



**SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH**

SCVDRS Incident Report

Data Year-Incident ID: _____

County: _____

Date Abstracted: _____

Abstractor Initials: _____

Report Type: CME or LE

Circumstances: CME or LE

Incident Complete

Merge: _____

Related Incident: _____

Flag for follow up

Manner of Death:

Abstractor: _____ CME: _____ LE: _____

Suicide, Homicide, Unintentional Firearm, Legal Intervention, Terrorism, Undetermined, Accidental (Not NVDRS), Poisoning

INCIDENT OVERVIEW

Victim Data Sources:

Death Certificate: _____

Coroner/ME Report: _____

Toxicology Report: _____

LE Report: _____

EMS Report: _____

Autopsy Report: _____

Medical Records: _____

PDMP Data: _____

Other (Specify): _____

DEMOGRAPHICS

Basic Demographics:

Person Type: _____

Sex: _____

Age: _____

Height: _____

Weight: _____

Marital Status: _____

Extended Demographics:

Relationship Status: _____

Sex of Partner: _____

Victim was Pregnant: _____

Sexual Orientation: _____

Military Personnel: _____

Branch: _____

Race and Ethnicity:

White

Black or African American

Asian: _____

Native Hawaiian or Other Pacific

Islander: _____

American Indian or Alaska Native:

Other Race

Unspecified Race

Hispanic/Latino/Spanish

Yes No Unknown

Usual Occupation: _____

Current Occupation: _____

Homeless

Housing Instability

Education: _____

Number of Years: _____

INJURY AND DEATH

Date of injury: _____ Time of injury: _____

Type of Location of injury: _____

Events:

Injured at work Yes No Unknown

Injured at home Yes No Unknown

EMS at scene Yes No Unknown

Victim in custody Yes No Unknown

Custody Type: _____

Children Present Yes No Unknown

Recent Release Yes No Evidence

Institution Type: _____

Alcohol suspected Yes No Unknown

Survival Time: _____

Hospital:

Seen in emergency department

Admitted to inpatient care

Location and Cause of Death:

Place of death: _____

County of death: _____

Autopsy: Yes No Unknown

Date pronounced dead: _____

Cause of death: _____

Date of death: _____

Other significant conditions: _____

Time of death: _____

Wounds:

_____ # of penetrating wounds

_____ # of bullets

 Face Upper extremity Neck Head Thorax Lower extremity Spine Abdomen**CIRCUMSTANCES****Mental Health, Substance Abuse, and other Addictions:**

- Current diagnosed mental health problem
 - Crisis
- Current depressed mood
- Current treatment
 - Mental health Substance use/misuse
- Ever treated for
 - Mental health Substance use/misuse
- Non-adherence to treatment
 - Mental health Substance use/misuse
- Alcohol problem
 - Crisis
- Other substance abuse problem
 - Crisis
- Other addiction
 - Crisis
- History of Traumatic Brain Injury (TBI)

Type of Mental Health Diagnosis:

- Depression/dysthymia
- Bipolar disorder
- Schizophrenia
- Anxiety disorder
- Post-traumatic stress disorder
- Attention deficit/hyperactivity disorder (ADHD)
- Eating disorder
- Obsessive-compulsive disorder
- Autism spectrum (including Asperger's Syndrome)
- Fetal alcohol syndrome
- Down syndrome
- Dementia (specify in diagnosis text), including personality disorders, etc)
- Other (Specify): _____

Relationship and Life Stressors:

- Intimate partner violence - Homicide only
- Intimate partner problem - Suicide only
 - Crisis
- Family relationship problem
 - Crisis
- Caregiver burden
- Family stressor
- Other relationship problem
 - Crisis
- Household known to local authorities
- Victim known to authorities
- Physical fight (2 people)
- Argument
 - During argument
 - Within 24 hours
 - Between 24 hours and 2 weeks
 - More than 2 weeks
 - Unknown
- Disaster exposure
 - Crisis
- Prior Child Protective Services (CPS) report on a child
 - Victim's household
 - Substance abuse in child victim's household
 - Living transition/loss of independent living

