

## 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 items: Home, Incidents (with a dropdown arrow), Reporting, Help, About, Log Out, SHANE JACK - State Administrator (ND), Incident Search, and a search box labeled "Search incident ID's".

Below the navigation bar is an "Announcements" section. It features a small NVDRS logo and a text box containing the following 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 for various actions: Create New Incident, Import Incidents, Import History, Search Incidents, Reporting, Export Incidents, and Dashboard.

Below the buttons is a "Form Approved" section. It contains the following information:

Form Approved

National Violent Death Reporting System (NVDRS):  
OMB No. 0920-0607  
Exp. Date: 10/31/2017

State Unintentional Drug Overdose Reporting System (SUDORS):  
OMB No. 0920-1128  
Exp. Date: 8/31/2018

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 <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

## IV. Injury and Death

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

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**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**

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**Injury Locations, Time, and Events**

**Where Injury Occurred and Time**

State or Territory where injury **5** occurred  | US census tract where injury **10** occurred

County where injury occurred **6**  | US census block group where injury **11** occurred

City where injury occurred **7**  | Date of injury **12**  
 Month Day Year

Zip code where injury occurred **8**

Type of location where injured **9**  | Time of Injury (Military Time format **13**  
 e.g. 0000-2359, 9999)

**Injury Events**

Injured at work **14**  | Recent release from institution **18**

Injured at victim's home **15**  | Alcohol use suspected when injured **19**

EMS at scene **16**  | Survival time no. of units: **20**

Victim in custody when injured **17**  | Unit of time used in survival time: **21**

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**Hospital Codes**

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**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](#)

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**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

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

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[- Hospital Codes](#)

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Hospital	ICD9 Code	
Victim seen in emergency department <a href="#">1</a>	First external cause of injury ICD9 code by hospital <a href="#">3</a>	Second external cause of injury ICD9 code by hospital <a href="#">4</a>
<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 <a href="#">2</a>		
	ICD10 Code	
	First external cause of injury ICD10 code by hospital <a href="#">5</a>	Second external cause of injury ICD10 code by hospital <a href="#">6</a>
	<input type="text" value="Type here to search"/>	<input type="text" value="Type here to search"/>

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[+ 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 labeled 1, 2, and 3, corresponding to ICD10 code, 4th digit, and 5th digit respectively.
- Location of Death:** Contains fields for 'Place of death' (4), 'State or territory of death' (7, currently showing '(41) Oregon'), 'Place of death, if other' (5), 'Date Pronounced Dead' (8) with sub-fields for Month, Day, and Year, and 'Date of Death' (9) with sub-fields for Month, Day, and Year.
- Cause of Death:** Contains four text input fields labeled 10, 11, 12, and 13, representing different levels of cause of death.

At the bottom of the page, a legend maps the numbers 1 through 13 to specific data field names.

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

### Multiple Conditions

Multiple conditions on DC (1) <b>24</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (2) <b>27</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (3) <b>30</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (4) <b>32</b> <input type="text" value="Type here to..."/>
Multiple conditions on DC (5) <b>25</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (6) <b>28</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (7) <b>31</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (8) <b>33</b> <input type="text" value="Type here to..."/>
Multiple conditions on DC (9) <b>26</b> <input type="text" value="Type here to..."/>	Multiple conditions on DC (10) <b>29</b> <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 <b>1</b>
<input type="checkbox"/>		<input type="checkbox"/>		First crime in progress <b>2</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stalking <b>3</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution or sex trafficking <b>4</b>
<input type="checkbox"/>		<input type="checkbox"/>		Terrorist attack <b>5</b>
<input type="checkbox"/>		<input type="checkbox"/>		Walk-by assault <b>6</b>

