

First external cause of injury ICD10 code by hospital    5

Second external cause of injury ICD10 code by hospital    6

---

[+ Wounds and Death Certificate](#)

- 1 EmergencyDepartment
- 2 HospitalAdmit
- 3 ExternalCause1ICD9
- 4 ExternalCause2ICD9
- 5 ExternalCause1ICD10
- 6 ExternalCause2ICD10

## 2.3 Underlying Cause of Death & Location of Death

dc.gov/NVDRS/Victim/InjuryDeath.aspx?PersonId=613# National Violent Death Rep... x

Home Incidents Reporting Help About Log Out Sharyn Brown - State Administrator (OR) Incident Search Search incident ID's

Incident Overview » OR 2013 Incident: 4 SAVE Init Sa

**Hospital Codes** expand a

**Wounds and Death Certificate**

**Underlying Cause of Death - ICD10**

Underlying cause of death ICD10 code **1**

Underlying cause of death ICD10 code 4th digit **2**

Underlying cause of death ICD10 code 5th digit **3**

**Location of Death**

Place of death **4**

State or territory of death **7**

Place of death, if other **5**

Date Pronounced Dead **8**

Date of Death **9**

Autopsy performed **6**

**Cause of Death**

Immediate cause of death **10**

Cause leading to immediate cause of death **11**

Next antecedent cause of death **12**

Underlying cause of death **13**

- |                               |                      |
|-------------------------------|----------------------|
| 1 UnderlyingCauseCode         | 8 DatePronouncedDate |
| 2 UnderlyingCauseCode4thDigit | 9 DeathDate          |
| 3 UnderlyingCauseCode5thDigit | 10 DeathCause1       |
| 4 DeathPlace                  | 11 DeathCause2       |
| 5 DeathPlaceText              | 12 DeathCause3       |
| 6 AutopsyPerformed            | 13 DeathCause4       |
| 7 DeathState                  |                      |



### 3.0 Circumstances

#### 3.1 Mental, Health, Substance Abuse, and Other Addiction & Relationship and Life Stressors

**CIRCUMSTANCE VARIABLE NAMES BY DATA SOURCE (CME AND LE)**  
 NUDORS only uses variables abstracted from coroner and medical examiners. If the CME report is the source, CME variable names are preceded by "CME\_" (e.g., "CME\_VariableName").

**CRISIS VARIABLE NAMES**  
 Whenever a circumstance was a crisis (i.e., occurred within two weeks of the fatal overdose), the CME variable is stored in a separate variable from the circumstance in the export file. Specifically, crisis variables will have the word "crisis" inserted between the data source (i.e., CME) and the circumstance name in the variable label variable (e.g., CME\_CrisisVariableName,). For example, the crisis variables for "Stalking" will be CME\_CrisisStalking.

- |   |                               |    |                                |    |                                  |
|---|-------------------------------|----|--------------------------------|----|----------------------------------|
| 1 | MentalHealthProblem           | 11 | CME_MentalHealthDiagnosis1     | 20 | InterpersonalViolencePerpetrator |
| 2 | DepressedMood                 | 12 | CME_MentalHealthDiagnosis2     | 21 | InterpersonalViolenceVictim      |
| 3 | MentalIllnessTreatmentCurrent | 13 | CME_MentalHealthDiagnosisOther | 22 | FightBetweenTwoPeople            |
| 4 | HistoryMentalIllnessTreatment | 14 | IntimatePartnerViolence        | 23 | Argument                         |

- |                       |                             |                           |
|-----------------------|-----------------------------|---------------------------|
| 5 AlcoholProblem      | 15 IntimatePartnerProblem   | 25 CME_ArgumentTiming     |
| 6 SubstanceAbuseOther | 16 FamilyStressors          | 26 CME_CircumstancesKnown |
| 7 OtherAddiction      | 17 RelationshipProblemOther |                           |

