

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 Management Services (SAMS) and granted entry into the application.*

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

NVDRS National Violent Death Reporting System (NVDRS)

Home Incidents Reporting Settings Help About Log Out SCOTT VAN HEEST - State Administrator (MP) Incident Search Search Incident ID's

Announcements

The NVDRS Web software was updated to Version 2.3 on August 18, 2021.

Please let us know of any difficulties by emailing the software help desk at NVDRS-Software@cdc.gov

Create New Incident Import Incidents Import History Search Incidents Reporting Export Incidents Custom Export Bulk Delete Incidents Incident Transfer History

Toxicology Template(s) Dashboard

Form Approved

National Violent Death Reporting System (NVDRS):
OMB No. 0920-0607
Exp. Date: 7/31/2023

State Unintentional Drug Overdose Reporting System (SUDORS):
OMB No. 0920-1128
Exp. Date: 1/31/2023

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)

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800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - cdcinfo@cdc.gov

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II. Demographic Variables for Victims:

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

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

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

- 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 Weapon(s) Suspect(s) Toxicology OD IPV CFR SA/D

+ Demographics, Race, Ethnicity

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

Residence	Residence Census	Birth Place	Other
Country of residence 1 <input type="text" value="(233) US"/>	US Census tract of residence 6 <input type="text" value="####.##"/>	Birth state, territory or country 10 <input type="text" value="Type here to search"/>	Homeless 15 <input type="text" value="Type here to search"/>
State of residence 2 <input type="text" value="Type here to search"/>	US Census block group of residence 7 <input type="text" value="#"/>	Birth country if other 11 <input type="text"/>	Housing Instability 16 <input type="text" value="Type here to search"/>
County of residence 3 <input type="text" value="Type here to search"/>	Industry	Occupation	Education
City of residence 4 <input type="text" value="Type here to search"/>	Kind of business/industry code 8 <input type="text" value="####"/>	Usual occupation code 12 <input type="text" value="####"/>	Education by degree 17 <input type="text" value="Type here to search"/>
Zip code of residence 5 <input type="text" value="#####"/>	Usual industry text 9 <input type="text"/>	Usual occupation text 13 <input type="text"/>	Education by number of years 18 <input type="text" value="Type here to search"/>
		Current occupation 14 <input type="text"/>	

- | | |
|------------------------|--------------------------|
| 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 Housing Instability |
| 8 Industry | 17 EducationLevel |
| 9 IndustryText | 18 EducationYears |

IV. Injury and Death

Demographics
Injury and Death
Circumstances
Weapon(s)
Suspect(s)
Toxicology
OD
IPV
CFR
SAVD

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**

This is a School-Associated Violent Death (SAVD) **23**

Injury Events

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 e.g. 0000-2359, 9999) **13**

Injured at work **14**

Injured at victim's home **15**

EMS at scene **16**

Victim in custody when injured **17**

Children present and/or witnessed fatal incident **18**

Recent release from institution **19**

Alcohol use suspected when injured **20**

Survival time no. of units: **21**

Unit of time used in survival time: **22**

+ Hospital Codes

+ Wounds and Death Certificate

- | | | |
|-------------------------|------------------------|------------------------------------|
| 1 DeathMannerAbstractor | 9 InjuryLocationType | 17 VictimInCustody |
| 2 DeathMannerDC | 10 CensusTract | 18 Children Present |
| 3 DeathMannerCME | 11 CensusBlock | 19 RecentRelease |
| 4 DeathMannerLE | 12 InjuryDate | 20 AlcoholUseSuspected |
| 5 InjuryState | 13 InjuryTime | 21 SurvivalTime |
| 6 InjuryCounty | 14 InjuredAtWork | 22 SurvivalTimeUnit |
| 7 InjuryCity | 15 InjuredAtVictimHome | 23 School-Associated Violent Death |
| 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

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**

Place of death if other **5**

Autopsy performed **6**

State or territory of death **7**

Date Pronounced Dead **8**
 Month Day Year

Date of Death **9**
 Month Day Year

Cause of Death

Immediate cause of death **10**

Cause leading to immediate cause of death **11**
 120 character(s) remaining.

Next antecedent cause of death **12**
 120 character(s) remaining.

Underlying cause of death **13**
 120 character(s) remaining.

Other significant conditions contributing to death **14**
 120 character(s) remaining.

How injury occurred **15**
 120 character(s) remaining.

- | | |
|-------------------------------|------------------------|
| 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 | 14 Other Significant |
| | 15 How Injury Occurred |

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

Wounds

Number of penetrating wounds **16**

Number of bullets **19**

Wound to the face **17**

Wound to an upper extremity **20**

Wound to the neck **22**

Wound to the head **24**

Wound to the thorax **18**

Wound to a lower extremity **21**

Wound to the spine **23**

Wound to the abdomen **25**

Set and save blank wound location fields to:

Multiple Conditions

Multiple conditions on DC (1) **26**

Multiple conditions on DC (2) **29**

Multiple conditions on DC (3) **32**

Multiple conditions on DC (4) **34**

Multiple conditions on DC (5) **27**

Multiple conditions on DC (6) **30**

Multiple conditions on DC (7) **33**

Multiple conditions on DC (8) **35**

Multiple conditions on DC (9) **28**

Multiple conditions on DC (10) **31**

Set and save blank multiple condition fields to:

16	NumberWounds	23	WoundToSpine	30	MultiCondition06ICD10
17	WoundToFace	24	WoundToHead	31	MultiCondition10ICD10
18	WoundToThorax	25	WoundToAbdomen	32	MultiCondition03ICD10
19	NumberBullets	26	MultiCondition01ICD10	33	MultiCondition07ICD10
20	WoundToUpperExtremity	27	MultiCondition05ICD10	34	MultiCondition04ICD10
21	WoundToLowerExtremity	28	MultiCondition09ICD10	35	MultiCondition08ICD10
22	WoundToNeck	29	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”

Demographics				Injury and Death				Circumstances				Weapon(s)				Suspect(s)				Toxicology				OD				IPV				CFR				SAVD																	
Circumstances From LE 35																Circumstances From CME 36																																					
Mental Health, Substance Abuse, and other Addictions																																																					
LE	LE CH1	CME	CME CH1	Mental Health																Mental Health Diagnosis																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current diagnosed mental health problem	1																LE Mental Illness Diagnosed	LE mental illness diagnosis - Type of first mental illness diagnosed																10															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current depressed mood	2																LE mental illness diagnosis - Type of second mental illness diagnosed	11																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current mental health/substance abuse treatment	3																LE other mental health	Other mental health diagnosis																12															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ever treated for mental health or substance abuse problem	4																CME Mental Illness Diagnosed	CME mental illness diagnosis - Type of first mental illness diagnosed																13															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-adherence to mental health/substance abuse treatment	5																CME mental illness diagnosis - Type of second mental illness diagnosed	14																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Problem	6																CME other mental health	Other mental health diagnosis																15															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other substance abuse problem	7																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other addiction	8																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of Traumatic Brain Injury (TBI)	9																																																
Relationship and Life Stressors																																																					
LE	LE CH1	CME	CME CH1	Relationship Problems																Life Events																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intimate partner violence - Homicide only	16																Physical fight (2 people)	28																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intimate partner problem - Suicide only	17																Argument	Timing of most recent argument from LE																29															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family relationship problem	18																Timing of most recent argument from CME	30																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Burden	19																Disaster exposure	31																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Stressor	20																Prior Child Protective Services (CPS) Report on a Child Victim's Household	32																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other relationship problem	21																Substance Abuse in Child Victim's Household	33																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Known to Local Authorities	22																Living transition/loss of independent living	34																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim Known to Authorities	23																																																
Previous Exposure to Violence																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse or neglect led to death	24																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of abuse or neglect as a child	25																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous perpetrator of violence in the past month	26																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous victim of violence in the past month	27																																																

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	11	LE_MentalHealthDiagnosis2	22	HouseholdKnownToAuthorities	31	DisasterExposure
2	DepressedMood	12	LE_MentalHealthDiagnosisOther	23	VictimKnownToAuthorities	32	PriorCPSVictimsHousehold
3	MentalIllnessTreatmentCurrent	13	CME_MentalHealthDiagnosis1	24	AbusedAsChild	33	SubstanceAbuseVictimHH
4	HistoryMentalIllnessTreatment	14	CME_MentalHealthDiagnosis2	25	HistoryAbuseAsChild	34	Transition/lossIndpLiving
5	Non-Adherence treatment	15	CME_MentalHealthDiagnosisOther	26	PreviousPerpetratorPastMonth	35	LE_CircumstancesKnown
6	Alcohol Problem	16	IntimatePartnerHomicide	27	PreviousVictimViolenceMonth	36	CME_CircumstancesKnown
7	SubstanceAbuseOther	17	IntimatePartnerSuicide	28	FightBetweenTwoPeople		
8	OtherAddiction	18	FamilyRelationshipProblem	29	LE_ArgumentTiming		
9	History Traumatic Brain Injury	19	Caregiver Burden	30	CME_ArgumentTiming		
10	LE_MentalHealthDiagnosis1	20	FamilyStressors				
		21	RelationshipProblemOther				

