



SCVDRS Incident Report Sheet

Data Year: _____

Date Abstracted: _____ Date Entered in NVDRS: _____ IP CF P

Report Type: CME LE Circumstances: CME LE Incident Complete Merge Incident #

DHEC INCIDENT ID: _____ COUNTY: _____ ABTRACTOR INITIALS: _____

Manner of Death- CME: _____ LE: _____ Abstractor: _____
Suicide Homicide Unintentional Firearm Legal Intervention Terrorism Undetermined Accidental (Not a NVDRS Case) Poisoning

INCIDENT CHECKLIST

- Coroner: _____ LE Agency: _____
- HD/ED Record: _____ Toxicology Report: _____
- EMS Report _____ CFRT Report _____
- Newspaper Article _____ Other: _____

DEMOGRAPHICS AND EXTENDED DEMOGRAPHICS

Date of Death: _____ Time of Death: _____
 Date Pronounced: _____ Survival Time: _____
 Height: _____ Weight: _____ Age: _____
 Sex: Male Female Transgender
 Race: White Black Asian Pacific Islander Unknown N/A Hispanic Origin: Yes No
 Homeless: Yes No
 Education: _____
 Current Occupation: _____ Usual Occupation (DC): _____
 Marital Status: _____ Relationship Status: _____
 Sex of Partner: Male Female N/A Pregnant: Yes No N/A
 Sexual Orientation: _____ Armed Forces: Yes No

SUSPECT DEMOGRAPHICS

Age: _____ Sex: Male Female N/A
 Race: White Black Asian Pacific Islander Unknown N/A Hispanic Origin: Yes No
Relationship to Victim:
 Victim-to-Suspect Relationship 1: (see list) _____
 Victim-to-Suspect Relationship 2: (see list) _____
 History of abuse of victim by suspect Suspect had developmental disability
 Suspect was caregiver for the victim Suspected alcohol use by suspect
 Suspect attempted suicide after incident Suspected substance use by suspect
 Suspect is also victim in the incident Suspect had been in contact with law enforcement
 Suspect is mentally ill Suspect was recently released from an institution: _____

INJURY LOCATION, TIME, AND EVENTS

Injury location type (see list): _____
 County: _____ City: _____ Zip Code: _____
 Date of Injury: _____ Time of Injury: (Military Time) _____
 Injured at Work: Yes No N/A Alcohol use Suspected Yes No N/A
 Injured at Victim's Home: Yes No N/A In Custody Yes No N/A
 EMS at Scene Yes No N/A If yes, then list Custody type: _____
 Autopsy Yes No N/A Victim Seen in Hospital Yes No N/A
 If yes, then list COD: _____ Recent Release from Institution: _____