Previous Exposure to Violence

- Abuse or neglect led to death
- History of abuse or neglect as a child
- Previous perpetrator of violence in the past month
- Previous victim of violence in the past month

<p>Crime and Criminal Activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Precipitated by another crime <input type="checkbox"/> First crime in progress <input type="checkbox"/> Stalking <ul style="list-style-type: none"> <input type="checkbox"/> Crisis <input type="checkbox"/> Prostitution or sex trafficking <ul style="list-style-type: none"> <input type="checkbox"/> Crisis <input type="checkbox"/> Terrorist attack <input type="checkbox"/> Walk-by assault <p>Gang Relation:</p> <ul style="list-style-type: none"> <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"/> Organized crime including motorcycle gangs, mafia, and drug cartels 	<p>Nature of Crime:</p> <ul style="list-style-type: none"> <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"/> Unknown <input type="checkbox"/> Other (Specify): _____ 		
<p>Homicide/Legal Intervention Specific Circumstances:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Justifiable self defense <input type="checkbox"/> Victim was a 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 a weapon <input type="checkbox"/> Mercy killing </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Hate crime <input type="checkbox"/> Jealousy (lover's triangle) <input type="checkbox"/> Crisis <input type="checkbox"/> Brawl (3 people or more in a physical fight) <input type="checkbox"/> Drive-by shooting <input type="checkbox"/> Drug involvement <input type="checkbox"/> Caregiver use of corporal punishment contributed to child death </td> </tr> </table>		<ul style="list-style-type: none"> <input type="checkbox"/> Justifiable self defense <input type="checkbox"/> Victim was a 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 a weapon <input type="checkbox"/> Mercy killing 	<ul style="list-style-type: none"> <input type="checkbox"/> Hate crime <input type="checkbox"/> Jealousy (lover's triangle) <input type="checkbox"/> Crisis <input type="checkbox"/> Brawl (3 people or more in a physical fight) <input type="checkbox"/> Drive-by shooting <input type="checkbox"/> Drug involvement <input type="checkbox"/> Caregiver use of corporal punishment contributed to child death
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SUSPECT

Number of Suspects: _____
Age: _____
Sex: _____
Victim relationship 1: _____
Victim relationship 2: _____

Suspect #2: _____
Suspect #3: _____
Other Suspects: _____

- History of abuse of victim
 - Was a caregiver for victim
 - Attempted suicide after incident
 - Also died during this incident
 - Mentally ill
 - Had a developmental disability
 - Suspected alcohol use
 - Suspected substance use
 - In contact with law enforcement
 - Recently released from institution
- Type: _____

- Race and Ethnicity:**
- White
 - Black or African American
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native
 - Other Race
 - Unspecified Race
- Hispanic/Latino/Spanish
- Yes No Unknown

SAVD Suspect Variables:

- Arrested before victim's death
 - Suspect perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs
- Highest grade/year of school completed: _____
- Primary affiliation with school associated in this incident: _____

Experienced a Crisis:

- School-related crisis
- Family-related crisis
- Relationship-related crisis
- Mental health-related crisis
- Other crisis (Specify): _____

Victimized (in past 12 months):

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

Perpetrated (in past 12 Months):

- Name calling, teasing and/or bullying peer (in person/online)
- Sent verbal, written, or electronic threat
- Posted threats or manifestos online
- Participated in activity aligning with violent ideologies
- Physically threatened or fought with peers
- Damaged or stole another's property
- Possessed/used illegal substances
- Possessed a weapon
- Other (Specify): _____

Experienced any of the following:

- Physical child abuse
- Child sexual abuse
- Emotional (verbal/psychological) abuse as a child
- Neglect (emotional, physical, medial, or educational)
- Victimization in intimate partner violence/teen dating violence
- Victimization in sexual violence

Additional Suspect Notes:

SUDORS CASE
 **Unintentional or undetermined intent opioid or non-opioid drug overdose death

No information on context surrounding the overdose death or decedent history (from a source other than the death certificate)

