

Attachment 6

NVDRS Web-based Data Entry (Sample Screenshots of System)

Introduction

This document displays the screens that abstractors used to enter required data elements. The variable name associated with each data entry field is provided to help user interpret and analyze data. Any new variables on the righthand side are flagged in red with additional numbers, and the corresponding variable names given below.

- I. **Landing Page:** *Displays once securely logged on to Secure Access Managemt Services (SAMS) and granted entry into the application.*

The screenshot shows the landing page of the National Violent Death Reporting System (NVDRS). At the top, there are logos for the CDC (Centers for Disease Control and Prevention) and the NVDRS. The CDC logo includes the text "CDC 24/7: Saving Lives. Protecting People.™". The NVDRS logo includes the text "National Violent Death Reporting System (NVDRS)". Below the logos is a navigation bar with the following links: Home, Incidents, Reporting, Help, About, Log Out, SHANE JACK - State Administrator (ND), Incident Search, and a search box for incident ID's. Below the navigation bar is an "Announcements" section with a warning message: "(4/6/2017) - CAUTION: This is a TRAINING site for NVDRS and should be used to TEST the import of data and train abstractors. Collected information about violent deaths should be entered into the main site at https://csams.cdc.gov/NVDRS." Below the announcements is a row of buttons: Create New Incident, Import Incidents, Import History, Search Incidents, Reporting, Export Incidents, and Dashboard. Below the buttons is a "Form Approved" section with the following text: "National Violent Death Reporting System (NVDRS): OMB No. 0920-0607 Exp. Date: 10/31/2017" and "State Unintentional Drug Overdose Reporting System (SUDORS): OMB No. 0920-1128 Exp. Date: 8/31/2018". Below the form approval text is a paragraph of text: "Public reporting burden of this collection of information is estimated to average 2 hours and 30 minutes per case report, 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 Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia, 30333; ATTN: PRA (0920-0449)".

II. Demographic Variables for Victims: 2 variables added to system: *Relationship Status and Sex of Partner* to capture more information about victims' involvement in an intimate relationship at the time of an incident and to better capture relationship information of LGBT decedents

Demographics, Race, and Ethnicity

Basic Demographics

Person type 1

Sex 6

Day of birth 2

First initial of last name 3

Transgender 7

Age 8

Age unit 9

Last 4 of CME 4

Last 4 of DC 5

Height Feet 10

Height Inches 11

Weight (lbs) 12

Extended Demographics

Marital status 13

Sexual Orientation 17

Relationship Status 14

Sex of Partner 15

Victim was pregnant 16

Current or former military personnel 18

Race & Ethnicity

Check all that apply

White 19

Black or African American 20

Asian 21

Native Hawaiian or Other Pacific Islander 22

American Indian or Alaska Native 23

Unspecified Race 24

Hispanic/Latino/Spanish 25

- 1 PersonType
- 2 BirthDayOfMonth
- 3 LastNameFirstInitial
- 4 CMENumberLastFour
- 5 DCNumberLastFour
- 6 Sex
- 7 Transgender
- 8 Age
- 9 AgeUnit
- 10 HeightFeet
- 11 HeightInches
- 12 Weight
- 13 MaritalStatus
- 14 RelationshipStatus
- 15 SexofPartner
- 16 Pregnant
- 17 SexualOrientation
- 18 Military
- 19 RaceWhite
- 20 RaceBlack
- 21 RaceAsian
- 22 RacePacificIslander
- 23 RaceAmericanIndian
- 24 RaceUnspecified
- 25 Ethnicity

III. Place of Residence, Birthplace, Industry, Occupation, and Education

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

- | | |
|------------------------|--------------------------|
| 1 Country | 10 BirthPlace |
| 2 ResidenceState | 11 BirthCountryOther |
| 3 ResidenceCounty | 12 UsualOccupation |
| 4 ResidenceCity | 13 OccupationText |
| 5 ResidenceZip | 14 OccupationCurrentText |
| 6 ResidenceCensusTract | 15 Homeless |
| 7 ResidenceCensusBlock | 16 EducationLevel |
| 8 Industry | 17 EducationYears |
| 9 IndustryText | |

IV. Injury and Death

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 **5** occurred

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 **10** occurred

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

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 | | |

V. 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	First external cause of injury ICD9 code by hospital 3	Second external cause of injury ICD9 code by hospital 4
<input type="text" value="Type here to search"/>	<input type="text" value="Type here to search"/>	<input type="text" value="Type here to search"/>
<input type="checkbox"/> Victim admitted to inpatient care 2		
	ICD10 Code	
	First external cause of injury ICD10 code by hospital 5	Second external cause of injury ICD10 code by hospital 6
	<input type="text" value="Type here to search"/>	<input type="text" value="Type here to search"/>

