NEVDRS
LAW ENFORCEMENT FORM

Incident Year:	Abstractor:	**NEVDRS #:**
Number of Deceased Victims:	Number of Nonfatally Shot Persons:	

VICTIM DEMOGRAPHIC INFORMATION

First Initial of Last Name:	**Day of Birth:**	**Height (Feet/Inches):**	**Marital status:** ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Married, but separated ☐ Single, not otherwise specified ☐ Unknown
Person Type: ☐ Victim ☐ Victim and Suspect	**Age:**	**Weight (lbs):**	
Current or Former Military Personnel: ☐ Yes ☐ No ☐ Unknown	**Homeless Status:** ☐ Yes ☐ No ☐ Unknown	**Sex of Partner:** ☐ Same sex as victim ☐ Opposite sex as victim ☐ Not Applicable ☐ Unknown	
Sexual Orientation: ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Unknown	**Relationship Status:** ☐ Currently in a relationship ☐ Not currently in a relationship ☐ Unknown	**Pregnancy Status:** ☐ Not pregnant within last year ☐ Pregnant at time of death ☐ Pregnant within 42 days of death ☐ Pregnant 43 days to 1 year of death ☐ Unknown ☐ Not applicable	

INCIDENT OVERVIEW:

Manner of Death: ☐ Homicide (Multiple ☐ #_____) ☐ Suicide (Multiple ☐ #_____) ☐ Undetermined ☐ Unintentional Firearm Death ☐ Legal Intervention	**Date of Injury:**		
	EMS at Scene: ☐ Yes ☐ No ☐ Unknown	**Alcohol use suspected when injured:** ☐ Yes ☐ No ☐ Unknown	**Victim admitted to impatient care:** ☐ Yes ☐ No ☐ Not applicable/unknown
Victim in custody when injured: ☐ Not in custody ☐ In jail or prison ☐ Under arrest but not in jail ☐ Committed to mental hospital ☐ Resident of other state institution ☐ In foster care ☐ Injured prior to arrest ☐ Other (house arrest, electronic monitoring) ☐ Unknown	**Recent Release from Institution:** ☐ No evidence of recent release ☐ Jail, prison, or detention facility ☐ Hospital ☐ Psychiatric hospital ☐ Other psychiatric treatment ☐ Long term residential health facility (nursing home) ☐ Supervised residential facility related to substance abuse ☐ Supervised residential facility not related to substance use ☐ Other Type ☐ Unknown		**Number of Wound(s): _____** **Number of Bullets: _____** **Location of Wound(s):** ☐ Wound to the Face ☐ Wound to an Upper Extremity ☐ Wound to the Neck ☐ Wound to the Head ☐ Wound to the Thorax ☐ Wound to a Lower Extremity ☐ Wound to the Spine ☐Wound to the Abdomen

CIRCUMSTANCES:

Mental Health, Substance Abuse:

☐ Current diagnosed mental health problem (☐ Mental health crisis)

☐ Current depressed mood

☐ Currently receiving mental health/substance use treatment

☐ Ever treated for mental health/substance abuse problem

☐ Alcohol problem (☐ Crisis)

☐ Other substance abuse problem (☐ Crisis)

☐ Other addiction

Mental Illness Diagnosed:

☐ Depression/dysthymia

☐ Bipolar Disorder

☐ Schizophrenia

☐ Anxiety Disorder

☐ Post-traumatic stress disorder

☐ ADD or hyperactivity disorder

☐ Eating disorder

☐ Obsessive compulsive disorder

☐ Not applicable

☐ Unknown

Suicide/Undetermined:

☐ History of suicide attempts

☐ History of suicidal thoughts or plans

☐ Left suicide note

☐ Recently disclosed suicidal thought/plan

- ☐ Previous or current intimate partner
- ☐ Other family member
- ☐ Health care worker
- ☐ Friend/colleague
- ☐ Neighbor
- ☐ Healthcare worker AND intimate partner
- ☐ Other
- ☐ Unknown

Recent Crisis (past two weeks):

☐ Yes ☐ No ☐ Unknown

Explain: _____

Relationship Stressors: ☐ Crisis

☐ Intimate partner violence (please complete IPV section)