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

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

Crime and Criminal Activity			
Manner Specific Circumstances for Homicide and Suicide Deaths			
LE	LE/CHS	CME	CME/CHS
Manner/Legal Intervention Specific Circumstances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Justifiable self defense 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Victim was a police officer on duty 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Victim was a bystander 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Random Violence 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Victim was an intervener 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Victim used a weapon 6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Mercy Killing 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Hate Crime 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Jealousy (owner's things) 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Brawl (2 people or more in a physical fight) 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Drive-by shooting 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Drug involvement 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Corporal Use of Corporal Punishment Contributed to Child Death 13
LE/CHS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			History of suicide attempt 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			History of expressed suicidal thoughts or plans 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			History of non-suicidal self-harm/attempt 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Recently disclosed suicidal thoughts/plans to commit suicide 17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Disclosed intent to whom from LE (check all that apply) 18
			<input type="checkbox"/> Previous or current intimate partner
			<input type="checkbox"/> Other family member
			<input type="checkbox"/> Health care worker
			<input type="checkbox"/> Friend/colleague
			<input type="checkbox"/> Neighbor
			<input type="checkbox"/> Other (disclosure to person(s) via social media or other electronic means)
			<input type="checkbox"/> Other
			<input type="checkbox"/> Unknown
			If other, specify: _____
			125 (mandatory) remaining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Disclosed intent to whom from CME (check all that apply) 19
			<input type="checkbox"/> Previous or current intimate partner
			<input type="checkbox"/> Other family member
			<input type="checkbox"/> Health care worker
			<input type="checkbox"/> Friend/colleague
			<input type="checkbox"/> Neighbor
			<input type="checkbox"/> Other (disclosure to person(s) via social media or other electronic means)
			<input type="checkbox"/> Other
			<input type="checkbox"/> Unknown
			If other, specify: _____
			125 (mandatory) remaining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Left a suicide note 20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Contributing criminal/legal problem 21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Child legal problems 22
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Contributing physical health problem 23
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Type of Physical Health Problem from LE (check all that apply) 24
			<input type="checkbox"/> Mental illness or condition
			<input type="checkbox"/> Other illness or condition
			<input type="checkbox"/> Unknown type of illness or condition
			<input type="checkbox"/> Chronic Pain
			<input type="checkbox"/> Acute Pain
			<input type="checkbox"/> Pain of unknown duration
			Type of illness, condition, or pain: _____
			125 (mandatory) remaining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Type of Physical Health Problem from CME (check all that apply) 25
			<input type="checkbox"/> Mental illness or condition
			<input type="checkbox"/> Other illness or condition
			<input type="checkbox"/> Unknown type of illness or condition
			<input type="checkbox"/> Chronic Pain
			<input type="checkbox"/> Acute Pain
			<input type="checkbox"/> Pain of unknown duration
			Type of illness, condition, or pain: _____
			125 (mandatory) remaining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Job problem 26
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Financial problem 27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			School problem 28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Eviction or loss of home 29
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Suicide of friend or family contributed to death 30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Non-suicide death of friend or family 31
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Anniversary of a traumatic event 32

- | | | | |
|-----------------------------|-----------------------------|------------------------------|------------------------------|
| 1 JustifiableSelfDefense | 10 Brawl | 19 CME_DisclosedIntentToWhom | 26 JobProblem |
| 2 VictimPoliceOfficeOnDuty | 11 DriveByShooting | 20 SuicideNote | 27 FinancialProblem |
| 3 Bystander | 12 DrugInvolvement | 21 CriminalLegalProblem | 28 SchoolProblem |
| 4 RandomViolence | 13 CorporalPunishment | 22 CivilLegalProblem | 29 EvictionorLossofHome |
| 5 IntervenerAssistingVictim | 14 SuicideAttemptHistory | 23 PhysicalHealthProblem | 30 RecentSuicideFriendFamily |
| 6 VictimUsedWeapon | 15 SuicideThoughtHistory | 24 PhysicalHealthProblemLE | 31 DeathFriendorFamilyOther |
| 7 MercyKilling | 16 SuicideSelfHarmHistory | 25 PhysicalHealthProblemCME | 32 TraumaticAnniversary |
| 8 HateCrime | 17 DisclosedSuicidalThought | | |
| 9 Jealousy | 18 LE_DisclosedIntentToWhom | | |

XI. Circumstances: Manner Specific Circumstances for Unintentional Firearm Deaths and Other

Manner Specific Circumstances for Unintentional Firearm Deaths

LE	LECH111	CHE	CHECH11	Context of injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hunting 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target shooting 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-defensive shooting 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celebratory firing 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loading or unloading gun 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning Gun 6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Showing gun to others 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playing with gun 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other context of injury 9

LE	LECH111	CHE	CHECH11	Mechanism of injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thought safety was engaged 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thought gun was unloaded, magazine disengaged 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thought gun was unloaded, other 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unintentionally pulled trigger 13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullet ricochet 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gun defect or malfunction 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fired while holstering/un-holstering 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dropped gun 17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fired while operating safety/lock 18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gun mistaken for toy 19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other mechanism of injury 20

Other Circumstances or Crisis

Other circumstance LE **21**
 255 character(s) remaining

Other circumstance CME **22**
 255 character(s) remaining

Other crisis in past two weeks or upcoming two weeks **24**
 Other crisis details from LE **23**
 255 character(s) remaining

Other crisis details from CME
 255 character(s) remaining

- | | | | |
|----|--------------------------------------|----|---------------------------------|
| 1 | Hunting | 13 | GunUnintentionallyPulledTrigger |
| 2 | TargetShooting | 14 | BulletRicochet |
| 3 | SelfDefense | 15 | GunDefectMalfunction |
| 4 | CelebratoryFiring | 16 | GunFiredHolstering |
| 5 | GunFiredLoadingUnloading | 17 | GunDropped |
| 6 | GunCleaning | 18 | GunFiredOperatingSafetyLock |
| 7 | GunShowing | 19 | GunThoughtToy |
| 8 | GunPlaying | 20 | OtherMechanismInjury |
| 9 | OtherContextInjury | 21 | OtherCircumstancesLE |
| 10 | GunThoughtSafetyEngaged | 22 | OtherCircumstancesCME |
| 11 | GunThoughtUnloadedMagazineDisengaged | 23 | OtherCrisisLE |
| 12 | GunThoughtUnloadedOther | 24 | OtherCrisisCME |

XII. Weapons

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

Edit Weapon

Weapon type ¹

Firearm type ³

Firearm make or NCIC code ⁶

Additional weapon information ²

Firearm caliber ⁴

Other firearm make text ⁷

Firearm gauge ⁵

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

- 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 GunAccessNarrative

XIII. Suspects:

Suspect Edit

<p>Age of suspect in years <input type="text" value="###"/> 1</p> <p>Sex <input type="text" value="Type here to search"/> 2</p> <p>Victim to suspect relationship 1 <input type="text" value="Type here to search"/> 3</p> <p>Victim to suspect relationship 2 <input type="text" value="Type here to search"/> 4</p>	<p><input type="checkbox"/> History of abuse of victim by this suspect 5</p> <p><input type="checkbox"/> This suspect was a caregiver for the victim 6</p> <p><input type="checkbox"/> Suspect attempted suicide after incident 7</p> <p><input type="checkbox"/> This suspect is also a victim in the incident 8</p> <p><input type="checkbox"/> Suspect mentally ill 9</p> <p><input type="checkbox"/> Suspect had developmental disability 10</p> <p><input type="checkbox"/> Suspected alcohol use by suspect 11</p> <p><input type="checkbox"/> Suspected substance use by suspect 12</p> <p><input type="checkbox"/> Suspect had been in contact with law enforcement 13</p> <p>Suspect was recently released from an institution <input type="text" value="Type here to search"/> 14</p>	<p>Race</p> <p><input type="checkbox"/> White 15</p> <p><input type="checkbox"/> Black or African American 16</p> <p><input type="checkbox"/> Asian 17</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander 18</p> <p><input type="checkbox"/> American Indian or Alaska Native 19</p> <p><input type="checkbox"/> Unspecified Race 20</p> <p>Hispanic/Latino/Spanish <input type="text" value="Type here to search"/> 21</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

XIV. 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 Apply Template -

10

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
- 10 ApplyTemplate

XV. Toxicology Templates: new addition to the software

There is now a “templates” feature that may assist in entering tox data that comes to abstractors in standardized formats. State administrators can create toxicology templates, and then abstractors can add a template to a victim record by clicking the “apply template” button on the toxicology tab.

Northern Mariana Islands Toxicology Template(s) [Create Template](#)

Action(s) 1	Template Name 2	Total Substance(s) 3	Created By 4	Created On 5	Last Modified By 6	Last Modified On 7
	Standard Panel One	4	Craig Kenneth Bryant	5/17/2017 1:07:29 AM	Craig Kenneth Bryant	5/17/2017 1:09:30 AM
	Standard Panel Two	1	Craig Kenneth Bryant	5/17/2017 1:09:55 AM	Craig Kenneth Bryant	5/17/2017 1:10:06 AM

Toxicology Findings

[+ Add Substance](#) [Apply Template ▾](#) 8

Substance

- Standard Panel One
- Standard Panel Two

- | | | | |
|---|-----------------|---|----------------|
| 1 | Actions | 5 | CreatedOn |
| 2 | TemplateName | 6 | LastModifiedBy |
| 3 | TotalSubstances | 7 | LastModifiedOn |
| 4 | CreatedBy | 8 | ApplySubstance |

XVI. Toxicology: Toxicology Summary:

Toxicology Summary

Category	Tested	Results	Category	Tested	Results
Alcohol	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/> BAC: 0.000	Barbiturates	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>
Carbon Monoxide	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/> <input type="text" value="Source"/>	Benzodiazepines	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>
Amphetamines	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>	Cocaine	<input type="text" value="(1) Tested"/>	<input type="text" value="(1) Present"/>
Anticonvulsants	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>	Marijuana	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>
Antidepressants	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>	Muscle Relaxants	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>
Antipsychotic	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>	Opiates	<input type="text" value="Type here to..."/>	<input type="text" value="Type here to..."/>

Set and save blank summary category fields to:

Not Tested (2)

Unknown (9)

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	

XVII. Drug Overdosing: *Drug Classification, Drug Overdose, Substance Use*

Case Classification

SUDORS CASE **1**
SUDORS Case Classification **2**
 No CME Report Available **3**

(88) Non-SUDORS

**Only to be used if CME report does not exist or if it is not possible to obtain the CME report.

Drug Overdose/Poisoning

Type of drug poisoning **4**
Time last known alive and well before overdose (Military Time format e.g., 0000-2359, 9999)
Date last known alive and well before overdose **7**

5
Month Day Year

Time first found unresponsive (Military time format (e.g., 0000-2359, 9999)
Date found unresponsive **8**

6
Month Day Year

Substance Use/Misuse and Treatment History

Previous drug overdose **9**
 Overdose occurred 0-2 days prior **10**
 Overdose occurred 3-7 days prior **11**

12

13

Current or past prescription drug misuse or illicit drug use, not including alcohol (Check all that apply)

No evidence of current or past drug use/misuse **23**
 Heroin **24**
 Prescription opioids **25**
 Unspecified opioids **26**
 Fentanyl **27**
 Cocaine **28**
 Methamphetamine **29**
 Benzodiazepines **30**
 Cannabis (marijuana) **31**
 Drug use/misuse, substance unspecified **32**
 Other substance - specify **33**

128 character(s) remaining.