[+ Wounds and Death Certificate](#)

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

VI. Wounds and Death Certificate: Part 1: Underlying Cause of Death & Location of Death

The screenshot shows the NVDARS web application interface. The browser address bar displays 'http://www.ncj.gov/NVDARS/Victim/InjuryDeath.aspx?PersonId=613#'. The application header includes navigation tabs (Home, Incidents, Reporting, Help, About, Log Out) and user information (Sharyn Brown - State Administrator (OR)). The main content area is titled 'Incident Overview » OR 2013 Incident: 4'. Below this, there are expandable sections: 'Hospital Codes' and 'Wounds and Death Certificate'. The 'Wounds and Death Certificate' section is further divided into three main areas:

- Underlying Cause of Death - ICD10:** Contains three search fields for ICD10 code 1, 4th digit 2, and 5th digit 3.
- Location of Death:** Contains fields for Place of death 4, State or territory of death 7 (currently set to Oregon), Place of death, if other 5, Date Pronounced Dead 8 (with mm, dd, YYYY sub-fields), Date of Death 9 (with mm, dd, YYYY sub-fields), and Autopsy performed 6.
- Cause of Death:** Contains four text input fields for Immediate cause of death 10, Cause leading to immediate cause of death 11, Next antecedent cause of death 12, and 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 | | |

VII. Wounds and Death Certificate: Part 2: Wounds and Multiple Conditions

Wounds

Number of penetrating wounds <input type="text" value="##"/> 14	Number of bullets <input type="text" value="##"/> 17		
Wound to the face 15 <input type="text" value="Type here to search"/>	Wound to an upper extremity 18 <input type="text" value="Type here to search"/>	Wound to the neck 20 <input type="text" value="Type here to search"/>	Wound to the head 22 <input type="text" value="Type here to search"/>
Wound to the thorax 16 <input type="text" value="Type here to search"/>	Wound to a lower extremity 19 <input type="text" value="Type here to search"/>	Wound to the spine 21 <input type="text" value="Type here to search"/>	Wound to the abdomen 23 <input type="text" value="Type here to search"/>

Multiple Conditions

Multiple conditions on DC (1) 24 <input type="text" value="Type here to..."/>	Multiple conditions on DC (2) 27 <input type="text" value="Type here to..."/>	Multiple conditions on DC (3) 30 <input type="text" value="Type here to..."/>	Multiple conditions on DC (4) 32 <input type="text" value="Type here to..."/>
Multiple conditions on DC (5) 25 <input type="text" value="Type here to..."/>	Multiple conditions on DC (6) 28 <input type="text" value="Type here to..."/>	Multiple conditions on DC (7) 31 <input type="text" value="Type here to..."/>	Multiple conditions on DC (8) 33 <input type="text" value="Type here to..."/>
Multiple conditions on DC (9) 26 <input type="text" value="Type here to..."/>	Multiple conditions on DC (10) 29 <input type="text" value="Type here to..."/>		

14 NumberWounds	21 WoundToSpine	28 MultiCondition06ICD10
15 WoundToFace	22 WoundToHead	29 MultiCondition10ICD10
16 WoundToThorax	23 WoundToAbdomen	30 MultiCondition03ICD10
17 NumberBullets	24 MultiCondition01ICD10	31 MultiCondition07ICD10
18 WoundToUpperExtremity	25 MultiCondition05ICD10	32 MultiCondition04ICD10
19 WoundToLowerExtremity	26 MultiCondition09ICD10	33 MultiCondition08ICD10
20 WoundToNeck	27 MultiCondition02ICD10	

VIII. Circumstances: *Mental, Health, Substance Abuse, and Other Addiction & Relationship and Life Stressors*

CIRCUMSTANCE VARIABLE NAMES BY DATA SOURCE (CME AND LE)

Variables abstracted from both the CME and the LE reports are exported into two variables. If the CME report is the source, the variable name is preceded by “CME_” (e.g., “CME_VariableName”). If the LE report is the source, the variable name is preceded by “LE_” (e.g., “LE_VariableName”). For instance, information on the “Argument” variable will be stored in “CME_Argument” and “LE_Argument”

CRISIS VARIABLE NAMES

Whether a circumstance was a crisis (i.e., checking the “LE Crisis” or “CME Crisis” checkbox) 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., LE and CME) and the circumstance name in the variable label variable (e.g., CME_CrisisVariableName, LE_CrisisVariableName). For example, the crisis variables for “Stalking” will be CME_CrisisStalking and LE_CrisisStalking.

