

Iowa Violent Death Reporting System – Law Enforcement Reporting Form

Agency: _____ Abstractor: _____

For questions regarding completion of this form, please contact Wendy Ringgenberg, IAVDRS Abstractor, wendy-ringgenberg@uiowa.edu

Demographic Information

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Sex: _____ Transgender Height: _____ Weight: _____

Race: White
 Black or African American
 Asian
 Native Hawaiian/Other Pacific Islander
 American Indian or Alaska Native
 Unspecified Race
 Hispanic/Latino/Spanish

Pregnant
 Homeless
 Current or Former Military

Currently In a Relationship?
Sex of Partner: Male
 Female

Marital Status: Single/Never Married
 Separated
 Divorced
 Married
 Widowed

Residence City: _____

Residence County: _____

Residence State: _____

Residence Zip: _____

Sexual Orientation: Straight/Heterosexual
 Gay or Lesbian
 Bisexual

Current Occupation: _____

Current Industry: _____

Usual Occupation: _____

Usual Industry: _____

Education: 8th grade or less
 9th-12th grade; no diploma
 High school or GED Grad
 Some College
 Associate
 Bachelor
 Master
 Doctorate
 Unknown

Retired Unemployed

Injury and Death Information

Injury Date: _____ Type of Location where injured: _____

Time of Injury: _____

Injury City: _____ Death Date: _____

Injury County: _____ Death State: _____

Injury State: _____ Place of Death: Hospital Inpatient

Injury Zip: _____ ED/outpatient

Injury Country (if not U.S.): _____ DOA

Injured at own home
 Injured while in custody
 Injured at work
 EMS at scene

Hospice Facility
 Nursing home
 Decedent's Home
 Undetermined
 Other (specify): _____

Manner of Death: _____

Autopsy Performed (Y/N): _____

Cause of Death:
1(Immediate): _____

2: _____

3: _____

Autopsy and Toxicology Information

For deaths involving **firearms and sharp instruments** only, enter the following:

Number of Penetrating Wounds (bullet entry counts as 1 wound; bullet exit counts as another): _____
Number of bullets that hit victim: _____ **Note:** one shotgun blast = 1 wound

For deaths involving **any weapon type**, enter the following:

Wound Locations (check if present): Head Face Neck Upper Extremity
Spine Thorax Abdomen Lower Extremity

Alcohol and Drug Testing (enter regardless of weapon type; tests may be from any bodily fluid, except blood alcohol concentration, BAC):

Toxicology Tested - Yes No

Date Specimens Collected: ____/____/____ Time Collected: _____ AM PM

Substance Type (if necessary, please refer to drug manual for info on substance types)	Tested	Positive	
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Blood Alcohol Concentration (BAC) (mg/dl): _____%
Carbon Monoxide (CO)	<input type="checkbox"/>	<input type="checkbox"/>	CO Source: _____
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	
Anticonvulsants	<input type="checkbox"/>	<input type="checkbox"/>	
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	
Antipsychotics	<input type="checkbox"/>	<input type="checkbox"/>	
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle Relaxants	<input type="checkbox"/>	<input type="checkbox"/>	
Opiates	<input type="checkbox"/>	<input type="checkbox"/>	

(List any additional substances in Additional Comments at end of form)

For any death where a **poison** is the *primary* weapon, enter the following:

Substance/Poison Name	Cause of Death	Drug Prescribed for:
	<input type="checkbox"/>	

(Please list any additional poisons in Additional Comments)

Weapon Information

Primary Weapon: _____ 2nd Weapon Causing Injury: _____ 3rd Weapon Causing Injury: _____

For any death involving a **firearm**, enter the following:

Gun type: _____ Gun Make: _____ Gun model: _____

Caliber: _____ Gauge: _____ Gun Owner: _____ Number of *non-fatally* shot persons: _____

Gun stored loaded Gun stored locked Gun stolen

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):

Circumstances – Complete the following for ALL MANNERS OF DEATH

Mental Health and Substance Abuse Related:

NOTE: each circumstance checked should be explained in the narrative (see pg.5)

Current depressed mood	<input type="checkbox"/>
Current mental health diagnosis(es) <i>Please List:</i> _____	<input type="checkbox"/>
Current mental health treatment	<input type="checkbox"/>
Ever treated for mental health or substance abuse problem	<input type="checkbox"/>