WEAPON	FIREARMS	For deaths involving firearms & sharp instruments only:																																													
<p>Circle & indicate if 1-Primary; 2-Secondary; 3rd; 4th...</p> <p>Firearm Sharp Instrument Poisoning Fall Hanging Blunt Instrument Shaking Intentional Neglect Non-Gun Powder Fire/Burn Personal Weapon Biological Weapon Drowning Motor Vehicle Explosives Other Unknown</p>	<p>Gun type (Handgun/Rifle/Shotgun): _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Caliber: _____</p> <p>Gauge: _____</p> <p>Owner: _____</p> <p><input type="checkbox"/> Gun stored loaded <input type="checkbox"/> Gun stored unloaded <input type="checkbox"/> Gun stolen</p> <p>Gun Access Narrative (enter a brief summary of how the victim obtained access to the gun and whether he/she had authorized access to the gun): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p># of Non-Fatally Shot Persons: _____</p> <p># of Penetrating Wounds (bullet entry counts as 1 wound; bullet exit counts as another): _____</p> <p># of Bullets hitting victim: _____</p> <p>For deaths involving any weapon type:</p> <table border="1" data-bbox="1047 367 1510 709"> <thead> <tr> <th></th> <th>A</th> <th>P</th> <th>N/A</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>Head</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Face</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Neck</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thorax</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Abdomen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Spine</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Upper Extremity</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lower Extremity</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Check Absent (A) or Present (P) for Penetrating Wounds; Not Applicable (N/A) for other injuries; & Unknown (UNK) as needed.</p>		A	P	N/A	UNK	Head					Face					Neck					Thorax					Abdomen					Spine					Upper Extremity					Lower Extremity				
	A	P	N/A	UNK																																											
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MENTAL HEALTH		
<p>Mental Health, Substance Abuse, and Other Addictions</p> <p><input type="checkbox"/> Currently Diagnosed <input type="checkbox"/> Crisis</p> <p><input type="checkbox"/> Current Depressed Mood</p> <p><input type="checkbox"/> Current Mental Health / Substance Abuse Treatment</p> <p><input type="checkbox"/> Ever Treated for Mental Health / Substance Abuse</p> <p><input type="checkbox"/> Alcohol problem <input type="checkbox"/> Crisis</p> <p><input type="checkbox"/> Other Substance Abuse Problem <input type="checkbox"/> Crisis</p> <p><input type="checkbox"/> Other addiction <input type="checkbox"/> Crisis</p>	<p>Type of First Mental Illness Diagnosed</p> <p><input type="checkbox"/> Depression/Dysthymia <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Post-Traumatic Stress Disorder <input type="checkbox"/> ADD or Hyperactivity Disorder <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown</p>	<p>Type of Second Mental Illness Diagnosed</p> <p><input type="checkbox"/> Depression/Dysthymia <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Post-Traumatic Stress Disorder <input type="checkbox"/> ADD or Hyperactivity Disorder <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown</p>

RELATIONSHIP AND LIFE EVENTS		
<p>Relationship Issues</p> <p><input type="checkbox"/> Intimate Partner Violence - Homicide <input type="checkbox"/> Intimate Partner Violence - Suicide <input type="checkbox"/> Crisis</p> <p><input type="checkbox"/> Family Relationship Problems <input type="checkbox"/> Crisis</p> <p><input type="checkbox"/> Other Relationship Problem <input type="checkbox"/> Crisis</p>	<p>Life Events</p> <p><input type="checkbox"/> Physical Fight (2 people) <input type="checkbox"/> Argument <input type="checkbox"/> Injury Occurred During Argument <input type="checkbox"/> Injury Occurred Within 24 Hours but Not During Argument <input type="checkbox"/> Injury Occurred Between 24 Hours and 2 Weeks <input type="checkbox"/> Injury Occurred More Than 2 Weeks After Argument <input type="checkbox"/> Unknown</p>	<p>Previous Exposure to Violence</p> <p><input type="checkbox"/> Abuse or Neglect led to Death <input type="checkbox"/> History of Abuse or Neglect as a Child <input type="checkbox"/> Previous Perpetrator of Violence in the Past Month <input type="checkbox"/> Previous Victim of Violence in the Past Month</p>

CRIME AND CRIMINAL ACTIVITY

<input type="checkbox"/> Precipitated by Another Crime <input type="checkbox"/> First Crime in Progress <input type="checkbox"/> Stalking <input type="checkbox"/> Crisis <input type="checkbox"/> Prostitution or Sex Trafficking <input type="checkbox"/> Crisis <input type="checkbox"/> Terrorist Attack <input type="checkbox"/> Walk by Assault Gang Related <input type="checkbox"/> No/Not Available/Unknown <input type="checkbox"/> Yes, gang motivated <input type="checkbox"/> Yes, suspected gang member involvement <input type="checkbox"/> Yes, gang-related not otherwise specified <input type="checkbox"/> Yes, organized crime (e.g. motorcycle gang, mafia, drug cartel)	Nature of First Crime <input type="checkbox"/> Drug Trade <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Motor Vehicle Theft <input type="checkbox"/> Arson <input type="checkbox"/> Rape, Sexual Assault <input type="checkbox"/> Gambling <input type="checkbox"/> Assault, Homicide <input type="checkbox"/> Witness Intimidation/ Elimination <input type="checkbox"/> Other (Specify In Narrative) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Nature of Second Crime <input type="checkbox"/> Drug Trade <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Motor Vehicle Theft <input type="checkbox"/> Arson <input type="checkbox"/> Rape, Sexual Assault <input type="checkbox"/> Gambling <input type="checkbox"/> Assault, Homicide <input type="checkbox"/> Witness Intimidation/ Elimination <input type="checkbox"/> Other (Specify In Narrative) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
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HOMICIDE / LEGAL INTERVENTION