Treatment for substance use disorder **14**
 Inpatient/outpatient rehabilitation **15**
 Medication-assisted treatment, or MAT (with cognitive/behavioral therapy) **16**
 Medication-Assisted treatment, or MAT (without cognitive/behavioral therapy) **17**
 Medication-assisted therapy, or MAT (cognitive/behavioral therapy unknown) **18**
 Cognitive/behavioral therapy **19**
 Narcotics Anonymous **20**
 Other - specify: **21**

Involved with criminal justice system (perpetrator) **22**

128 character(s) remaining.

- | | | | |
|----------------------------|-------------------------------|---------------------------------|--------------------|
| 1 SUDORSCase | 10 OverdoseOccurred2prior | 20 NarcoticsAnonymous | 29 Methamphetamine |
| 2 SUDORSCaseClassification | 11 OverdoseOccurred3prior | 21 OtherSpecify | 30 Benzodiazepines |
| 3 NoCMEReportAvailable | 12 RecentOpiodRelapse | 22 InvolvedWithCriminalJustice | 31 Cannabis |
| 4 TypeDrugPoisoning | 13 RecentUrgentCareVisit | 23 NoEvidenceCurrentPastDrugUse | 32 DrugUse/misuse |
| 5 TimeLastKnownAlive | 14 TreatmentSubstanceAbu | 24 Heroin | 33 OtherSubstance |
| 6 TimeFoundUnresponsive | 15 InpatientOutpatientRehab | 25 PrescriptionOpioids | |
| 7 DateLastKnownAlive | 16 MATWithCognitiveBehTherapy | 26 UnspecifiedOpioids | |
| 8 DateFoundUnresponsive | 17 MATW/OCognitiveBehTherapy | 27 Fentnyl | |
| 9 PreviousDrugOverdose | 18 MATUnkCognitiveBehTherapy | 28 Cocaine | |
| | 19 Cognitive/BehaviorTherapy | | |

XVIII. Drug Overdosing: Evidence of Drug Use

Evidence of Drug Use

Any evidence of drug use 1 Non-specific drug use evidence 3

No evidence of drug use 2

Evidence of rapid overdose 4

Tourniquet still in place 5 Body position consistent with rapid overdose 6

Needle Location

Witness report rapid overdose 7

Other - Explain: 8

Route of Drug Administration (Check all that apply)

No information on route of administration 9

Evidence of injection (Check all that apply) 10

Track marks on decedent 11 Needles/Syringe 14

Tourniquet 12 Filters 15

Cookers 13 Witness Report 16

Other injection evidence - Specify: 17

Evidence of Snorting/Sniffing 18

Straws 19 Powder on table/mirror 22

Rolled paper or dollar bills 20 Powder on decedent's nose 23

Razor blades 21 Witness report 24

Other snorting evidence - specify 25

Illicit or Prescription Drugs (Check all that apply)

Evidence of unspecified drug type 38

Evidence of prescription drugs (Check all that apply) 39

Prescribed to decedent 40 Not prescribed to decedent 42

Unknown who prescribed for 41

Type of evidence of prescription drugs found (Check all that apply)

Pills/Tablets 43 Patch 47

Prescription bottle 44 Liquid 48

Lozenges/lollipops 45 Vial 49

Witness report of prescription use 46 Evidence of use of prescription fentanyl at scene or by witness report 50

Other form - Specify: 51

Evidence of Smoking/Inhalation 26

Pipes 27 Bong or Bowl 30

Tin foil 28 Witness report 31

Vape pens or e-cigarettes 29

Other smoking evidence - specify 32

Evidence of Transdermal 33

Evidence of Ingestion 34

Evidence of Suppository 35

Evidence of Sublingual 36

Evidence of Buccal 37

Evidence of Illicit drugs (Check all that apply) 52

Powder 53 Witness report 55 Counterfeit pills 57

Tar 54 Crystal 56 Illicit drug packaging 58

Other illicit drug - Specify: 59

- 1 AnyEvidenceofDrugUse
- 2 NoEvidenceofDrugUse
- 3 NonSpecificDrugUse Evidence
- 4 EvidenceofRapidOverdose
- 5 TouniqueyStillInPlace
- 6 BodyPositionConsistencyRapidOverdose
- 7 WitnessReportRapidOverdose
- 8 Other
- 9 InfoRouteAdministration
- 10 EvidenceInjection
- 11 TrackMarksDecedent
- 12 Tourniquet
- 13 Cookers
- 14 NeedlesSyringe
- 15 Filters
- 16 WitnessReport
- 17 OtherInjectionEvidence
- 18 EvidenceSnortingSniffing
- 19 Straw

- 20 RolledPaperDollarBills
- 21 RazorBlades
- 22 PowderTableMirror
- 23 PowderDecedentsNose
- 24 WitnessReport
- 25 OtherSnortingEvidence
- 26 EvidenceSnortingInhalation
- 27 Pipes
- 28 Tin foil
- 29 VapePensE-Cigarettes
- 30 BongBowl
- 31 WitnessReport
- 32 OtherSmokingEvidence
- 33 EvidenceTransdermal
- 34 EvidenceIngestion
- 35 EvidenceSuppository
- 36 EvidenceSublingual
- 37 EvidenceBuccal
- 38 EvidenceUnspecDrug
- 39 EvidencePrescriptionDr
- 40 PrecribedtoDecedent
- 41 UnknownwhoPrescribedfor
- 42 NotPrescribedDecedent
- 43 PillsTablets
- 44 PrescriptionBottle
- 45 LozengesLollipops
- 46 WitnessReportPrescriptionUse
- 47 Patch
- 48 Liquid
- 49 Vial
- 50 EvidencePrescriptionFentanylSceneWitness
- 51 OtherFormSpecify
- 52 EvidenceIllicitDrugs
- 53 Powder
- 54 Tar
- 55 WitnessReport
- 56 Crystal
- 57 CounterfeitPills
- 58 IllicitDrugPackaging
- 59 OtherIllicitDrugSpecify

XIX. Drug Overdosing: Response to Drug Overdose

Response to Drug Overdose

Bystander present **1**

Type here to search

Type(s) of bystander(s) present (Check all that apply)

Person using drugs **2**

Intimate partner **3**

Family member/ other family member **4**

Friend **5**

Stranger **6**

Roommate **7**

Medical professional **8**

Other - specify **9**

Naloxone

Naloxone Administered Or Not

Naloxone administered **15**

Naloxone not administered **16 17**

Unknown whether naloxone administered

Total # of naloxone dosages administered by first responder/health care **18**

Total # of naloxone dosages administered by layperson(s) **19**

Presence of pulse on first-responder arrival **33**

Type here to search

If bystander present and no response made or response was delayed (check all reasons for no/delayed response)

Did not recognize any abnormalities **34**

Bystander using substances or drinking alcohol and impaired **35**

Public space and strangers didn't intervene **36**

Reported abnormalities but did not recognize as overdose **37**

Medical History

Treated for pain at time of injury **47**

Type here to search

Known medical conditions (Check all that apply)

COPD **48 49**

Asthma **50**

Sleep apnea **51**

Heart disease **52**

Obesity **53**

History of major injury

Migraine **54**

Back pain **55**

Hepatitis C **56**

HIV/AIDS **57**

Other pain **58**

Other breathing problem **59**

Drug Use Witnessed **9**

Type here to search

Layperson response other than naloxone administration (Check all that apply)

CPR **10**

Rescue breathing **11**

Sternal rub **12**

Stimulation **13**

Other - specify **14**

Who Administered? (Check all that apply)

Unknown **20**

Law enforcement **21**

EMS/fire **22**

Hospital staff/health care staff **23**

Other - specify **24**

Layperson **25**

Type of layperson:

Person using drugs

Intimate partner **26**

Friend **27 28**

Family member/ other family member **29**

Roommate **30**

Stranger **31**

Other - specify **32**

First-responder intervention(s) other than naloxone administration (Check all that apply)