Alcohol problem	<input type="checkbox"/>
Other substance problem/abuse	<input type="checkbox"/>
Other addiction <i>Please List:</i> _____	<input type="checkbox"/>

Relationship Problems

Intimate partner violence	<input type="checkbox"/>
Intimate partner problem	<input type="checkbox"/>

Family relationship problem	<input type="checkbox"/>
Other relationship problem	<input type="checkbox"/>

Previous Exposure to Violence

Abuse or neglect led to death	<input type="checkbox"/>
History of a 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	<input type="checkbox"/>

Life Events

Physical fight (2 people)	<input type="checkbox"/>
Argument	<input type="checkbox"/>

Crime and Criminal Activity

Precipitated by another crime <i>Crime(s) Type:</i> _____	<input type="checkbox"/>
First crime in progress	<input type="checkbox"/>
Stalking	<input type="checkbox"/>
Gang related	<input type="checkbox"/>

Prostitution or sex trafficking	<input type="checkbox"/>
Terrorist attack	<input type="checkbox"/>
Walk-by assault	<input type="checkbox"/>

Circumstances – Complete the following for HOMICIDE & LEGAL INTERVENTION Deaths only

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	<input type="checkbox"/>
Hate crime	<input type="checkbox"/>
Jealousy (lover's triangle)	<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"/>

Circumstances – Complete the following for

SUICIDE & UNDETERMINED Deaths only

History of suicide attempts	<input type="checkbox"/>
Disclosed suicidal thoughts or intent to commit suicide	<input type="checkbox"/>

Contributing physical health problem	<input type="checkbox"/>
Job problem	<input type="checkbox"/>
Financial problem	<input type="checkbox"/>

To whom: _____			
Left a suicide note	<input type="checkbox"/>	School problem	<input type="checkbox"/>
History of expressed suicidal thoughts or plans	<input type="checkbox"/>	Eviction or loss of home	<input type="checkbox"/>
Contributing criminal/legal problem	<input type="checkbox"/>	Suicide of friend or family	<input type="checkbox"/>
Civil legal problems	<input type="checkbox"/>	Disaster exposure	<input type="checkbox"/>
Anniversary of a traumatic event	<input type="checkbox"/>	Non-suicide death of friend or family	<input type="checkbox"/>

Circumstances – Complete the following for UNINTENTIONAL/ACCIDENTAL FIREARM DEATHS only:

Context of Injury	
Hunting	<input type="checkbox"/>
Target shooting	<input type="checkbox"/>
Self-defensive shooting	<input type="checkbox"/>
Celebratory firing	<input type="checkbox"/>
Showing gun to others	<input type="checkbox"/>

Playing with gun	<input type="checkbox"/>
Other context of injury	<input type="checkbox"/>
Loading or unloading gun	<input type="checkbox"/>
Cleaning Gun	<input type="checkbox"/>

Mechanism of Injury	
Thought safety was engaged	<input type="checkbox"/>
Thought gun was unloaded	<input type="checkbox"/>
Unintentionally pulled trigger	<input type="checkbox"/>
Dropped gun	<input type="checkbox"/>

Bullet ricochet	<input type="checkbox"/>
Gun defect or malfunction	<input type="checkbox"/>
Fired while holstering/unholstering	<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"/>

Suspect Information

Suspect 1/Primary Suspect

1) _____

Age: _____

2) _____

Sex: _____

- Race: White
 Black or African American
 Asian
 Native Hawaiian/Other Pacific Islander
 American Indian or Alaska Native
 Unspecified Race

Hispanic/Latino/Spanish

History of abuse of victim by suspect	<input type="checkbox"/>
Suspect was caregiver for the victim	<input type="checkbox"/>
Suspect attempted suicide after incident	<input type="checkbox"/>
Suspect is also victim in the incident	<input type="checkbox"/>
Suspect is mentally ill	<input type="checkbox"/>

Suspect 2

Age: _____

Sex: _____

Victim to Suspect Relationship:

(*The victim is the _____ of the suspect)

Race: White

(Please attach more sheets if necessary)

Additional Comments: _____