1	MentalHealthProblem	9	LE_MentalHealthDiagnosis2	17	RelationshipProblemOther	26	LE_CircumstancesKnown
2	DepressedMood	10	LE_MentalHealthDiagnosisOther	18	DeathAbuse	27	CME_CircumstancesKnown
3	MentalIllnessTreatmentCurrent	11	CME_MentalHealthDiagnosis1	19	AbusedAsChild		
4	HistoryMentalIllnessTreatment	12	CME_MentalHealthDiagnosis2	20	InterpersonalViolencePerpetrator		
5	AlcoholProblem	13	CME_MentalHealthDiagnosisOther	21	InterpersonalViolenceVictim		
6	SubstanceAbuseOther	14	IntimatePartnerViolence	22	FightBetweenTwoPeople		
7	OtherAddiction	15	IntimatePartnerProblem	23	Argument		
8	LE_MentalHealthDiagnosis1	16	FamilyStressors	24	LE_ArgumentTiming		
				25	CME_ArgumentTiming		

IX. Circumstances: Mental, Health, Substance Abuse, and Other Addiction & Relationship and Life Stressors

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

Circumstances From LE
 Circumstances From CME

Mental Health, Substance Abuse, and other Addictions

Relationship and Life Stressors

Crime and Criminal Activity

LE	LE CRISIS	CME	CME CRISIS	
<input type="checkbox"/>		<input type="checkbox"/>		Precipitated by another crime 1
<input type="checkbox"/>		<input type="checkbox"/>		First crime in progress 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stalking 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution or sex trafficking 4
<input type="checkbox"/>		<input type="checkbox"/>		Terrorist attack 5
<input type="checkbox"/>		<input type="checkbox"/>		Walk-by assault 6

Nature of first other crime from LE **9**

Nature of second other crime from LE **10**

Nature of first other crime from CME **11**

Nature of second other crime from CME **12**

Gang Related LE **7** Gang Related CME **8**

- 1 PrecipitatedByOtherCrime
- 2 OtherCrimeInProgress
- 3 Stalking
- 4 Prostitution
- 5 TerroristAttack
- 6 WalkByAssault

- 7 LE_GangType
- 8 CME_GangType
- 9 LE_NatureOtherCrime1
- 10 LE_NatureOtherCrime2
- 11 CME_NatureOtherCrime1
- 12 CME_NatureOtherCrime2

XII. Circumstances: *Manner Specific Circumstances for Unintentional Firearm Deaths*

Circumstances From LE
 Circumstances From CME
 + expand

- + 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) ¹	Other circumstance CME ³
					Other circumstance LE ²

- 1 CrisisRecent
- 2 LE_CircumstancesOtherText
- 3 CME_CircumstancesOtherText

XIII. Weapons

by and Death Circumstances **Weapons** Suspects Toxicology IPV CFR State Defined Data

Edit Weapon

Weapon type **1**

Additional weapon information **2**

Firearm type **3**

Firearm caliber **4**

Firearm gauge **5**

Firearm make or NCIC code **6**

Other firearm make text **7**

Firearm model **8**

Other firearm model text **9**

Gun loaded **10**

Gun Owner **12**

Gun Stored Locked **13**

Firearm Stolen **11**

Gun Access Narrative **14**

Cancel **Update Weapon**

- 1 WeaponType
- 2 WeaponOther
- 3 FirearmType
- 4 FirearmCaliber
- 5 FirearmGauge
- 6 FirearmMake
- 7 FirearmMakeText
- 8 FirearmModel
- 9 FirearmModelText

- 10 GunLoaded
- 11 FirearmStolen
- 12 GunOwner
- 13 GunStoredLocked
- 14 YouthGunAccessNarrative