CPR **38**

Rescue breathing **39**

Epinephrine administration **40**

Transport to ED **41**

Spatially separated (i.e., different room) **44 45**

Unaware that decedent was using substances **46**

Other - specify **42 43**

- 1 BystanderPresent
- 2 PersonUsingDrugs
- 3 IntimatePartner
- 4 FamilyMember
- 5 Friend
- 6 Stranger
- 7 Roommate
- 8 MedicalProfessional
- 9 OtherSpecify
- 9 DrugUseWitnessed
- 10 CPR
- 11 RescueBreathing
- 12 SternalRub
- 13 Stimulation
- 14 OtherSpecify
- 15 NaloxoneAdministered
- 16 NaloxoneNotAdministered
- 17 UnkownNaloxoneAdministered
- 18 TotalNaloxoneDosagesHealthC
- 19 TotalNaloxoneDosagesLayper
- 34 NotRecognizeAbnormal
- 35 BystanderImpaired
- 36 PublicSpaceNoIntervene
- 37 NotRecognizedOverdose
- 38 CPR
- 39 RescueBreathing
- 40 EpinephrineAdministered
- 41 TranspotyED
- 42 ProvidedOxygen
- 43 OtherSpecify
- 44 SpatiallySeperated
- 45 UnawareDecedentUsingDg
- 46 OtherSpecify
- 47 TreatedforPainTimeInjury
- 48 COPD
- 49 Asthma
- 50 SleepApnea
- 51 HeartDisease
- 52 Obesity
- 53 HistoryMajorInjury
- 54 Migrane
- 55 BackPain
- 56 HepatitisC
- 57 HIVAIDS
- 58 OtherPain
- 59 OtherBreathing Problem

- 20 Unkown
- 21 LawEnforcement
- 22 EMSFire
- 23 HospitalHealthcareStaff
- 24 Otherspecify
- 25 LayPerson
- 26 PersonUsingDrugs
- 27 InitimatePartner
- 28 Friend
- 29 FamilyMember
- 30 Roommate
- 31 Stranger
- 32 OtherSpecify
- 33 PressencePulseFirstRes
- 34 NotRecognizeAbnormal
- 35 BystanderImpaired
- 36 PublicSpaceNoIntervene
- 37 NotRecognizedOverdose
- 38 CPR
- 39 RescueBreathing
- 40 EpinephrineAdministered
- 41 TranspotyED
- 42 ProvidedOxygen
- 43 OtherSpecify
- 44 SpatiallySeperated
- 45 UnawareDecedentUsingDg

XX. Drug Overdose: *Prescription Information*

Prescription Information

Use of Prescription Morphine **1**

Prescription Morphine Narrative **2**

Prescription for (check all that apply):

Prescribed Buprenorphine: Pain **3** MAT **4** Unknown reason **5**

Prescribed Methadone: Pain **6** MAT **7** Unknown reason **8**

Prescribed Naltrexone **9**

Prescribed Fentanyl **10**

Optional:

Number of opioid prescriptions in the 30 days preceding injury **11**

Number of pharmacies dispensing opioids to decedent in 180 days preceding injury **12**

Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury **13**

- 1 PrescriptionMorphineUse
- 2 PrescriptionMorphineNarrative
- 3 PrescribedBuprenorphinePain
- 4 PrescribedBuprenorphineMAT
- 5 PrescribedBuprenorphineUnknown
- 6 PrescribedNaltrexonePain
- 7 PrescribedNaltrexoneMAT
- 8 PrescribedNaltrexoneUnknown
- 9 PrescribedNaltrexone
- 10 PrescribedFentanyl
- 11 OpiodPrescribed30DayPrior
- 12 PharmaciesDispensingOpiods180Days
- 13 DoctorsWritingOpioidPrecrptions180Days

XXI. Intimate Partner Violence: *Criminal History, Identification, and Health/Substance Abuse Part 1*

The screenshot displays three main sections of a software interface, each with a list of numbered search filters:

- Criminal History:** Contains 14 filters for searching by arrest type (1-7) and conviction type (8-14).
- Health/Substance Abuse:** Contains 24 filters for physical illness (41-42), disability (43-45), sensory issues (46-47), and mental health diagnoses (48-64).
- Identification:** Contains 27 filters for incident types (15-17), incident characteristics (18-20), system response (21-27), and data sources (28-40).

- 1 VictimPriorArrest
- 2 VictimTypeArrest
- 3 VictimTypeArrestOther
- 4 VictimConvictions
- 5 VictimTypeConvictions
- 6 VictimTypeConvictionsOther
- 7 VictimIOVArrests
- 8 PerpetratorPriorArrest
- 9 PerpetratorTypeArrest
- 10 PerpetratorTypeArrestOther
- 11 PerpetratorConvictions
- 12 PerpetratorTypeConvictions
- 13 PerpetratorTypeConvictionsOther
- 14 PerpetratorIPVArrests
- 15 IPVIncidentType
- 16 IPVictim
- 17 IPVPerpetrator
- 18 PremeditationEvidence
- 19 HomicideDuringArgument
- 20 DuringChildPUDropOff
- 21 WarrantIssuedSuspect
- 22 SuspectArrestedThisIncident
- 23 SuspectArrestedFled
- 24 SuspectChargedPerpetratorDeath

- | | | | |
|-----------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 25 SuspectConvicted | 38 DVFRTRReport | 50 VicMentalHealthDiagnosis1 | 62 PerpMentalHealthDiagnosis1 |
| 26 SuspectConvictedOriginalCharge | 39 NewspaperReports | 51 VicMentalHealthDiagnosis2 | 63 PerpMentalHealthDiagnosis2 |
| 27 SuspectDiedFollowingIncident | 40 OtherDataSources | 52 VicMentalHealthDiagnosis3 | 64 PerpMentalHealthDiagnosis3 |
| 28 DeathCertificate | 41 VicPhysicalIllness | 53 PerpPhysicalIllness | |
| 29 CoronerMEReport | 42 VicDiagnosisPhysicalIllness | 54 PerpDiagnosisPhysicalIllness | |
| 30 PoliceReport | 43 VicDisability | 55 PerpDisability | |
| 31 SHR/NIBRSData | 44 VicDisabilityPhysical | 56 PerpDisabilityPhysical | |
| 32 CrimeLabreport | 45 VicDisabilitydevelopmental | 57 PerpDisabilityDevelopmental | |
| 33 GunTraceReport | 46 VicDisabilitySensory | 58 PerpDisabilitySensory | |
| 34 HospitalEDReport | 47 VicAlcoholUseSuspected | 59 PerpAlcoholUseSuspected | |
| 35 CourtProsecutorReport | 48 VicDrugUseSuspected | 60 PerpDrugUseSuspected | |
| 36 RestrainingOrderRecord | 49 VicMentalHealthProblem | 61 PerpMentalHealthProblem | |
| 37 Criminal HistoryDB | | | |

XXII. Intimate Partner Violence: Health/Substance Part 2, Restraining Order, Relationship

Other mental health diagnosis 1	Other mental health diagnosis 8
<input type="text"/>	<input type="text"/>
Currently in treatment for mental health problem 2	Currently in treatment for mental health problem 9
<input type="text"/>	<input type="text"/>
Ever treated for mental health problem 3	Ever treated for mental health problem 10
<input type="text"/>	<input type="text"/>
Alcohol problem 4	Alcohol problem 11
<input type="text"/>	<input type="text"/>
Other substance abuse problem 5	Other substance abuse problem 12
<input type="text"/>	<input type="text"/>
Disclosed intent to commit suicide 6	Disclosed intent to commit suicide 13
<input type="text"/>	<input type="text"/>
History of suicide attempts 7	History of suicide attempts 14
<input type="text"/>	<input type="text"/>

Relationship

Relationship Characteristics

Cohabitation status 21	Any children not offspring of IPV Perpetrator 29
<input type="text"/>	<input type="text"/>
Relationship length number of units 22	Any children not offspring of IPV Victim 30
<input type="text"/>	<input type="text"/>
Unit of time used in relationship IPV 23	Number of children exposed to homicide 31
<input type="text"/>	<input type="text"/>
Breakup or breakup in progress 24	Number of children 5 or younger exposed to homicide 32
<input type="text"/>	<input type="text"/>
Length of breakup in specified units 25	Use of child as shield during incident 33
<input type="text"/>	<input type="text"/>
Breakup length unit 26	Child intervened during the incident 34
<input type="text"/>	<input type="text"/>
Children under 18 living at home 27	
<input type="text"/>	
# of children under 18 living at home 28	
<input type="text"/>	

- 1 VicOtherMentalHealthDiag
- 2 VicCurrentTreatmentMentalHealth
- 3 VicEverTreatedMentalHealth
- 4 VicAlcoholProblem
- 5 VicOtherSubstanceAbuse
- 6 VicDisclosedSuicideIntent
- 7 VicHistorySuicideAttempt
- 8 VicOtherMentalHealthDiag
- 9 VicCurrentTreatmentMentalHealth
- 10 VicEverTreatedMentalHealth
- 11 VicAlcoholProblem
- 12 VicOtherSubstanceAbuse
- 13 VicDisclosedSuicideIntent
- 14 VicHistorySuicideAttempt

- 15 RestrainingOrderEver
- 16 RestrainingOrderIncidentTime
- 17 RestrainingOrderType
- 18 RestrainingOrderIssueDate
- 19 RestrainingOrderServed
- 20 PersonsProtectedByRestraining
- 21 CohabitationStatus
- 22 RelationshipLengthUnits
- 23 TimeUnitRelationshipIPV
- 24 BreakupBreakupInProgress
- 25 LengthBreakupSpecifiedUnits
- 26 BreakupLengthUnit
- 27 ChildrenUnder18Home
- 28 NumberChildrenU18Home

Restraining Order

Restraining order ever 15
<input type="text"/>
Restraining order at time of incident 16
<input type="text"/>
Restraining order type 17
<input type="text"/>
Restraining order issue date 18
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
Restraining order served 19
<input type="text"/>
Person(s) protected by restraining 20
<input type="text"/>