Homicide / Legal Intervention

<input type="checkbox"/> Justifiable Self Defense	<input type="checkbox"/> Victim was Police Officer on Duty	<input type="checkbox"/> Victim was a Bystander
<input type="checkbox"/> Random Violence	<input type="checkbox"/> Victim was an Intervener	<input type="checkbox"/> Victim used Weapon
<input type="checkbox"/> Mercy Killing	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Jealousy (lover's triangle) <input type="checkbox"/> Crisis
<input type="checkbox"/> Brawl (3+ People in Fight)	<input type="checkbox"/> Drive by	<input type="checkbox"/> Drug Involvement

SUICIDE/UNDETERMINED

<input type="checkbox"/> History of Suicide Attempts	<input type="checkbox"/> Recently disclosed suicidal thoughts/plan to commit suicide
<input type="checkbox"/> History of Expressed Suicidal Thoughts/Plans	<input type="checkbox"/> Disclosed Intent to Whom (CME): _____
<input type="checkbox"/> Left suicide note	<input type="checkbox"/> Disclosed Intent to Whom (LE): _____

Life Stressors

<input type="checkbox"/> School problem <input type="checkbox"/> Crisis	<input type="checkbox"/> Eviction or Loss of Home <input type="checkbox"/> Crisis
<input type="checkbox"/> Contributing Criminal Legal Problem <input type="checkbox"/> Crisis	<input type="checkbox"/> Suicide of Friend or Family Contributed to Death <input type="checkbox"/> Crisis
<input type="checkbox"/> Civil Legal Problem <input type="checkbox"/> Crisis	<input type="checkbox"/> Non Suicide Death of Friend or Family <input type="checkbox"/> Crisis
<input type="checkbox"/> Contributing Physical Health Problem <input type="checkbox"/> Crisis	<input type="checkbox"/> Anniversary of Traumatic Event
<input type="checkbox"/> Job Problem <input type="checkbox"/> Crisis	<input type="checkbox"/> Disaster Exposure <input type="checkbox"/> Crisis
<input type="checkbox"/> Financial Problem <input type="checkbox"/> Crisis	

SPECIFIC CIRCUMSTANCES: UNINTENTIONAL FIREARM DEATHS

Context of Injury <input type="checkbox"/> Hunting <input type="checkbox"/> Self Defense Shooting <input type="checkbox"/> Loading or Unloading Gun <input type="checkbox"/> Showing Gun to Others <input type="checkbox"/> Cleaning Gun, repair & assembling	<input type="checkbox"/> Target Shooting <input type="checkbox"/> Celebratory Firing <input type="checkbox"/> Playing With Gun <input type="checkbox"/> Other context of Injury (describe in narrative)	Mechanism of Injury <input type="checkbox"/> Thought Safety was Engaged <input type="checkbox"/> Thought unload or magazine disengaged <input type="checkbox"/> Thought gun unloaded - other <input type="checkbox"/> Unintentionally Pulled the Trigger <input type="checkbox"/> Bullet Ricochet <input type="checkbox"/> Gun Defect or Malfunction	<input type="checkbox"/> Fired While Operating Safety/Lock <input type="checkbox"/> Gun Mistaken for Toy <input type="checkbox"/> Other Mechanism of Injury <input type="checkbox"/> Fired while holstering <input type="checkbox"/> Dropped gun
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OTHER CIRCUMSTANCES