XIV. Suspects: 5 new suspect variables added to the system*

Suspect Edit

Age of suspect in years
 1

Sex
 2

Victim to suspect relationship 1
 3

Victim to suspect relationship 2
 4

History of abuse of victim by this suspect 5

This suspect was a caregiver for the victim 6

Suspect attempted suicide after incident 7

This suspect is also a victim in the incident 8

Suspect mentally ill 9

Suspect had developmental disability 10

Suspected alcohol use by suspect 11

Suspected substance use by suspect 12

Suspect had been in contact with law enforcement 13

Suspect was recently released from an institution
 14

Race

White 15

Black or African American 16

Asian 17

Native Hawaiian or Other Pacific Islander 18

American Indian or Alaska Native 19

Unspecified Race 20

Hispanic/Latino/Spanish
 21

- | | | |
|------------------------------|---|------------------------|
| 1 AgeYears | 5 AbuseHistory | 15 RaceWhite |
| 2 Sex | 6 CareGiver | 16 RaceBlack |
| 3 VictimSuspectRelationship1 | 7 AttemptedSuicide | 17 RaceAsian |
| 4 VictimSuspectRelationship2 | 8 SuspectAlsoVictim | 18 RacePacificIslander |
| | 9 SuspectMentallyIll | 19 RaceAmericanIndian |
| | 10 SuspectDisabilityDevelopmental* | 20 RaceUnspecified |
| | 11 SuspectAlcoholUseSuspected* | 21 SuspectEthnicity |
| | 12 SuspectSubstanceUseSuspected* | |
| | 13 SuspectRecentRelease* | |
| | 14 SuspectContactPolice* | |

XV. Toxicology: Toxicology Specimen Date & Toxicology Findings

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	
(57) 8-BALL COCAINE	(1) Tested	(1) Present	<input type="checkbox"/>	Type here to search	COCAINE (7)	Delete
(58) 8-BALL HEROIN	(1) Tested	(2) Not present	<input type="checkbox"/>	Type here to search	OPIATE (12)	Delete
(59) 8-BALL METHAMPHETAMINE	(1) Tested	(2) Not present	<input checked="" type="checkbox"/>	Type here to search	AMPHETAMINE (2)	Delete
(643) ALCOHOL	(1) Tested	(1) Present	<input checked="" type="checkbox"/>	Type here to search	ALCOHOL (1)	Delete
Type here to search	Type here to search	Type here to search	<input type="checkbox"/>	Type here to search		Delete
Type here to search	Type here to search	Type here to search	<input type="checkbox"/>	Type here to search		Delete
Type here to search	Type here to search	Type here to search	<input type="checkbox"/>	Type here to search		Delete
Type here to search	Type here to search	Type here to search	<input type="checkbox"/>	Type here to search		Delete

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

- 7 SubstanceCausedDeath
- 8 DrugObtainedFor
- 9 SubstanceClass

XVI. Toxicology: Toxicology Summary: 2 new fields added to system to ease with data entry*

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


Set and save blank summary category fields to:

- | | | | |
|------------------------|--------------------------|--------------------------|-----------------|
| 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 | |

XVII. Documents Page

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

MENU **New Document**

 Victims

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**

 Documents

 Incident Summary

 Activity Log

 Tools

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

XVIII. Incident Overview Page: Acts as a home page for the incident, it displays when and incident is first created

The screenshot displays the 'Incident Overview' page for 'WY 2013 Incident: 1'. The interface includes a navigation menu on the left, a main content area with incident details, and a right-hand panel for victim and document management.

Incident Overview » WY 2013 Incident: 1

Incident Stats

- 0 Source Documents **2**
- 2 Victims **3**
- 0 **4**
- Number of nonfatally shot persons

Incident Checklist

- Flag this incident for follow-up **5**
- Data abstraction completed
- Death Certificate **6**
- Coroner/Medical Examiner Report **7**
- Toxicology Report **8**
- Law Enforcement Report **9**
- Abstractor Name **10**
- Date supervisor checked incident **11**
- Date supervisor re-checked **12**
- Incident Complete **13**

Victim(s)

Victim(s)		+ Add Victim
Victim 1		
Victim 1: 8 Years; Male; White; Hispanic		
Weapons 18	1	Firearm - Shotgun, Unknown Type - Caliber is not applicable for shotgun or unknown gun type
	2	Fall
Suspects 19	1	34 y/o; Male; Black; Hispanic
Victim 2		
Victim 2: Male		
Weapons 18	1	Firearm - Shotgun, Unknown Type - Caliber is not applicable for shotgun or unknown gun type
	2	Drowning
Suspects 19	1	24 y/o; Male;

Document(s)

+ Add Document

- | | | |
|------------------------|----------------------------|---------------------|
| 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 | |
| 7 CompleteCME | 14 CreateDate | |

XIX. CME and LE Incident Narratives

Incident Overview » WY 2013 Incident: 1 SAVE Saved: 08/27/2013 10:36:20

MENU

- Incident Summary
- Activity Log
- Tools

Incident type:

Victim(s) + Add Victim

<input type="checkbox"/> Victim 1	Victim 1:
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Document(s) + Add Document

Incident Stats

- 0 Source Documents
- 1 Victims
-
- 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

Narratives

LE Narrative 1	CME Narrative 2
----------------	-----------------


1 NarrativeLE

2 NarrativeCME


XX. Import Page: Available to states to import information from death certificates, including ICD-10 and Coroner/Medical Examiner records.