- 29 AnyChildrenNotOffspringIPVPerpetrator
- 30 AnyChildrenNotOffspringIPVVictim
- 31 NumberChildrenExposedHomicide
- 32 NumberChildrenU5ExposedHomicide
- 33 UseChildShieldDuringIncident
- 34 ChildIntervenedDuringIncident

XXIII. Child Fatality Report: CFR Investigation, CFR Main Elements

Home Injury and Death Circumstances Weapon(s) Suspect(s) Toxicology DD IPV CFR SAVID

CFR records available on victim: 41

CFR Investigation

Investigative Elements/Witnesses

Witness(es) to fatal incident: 1
 if yes, child witness: 2
 Scene investigation by law enforcement: 3
 Scene investigation by the CME: 4

CFR additional information: 5

CFR Main Elements

Victim illness or Disability

Victim had a physical illness at time of injury: 6
 if yes, specify diagnosis: 7

Victim had disability at time of injury: 8
 if yes, disability was physical: 9
 if yes, disability was developmental: 10
 if yes, disability was sensory: 11

Prior System Contacts

Victim contact with police: 12
 Household's contact with police: 13
 Victim contact with juvenile justice system: 14
 Victim contact with the health care system: 15
 Victim contact with mental health services: 16
 Victim primary caregiver contact with social services: 17
 Primary caregiver on welfare/financial assistance: 18
 Victim/primary caregiver contact with WIC: 19
 Victim/primary caregiver contact with Medicaid: 20

Prior CPS Contacts (ever)

Prior CPS report on the victim's household: 21
 if yes, CPS report filed on whom: 22
 if yes, report substantiated: 23
 Physical abuse substantiated: 24

Suspect Information

Specific person suspected: 28
 Suspect arrested as perp in this death: 29
 Suspect charged as perp in this death: 30
 Suspect prosecuted: 31

Prenatal History of Infants

Infants: Prenatal care prior to 3rd trimester: 36
 Infants: maternal recreational drug use: 37
 Infants: maternal alcohol use: 38

Sexual abuse substantiated: 25
 Neglect substantiated: 26
 CPS case opened on other children due to this death: 27

Suspect convicted: 32
 Suspect convicted of original charge: 33
 CPS report or referral ever filed on the suspect: 34
 Suspect ever charged with a prior homicide: 35

Infants: maternal tobacco use: 39
 Infants: victim born prematurely: 40

- 1 WitnessFatalIncident
- 2 YesChildWitness
- 3 SceneInvestigatedLawEnforcement
- 4 SceneInvestigatedC/ME
- 5 CFRAdditionalInfo
- 6 VictimHadPhysicalIllnessInjury
- 7 VictimInjuryDiagnosis
- 8 VictionHadDisabilityInjury
- 9 DisabilityPhysical
- 10 DisabilityDevelopmental
- 11 DisabilitySensory
- 12 VictimContactWithPolice
- 13 HouseholdContactWithPolice
- 14 VictimContactJuvenileJusticeSys
- 15 VictimContactHealthcareSys
- 16 VictimContactMentalHealthServ
- 17 VictimCaregiverContactSS
- 18 PrimaryCaregiverWelfareFA
- 19 VictimPrimaryCGContactWIC
- 20 VicPrimaryCGContactMedicaid

- 21 PriorCPSReportVictimHouse
- 22 CPSFiledonWhom
- 23 ReportSubstantiated
- 24 PhysicalAbuseSubstantiated
- 25 SexualAbuseSubstantiated
- 26 NeglectSubstantiated
- 27 CPSCaseOpenedOtherChildrenDeath
- 28 SpecificPersonSuspended
- 29 SuspectArrestedPerpDeath
- 30 SuspectChargedPerpDeath
- 31 SuspectProsecuted

- 32 SuspectConvicted
- 33 SuspectConvictedOriginalCharge
- 34 CPSReprtReferralFiledonSuspect
- 35 SuspectEverChargedPriorHomicide
- 36 InfantsParentalCarePrior3Trimester
- 37 InfantsMaternalRecreationDrugUse
- 38 InfantsMaternalAlcoholUse
- 39 InfantsMaternalTobaccoUse
- 40 InfantsVictimBornPrematurely
- 41 CFRRecordsAvailableVictim

XXIV. Child Fatality Report: CFR Household Information

CFR Household Information

<p>Household Information</p> <p>Length of time in residence 1 <input type="text" value="Type here to search"/></p> <p>Type of residence in which victim lived 2 <input type="text" value="Type here to search"/></p> <p>Unrelated adult living in household 3 <input type="text" value="Type here to search"/></p> <p>Other children <18 yrs in household 4 <input type="text" value="Type here to search"/></p> <p>Marital relationship of victim's biological parents 5 <input type="text" value="Type here to search"/></p> <p>Parent/Primary Caregiver 1 Information</p> <p>Primary caregiver a victim or suspect in the incident 19 <input type="text" value="Type here to search"/></p> <p>If yes, caregiver's ID in the incident 20 <input type="text" value="#####"/></p> <p>Relationship to victim 21 <input type="text" value="Type here to search"/></p> <p>Person lived with the victim 22 <input type="text" value="Type here to search"/></p> <p>Age at time of incident 23 <input type="text" value="###"/></p> <p>Sex 24 <input type="text" value="Type here to search"/></p> <p>Had legal custody of victim at time of death 25 <input type="text" value="Type here to search"/></p> <p>Had documented history of maltreating 26 <input type="text" value="Type here to search"/></p> <p>Had a previous child die in his/her care 27 <input type="text" value="Type here to search"/></p>	<p>Domestic Violence and Substance Abuse</p> <p>Intimate partner violence in victim's household 6 <input type="text" value="Type here to search"/></p> <p>Substance abuse in victim's household 7 <input type="text" value="Type here to search"/></p> <p>Intimate partner violence in victim's foster home 8 <input type="text" value="Type here to search"/></p> <p>Substance abuse in victim's foster home 9 <input type="text" value="Type here to search"/></p> <p>Parent/Primary Caregiver 2 Information</p> <p>Primary caregiver a victim or suspect in the incident 28 <input type="text" value="Type here to search"/></p> <p>If yes, caregiver's ID in the incident 29 <input type="text" value="#####"/></p> <p>Relationship to victim 30 <input type="text" value="Type here to search"/></p> <p>Person lived with the victim 31 <input type="text" value="Type here to search"/></p> <p>Age at time of incident 32 <input type="text" value="###"/></p> <p>Sex 33 <input type="text" value="Type here to search"/></p> <p>Had legal custody of victim at time of death 34 <input type="text" value="Type here to search"/></p> <p>Had documented history of maltreating 35 <input type="text" value="Type here to search"/></p> <p>Had a previous child die in his/her care 36 <input type="text" value="Type here to search"/></p>	<p>Supervision</p> <p>Perpetrator was supervisor 10 <input type="text" value="Type here to search"/></p> <p>Quality of supervision a factor 11 <input type="text" value="Type here to search"/></p> <p>Supervisor's relationship to victim 12 <input type="text" value="Type here to search"/></p> <p>Supervisor's age 13 <input type="text" value="###"/></p> <p>Supervisor's sex 14 <input type="text" value="Type here to search"/></p> <p>Committee Decisions</p> <p>CFR conclusion matches death certificate 37 <input type="text" value="Type here to search"/></p> <p>If no, manner the CFR designated 38 <input type="text" value="Type here to search"/></p> <p>Text to specify other manner 39 <input type="text" value=""/></p> <p>Action taken to change the official manner 40 <input type="text" value="Type here to search"/></p> <p>Result of action 41 <input type="text" value="Type here to search"/></p> <p>CFR determination of preventability 42 <input type="text" value="Type here to search"/></p>	<p>Committee Records</p> <p><input type="checkbox"/> No supervision 15</p> <p><input type="checkbox"/> Supervisor drug/alcohol-impaired 16</p> <p><input type="checkbox"/> Supervisor distracted or asleep 17</p> <p><input type="checkbox"/> Other supervisory factor 18</p> <p><input type="checkbox"/> C/ME records 43</p> <p><input type="checkbox"/> SS/CPS records 44</p> <p><input type="checkbox"/> Police/Law Enforcement records 45</p> <p><input type="checkbox"/> School records 46</p> <p><input type="checkbox"/> EMS records 47</p> <p><input type="checkbox"/> Health Provider/Hospital records 48</p> <p><input type="checkbox"/> Public Health Department records 49</p> <p><input type="checkbox"/> Mental Health Records 50</p> <p><input type="checkbox"/> Juvenile Justice records 51</p> <p><input type="checkbox"/> Death certificate 52</p> <p><input type="checkbox"/> Other records 53</p> <p>Specify (what other records) 54 <input type="text" value=""/></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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- 1 LengthTimeResidence
- 2 TypeResidenceVictimLived
- 3 UnrelatedAdultLivingHousehold
- 4 OtherChildrenU18Household
- 5 MaritalRelationshipVictimBioParents
- 6 IntimatePartnerViolenceVictimHousehold
- 7 SubstanceAbuseVictimHousehold
- 8 IntimatePartnerViolenceVictimFosterHome
- 9 SubstanceAbuseVictimFosterHome
- 10 PerpetratorWasSupervisor
- 11 QualitySupervisionFactor
- 12 SupervisorRelationshipVictim
- 13 SupervisorAge
- 14 SupervisorSex
- 15 NoSupervision
- 16 SupervisorDrugAlcoholImpaired
- 17 SupervisorDistractedAsleep
- 18 OtherSupervisoryFactor
- 19 PrimaryCaregiverVictimSuspectIncident
- 20 CaregiversIDIncident
- 21 RelationshipToVictim
- 22 PersonLivedwithVictim
- 23 AgeTimeof Incident
- 24 Sex
- 25 LegalCustodyTimeofDeath
- 26 DocumentedHistoryMaltreating
- 27 PreviousChildDieinCare