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

X. Circumstances: *Manner Specific Circumstances for Homicide and Suicide Deaths*

<input type="checkbox"/> Mental Health, Substance Abuse, and other Addictions <span style="float: right;">expand</span>											
<input type="checkbox"/> Relationship and Life Stressors											
<input type="checkbox"/> Crime and Criminal Activity											
<input checked="" type="checkbox"/> <b>Manner Specific Circumstances for Homicide and Suicide Deaths</b>											
	LE	LE CRISIS	CME	CME CRISIS	<b>Homicide/Legal Intervention Specific Circumstances</b>		LE	LE CRISIS	CME	CME CRISIS	<b>Suicide/Undetermined Specific Circumstances</b>
<input type="checkbox"/>					Justifiable self defense <b>1</b>	<input type="checkbox"/>					History of suicide attempts <b>13</b>
<input type="checkbox"/>					Victim was a police officer on duty <b>2</b>	<input type="checkbox"/>					Disclosed suicidal thoughts or intent to commit suicide <b>14</b>
<input type="checkbox"/>					Victim was a bystander <b>3</b>	<input type="checkbox"/>					Disclosed intent to whom from LE <b>15</b>
<input type="checkbox"/>					Random violence <b>4</b>	<input type="checkbox"/>					<input type="text" value="LE disclosed intent to whor"/>
<input type="checkbox"/>					Victim was an intervener <b>5</b>	<input type="checkbox"/>					Disclosed intent to whom from CME <b>16</b>
<input type="checkbox"/>					Victim used a weapon <b>6</b>	<input type="checkbox"/>					<input type="text" value="CME disclosed intent to wh"/>
<input type="checkbox"/>					Mercy killing <b>7</b>	<input type="checkbox"/>					Left a suicide note <b>17</b>
<input type="checkbox"/>					Hate crime <b>8</b>	<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>						<b>Life Stressors</b>
<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"/>					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"/>					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"/>	Job problem <b>22</b>
						<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"/>	School problem <b>24</b>
						<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"/>	Suicide of friend or family <b>26</b>
						<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"/>	Anniversary of a traumatic event <b>28</b>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster exposure <b>29</b>

- |                             |                           |                               |                              |
|-----------------------------|---------------------------|-------------------------------|------------------------------|
| 1 JustifiableSelfDefense    | 8 HateCrime               | 15 LE_DisclosedIntentToWhom   | 22 JobProblem                |
| 2 VictimPoliceOfficeOnDuty  | 9 Jealousy                | 16 CME_DisclosedIntentToWhom  | 23 FinancialProblem          |
| 3 Bystander                 | 10 Brawl                  | 17 SuicideNote                | 24 SchoolProblem             |
| 4 RandomViolence            | 11 DriveByShooting        | 18 SuicideThoughtHistory      | 25 EvictionorLossofHome      |
| 5 IntervenerAssistingVictim | 12 DrugInvolvement        | 19 RecentCriminalLegalProblem | 26 RecentSuicideFriendFamily |
| 6 VictimUsedWeapon          | 13 SuicideAttemptHistory  | 20 LegalProblemOther          | 27 DeathFriendorFamilyOther  |
| 7 MercyKilling              | 14 SuicideIntentDisclosed | 21 PhysicalHealthProblem      | 28 TraumaticAnniversary      |

## XI. Circumstances: *Manner Specific Circumstances for Unintentional Firearm Deaths*

+ 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									
LE	LE CRISIS	CME	CME CRISIS	Context of Injury	LE	LE CRISIS	CME	CME CRISIS	Mechanism of Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hunting <b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thought safety was engaged <b>10</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target shooting <b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thought gun was unloaded, magazine disengaged <b>11</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-defensive shooting <b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thought gun was unloaded, other <b>12</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celebratory firing <b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unintentionally pulled trigger <b>13</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loading or unloading gun <b>5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullet ricochet <b>14</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning Gun <b>6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gun defect or malfunction <b>15</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Showing gun to others <b>7</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fired while holstering/unholstering <b>16</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playing with gun <b>8</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dropped gun <b>17</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other context of injury <b>9</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fired while operating safety/lock <b>18</b>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gun mistaken for toy <b>19</b>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other mechanism of injury <b>20</b>