The screenshot shows the 'Import Records' page in the NVDRS system. At the top, there is a navigation bar with the CDC logo and the text 'Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People.™'. To the right of the navigation bar is the NVDRS logo and the text 'National Violent Death Reporting System (NVDRS)'. Below the navigation bar, there are several menu items: Home, Incidents, Reporting, Help, About, Log Out, and SHANE JACK - State Administrator (ND). On the far right of the navigation bar, there is an 'Incident Search' section with a search box labeled 'Search incident ID's'. The main content area is titled '1. Upload File → 2. Validation → 3. Import → 4. Waiting Review'. Below this, the 'Import Records' section contains the text: 'You do not have an active import file in the processing queue. You can select a file to import below, or see the record of past imports under "Import History".' There are two dropdown menus: 'Document Type' and 'Data Year'. Below these is a file selection area with a text box and a 'Browse...' button. At the bottom of this section are 'Clear' and 'Next' buttons. The 'Import History' section is currently empty, displaying the text 'No Status to display.' and a vertical scrollbar on the right side.

XXI. The Dashboard: Displays on the Home Page, tool for each state to monitor and evaluate performance



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™



National Violent
Death Reporting
System (NVDRS)

Home
Incidents
Reporting
Help
About
Log Out
SHANE JACK - State Administrator (ND)
Incident Search

Reporting for North Dakota

Filters
Select the years

All Years

2017	2016	2015	2014	2013
2012	2011	2010	2009	2008
2007	2006	2005	2004	2003

Victim Reports

Number of Victims by Manner

Victim Data Quality
 Abstractor Assigned Manner of Death

All Manners
 Suicide
 Homicide / LE
 Undetermined

Incident Reports

Data Entry Activity by Calendar Month

Incident Data Completeness by Year of Violent Death
 Incident Type

All NVDRS Cases
 Single suicide
 Death of undetermined intent
 Single homicide

Clear

Run Report

XXII. Overdose Module: An optional module added to NVDRS web-based system for the State Unintentional Drug Overdose Reporting System (SUDORS). The existence of NVDRS and its web-system made rapid scale-up of SUDORS to respond to the increase in overdose deaths possible. NVDRS does not collect these data elements.

previous incident | Incident Overview >> NJ 2017 / Incident: 26 SAVE Saved: 07/10/20

Victim 1:

Demographics | Injury and Death | Circumstances | Weapons | Suspects | Toxicology | **OD** | IPV | CFR

Drug Overdose/Poisoning

Type of drug poisoning <input type="text"/>	Time last seen alive (Military Time format e.g. 0000-2359, 9999) <input type="text"/>	Date last seen alive Month Day Year <input type="text"/> <input type="text"/> <input type="text"/>
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Substance Abuse

Previous drug overdose <input type="text"/>	Treatment for substance abuse <input type="text"/>	History of opioid/heroin abuse <input type="text"/>
Recent opioid use relapse <input type="text"/>		

Scene Indications of Drug Use

<input type="checkbox"/> Any evidence of drug use	<input type="checkbox"/> Evidence of rapid overdose
<input type="checkbox"/> No evidence of drug use	<input type="checkbox"/> Tourniquet around arm
Needle location <input type="text"/>	Witness report rapid overdose <input type="text"/>
<input type="checkbox"/> Other - Explain: <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	

Route of Drug Administration (Check all that apply)

<input type="checkbox"/> No information on route of administration	<input type="checkbox"/> Evidence of Snorting/Sniffing
<input type="checkbox"/> Evidence of injection (Check all that apply)	<input type="checkbox"/> Evidence of Smoking
<input type="checkbox"/> Track marks on victim	<input type="checkbox"/> Evidence of Transdermal
<input type="checkbox"/> Needles/Syringe	<input type="checkbox"/> Evidence of Ingestion
<input type="checkbox"/> Tourniquet	<input type="checkbox"/> Filters