- 28 PrimaryCaregiverVictimSuspectIncident
- 29 CaregiversIDIncident
- 30 RelationshipToVictim
- 31 PersonLivedWithVictim
- 32 AgeTimeIncident
- 33 Sex
- 34 LegalCustodyTimeDeath
- 35 DocumentedHistoryMaltreating
- 36 PreviosChildDieCare

- 37 CFRConclusionMatchesDeathCert
- 38 MannerCFRDesignated
- 39 SpecifyOtherManner
- 40 ActionTakenChangeOfficialManner
- 41 ResultAction
- 42 CFRDeterminationPreventability
- 43 CMERecords
- 44 SSCPSRecords
- 45 PoliceLawEnforcementReports

- 46 SchoolRecords
- 47 EMSRecords
- 48 HealthProviderHspitalRecords
- 49 PublicHealthDepartmentRecords
- 50 MentalHealthRecords
- 51 JuvenileJusticeRecords
- 52 DeathCertificates
- 53 OtherRecords
- 54 SpecifyOtherRecords

XXV. Child Fatality Report: Circumstance Elements - Legacy

CFR Circumstance Elements (Legacy)

Circumstances from CFR 1

Mental Health

- Current depressed mood 2 3
- Current mental health problem 3

Type of first mental illness diagnosed 4

Type of second mental illness diagnosed 5

Other mental health diagnosis 6

- Current treatment for mental illness 7
- Ever treated for mental illness 8
- History of inpatient psychiatric treatment 9
- Taking psychiatric med. at time of death 10
- Barriers to accessing mental health care 11

Physical Altercations

- Brawl (mutual physical fight) 12
- Argument over money/property 13
- Perpetrator of interpersonal violence past month 14
- Victim of interpersonal violence past month 15

Other Circumstances

- Crisis in past 2 wks 16
- Other circumstance (specify) 17

Other circumstance 18

Alcohol, Drug and Other Addictions

- Alcohol problem 19
- Other substance problem 20

Socio-Economic Factors

- Job problem 21
- Financial problem 22
- Other legal problems 23

Life Events

- Recent criminal legal problem 24
- School problem 25
- Physical health problem 26
- Other death of friend or family 27

Homicide/Legal Intervention Specific Circumstances

- Justifiable self defense/law enforcement 28
- Victim was a police officer on duty 29
- Victim was a bystander 30
- Victim was intervener assisting crime victim 31
- Victim used weapon 32
- Mercy killing 33

Precipitated By Another Crime

- Precipitated by another crime 34

Nature of first other crime 35

- First other crime in progress 36

Nature of second other crime 37

Other Criminal Activities

- Terrorist attack 38
- Drug involvement 39
- Gang related 40
- Hate crime 41

Suicide/Undetermined Specific Circumstances

- Disclosed intent to commit suicide 42
- Person left a suicide note 43
- History of suicide attempts 44
- Suicide of friend or family in past 5 years 45

Relationship Problem

- Intimate partner problem 46
- Jealousy (lovers' triangle) 47
- Intimate partner violence related 48
- Other relationship problem 49

Unintentional Firearm Death Specific Circumstances

- Hunting 50
- Target shooting 51
- Self-defensive shooting 52
- Celebratory firing 53
- Loading/unloading gun 54
- Cleaning gun 55
- Showing gun to others 56
- Playing with gun 57
- Thought safety was engaged 58
- Thought unloaded: magazine disengaged 59
- Thought gun was unloaded, other 60
- Unintentionally pulled trigger 61
- Bullet ricochet 62
- Gun defect or malfunction 63
- Fired while holstering/unholstering 64
- Dropped gun 65
- Fired while operating safety/lock 66
- Gun mistaken for toy 67
- Other argument, abuse, conflict 68
- Other context of injury 69
- Other mechanism of injury 70

- 1 CircumstancesFromCFR
- 2 CurrentDepressedMood
- 3 CurrentMentalHealthProblem
- 4 TypeMentalHealthDiagnosed1
- 5 TypeMentalHealthDiagnosed2
- 6 OtherMentalHealthDiagnosed
- 7 CurrentTreatmentMentalHealth
- 8 EverTreatedMentalHealth
- 9 HistoryInpatientPsychiatricTreatment
- 10 TakingPsychiatricMedTimeDeath
- 11 BarriersAccessingMentalHealthCare
- 12 BrawlPhysicalFight
- 13 ArgumentOverMoneyProperty
- 14 PerpetratorInterpersonalViolenceMonth
- 15 VictimInterpersonalViolenceMonth
- 16 CrisisPast2Wks
- 17 OtherCircumstances
- 18 OtherCircumstancesText
- 19AlcoholProblem
- 20 OtherSunstanceProblem
- 21JobProblem
- 22 FinancialProblem
- 23 OtherLegalProblem

- 24 RecentCriminalLegalProblem
- 25 SchoolProblem
- 26 PhysicalHealthProblem
- 27 OtherDeathFriendFamily
- 28 JustifiableSelfdefenceLawEnf
- 29 VictimPoliceOfficeonDuty
- 30 VictimBystander
- 31 VictimIntervenerAssistingVictim
- 32 VictimUsedWeapon
- 33 MercyKilling
- 34 ParticipatedbyAnotherCrime
- 35 NatureOtherCrime1
- 36 FirstOtherCrimeinProgress
- 37 NatureotherCrime2
- 38 TerroristAttack
- 39 DrugInvolvement
- 40 GangRelated
- 41 HateCrime
- 42 DisclosedIntentCommitSuicide
- 43 PersonLeftSuicideNote
- 44 HistorySuicideAttempts
- 45 SuicideFriendFamilyPast5Yrs
- 46 IntimatePartnerProblem
- 47 JealousyLoversTriangle
- 48 IntimatePartnerVioleceRelated
- 49 OtherRelationshipProblem

- 50 Hunting
- 51 targetShooting
- 52 SelfDefenceShooting
- 53 CelebratoryFiring
- 54 LoadingUnloadingGun
- 55CleaningGun
- 56 ShowingGunOthers
- 57 PlayingWithGun
- 58 ThoughtSafetyEngaged
- 59 ThoughtUnloadedMagDiseng
- 60 ThoughtUnloadedOther
- 61 UnintentionallyPulledTrigger
- 62 BulletRichochet
- 63 GunDefectMalfunction
- 64 FiredHosteringUnholstering
- 65 DroppedGun
- 66 FiredWhileOperatingSafetyLock
- 67 GunMistackenToy
- 68 OtherArgumentAbuseConflicct
- 69 OtherContextInjury
- 70 OtherMechanismInjury

XXVI. School Associated Violent Death: General Incident Variables

- 1 NumberNonfatalInjuredIncident
- 2 SAVDLocationType
- 3 Classroom
- 4 Hallway
- 5 Cafeteria
- 6 GymIndoorSportsFacility
- 7 LockerRoom
- 8 Office
- 9 Stairwell
- 10 Restroom
- 11 SchoolSponsoredEvent
- 12 BreakroomLounge
- 13 Auditorium
- 14 CampusLawnGardens
- 15 SportingFieldsPlayground
- 16 ParkingLot
- 17 Driveway
- 18 BusPUDropOffPoint
- 19 LibraryMediaCenter
- 20 OtherIndoorLocation
- 21 OtherOutdoorLocation

- 22 SecurityMeasuresTimeInjury
- 23 WalkThroughMetalDetectors
- 24 HandHeldMetalDetectors
- 25 SurveillanceCameras
- 26 CommunicationDevices
- 27 AccessRestrictions
- 28 Other
- 29 SpecificsAboutSecurity

- 30 Notes
- 31 JournalEntry
- 32 SocialMedia
- 33 VerbalThreats
- 34 ElectronicMedia
- 35 OtherActions
- 36 AnyoneKnowBeforeHappened
- 37 InformationKnownAdvance

- 38 RelationshipWithVictimSuspect
- 39 NoOne
- 40 Parents
- 41 OtherFamily
- 42 Other
- 43 Peers
- 44 SchoolStaff
- 45 MedicalMentalHealthProf

XXVII. School Associated Violent Death: *Victim Variables*

Victim Variables

Which of the following best describes the timing of SAVD incident? ¹

If Other selected, please specify: ³

128 character(s) remaining

What was the Victim's primary affiliation with the school associated with this death? ²

If Other selected, please specify: ⁴

128 character(s) remaining

In the 12 months prior to this event did the victim engage in any of the following behaviors? (check all that apply)

- Name calling, teasing and/or bullying peers or school personnel (in person or online) ⁵
- Sent verbal, written, or electronic threats ⁶
- Posted threats or manifestos online via social media or other platforms ⁷
- Participated in activity aligning themselves with violent ideologies ⁸
- Physically threatened or physically fought with peers ⁹
- Damaged or stole another's personal property or damaged school property ¹⁰
- Possessed/used illicit substances ¹¹
- Possessed a weapon ¹²
- Other ¹³

128 character(s) remaining

In the 12 months prior to this event was this individual victimized in any of the following ways? (check all that apply)

- Called names, teased, or was bullied by peers or school personnel (in person or online) ¹⁴
- Had personal property damaged or stolen ¹⁵
- Received verbal, written, or electronic threats ¹⁶
- Physically threatened and/or assaulted by peers ¹⁷

Did the victim experience any of the following in the past or on an ongoing basis? (check all that apply)