☐ Family relationship problem

☐ Other relationship problem

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

☐ Physical fight (2 people)

☐ Argument

If Argument Yes, Timing or Argument:

☐ Injury occurred during argument

☐ Injury occurred within 24 hours, but not during argument

☐ Injury occurred between 24 hours and 2 weeks

☐ Injury occurred more than 2 weeks after argument

☐ Unknown

Life Stressors: ☐ Crisis

☐ Criminal legal problem ☐ Civil legal problem

☐ Physical health problem ☐ Job problem

☐ Financial problem ☐ School Problem

☐ Eviction/loss of home ☐ Suicide of friend or family

☐ Non-suicide death of friend/family

☐ Anniversary of traumatic event

☐ Disaster exposure

Unintentional Firearm (Context of injury):

☐ Hunting ☐ Target shooting

☐ Self-defensive shooting ☐ Celebratory firing

☐ Loading/unloading gun ☐ Cleaning Gun

☐ Showing gun to others ☐ Playing with gun

☐ Other context of injury

Mechanism of Injury:

☐ Thought safety was engaged ☐ Bullet ricochet

☐ Thought gun was not loaded ☐ Gun defect

☐ Unintentionally pulled trigger ☐ Dropped gun

☐ Fired while (un)holstering ☐ Mistaken for toy

☐ Fired while operating safety

Crime and Criminal Activity:

☐ First crime in progress

☐ Stalking (☐ Crisis)

☐ Prostitution/sex trafficking(☐ Crisis)

☐ Terrorist attack

☐ Walk-by assault

☐ Precipitated by another crime

Nature of other crime:

☐ Drug trade

☐ Rape, sexual assault

☐ Robbery ☐ Gambling

☐ Burglary ☐ Assault, homicide

☐ Motor vehicle theft

☐ Arson ☐ Unknown

☐ Witness Intimidation/Elimination

☐ Not Applicable

Gang Related:

☐ No

☐ Yes, gang motivated

☐ Yes, suspected gang member involvement

☐ Yes, gang-related not specified

Homicide/Legal Intervention:

☐ Justifiable self defense

☐ Victim was police officer on duty

☐ Victim was a bystander

☐ Random violence

☐ Victim was an intervener

☐ Victim used a weapon

☐ Mercy killing

☐ Hate Crime

☐ Jealousy (lover's triangle)

☐ Brawl (3 people or more)

☐ Drive-by shooting

☐ Drug involvement

WEAPON:

Weapon Type:

☐ Firearm ☐ Non-powder gun ☐ Sharp instrument

☐ Blunt instrument ☐ Poisoning ☐ Fall

☐ Hanging, strangulation, suffocation ☐ Personal weapons

☐ Explosive ☐ Drowning ☐ Fire or burns

☐ Shaking ☐ Motor Vehicle ☐ Intentional neglect

Firearm Type:

Firearm Caliber:

Firearm Gauge:

Firearm Make:

Firearm Model:

Firearm Stolen: ☐ Yes ☐ No

Owner (relation to deceased):

Gun Access/Storage Narrative (Locked? Loaded?): _____

_____

_____

SUSPECT INFORMATION (HOMICIDE ONLY):

Age:

Sex:
☐ Male
☐ Female
☐ Unknown

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

Suspect deceased due to incident:
☐ Yes
☐ No

Victim Suspect Relationship:
☐ Spouse ☐ Ex-spouse ☐ Girlfriend/boyfriend
☐ Ex-girlfriend/boyfriend ☐ Parent
☐ Child ☐ Sibling ☐ Grandchild
☐ Grandparent ☐ In-law ☐ Stepparent
☐ Stepchild ☐ Foster Child ☐ Other

Circumstances:
☐ History of abuse of victim by this suspect
☐ This suspect was a caregiver for the victim
☐ Suspect attempted suicide after incident
☐ This suspect is also a victim in the incident
☐ Suspect mentally ill
☐ Suspect had developmental disability
☐ Suspected alcohol use by suspect
☐ Suspected substance use by suspect
☐Suspect had been in contact with law enforcement

