

For the victim(s):

- Name _____
- Age _____ Sex M ___ F ___ U ___
- Does the victim identify as transgender? _____
- Race or ethnicity _____
- Marital status _____ Sex of partner _____
- Sexual orientation (if known) _____
- Address of residence and injury _____

- Date and time of death _____
- Manner/cause of death _____
- Date/time/location the victim was last known to be alive _____

For all persons involved in the incident:

- Name _____
- Age _____ Sex M ___ F ___ U ___
- Race or ethnicity _____
- Address of residence _____

- Relationship to the victim _____

Was the poison a:

- Street/recreational drug? _____
- Alcohol? _____
- Prescription drug? _____
- Over the counter drug? _____
- Carbon monoxide? _____
- Other? _____

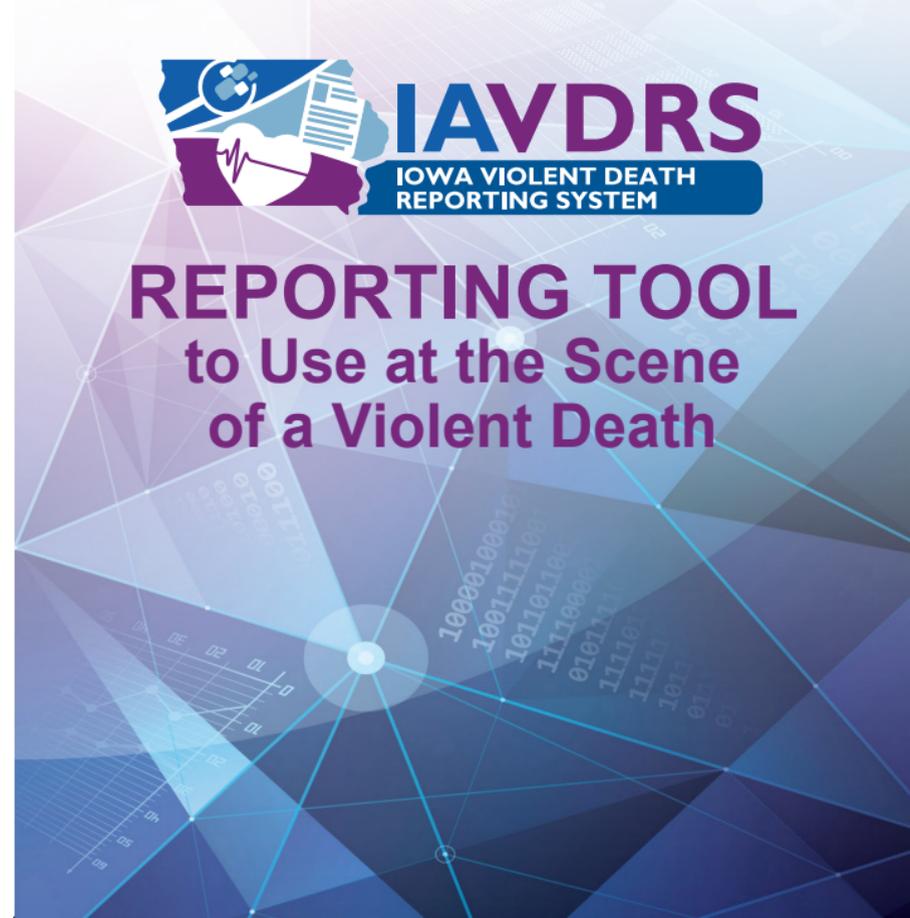
If prescription drug, please provide:

- Patient name on prescription _____
- Name of drug _____
- Date prescription was filled _____
- Number prescribed/remaining _____



<http://idph.iowa.gov/disability-injury-violence-prevention/violent-death-reporting>

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Homicide Information

Was the homicide related to:

- Another crime (describe)? _____
- _____
- Gang activity/conflict? Y____ N____
- Selling/using/possessing drugs? Y____ N____
- A hate crime? Y____ N____
- Arguments over money/property? Y____ N____
- Jealousy over a current/former intimate partner? Y____ N____
- Mutual physical fight among at least three people? Y____ N____
- Intimate partner violence? Y____ N____
- Other argument? _____
- A mercy killing? Y____ N____

Was the victim:

- A bystander? Y____ N____
- Using a weapon? Y____ N____
- Acting in self-defense? Y____ N____
- Intervening to assist a crime? Y____ N____

For All Victims (Homicide/suicide/undetermined)

Had the victim been:

- Depressed? Y____ N____
- Diagnosed with mental health disorder? Y____ N____
- Previously or currently seeing a mental health professional? Y____ N____
- Taking mental health medication? Y____ N____
- A perpetrator/victim of violence in the past month? Y____ N____
- Upset over suicide/death of family/friend (when did death happen)? _____ Y____ N____
- Exposed to a disaster (natural or man-made) that contributed to the death? Y____ N____

Did the victim have problems with:

- A crisis in the past two weeks (describe)? _____
- Physical health (describe)? _____
- History of Traumatic Brain Injury? Y____ N____
- Drugs/substance use? Y____ N____
- Alcohol use? Y____ N____
- An intimate partner? Y____ N____
- A non-intimate relationship? Y____ N____
- Caregiver burden? Y____ N____
- Other - family, work, school, financial? Y____ N____
- Criminal/non-criminal charges? Y____ N____
- Did a child (-18) witness the fatal incident? Y____ N____

Firearm Information

What is the firearm:

- Type (handgun, rifle, shotgun, etc.)? _____
- Make/model/caliber? _____
- Caliber of ammunition? _____
- Was the bullet or casing recovered? _____
- Who is the owner of the firearm? _____
- Was the firearm used without permission or stolen? Y____ N____
- Was the firearm stored locked? Y____ N____
- Was the firearm stored loaded? Y____ N____

Suicide Information

Did the victim:

- Have a history of suicidal thoughts or plans? Y____ N____
- Attempt suicide in the past? Y____ N____
- Leave a note (what did it say)? _____
- _____
- Tell someone about a plan to hurt or kill themselves? Y____ N____