- Physical child abuse ¹⁸
- Sexual child abuse ¹⁹
- Emotional (verbal or psychological) abuse as a child ²⁰
- Neglect (physical, emotional, medical or educational neglect) as a child ²¹
- Victimization in intimate partner violence/teen dating ²²
- Victimization in sexual violence ²³
- Witnessing violence in the home ²⁴

1 BestDescribeTimingIncident

2 VictimPrimaryAffiliationAssocDeath

3 OtherPleaseSpecify

4 OtherPleasespecify

5 NameCallingTeasingBullying

6 VerbalWrittenSocialMediaThreats

7 PostedThreatsManifestation

8 ActivityAligningViolentIdeologies

9 PhysicallyThreatenedFoughtPeers

10 DamagedStolePersonalSchoolProperty

11 PossessedUsedIllicitSubstances

12 PossessedWeapon

13 Other

14 CalledNamesTeasedBulliedPeersSchool

15 PersonalPropertyDamagedStolen

16 ReceivedVerbalWrittenElectronicThreats

17 PhysicallyThreatenedAssaultedPeers

18 PhysicalChildAbuse

19 SexualChildAbuse

20 EmotionalChildAbuse

21 NeglectedAsChild

22 VictimizedIntimatePartnerTeenDating


23 VictimizedSexualViolence

24 WitnessedViolenceHome

XXVIII. 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

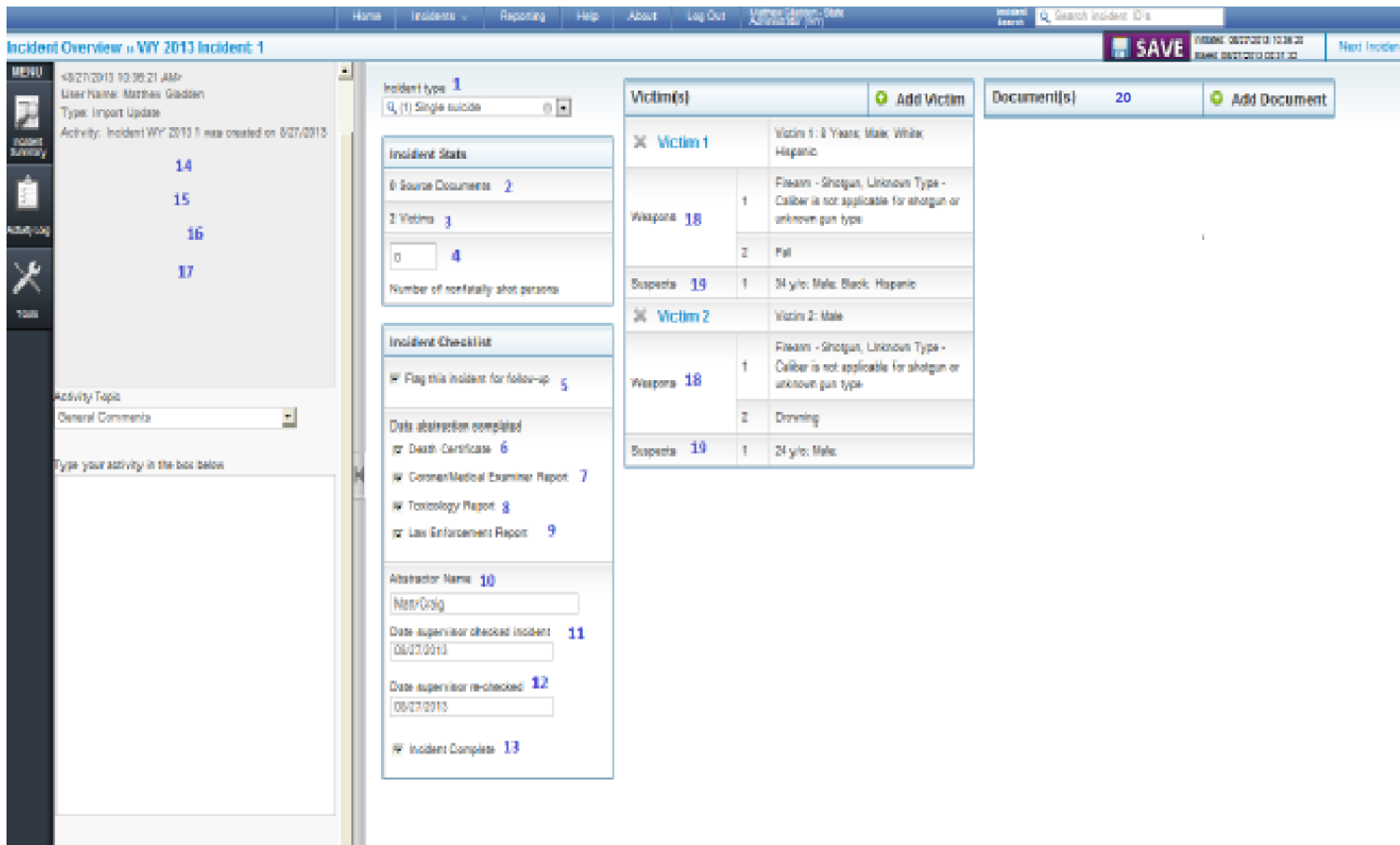
 Tools

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

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



- | | | |
|------------------------|----------------------------|---------------------|
| 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 FlagFollowUp | 12 SupervisorRecheckedDate | 19 NumberOfSuspects |
| 6 CompleteDC | 13 CompleteIncident | 20 Documents |
| 7 CompleteCME | 14 CreateDate | |

XXX. CME and LE Incident Narratives

Menu

- Summary
- Activity Log
- Tools
- Harvest Tools

Incident Type **(Required)**

(1) NVDRS

Incident Category

(99) Missing or Other Death Manner

Incident Stats

0 Source Document(s)

1 Victim(s)

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

MM/DD/YYYY

Date supervisor re-checked

MM/DD/YYYY

Incident Complete

Victim(s) Add Victim

Victim 1

Document(s) Add Document

Related Incident(s) Add

Year	Incident	Relation

Narratives

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

1 NarrativeLE

2 NarrativeCME

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

Home Incidents Reporting Settings Help About Log Out SCOTT VAN HEEST - State Administrator (MP) Incident Search Search Incident ID's

Reporting For Northern Mariana Islands

Filters

Select the years

<input type="checkbox"/> 2019	<input type="checkbox"/> 2018	<input type="checkbox"/> 2017	<input type="checkbox"/> 2016	<input type="checkbox"/> 2015	<input type="checkbox"/> 2014
<input type="checkbox"/> 2013	<input type="checkbox"/> 2012	<input type="checkbox"/> 2011	<input type="checkbox"/> 2010	<input type="checkbox"/> 2009	<input type="checkbox"/> 2008
<input type="checkbox"/> 2007	<input type="checkbox"/> 2006	<input type="checkbox"/> 2005	<input type="checkbox"/> 2004	<input type="checkbox"/> 2003	

Incident Types

NVDRS NVDRS Non-Targeted Area SUDORS Other (State-Defined)

Victim Reports

Number of Victims by Manner Victim Data Quality

Incident Reports

Data Entry Activity by Calendar Month Incident Data Completeness by Year of Violent Death

XXXII. Incident Validation: this is a new addition to the software

The new software architecture has allowed us to pull together all of the validation rules on the various data elements into a single screen. Now, you can click the “validate” button next to the “save” button and receive a report on all validation rules for the incident, like this:

Object	Location	Severity	Error Number	Error Message
Victim #1	Injury & Death	WARNING	W030	Except for legal intervention, the abstractor assigned manner of death must match the manner of death on the LE, CME, or DC. Please check this incident to ensure this is true.
Victim #1	Demographics	QUALITY	Q009	Person type is missing. Enter the correct value for person type.
Victim #1	Demographics	QUALITY	Q011	Sex is missing. Enter the correct value for sex (enter 9 'Unknown' if sex is missing or not listed).
Victim #1	Injury & Death	QUALITY	Q013	Manner of death per abstractor is suicide but Age unit is not years. Suicides should always have Age unit=1 ('Years') so change Age unit to 1 or if missing to 9 ('Missing') OR if incident is not a suicide change manner of death per abstractor to correct value.

Validation messages are based on the last saved version of the incident. If you have made changes to the incident, be sure to SAVE before running validation.

Export to CSV OK

In addition to the errors and warnings that have always been in the software, we have added “data quality checks” that we have been running in SAS as part of the data closeout process. We plan to keep adding more checks in the future.

XXXIII. *Related Incidents: this is a new addition to the software*


We have added a panel to the incident screen that allows users to create links between incidents. Each link has a description field and allows users to click through to see the related incident. The panel looks like this:



States will have a lot of freedom in determining what constitutes a “related” incident in NVDRS. Related incidents might include multiple homicides taking place outside of our 24-hour case definition criterion, unintentional drug overdoses with related suicides or homicides, and so on. In the future, we may add a drop down with relationship categories, based on how this feature is used in practice.

XXXIV. Tools Menu: Menu of tools to modify incidents. Tools available (1) Merge (2) Split (3) Delete (4) Undelete (5) Transfer incidents

This set of tools are powerful while working with the entire incident merge, split, or transfer an incident to another NVDRS program.



- Merge Incidents
- Split Incidents
- Delete Incident
- Transfer Incident

Merge Incidents

Select the target year and incident ID of the incident you are wanting to merge

Target Year:

Target Incident ID:

Split Incidents

Select the victims you wish to take out of this incident

Victim(s)	
<input type="checkbox"/> Victim 1	Victim 1: 12 Years; Male;

Select the documents you wish to take out of this incident

Document(s)	
<input type="checkbox"/> Document 1	Death certificate
Document Unavailable	Agency:
Requested:	Re-requested:

Delete Incident

Are you sure you would like to delete this incident (MP 2021 Incident: 111)?