Recent Release from Institution:
☐ No evidence of recent release
☐ Jail, prison, or detention facility
☐ Hospital
☐ Psychiatric hospital
☐ Other psychiatric treatment
☐ Long term residential health facility (nursing home)
☐ Supervised residential facility related to substance abuse
☐ Supervised residential facility not related to substance use
☐ Other Type
☐ Unknown

Intimate Partner Violence:
☐ Yes *(if yes, please fill out section below)*
☐ No
☐ Unknown

INTIMATE PARTNER VIOLENCE (IPV):

Victim (criminal history):

Prior Arrest:
☐ Yes
☐ No
☐ Unknown

Prior IPV Arrest:
☐ Yes
☐ No
☐ Unknown

Type of arrest:
☐ Homicide
☐ Robbery
☐ Sexual Assault
☐ Other assault offense
☐ Property offense
☐ Weapons violations
☐ Drug abuse violations
☐ Offenses against family/children
☐ Alcohol related offenses
☐ Restraining order violations
☐ Other
☐ Unknown

Prior Conviction(s):
☐ Yes
☐ No
☐ Unknown

Type of Conviction(s):

Perpetrator (criminal history):

Prior Arrest:
☐ Yes
☐ No
☐ Unknown

Prior IPV Arrest:
☐ Yes
☐ No
☐ Unknown

Type of arrest:
☐ Homicide
☐ Robbery
☐ Sexual Assault
☐ Other assault offense
☐ Property offense
☐ Weapons violations
☐ Drug abuse violations
☐ Offenses against family/children
☐ Alcohol related offenses
☐ Restraining order violations
☐ Other
☐ Unknown

Prior Conviction(s):
☐ Yes
☐ No
☐ Unknown

Type of Conviction(s):

Victim (Health/Substance Abuse):

Physical illness:
☐ Yes
☐ No
☐ Unknown
Diagnosis: _____

Disability:
☐ Physical
☐ Developmental
☐ Sensory
☐ Unknown
Type: _____

Perpetrator (Health/Substance Abuse):

Physical illness:
☐ Yes
☐ No
☐ Unknown
Diagnosis: _____

Disability:
☐ Physical
☐ Developmental
☐ Sensory
☐ Unknown
Type: _____

Incident Based (Health/Substance Abuse):		Perpetrator (Health/Substance Abuse):	
Alcohol use suspected (Victim): ☐ Yes ☐ No ☐ Unknown	**Alcohol use suspected (Perpetrator):** ☐ Yes ☐ No ☐ Unknown	**Mental health problem:** ☐ Yes ☐ No ☐ Unknown Diagnosis: _____	**Substance Abuse Problem:** ☐ Yes ☐ No ☐ Unknown Substance: _____
Drug use suspected (Victim): ☐ Yes ☐ No ☐ Unknown	**Drug use suspected (Perpetrator):** ☐ Yes ☐ No ☐ Unknown	**Disclosed intent to commit suicide:** ☐ Yes ☐ No ☐ Unknown	**History of suicide attempts:** ☐ Yes ☐ No ☐ Unknown
IPV Relationship Status and Childhood Exposure			
Cohabitation: ☐ Yes ☐ No ☐ Unknown	**Breakup or breakup in progress:** ☐ Yes ☐ No ☐ Unknown	**Evidence of premeditation:** ☐ Yes ☐ No ☐ Unknown	**Homicide during argument:** ☐ Yes ☐ No ☐ Unknown
Relationship length: **Breakup length:**	**Homicide during child exchange:** ☐ Yes ☐ No ☐ Unknown	**Child not offspring of perpetrator:** ☐ Yes; Number _____ ☐ No ☐ Unknown	**Child not offspring of victim:** ☐ Yes; Number _____ ☐ No ☐ Unknown
Children under 18 at home: ☐ Yes ☐ No ☐ Unknown Number: _____	**Child used as shield during incident:** ☐ Yes ☐ No ☐ Unknown	**Child intervened in incident:** ☐ Yes ☐ No ☐ Unknown	**Number children Exposed:** _____ **Number children under 5 exposed:** _____
Restraining order issued (ever): ☐ Yes ☐ No ☐ Unknown **Restraining order date:**	**Restraining order at time of incident:** ☐ Yes ☐ No ☐ Unknown	**Restraining order type:** ☐ Emergency ☐ Temporary ☐ Permanent ☐ No restraining order ☐ Unknown	**Restraining order served:** ☐ Yes ☐ No ☐ Unknown