### 3.2 Manner Specific Circumstances for Suicide Deaths

+ Mental Health, Substance Abuse, and other Addictions expand

+ Relationship and Life Stressors

+ Crime and Criminal Activity

+ Manner Specific Circumstances for Homicide and Suicide Deaths
 

	LE	LE CRISIS	CME	CME CRISIS	Homicide/Legal Intervention Specific Circumstances		LE	LE CRISIS	CME	CME CRISIS	Suicide/Undetermined Specific Circumstances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Justifiable self defense <b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of suicide attempts <b>13</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim was a police officer on duty <b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosed suicidal thoughts or intent to commit suicide <b>14</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim was a bystander <b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosed intent to whom from LE <b>15</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Random violence <b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="LE disclosed intent to whom"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim was an intervener <b>5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosed intent to whom from CME <b>16</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim used a weapon <b>6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="CME disclosed intent to wh"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mercy killing <b>7</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left a suicide note <b>17</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hate crime <b>8</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of expressed suicidal thoughts or plans <b>18</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jealousy (lover's triangle) <b>9</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Life Stressors</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brawl (3 people or more in a physical fight) <b>10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributing criminal legal problem <b>19</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive-by shooting <b>11</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civil legal problems <b>20</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug involvement <b>12</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributing physical health problem <b>21</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job problem <b>22</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial problem <b>23</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School problem <b>24</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eviction or loss of home <b>25</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide of friend or family <b>26</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-suicide death of friend or family <b>27</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anniversary of a traumatic event <b>28</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster exposure <b>29</b>

- |                              |                         |                     |
|------------------------------|-------------------------|---------------------|
| 13 SuicideAttemptHistory     | 22 JobProblem           | 29 DisasterExposure |
| 14 SuicideIntentDisclosed    | 23 FinancialProblem     |                     |
| 16 CME_DisclosedIntentToWhom | 24 SchoolProblem        |                     |
| 17 SuicideNote               | 25 EvictionorLossofHome |                     |

18	SuicideThoughtHistory	26	RecentSuicideFriendFamily
19	RecentCriminalLegalProblem	27	DeathFriendorFamilyOther
20	LegalProblemOther	28	TraumaticAnniversary
21	PhysicalHealthProblem	22	JobProblem

### 3.3 Other Circumstances

[Mortality and Death](#) | 
 [Circumstances](#) | 
 [Weapons](#) | 
 [Suspects](#) | 
 [Toxicology](#) | 
 [IPV](#) | 
 [CFR](#) | 
 [State Defined Data](#) + expand

Circumstances From LE
  Circumstances From CME

- [+ Mental Health, Substance Abuse, and other Addictions](#)
- [+ Relationship and Life Stressors](#)
- [+ Crime and Criminal Activity](#)
- [+ Manner Specific Circumstances for Homicide and Suicide Deaths](#)
- [+ Manner Specific Circumstances for Unintentional Firearm Deaths](#)
- [- Other Circumstances](#)

LE	LE CRISIS	CME	CME CRISIS		
<input type="checkbox"/>		<input type="checkbox"/>		Crisis in past two weeks or upcoming two weeks (legacy data element) <sup>1</sup>	<div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> Other circumstance LE <sup>2</sup>
					<div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> Other circumstance CME <sup>3</sup>

- 1 CrisisRecent
- 2 LE\_CircumstancesOtherText  
CME\_CircumstancesOtherTex
- 3 t

## 4.0 Toxicology

### 4.1 Toxicology Specimen Date & Toxicology Findings

Demographics Injury and Death Circumstances Weapons Suspects Toxicology IPV CFR

No toxicology report 1

Date specimens were collected

Month Day Year Time

mm dd YYYY HHMM 2

Comments 3

#### Toxicology Findings

+ Add Substance

Substance 4	Tested 5	Results 6	Cause of Death 7	Person prescribed for 8	Category 9	
Q (57) 8-BALL COCAINE	Q (1) Tested	Q (1) Present	<input type="checkbox"/>	Q Type here to search	COCAINE (7)	Delete
Q (58) 8-BALL HEROIN	Q (1) Tested	Q (2) Not present	<input type="checkbox"/>	Q Type here to search	OPIATE (12)	Delete
Q (59) 8-BALL METHAMPHETA	Q (1) Tested	Q (2) Not present	<input checked="" type="checkbox"/>	Q Type here to search	AMPHETAMINE (2)	Delete
Q (643) ALCOHOL	Q (1) Tested	Q (1) Present	<input checked="" type="checkbox"/>	Q Type here to search	ALCOHOL (1)	Delete
Q Type here to search	Q Type here to sear	Q Type here to sear	<input type="checkbox"/>	Q Type here to search		Delete
Q Type here to search	Q Type here to sear	Q Type here to sear	<input type="checkbox"/>	Q Type here to search		Delete
Q Type here to search	Q Type here to sear	Q Type here to sear	<input type="checkbox"/>	Q Type here to search		Delete
Q Type here to search	Q Type here to sear	Q Type here to sear	<input type="checkbox"/>	Q Type here to search		Delete