- |   |                          |    |                                      |
|---|--------------------------|----|--------------------------------------|
| 1 | Hunting                  | 10 | GunThoughtSafetyEngaged              |
| 2 | TargetShooting           | 11 | GunThoughtUnloadedMagazineDisengaged |
| 3 | SelfDefense              | 12 | GunThoughtUnloadedOther              |
| 4 | CelebratoryFiring        | 13 | GunUnintentionallyPulledTrigger      |
| 5 | GunFiredLoadingUnloading | 14 | BulletRicochet                       |
| 6 | GunCleaning              | 15 | GunDefectMalfunction                 |
| 7 | GunShowing               | 16 | GunFiredHolstering                   |
| 8 | GunPlaying               | 17 | GunDropped                           |
| 9 | OtherContextInjury       | 18 | GunFiredOperatingSafetyLock          |
|   |                          | 19 | GunThoughtToy                        |
|   |                          | 20 | OtherMechanismInjury                 |

**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) <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
- 3 CME\_CircumstancesOtherText

### XIII. Weapons

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

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**Edit Weapon**

Weapon type <b>1</b> <input type="text" value="(1) Firearm"/>	Firearm type <b>3</b> <input type="text" value="Type here to search"/>	Firearm make or NCIC code <b>6</b> <input type="text" value="Type here to search"/>
Additional weapon information <b>2</b> <div style="border: 1px solid gray; height: 100px;"></div>	Firearm caliber <b>4</b> <input type="text" value="Type here to search"/>	Other firearm make text <b>7</b> <input type="text"/>
	Firearm gauge <b>5</b> <input type="text" value="Type here to search"/>	Firearm model <b>8</b> <input type="text" value="Type here to search"/>
		Other firearm model text <b>9</b> <input type="text"/>
Gun loaded <b>10</b> <input type="text" value="Type here to search"/>	Gun Owner <b>12</b> <input type="text" value="Type here to search"/>	Gun Stored Locked <b>13</b> <input type="text" value="Type here to search"/>
Firearm Stolen <b>11</b> <input type="text" value="Type here to search"/>	Gun Access Narrative <b>14</b> <div style="border: 1px solid gray; height: 50px;"></div>	

- 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 <b>SuspectDisabilityDevelopmental*</b> | 20 RaceUnspecified     |
|                              | 11 <b>SuspectAlcoholUseSuspected*</b>     | 21 SuspectEthnicity    |
|                              | 12 <b>SuspectSubstanceUseSuspected*</b>   |                        |
|                              | 13 <b>SuspectRecentRelease*</b>           |                        |
|                              | 14 <b>SuspectContactPolice*</b>           |                        |

## XV. Toxicology: 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	
(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 several panels, and a top navigation bar. The top bar shows the user 'Matthew Gladden - State Administrator (WY)' and a search box for incident IDs. The main content area is divided into several sections:

- Incident Overview:** Shows the incident type as 'Single suicide' and provides a search filter.
- Incident Stats:** Displays key metrics: 0 Source Documents, 2 Weapons, 2 Victims, 3 Suspects, 0 nonfatally shot persons, and 4 Number of nonfatally shot persons.
- Incident Checklist:** Lists various tasks with completion counts: Flag this incident for follow-up (5), Death Certificate (6), Coroner/Medical Examiner Report (7), Toxicology Report (8), Law Enforcement Report (9), Incident Complete (13).
- Victim(s):** Lists two victims with their details:
 

Victim	Age	Sex	Race	Weapon	Suspect	Age	Sex	Race
Victim 1	8 Years	Male	White; Hispanic	1: Firearm - Shotgun, Unknown Type - Caliber is not applicable for shotgun or unknown gun type	1	34 y/o	Male	Black; Hispanic
Victim 2	Male			1: Firearm - Shotgun, Unknown Type - Caliber is not applicable for shotgun or unknown gun type	1	24 y/o	Male	
- Document(s):** A section for adding and viewing documents.

The left sidebar contains a 'MENU' with options: Incident Summary (14), Activity Log (15), and Tools (17). Below the menu is an 'Activity Topic' dropdown set to 'General Comments' and a text area for activity.

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

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

**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). There is also 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 a message: '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 for 'Document Type' and 'Data Year'. Below these is a file selection area with a 'Browse...' button. At the bottom of this section are 'Clear' and 'Next' buttons. The 'Import History' section below shows 'No Status to display.' and a scrollable area.

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

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

**NVDRS** National Violent Death Reporting System (NVDRS)

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

### 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"/>
--	---	--

**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