Other crisis in the past two (2) weeks or upcoming two (2) weeks

DRUG OVERDOSE/POISONING

Type of Drug Poisoning:

- Overdose related to substance abuse
 Victim unintentionally takes a drug or wrong dosage
 Overmedication
 Took prescribed dosage
 Other: _____
 Unknown

Last Known Alive:

Time: _____ (military time)
Date: _____ (MM/DD/YYYY)

SUBSTANCE ABUSE HISTORY

Previous Drug Overdose:

- None reported
 Within last month
 Between 1 month and 1 year ago
 More than 1 year ago
 Timing unknown

Treatment for Substance Abuse:

- None
 Current
 Past

Recent Opioid Use Relapse:

- No evidence of relapse
 < 2 weeks before overdose
 > 2 weeks and <3 months before overdose
 Timing of relapse unclear

Type(s) of Substance Abuse Treatment (check all)

- Inpatient/outpatient rehabilitation
 Medication-assisted treatment (with CBT)
 Medication-assisted treatment (without CBT)
 Cognitive behavioral therapy (CBT)
 Narcotics Anonymous
 Other (specify): _____

History of Prescription Opioid/Heroin Abuse (current/past):

- None
 Prescription opioids
 Heroin
 Both prescription opioids and heroin
 Substance abuse type unknown

Recent Emergency Department Visit:

- No evidence of ED visit within last year before death
 ED visit within 1 month before death
 ED visit between 1-3 months before death
 ED visit between 3-6 months before death
 ED visit between 6-12 months before death
 Recent ED visit, timing unknown

SCENE EVIDENCE OF DRUG USE

- Any evidence of drug use
 No evidence of drug use

Evidence of rapid overdose:

- Tourniquet around arm
 Body position consistent with rapid overdose

Needle location:

0. No evidence
 1. Needle inserted
 2. Needle in the hand
 3. Needle close to the body

Witness report rapid overdose:

0. No report
 1. Immediately
 2. Within 1 to 5 minutes
 3. Within 5 to 10 minutes

Route of Drug Administration (Check all that apply)

- No Information on Route of Administration
 Evidence of Injection (Check all that apply):
 Track marks on victim
 Tourniquet
 Cookers
 Needles/Syringes
 Filters
 Witness Report
 Other injection evidence (specify): _____

Evidence of:

- Snorting/Sniffing
 Smoking
 Transdermal
 Ingestion
 Suppository
 Sublingual
 Buccal

ILLICIT OR PRESCRIPTION DRUGS

<p>Evidence of Prescription Drugs: (check all apply):</p> <p><input type="checkbox"/> Prescribed to victim</p> <p><input type="checkbox"/> Not prescribed to victim</p> <p><input type="checkbox"/> Unknown who prescribed</p> <p>Type of Prescription Drug Found (check all):</p> <p><input type="checkbox"/> Pills/Tablets</p> <p><input type="checkbox"/> Prescription bottle</p> <p><input type="checkbox"/> Lozenges/lollipops</p> <p><input type="checkbox"/> Patch</p> <p><input type="checkbox"/> Liquid</p> <p><input type="checkbox"/> Vial</p> <p><input type="checkbox"/> Witness Report</p> <p><input type="checkbox"/> Other</p> <p>Evidence of Prescription Fentanyl (check all that apply):</p> <p><input type="checkbox"/> Scene Evidence</p> <p><input type="checkbox"/> Witness Report</p>	<p>Evidence of Illicit Drugs (check all that apply):</p> <p><input type="checkbox"/> Powder</p> <p><input type="checkbox"/> Tar</p> <p><input type="checkbox"/> Counterfeit pills</p> <p><input type="checkbox"/> Crystal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Witness report</p> <p><input type="checkbox"/> Illicit drug packaging</p>
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RESPONSE TO DRUG OVERDOSE:

<p>Bystanders present at time of overdose:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1 bystander present</p> <p><input type="checkbox"/> Multiple bystanders</p> <p><input type="checkbox"/> Bystanders present, unknown number</p> <p><input type="checkbox"/> Unknown if bystander present</p> <p>Type(s) of bystander(s) present (Check all that apply)</p> <p><input type="checkbox"/> Person using drugs</p> <p><input type="checkbox"/> Intimate partner</p> <p><input type="checkbox"/> Other family</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Stranger</p> <p><input type="checkbox"/> Roommate</p> <p><input type="checkbox"/> Medical professional</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Drug use Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Bystander response other than naloxone administration:</p> <p><input type="checkbox"/> No response</p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> Rescue breathing</p> <p><input type="checkbox"/> Sternal rub</p> <p><input type="checkbox"/> Stimulation</p> <p><input type="checkbox"/> Call 911</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Reason(s) for no response (Check all that apply):</p> <p><input type="checkbox"/> Did not recognize any abnormalities</p> <p><input type="checkbox"/> Bystander using and impaired</p> <p><input type="checkbox"/> Public space and strangers didn't intervene</p> <p><input type="checkbox"/> Reported abnormalities but did not recognize as overdose</p> <p><input type="checkbox"/> Spatially separated (i.e., different room)</p> <p><input type="checkbox"/> Unaware decedent was using</p> <p><input type="checkbox"/> Other (specify): _____</p>
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NALOXONE

<p>Naloxone Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Law enforcement</p> <p><input type="checkbox"/> EMS/fire</p> <p><input type="checkbox"/> Hospital (ED/inpatient)</p> <p><input type="checkbox"/> Other Professional: _____</p> <p><input type="checkbox"/> Lay-Person</p> <p style="margin-left: 20px;"><input type="checkbox"/> Person using drugs</p> <p style="margin-left: 20px;"><input type="checkbox"/> Intimate partner</p> <p style="margin-left: 20px;"><input type="checkbox"/> Friend</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other family</p> <p style="margin-left: 20px;"><input type="checkbox"/> Roommate</p> <p style="margin-left: 20px;"><input type="checkbox"/> Stranger</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other (specify): _____</p>	<p>Total # of Naloxone dosages administered by:</p> <p>First responders/health care: _____</p> <p>Lay-persons: _____</p> <p>Presence of pulse on first-responder arrival:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>First-responder intervention(s) other than naloxone:</p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> Rescue breathing</p> <p><input type="checkbox"/> Epinephrine administration</p> <p><input type="checkbox"/> Transport to ED</p> <p><input type="checkbox"/> Provided oxygen</p> <p><input type="checkbox"/> Other (specify): _____</p>
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MEDICAL HISTORY

Treated for pain at time of injury:

- Chronic pain
- Acute pain
- Both acute and chronic pain
- Unknown type of pain
- No/unknown

Known Medical Condition(s):

- COPD
- Asthma
- Sleep apnea
- Heart disease
- Obesity
- History of major injury
- Migraine
- Back pain
- Hepatitis C
- HIV
- Other breathing problems
- Other chronic pain (specify): _____

PRESCRIPTION INFORMATION

Use of prescription morphine:

- No evidence
- Morphine prescription dispensed in last 30 days
- Prescription morphine found on scene
- Both prescription and scene evidence
- Other evidence

Prescription Morphine Narrative:

Prescribed Buprenorphine/Methadone: Yes No

Prescribed Fentanyl: Yes No

Number of...

of opioid prescriptions in 30 days preceding injury: _____

of pharmacies dispensed opioids in 180 days preceding injury:

of doctors writing opioid prescriptions in 180 days preceding injury:

ABSTRACTOR NOTES

NARRATIVE - CME

NARRATIVE - LE

SCVDRS Data Tool Instructions

Data Year:	Enter the data year
Date Abstracted:	Enter date records reviewed/abstracted
Date Entered	Enter the date information entered into NVDRS (SAMS) system
IPV:	Check if incident is related to intimate partner violence
CF:	Check if incident involves a child fatality
Report Type:	Check reports abstracted: CME (coroner), LE (Law Enforcement), or both. Put an 'X' for any report not abstracted
Circumstances:	Check if there are circumstances for either CME and/or LE Put an "X" for any report without circumstances
Incident Complete:	Check if both CME and LE reports have been abstracted
Merge:	Check if case needs to be merged.
Incident #:	Enter ID number of record(s) to merge with the current case
DHEC Incident ID:	Enter incident ID number assigned by SCVDRS
County:	Enter name of injury county or county of site where record abstracted
Abstractor Initials:	Enter initials of abstractor completing record abstraction
Manner of Death- CME, LE, Abstractor	Enter manner of death type as listed in CME report Enter manner of death as listed in LE report Enter manner of death assigned by abstractor based on reports reviewed
Incident Checklist	Check all data sources abstracted. Enter agency name(s).
Demographics:	Enter date of death, time of death, date pronounced dead, survival time, height, weight, age, sex, race, ethnicity, education, occupation, and homeless status of victim. Also, enter date victim pronounced dead and survival time from time of injury.
Extended Demographics:	Enter victim's marital status, relationship status, sex of partner, pregnancy status, sexual orientation, and whether victim was ever in armed forces.
Suspect Demographics:	Enter age, sex, race, ethnicity, and victim-to-suspect relationship of primary suspect. Select all suspect-related circumstances that apply to this suspect. (Capture all this information for any additional suspects in abstractor notes)
Injury Location, Time, and Events	Enter county, city, zipcode, date, and time of injury. Indicate if victim was injured at work, home, EMS arrived on scene, investigators suspected victim used alcohol just prior to injury, victim was in custody, or victim was transported to the hospital/ED. Indicate whether an autopsy was performed and enter the cause of death. Enter type of institution if victim was recently released from an institution.
Injury Location Type	Select where incident took place
Toxicology:	Check if no toxicology information is available through either a toxicology report or CME/LE report. Enter name of agency conducting toxicology screen. Indicate if "standard" template for this agency was used. Enter BAC (blood alcohol content). Enter date and time specimens were collected. Enter all substances tested, their results, whether they were the cause of death, and who the substances were prescribed to.
Mental	Check all mental health, substance abuse and other addictions that apply to victim. Check type of first and second mental illnesses

Mental	Check all mental health, substance abuse and other addictions that apply to victim. Check type of first and second mental illnesses diagnosed. Check whether victim currently or ever received mental health/substance abuse treatment. Indicate if diagnoses, alcohol, substance abuse problem, or other addictions were crises (e.g. problems or change in status occurred or expected to occur within 2 weeks of fatal injury)
Relationship and Life Events:	Check all relationship issues, life events, previous exposures to violence options that apply to victim
Crime and Criminal Activity:	Check whether victim experience or perpetrated previous crimes that contributed to the current fatal injury and list nature of the first and second crime. Indicate if current incident was gang related. Indicate if stalking or prostitution-related crimes were a crisis (e.g. occurring within two weeks of injury) ---- NOTE: Applies to all manners of death
Specific Circumstances	
Homicide/Legal Intervention	Check all homicide and legal intervention options that apply. Indicate if Jealousy (lover's triangle) was a crisis.
Suicide/Undetermined:	Check all options that apply for suicide history of victim. If recent disclosure of suicidal thoughts, enter to whom disclosed (Ex. Current or previous intimate partner, family member, friend, health care worker). Check all life stressors that precipitated suicide (ex. Health problem, legal problem, job problem). Indicate which of these were crises (e.g. occurred or expected to occur within 2 weeks of fatal injury)
Unintentional Firearm Deaths:	Check all contexts and mechanisms of injury that apply to incident.
Other Circumstances:	Check if other crises occurred in past or upcoming 2 weeks. Enter brief narrative to describe.
Drug Overdose Poisoning:	Select type of accidental drug poisoning (Note: select "other" for suicides or other intentional poisonings). Enter last date and time victim was known to be alive before fatal injury detected.
Substance Abuse History:	Indicate if victim had previous drug overdose, received treatment for a substance abuse problem, had history of prescription opioids or heroin abuse, relapsed on opioids. Indicate type of substance abuse treatment received. Indicate when victim last visited the emergency department.
Scene Evidence of Drug Use:	Select whether any evidence of drug use was present at the scene. Select if evidence of rapid overdose, route of drug administration, prescription drugs use, illicit drug use was present at the scene. Enter type of prescription drugs found on scene.
Response to Drug Overdose:	Indicate type of bystanders present at time of overdose, whether victim drug use was witnessed, and bystander response to overdose.
Naloxone:	Indicate if naloxone was administered and if so, by whom and how much. Indicate first-responder responses upon arrival.
Medical History:	Indicate whether the victim was being treated for pain at the time of injury, type of pain being treated, and other known medical conditions