- 1 No Toxicology Available
- 2 SpecimensTime
- 3 Comments
- 4 SubstanceName
- 5 SubstanceTested
- 6 SubstanceResult

- 7 SubstanceCausedDeat
- 8 DrugObtainedFor
- 9 SubstanceClass

## 4.2 Toxicology Summary

### Toxicology Summary

Category	Tested	Results
Alcohol	<input type="text" value="Type here to..."/> 1	<input type="text" value="Type here to..."/> 2 BAC: 0.000 3
Carbon Monoxide	<input type="text" value="Type here to..."/> 4	<input type="text" value="Type here to..."/> 5 <input type="text" value="Source"/> 6
Amphetamines	<input type="text" value="Type here to..."/> 7	<input type="text" value="Type here to..."/> 8
Anticonvulsants	<input type="text" value="Type here to..."/> 9	<input type="text" value="Type here to..."/> 10
Antidepressants	<input type="text" value="Type here to..."/> 11	<input type="text" value="Type here to..."/> 12
Antipsychotic	<input type="text" value="Type here to..."/> 13	<input type="text" value="Type here to..."/> 14

Category	Tested	Results
Barbiturates	<input type="text" value="Type here to..."/> 15	<input type="text" value="Type here to..."/> 16
Benzodiazepines	<input type="text" value="Type here to..."/> 17	<input type="text" value="Type here to..."/> 18
Cocaine	<input type="text" value="(1) Tested"/> 19	<input type="text" value="(1) Present"/> 20
Marijuana	<input type="text" value="Type here to..."/> 21	<input type="text" value="Type here to..."/> 22
Muscle Relaxants	<input type="text" value="Type here to..."/> 23	<input type="text" value="Type here to..."/> 24
Opiates	<input type="text" value="Type here to..."/> 25	<input type="text" value="Type here to..."/> 26

### Narratives

1 AlcoholTested	9 AnticonvulsantsTested	17 BenzodiazepinesTested	25 OpiateTested
2 AlcoholResult	10 AnticonvulsantsResult	18 BenzodiazepinesResult	26 OpiateResult
3 AlcoholLevel	11 AntiDepressantTested	19 CocaineTested	
4 CarbonMonoxideTested	12 AntiDepressantResult	20 Cocaine test result	
5 CarbonMonoxideResult	13 AntipsychoticTested	21 MarijuanaTested	
6 CarbonMonoxideSource	14 AntipsychoticResult	22 MarijuanaResult	
7 AmphetamineTested	15 BarbituratesTested	23 MuscleRelaxantTested	
8 AmphetamineResult	16 BarbituratesResult	24 MuscleRelaxantResult	

## 5.0 Document

« Previous Incident | **Incident Overview » WY 2013 Incident: 8**

**MENU** **New Document**

- Victims
- Documents
- Incident Summary
- Activity Log
- Tools

Document unavailable **1**

Document type **2**

Source agency requested from **3**

Date record requested **4**

Date record re-requested **5**

Date record received **6**

Date record abstracted/imported **7**

Date entered data checked **8**

Document notes **9** *Do not enter any PII data.*

- 1 DocumentUnavailable
- 2 DocumentType
- 3 AgencySource
- 4 Date record requested

- 5 Date record re-requested
- 6 Date record received
- 7 AbstractedDate
- 8 Date entered data checked
- 9 DocumentNotes

## 6.0 Incident

### 6.1 Incident Overview

The screenshot shows the 'Incident Overview' page for 'WY 2013 Incident: 1'. The interface includes a top navigation bar with 'Home', 'Incidents', 'Reporting', 'Help', 'About', and 'Log Out'. A search bar is present for incident IDs. The main content area is divided into several sections:

- Incident Summary:** Shows the incident type as 'Single suicide' and includes a search filter.
- Incident Stats:** Displays counts for source documents (0), victims (2), and non-fatally shot persons (4).
- Incident Checklist:** Lists various reports and their completion status, such as 'Death Certificate' (6), 'Coroner/Medical Examiner Report' (7), and 'Incident Complete' (13).
- Victim(s):** Lists two victims with their details, including age, gender, race, and the type of weapon used.
- Document(s):** A section for managing incident documents.

