

Attachment H - Law Enforcement Case Confirmation Script

Form Approved
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Exp. Date: X/XX/XXXX

Public reporting burden of this collection of information is estimated at 5 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/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-0604).

Hello, My name is _____ and I'm calling from the Centers for Disease Control in Atlanta, Georgia. We are conducting a study in collaboration with the United States Department of Education and Justice examining suicides and homicides that occur in and around schools. For this study, we are contacting police departments to speak with the investigating officers on each case and to obtain the investigative reports.

I have a specific case that I'm seeking information on. Would you be able to help me with this?

If not: Whom should I contact to acquire this information?

If yes: Could you please tell me if the death of (*Victim's Name*), which occurred on (*Date of Event*) at or near (*School Name*) was within your jurisdiction? Who was the investigating officer for this case?

Once you have located the investigating officer:

Hello, My name is _____ and I'm calling from the Centers for Disease Control in Atlanta, Georgia. We are conducting a study in collaboration with the United States Department of Education and Justice, examining suicides and homicides that occurred in and around schools from July 1999 to the present. For this study, we are contacting police departments to speak with the investigating officers on each case and to obtain the investigative reports if possible.

This is not a criminal investigation. The purpose of this study is to identify the common features of these events and to calculate the level of risk for violent deaths occurring in or around school areas.

The purpose of my call today is to confirm the accuracy of the information we have collected on the death of (*Victim's Name*), which occurred on (*Date of Event*) at or near (*School Name*). We have identified each violent death that occurred in or around

schools by searching two national newspaper databases. We would specifically like to know whether the death occurred:

- (1) on school property.
- (2) at a school sponsored event.
- (3) on the way to or from school property.
- (4) on the way to or from a school sponsored event.

Also, could you please tell us the race of the victim, if known?

What is your procedure for obtaining the investigative report? *(Be specific in requesting the investigative report, the incident and arrest reports have very little information in them).*

May I request that we be sent a copy of this investigative report

If department is willing to mail: Please mail investigative reports to:

*(Name)
Centers for Disease Control and Prevention
4770 Buford Highway , NE
Atlanta, GA 30341-3724
MS K-60*

If department wishes to fax records use the following number: 404-638-5524

If department requires a written request, get fax number and address.

(If case is in litigation or still under investigation, ask if you may call back in a few months to obtain the law enforcement report).

Thank you for your assistance.