Prescription Information:

Indicate evidence of victim being prescribed morphine, buprenorphine/methadone, and fentanyl. Enter number of opioid prescriptions within 30 days, number of pharmacies dispensing opioids, and number of doctors writing opioid prescriptions within past 180 days. Include a brief narrative of victim's prescription morphine history.

Abstractor Notes:

Abstractor can add any necessary notes.

Narrative CME:

Abstractor must add a brief CME narrative that summarizes all circumstances and contextual information documented in the coroner, death certificate, and hospital reports being abstracted.

Narrative LE:

Abstractor must add a brief LE narrative that summarizes all circumstances and contextual information documented in the law enforcement report(s) being abstracted.

REFERENCE SHEET FOR DROP-DOWN LISTS
(Injury Location Types / Victim-to-Suspect Relationship Types)

Injury Location Type (Can be listed in reference section with the instructions, per space requirements)

1. House/apartment	35. High school
2. Street/road	19. College/university
3. Highway/freeway	20. Unspecified school
4. Motor vehicle	21. Public transportation or station
5. Bar/nightclub	22. Synagogue/church/temple
6. Service station	23. Hospital or medical facility
7. Bank, credit union, ATM	24. Supervised residential facility (e.g. shelter, halfway house, group home)
8. Liquor store	25. Farm
9. Other commercial establishment	26. Jail, prison, detention facility
10. Industrial or construction areas	27. Park, playground, public use area
11. Office building	28. Natural area (e.g. field, river, beaches, woods)
12. Parking lot/public parking garage	29. Hotel/motel
13. Abandoned house, building, warehouse	30. Railroad tracks (not related to public transportation)
14. Sports or athletic area	31. Bridge
32. School bus	32. Cemetery, graveyard
33. Childcare center/daycare	66. Other
34. Elementary/middle school	99. Unknown

Victim-to-Suspect Relationship Types (Complete the phrase: "The victim is the suspect's _____.")

1. Spouse	21. Foster parent
2. Ex-spouse	29. Other family member (e.g., cousin, uncle, etc.)
3. Girlfriend or boyfriend	30. Babysitter (e.g., child killed by babysitter)
7. Ex-Girlfriend or ex-boyfriend	31. Acquaintance
8. Girlfriend/boyfriend, (unspecified if current or ex)	32. Friend
10. Parent	33. Roommate (not intimate partner)
11. Child	34. Schoolmate
12. Sibling	35. Current/former work relationship
13. Grandchild	36. Rival gang member
14. Grandparent	44. Other person, known to victim
15. In-law	45. Stranger
16. Stepparent	50. Victim was injured by law enforcement officer
17. Stepchild	51. Victim was law enforcement officer injured in the line of duty
18. Child of suspect's boyfriend/girlfriend (e.g., child killed by mom's boyfriend)	88. Suspect is not a suspect for this victim
19. Intimate partner of suspect's parent (e.g., teenager kills his mother's boyfriend)	99. Relationship unknown
20. Foster child	