Warrant issued:	Suspect arrested:	Suspect fled :	Suspect convicted:	Suspect convicted (original charge):	Suspect deceased:
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Brief Law Enforcement Narrative: _____

_____

_____

_____

_____

_____

TOXICOLOGY:			
Where specimens collected: ☐ Yes ☐ No ☐ Unknown		**Date Collected:**	
Substance	**Cause of death**	**Person prescribed for**	
1)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____
2)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____
3)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____
4)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____
5)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____
6)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____
7)	☐ Yes ☐ No ☐ Unknown	☐ Self ☐ Intimate Partner ☐ Family	☐ Not applicable ☐ Relationship unknown ☐ Other: _____

OVERDOSE:			
Time last seen alive:		**Date last seen alive:**	
Previous drug Overdose: ☐ No previous overdose reported ☐ OD within last month ☐ OD between 1 month and 1 year ☐ OD more than one year ☐ OD timing unknown	**Treatment for substance abuse:** ☐ No treatment ☐ Current treatment ☐No current treatment, but treated in past	**History of opioid/heroin abuse:** ☐ None ☐ Current/Past abuse of prescription opioids ☐ Current/Past abuse of heroin ☐ Current/Past abuse of both heroin and prescription opioids ☐ History of substance abuse, specific substance unknown	**Recent opioid use relapse:** ☐ No evidence ☐ Relapse < 2 weeks of overdose ☐ Relapse > 2 weeks and < 3 months ☐ Relapse, timing unclear
Type of drug poisoning: ☐ Related to substance abuse ☐ Victim unintentionally took wrong dose/drug ☐ Overmedication ☐ Took prescribed dose ☐ Other: _____ ☐ Unknown	**Scene Indications of Drug Use:** ☐ Evidence of drug use ☐ No evidence of drug use ☐ Evidence of rapid overdose ☐ Tourniquet around arm **Needle location:** ☐ Needle inserted ☐ Needle in the hand ☐ Needle close to body ☐ No evidence	**Route of drug administration (check all that apply):** ☐ Evidence of injection (see column to right) ☐ Evidence of snorting/sniffing ☐ Evidence of smoking ☐ Evidence of transdermal ☐ Evidence of ingestion ☐ Evidence of suppository ☐ Evidence of sublingual	**Evidence of Injection:** ☐ Track marks on victim ☐ Tourniquet ☐ Cookers ☐ Needles/Syringe ☐ Filters ☐ Witness report ☐ Other: _____ _____

Evidence of prescription drugs (check all that apply): ☐ Prescribed to victim ☐ Not prescribed to victim ☐ Unknown who prescribed for	**Type of prescription drug:** ☐ Pills/tables ☐ Prescription bottle ☐ Lozenges/lollipops ☐ Patch ☐ Liquid ☐ Vial ☐ Witness report ☐ Other: _____	**Victim being treated for pain:** ☐ Yes ☐ No ☐ Unknown **Victim prescription morphine:** ☐ Yes ☐ No ☐ Unknown	**Evidence of illicit drugs (check all that apply):** ☐ Powder ☐ Witness report ☐ Counterfeit pills ☐ Tar ☐ Crystal ☐ Other: _____
Response to drug overdose:			
Bystanders present: ☐ No bystanders present ☐ 1 bystander present ☐ Multiple bystanders present ☐ Unknown number bystanders ☐ Unknown if bystander present	**Drug use witnessed:** ☐ Yes ☐ No ☐ Unknown	**Naloxone administered:** ☐ Yes By whom: _____ # of dosages: _____ ☐ No ☐ Unknown	**Witness report rapid overdose:** ☐ No report ☐ Immediate ☐ 1 to 5 minutes ☐ 5 to 10 minutes