- |   |                      |    |                         |    |                  |
|---|----------------------|----|-------------------------|----|------------------|
| 1 | IncidentType         | 8  | CompleteToxicology      | 15 | LastUpdateDate   |
| 2 | NumberOfDocuments    | 9  | CompleteLE              | 16 | DateDeleted      |
| 3 | NumberOfVictims      | 10 | AbstractorName          | 17 | DateMerged       |
| 4 | NumberNonfatallyShot | 11 | SupervisorCheckedDate   | 18 | NumberOfWeapons  |
| 5 | FollowUp             | 12 | SupervisorRecheckedDate | 19 | NumberOfSuspects |
| 6 | CompleteDC           | 13 | CompleteIncident        |    |                  |



## 6.2 CME Incident Narratives

Incident Overview » WY 2013 Incident: 1

SAVE Saved: 08/27/2013 10:36:20

**MENU**

- Incident Summary
- Activity Log
- Tools

Incident type  
Type here to search

**Victim(s)** + Add Victim

<span>×</span> Victim 1	Victim 1:
-------------------------	-----------

**Document(s)** + Add Document

**Incident Stats**

0 Source Documents

1 Victims

0

Number of nonfatally shot persons

**Incident Checklist**

Flag this incident for follow-up

Data abstraction completed

- Death Certificate
- Coroner/Medical Examiner Report
- Toxicology Report
- Law Enforcement Report

Abstractor Name

Date supervisor checked incident

Date supervisor re-checked

Incident Complete

LE Narrative 1

Narratives

CME Narrative 2

NarrativeCM  
2 E



## 7.0 Unintentional Drug Overdose Questions

### 7.1 Type of Poisoning, Substance Abuse, Response to Drug Overdose, and Other Questions

Weapons Suspects Toxicology **OD** IPV CFR State Defined Data

#### Drug Overdose/Poisoning

Type of drug poisoning  1

##### Substance Abuse

Previous drug overdose  2

Treatment for substance abuse  3

History of opioid/heroin abuse  4

Scene indications of drug abuse (Check all that apply) 5

None

Drug paraphernalia

Track marks on victim

Illicit drugs at scene

Presence of buprenorphine, not including BuTrans

Prescription drugs, not prescribed to decedent

Other scene indication of drug abuse (Include in Indication Other Narrative box)

Indication Other Narrative

##### Response to drug overdose

Naloxone/Opioid antagonist administered  6

Bystanders present at time of overdose  7

##### Other

Route of drug exposure (Check all that apply) 8

Any injection

Snorting

Ingestion/transdermal patch

Suppository

Unknown/not listed

Treated for pain at time of injury  9


- |   |                        |   |  |
|---|------------------------|---|--|
| 1 | TypeOfPoisoning        | 5 | Scene (None, DrugPar, Tracks, Illicit drugs, Burpenorphine, Prescription, Other) |
| 2 | PreviousOverdose       | 6 | NaloxoneAdministered   |
| 3 | TreatForSubstanceAbuse | 7 | BystandersPresent  |

4 HistoryOpioid

8 Route of Exposure (Inject, Snort, Ingest, suppository, Unknown)

9 TreatedforPain

## 7.2 Type of Poisoning, Substance Abuse, Response to Drug Overdose, and Other Questions

 Prescription Information

Use of prescription morphine

1

Prescription Morphine Narrative 2

Number of opioid prescriptions in the 30 days preceding injury 3

Number of pharmacies dispensing opioids to decedent in 180 days preceding injury 4

Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury 5

1 PrescriptionMorphine

2 MorphineNarrative

3 NumScripsPast30Days

4 NumPharmaciesPast30Days

5 NumDoctorsPrescribing30Days