DRUG OVERDOSE/POISONING

Type of Drug Poisoning: <input type="checkbox"/> Overdose related to substance use/misuse <input type="checkbox"/> Victim unintentionally takes a drug or wrong dosage <input type="checkbox"/> Overmedication <input type="checkbox"/> Took prescribed dosage <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown	Last Known Alive: Time: _____ (Military Time) Date: _____ (MM/DD/YYYY) Found Unresponsive: Time: _____ (Military Time) Date: _____ (MM/DD/YYYY)
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SUBSTANCE USE/MISUSE AND TREATMENT HISTORY

Previous Drug Overdose: <input type="checkbox"/> None reported <input type="checkbox"/> 0-2 days prior <input type="checkbox"/> 3-7 days prior <input type="checkbox"/> Within last month <input type="checkbox"/> Between 1 month and 1 year ago <input type="checkbox"/> More than 1 year ago <input type="checkbox"/> Timing unknown <input type="checkbox"/> Involved with criminal justice system (perpetrator) Recent Opioid Use Relapse: <input type="checkbox"/> No evidence of relapse <input type="checkbox"/> < 2 weeks before overdose <input type="checkbox"/> > 2 weeks and < 3 months before overdose <input type="checkbox"/> Timing of relapse unclear Recent Emergency Department Visit: <input type="checkbox"/> No evidence of ED visit within last year before death <input type="checkbox"/> ED visit within 1 month before death <input type="checkbox"/> ED visit between 1-3 months before death <input type="checkbox"/> ED visit between 3-6 months before death <input type="checkbox"/> ED visit between 6-12 months before death <input type="checkbox"/> Recent ED visit, timing unknown	Treatment for Substance Abuse: <input type="checkbox"/> None <input type="checkbox"/> Current <input type="checkbox"/> Past Type(s) of Substance Abuse Treatment (check all) <input type="checkbox"/> Inpatient/outpatient rehabilitation <input type="checkbox"/> Medication-assisted treatment (with CBT) <input type="checkbox"/> Medication-assisted treatment (without CBT) <input type="checkbox"/> Medication-assisted treatment (CBT unknown) <input type="checkbox"/> Cognitive behavioral therapy (CBT) <input type="checkbox"/> Narcotics Anonymous <input type="checkbox"/> Other (Specify): _____ History of Prescription Drug Misuse/Illicit Drug Use: <input type="checkbox"/> No evidence <input type="checkbox"/> Heroin <input type="checkbox"/> Prescription opioids <input type="checkbox"/> Unspecified opioids <input type="checkbox"/> Fentanyl <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cannabis (marijuana) <input type="checkbox"/> Drug use/misuse, substance unspecified <input type="checkbox"/> Other (specify): _____
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EVIDENCE OF DRUG USE

<input type="checkbox"/> Any evidence of drug use <input type="checkbox"/> No evidence of drug use <input type="checkbox"/> Non-specific drug use evidence Route of Drug Administration (Check all that apply) <input type="checkbox"/> No Information on Route of Administration Evidence of Injection (Check all that apply): <input type="checkbox"/> Track marks on victim <input type="checkbox"/> Tourniquet <input type="checkbox"/> Cookers <input type="checkbox"/> Needles/Syringes <input type="checkbox"/> Filters <input type="checkbox"/> Witness Report <input type="checkbox"/> Other injection evidence (Specify): _____	Evidence of rapid overdose: <input type="checkbox"/> Tourniquet still in place <input type="checkbox"/> Body position consistent with rapid overdose Needle location: Witness report rapid overdose: <input type="checkbox"/> No evidence <input type="checkbox"/> No Report <input type="checkbox"/> Needle inserted <input type="checkbox"/> Immediate <input type="checkbox"/> Needle in the hand <input type="checkbox"/> 1-5 Minutes <input type="checkbox"/> Needle close to the body <input type="checkbox"/> 5-10 Minutes <input type="checkbox"/> Other (Specify): _____
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Evidence of Snorting/Sniffing:

- Straws
- Rolled paper or dollar bills
- Razor blades
- Powder on table/mirror
- Powder on decedent's nose
- Witness Report
- Other (Specify): _____

Evidence of Smoking/Inhalation:

- Pipes
- Tinfoil
- Vape pens or e-cigarettes
- Bong or Bowl
- Witness Report

- Evidence of Transdermal
- Evidence of Ingestion
- Evidence of Suppository
- Evidence of Sublingual
- Evidence of Buccal

Illicit or Prescription Drugs:

- Evidence of unspecified drug type

Evidence of Prescription Drugs: (check all apply):

- Prescribed to decedent
- Not prescribed to decedent
- Unknown who prescribed for

Type of evidence of prescription drugs found (check all):

- Pills/Tablets
- Prescription bottle
- Lozenges/lollipops
- Patch
- Liquid
- Vial
- Witness Report
- Other (Specify): _____

Evidence of Illicit Drugs (check all that apply):

- Powder
- Tar
- Witness report
- Counterfeit pills
- Crystal
- Illicit drug packaging
- Other (Specify): _____

RESPONSE TO DRUG OVERDOSE:**Bystanders present at time of overdose:**

- No bystander
- 1 bystander present
- Multiple bystanders
- Bystanders present, unknown number
- Unknown if bystander present

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

- Person using drugs
- Intimate partner
- Other family
- Friend
- Stranger
- Roommate
- Medical professional
- Other (Specify): _____

Drug use Witnessed:

- Yes No Unknown

Layperson response other than naloxone administration:

- CPR
- Rescue breathing
- Sternal rub
- Stimulation
- Other (specify): _____

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

- Did not recognize any abnormalities
- Bystander using substances or drinking alcohol and impaired
- Public space and strangers didn't intervene
- Reported abnormalities but did not recognize as overdose
- Spatially separated (i.e., different room)
- Unaware decedent was using
- Other (specify): _____

NALOXONE

Naloxone Administered:

- Yes No Unknown

Total # of Naloxone dosages administered by:

First responders/health care: _____

Lay-persons: _____

Presence of pulse on first-responder arrival:

- Yes No Unknown

First-responder intervention(s) other than naloxone:

- CPR
 Rescue breathing
 Epinephrine administration
 Transport to ED
 Provided oxygen
 Other (specify): _____

Who Administered:

- Unknown
 Law enforcement
 EMS/fire
 Hospital (ED/inpatient)
 Other: _____
 Lay-Person (Type):
 Person using drugs
 Intimate partner
 Friend
 Other family
 Roommate
 Stranger
 Other (Specify): _____

MEDICAL HISTORY

Treated for pain 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/AIDS
 Other Pain
 Other breathing problem

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 for (Check all that apply):

- Prescribed Pain MOUD Unknown Reason
Buprenorphine:
 Prescribed Pain MOUD Unknown Reason
Methadone:
 Prescribed Naltrexone
 Prescribed Fentanyl

Prescription Morphine Narrative:

Number of...

of opioid prescriptions in 30 days preceding injury: _____

of pharmacies dispensed opioids to decedent in 180 days preceding injury: _____

of doctors writing opioid prescriptions in 180 days preceding injury: _____

PSOS: AGENCY, ROLE, STATUS

Agency 1: _____
Subagency 1: _____
Other (Specify): _____
Role 1: _____
Sub-role 1: _____
Other (Specify): _____

Agency 2: _____
Subagency 2: _____
Other (Specify): _____
Role 2: _____
Sub-role 2: _____
Other (Specify): _____

Active vs. Retired:

- Active
- Retired
- Other
- Unknown

Pay Status:

- Full time
- Part time
- On call
- Volunteer
- N/A (retired)
- Other (Specify): _____

PSOS: WORK ENVIRONMENT

Work related chronic/acute history
Timing: _____
History: _____
 Work-related injury/disability
 Referred to EAP

Work Related Stress:

- Homicide of colleague
- Suicide of colleague
- Witness of serious injury of colleague
- Interpersonal conflict with partner, coworker, colleague, etc.
- Psychological stress of work
- Signs or feelings of burnout
- Shift-work related stress
- Personnel/Human Resources Issue
- Recent/Upcoming Retirement
- Other (Specify): _____