Transfer Incident

Select the State you want to transfer incident to:

Reason

255 character(s) remaining.

- Undelete Incident

Undelete Incident

Are you sure you would like to undelete this incident (MP 2021 Incident: 69)?

XXXV. Incident Drop down: *Option 1 Create a new incident*

- Reporting
- Create New Incident
- Import Incidents
- Import History
- Search Incidents
- Export Incidents
- Custom Export
- Bulk Delete Incidents
- Incident Transfer History

New Incident

Incident Year **(Required)**

Select Incident Year ▼

Incident Type **(Required)**

Select Incident Type ▼

Incident Number

Incident Number

Create New Incident

XXXVI. Incident Drop down: Option 2 Import Page is available to states to import information from death certificates, including ICD-10 and Coroner/Medical Examiner specifying document type, year, incident type and file.

Incidents Reporting

- Create New Incident
- Import Incidents**
- Import History
- Search Incidents
- Export Incidents
- Custom Export
- Bulk Delete Incidents
- Incident Transfer History

Home Incidents Reporting Settings Help About Log Out SCOTT VAN HEEST - State Administrator (MP) Incident Search Search Incident ID's

1. Upload File -> / 2. Validation -> / 3. Import -> / 4. Waiting Review

Import Records

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".

Document Type: **(Required)** 1

Data Year: **(Required)** 2

Incident Type for any new incidents created: **(Required)** 3

Select File to Upload: **(Required)** 4

Clear Next 5

Import History

- 1 DocumentType
- 2 DataYear
- 3 IncidentType
- 4 FileToUpload
- 5 ClearNext

XXXVII. Incident Drop down: Option 3 Import History Page is available to NVDRS programs to view past imports

- Incidents ▾ Reporting
- Create New Incident
- Import Incidents
- Import History
- Search Incidents
- Export Incidents
- Custom Export
- Bulk Delete Incidents
- Incident Transfer History

Import History Panel

Show 10 entries

Search:

User Id	User Name	Import ID	File Name	Import Type	Date Imported	Import Status	Row Count	Action
352035	STEVEN MAC DONALD	18240	Blank Import file.txt	CME Report	9/2/2021	Review Complete	3	Prelim. Report Final Report

XXXVIII. Incident Drop down: Option 4 Search Incidents Page is available to NVDRS programs to search and view incidents.

- incidents ▾ Reporting
- Create New Incident
- Import Incidents
- Import History
- Search Incidents**
- Export Incidents
- Custom Export
- Bulk Delete Incidents
- Incident Transfer History

Search for Incident ID

ID# Year

Incident Filters

Incident Year Incident State

Incident Type

Only cases marked "Follow Up"

Only official incidents

First Initial of Last Name

Day of Month of Birth

Last Extension of DOB

Last Extension of CMID

Sex Age Age End

Alcoholic originator number of death

Additional Incident Filters

Transfer of Residence

Zip Code County

County of residence

Transfer of Injury

Zip Code County

County of injury

Date of Death

Date of Death Search by Month, Day and Year

From: Month Day Year

To: Month Day Year

Specific Date of Death

MMDDYYYY

Date of Injury

Date of Injury Search by Month, Day and Year

From: Month Day Year

To: Month Day Year

Specific Date of Injury

MMDDYYYY

Contact or Transfer on Day of occurrence

Event Name to search

Weapon Type

Event Name to search

Victim to Request Relationship 1

Event Name to search

Victim to Request Relationship 2

Event Name to search

Victim Race & Ethnicity

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Unspecified Race

Hipercod,Latino/Spanish

Event Name to search

Medical Condition

Event Name to search

Transgender

Occupation

Occupation code

Occupation text

Current occupation

XXXIX. Incident Drop down: Option 5 & 6 Export Page is available to states to view exported files downloaded in an Excel Comma Separated file. In NVDRS version 2.3 the option to create a custom export was introduced.

- Incidents > Reporting
- Create New Incident
- Import Incidents
- Import History
- Search Incidents
- Export Incidents
- Custom Export
- Bulk Delete Incidents
- Incident Transfer History

Custom Export

Filters

Select the years

<input type="checkbox"/> 2021	<input type="checkbox"/> 2020	<input type="checkbox"/> 2019	<input type="checkbox"/> 2018	<input type="checkbox"/> 2017	<input type="checkbox"/> 2016
<input type="checkbox"/> 2015	<input type="checkbox"/> 2014	<input type="checkbox"/> 2013	<input type="checkbox"/> 2012	<input type="checkbox"/> 2011	<input type="checkbox"/> 2010
<input type="checkbox"/> 2009	<input type="checkbox"/> 2008	<input type="checkbox"/> 2007	<input type="checkbox"/> 2006	<input type="checkbox"/> 2005	<input type="checkbox"/> 2004

Export Types

Select Export Type

- Document
- Incident
- PDO
- Suspect
- Toxicology
- Victim
- Weapon

XL. Incident Drop down: Options 7 & 8: Bulk Delete Page is available to programs to delete multiple successive incidents with one option. In NVDRS version 2.3 the option to transfer an incident to another NVDRS program.

- Incidents - Reporting
 - Create New Incident
 - Import Incidents
 - Import History
 - Search Incidents
 - Export Incidents
 - Custom Export
 - Bulk Delete Incidents
 - Incident Transfer History

Bulk Delete

State (Required) MP	Year (Required) Year	Incident Number Start (Required) Start Num	Incident Number End (Required) End Num
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Retrieve Incident(s)

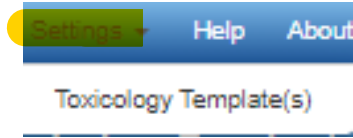
Incident Transfer History

Show 25 entries

Search:

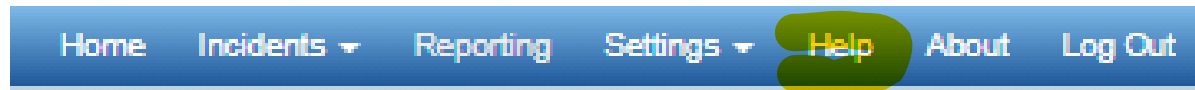
From Incident	Initiated Date	Initiated By	Reason	To Incident	Completed On	Completed By	Comment	Status
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XLI. Setting Drop down: Toxicology templates available to programs to create templates to streamline entering toxicology data for an incident.



Northern Mariana Islands Toxicology Template(s)						+ Create Template
Action(s)	Template Name	TotalSubstances	Created By	Created On	Last Modified By	Last Modified On

XLII. Help: Toxicology templates available to programs to create templates to streamline entering toxicology data for an incident.



 NVDRS Training & Help

Search the wiki

- [Home](#)
- [System Help](#)
- [Coding Help](#)
- [NVDRS Help Desk](#)
- [Analysis Help](#)
- [Training and Resources](#)
- [SUDORS Resources](#)

Home

Modified on 2020/04/03 15:44 by Craig Bryant Paths: NVDRS
Categorized as *Uncategorized*
» [Coding Help \(Coding Help\)](#) » [System Help \(System Help\)](#) » [Home](#)

How to Use NVDRS Help

Welcome to NVDRS Help. Use the following functions to find what you need and navigate through Help.

Left Sidebar

The sidebar on the left side contains navigation to the main functions of NVDRS Help. You will find links to:

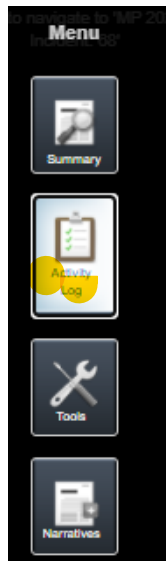
- Search** – Search all content in NVDRS Help. Results are returned in a clickable list.
- System Help** – Learn about the NVDRS system and how to use the different functions and tools. Selecting System Help will display a clickable Table of Contents making it easy to find what you need.
- Coding Help** – Get the latest information on coding specific variables in incidents. Selecting Coding Help will display a clickable Table of Contents making it easy to find what you need.
- Training and Resources** – Download documents, training materials and access the practice "sandbox" from here.
- SUDORS Resources** - Documents, references, and other information specific to SUDORS (State Unintentional Drug Overdose Reporting System) cases within the NVDRS software.

Content Pages

After one of the links in the Sidebar is clicked, a content page with the Table of Contents for the page will display.

- Table of Contents** – Click the links within the table of contents to access a section.
- Print** – Use the icon on the top right of the page to print the page.
- Save to Pdf** – Export the page to a pdf document by clicking the print button and selecting "Save as PDF" or "Adobe PDF" for printer source.
- Search** – Click Ctrl+F (browser search) to find keywords in the content of the page.
- Top of Page "Breadcrumb" Navigation** – Keep track of where you are within NVDRS Help. See the hierarchy of the content and navigate to other sections of Help by clicking on the links on the "breadcrumb" at the top of the page.

XLIII. Menu Activity Log: Provides a log of activity for an incident.



Activity Log

Initiated: 1/22/2021 10:34:03 AM

Saved: 4/3/2021 7:38:20 PM

<1/22/2021 10:34:03 AM>
User Name: [REDACTED]
Type: Incident Created
Activity: Incident MP 2021 70 was created on 1/22/2021

<1/22/2021 10:34:04 AM>
User Name: [REDACTED]
Type: Victim Created
Activity: Victim ID 876800 was created on 1/22/2021

<8/18/2021 8:19:06 AM>
User Name: [REDACTED]
Type: Other
Activity: Incident Un-Deleted

+ Add Activity

Activity Topic

Data Quality

Type in your activity in the box below:

[Empty text input box]