PSOS: INJURY DETAILS

Decedent affected by chronic or acute work-related injury/disability
Status:
 On duty
 Off duty
 Other (Specify): _____
Status at time of injury:
 On duty
 Off duty
 Other (Specify): _____

Suicide Location:

- Work/service vehicle
- Work site (firehouse/department)
- Training site (Academy)
- Military installation/post
- Dispatch location (response)
- In field (dispatch and non-dispatch)
- Shooting range
- Courthouse
- Jail/correction facility
- Unknown
- Other (Specify): _____

Additional PSOS Notes:

SAVD: GENERAL INCIDENT VARIABLES

of fatally shot persons: _____

Location type:

- On campus Off campus Unknown/unspecified

Campus Location:

- | | |
|---|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Auditorium |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Lawn/Garden |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Field/Playground |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Parking lot |
| <input type="checkbox"/> Locker | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Office | <input type="checkbox"/> Bus Pick-up/Drop-off |
| <input type="checkbox"/> Stairwell | <input type="checkbox"/> Library/Media Center |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Other outdoor location: _____ |
| <input type="checkbox"/> Breakroom/lounge | <input type="checkbox"/> Other Indoor location: _____ |

Type of school-sponsored event:

- | | |
|---|--|
| <input type="checkbox"/> Sporting event | <input type="checkbox"/> Ceremony |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Performance/Competition |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> Other (Specify): _____ |

Security Measures:

	Present	In use
Walkthrough metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
Handheld metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance cameras	<input type="checkbox"/>	<input type="checkbox"/>
Communication devices	<input type="checkbox"/>	<input type="checkbox"/>
Access restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

Signs/Warnings:

- Notes: _____
- Journal entry: _____
- Social media: _____
- Verbal threats: _____
- Electronic media: _____
- Other actions: _____

Information by witnesses:

- Information known prior to incident: _____
- Witness #1-to-suspect (Homicide) or-Victim (suicide) relationship: _____
- Did witness #1 disclose information of plan: _____
- Information known prior to incident: _____
- Witness #2-to-suspect (Homicide) or-Victim (suicide) relationship: _____
- Did witness #2 disclose information of plan: _____

SAVD: VICTIM VARIABLES

Timing of Event:

- | | |
|--|---|
| <input type="checkbox"/> No classes or school events were held | <input type="checkbox"/> School assembly |
| <input type="checkbox"/> Before classes began | <input type="checkbox"/> Immediately after school |
| <input type="checkbox"/> During lunch | <input type="checkbox"/> During after-school practice or immediately after practice |
| <input type="checkbox"/> During class change | <input type="checkbox"/> Time unspecified |
| <input type="checkbox"/> During class | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Recess or other break | |

Victim's primary affiliation during this incident:

- | | |
|--|--|
| <input type="checkbox"/> Student at school | <input type="checkbox"/> Resident of surrounding community |
| <input type="checkbox"/> Former student at school | <input type="checkbox"/> Not associated with school or community |
| <input type="checkbox"/> Teacher/Administrator, or other staff | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Security guard or police officer | <input type="checkbox"/> Unknown |

Perpetrated (in past 12 months):

- Name Calling, teasing and/or bullying
 - Sent verbal, written, or electronic threat
 - Posted threat or manifestos online via social media or another platform
 - Aligned themselves with violent ideologies online
 - Physically threatened or physically fought with peers
 - Damaged or stole another's personal property or damaged school property
 - Possessed or used illicit substances
 - Possessed a weapon
- Other (Specify): _____

Victimized (in past 12 months):

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

Experience any of the following:

- Physical child abuse
- Sexual Child abuse
- Emotional (verbal/psychological) abuse as a child
- Neglect (emotional, physical, medial, or educational) as a child
- Victimization in intimate partner violence/teen dating violence
- Victimization in sexual violence
- Witnessing violence in the home

Additional SAVD Notes:

SCVDRS Data Tool

Instructions for Completing 3323-ENG-DPH

Data Year-Incident ID:	Enter the data year and SCVDRS assigned incident number
County:	Enter name of injury county or county of site where record abstracted
Date Abstracted:	Enter date records reviewed/abstracted
Report Type:	Circle the reports abstracted: CME (coroner), LE (Law Enforcement), or both
Circumstances:	Circle the reports that circumstances were pulled from: CME (coroner), LE (Law Enforcement), or both
Incident Complete:	Check if both CME and LE reports have been abstracted
Merge #:	Check if case needs to be merged. Enter ID number of record(s) to merge with current case
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/Documents Demographics:	Check all data sources abstracted. Enter agency name(s). Enter person type, sex (transgender), age, height, weight, marital status, relationship status, sex of partner, pregnancy status, sexual orientation, military personnel status, race, ethnicity, occupation, homeless status, housing instability status, and education.
Injury Location, Time, and Events:	Enter date and time of injury. Use the reference sheet to indicate the injury location. Check if victim was injured at work, at home, EMS arrived on scene, victim was in custody (indicate type of custody), if children were present, recent release from an institution (indicate institution), investigators suspected victim used alcohol prior to injury, and the survival time.
Location and Cause of Death:	Check if victim was seen at the emergency department and admitted into inpatient care. Enter place and county of death. Indicate if an autopsy was performed what the cause of death is. Enter date of death and pronounced date. Enter number of wounds/bullets and check the locations of the body.
Mental Health and Substance Use:	Check all mental health, substance abuse and other addictions that apply to victim. Check type of mental illnesses diagnosed. Check whether victim currently or ever received mental health/substance abuse treatment. Check if there was evidence of non-adherence to 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 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, financial problem, school problem, loss of home). 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.

Toxicology:	Check if no toxicology information is available through either a toxicology report or CME/LE report. Enter name of agency conducting toxicology screen. 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.
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)
Substance Abuse History:	Indicate if victim had previous drug overdose, received treatment for a substance abuse problem, had history of prescription drug misuse/illicit drug use, and 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/layperson 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, rooming house, including driveway, porch, yard, garage	19. College/university
2. Street/road, sidewalk, alley	20. Unspecified school
3. Highway/freeway	21. Public transportation or station
4. Motor vehicle, regardless of where MV is located	22. Synagogue/church/temple/mosque/shrine/tabernacle
5. Bar/nightclub	23. Hospital or medical facility
6. Service station	24. Supervised residential facility (e.g. shelter, halfway house, group home)
7. Bank, credit union, ATM location	25. Farm
8. Liquor store	26. Jail, prison, detention facility
9. Other commercial establishment (e.g., grocery store, restaurant, laundra	27. Park, playground, public use area
10. Industrial or construction areas	28. Natural area (e.g. field, river, beaches, woods)
11. Office building	29. Hotel/motel
12. Parking lot/public parking garage	30. Railroad tracks (not related to public transportation)
13. Abandoned house, building, warehouse	31. Bridge
14. Sports or athletic area	32. Cemetery, graveyard
15. School bus	66. Other
16. Childcare center/daycare	99. Unknown
17. Elementary/middle school	
18. High school	

Victim-to-Suspect Relationship Types (Complete the phrase: “The victim is the _____ of the suspect”)

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	37. New partner of suspect’s ex-partner (ex-boyfriend killed new boyfriend)
15. In-law	38. Ex-partner of suspect’s current partner (new boyfriend killed ex-boyfriend)
16. Stepparent	44. Other person known to victim
17. Stepchild	45. Stranger
18. Child of suspect’s boyfriend/girlfriend (e.g., child killed by mom’s boyfriend)	50. Victim was injured by law enforcement officer
19. Intimate partner of suspect’s parent (e.g., teenager kills his mother’s boyfriend)	51. Victim was law enforcement officer injured in the line of duty
20. Foster child	99. Relationship Unknown

*Note: Victim to Suspect relation 2: “88. All relevant information about relationship is already provided in Relation 1”