

## Suicide Circumstances

- Current depressed mood
- Suicide note, email, text, etc.
- Disclosed intent (any communication)
- Mental health problems (explain)
- Physical health problems
- Alcohol/other substance problem or addiction
- Treatment for mental illness/substance abuse
- History of suicide attempt(s)
- Crisis in the past two weeks
- Intimate partner/other relationship problems
- Interpersonal violence problems
- Job, school or financial problems
- Recent criminal/civil legal problems
- Suicide/other death of friend or family in past five years
- Any other suicide circumstances

## Other Key Questions

### Was the Victim ...

- a bystander?
- using a weapon?
- acting in self defense?
- intervening to assist a crime victim?

### What events led up to the crime?

### What was the relationship between the suspect(s) and victim(s)?

## More Information

[www.health.ny.gov/NYVDRS](http://www.health.ny.gov/NYVDRS)

Email: [NVDRS@health.ny.gov](mailto:NVDRS@health.ny.gov); phone: (518) 402-7900



Department  
of Health

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# NYVDRS

## Reporting Pocket Card

*Make your reports SAVE lives.*

This tip card lists information that we seek to capture in the New York Violent Death Reporting System (NYVDRS), which tracks the details of violent deaths using information from your reports. NYVDRS allows us to identify trends, better understand the causes of violent deaths, and develop better interventions in New York.

The goal of NYVDRS is to capture information from multiple sources on violent deaths. Information can be used to inform police and policy makers about common factors of violent deaths, and guide efforts to help save lives.

## **Narrative of Incident**

- Details of crime scene investigation

## **For All Persons Involved in the Incident**

- Name, address (including ZIP-code) age, sex, race, ethnicity, height, weight of all involved or injured
- Date, time and location of injury
- Previous criminal record
- Sexual orientation (statement by family, friends, or victim)
- Relationship status
- Gender of partner, if in relationship
- Current employment and job title
- Military/veteran status

## **Affiliated Coroner's Office**

- Name and phone number

## **Homicide Circumstances**

- Suspect Information
- Precipitated by another crime
- Argument over money/property/other
- Intimate partner violence (e.g., jealousy/lovers' triangle)
- Gang-related or hate crime
- Brawl/mutual physical fight
- Mercy killing
- Drive-by shooting
- Terrorist attack
- Victim a bystander or an on-duty police officer
- Justifiable self-defense
- Victim used a weapon
- Victim was intervening, assisting another crime victim
- Other circumstance(s)

## **Firearm/Weapon Information**

- Gun, bullet, casing recovered
- Firearm type, make/model/caliber/gauge/serial number
- Firearm stolen
- Other weapon(s)
- Gun owner/used with(out) permission
- Gun stored & loaded/stored & locked

## **Poison Information**

- Alcohol
- Street/recreational drugs/drug paraphernalia (list, if known)
- Naloxone administered; by whom?
- Prescription(s) and prescriber information: prescription name, patient name, fill date, # prescribed, # remaining, relationship to victim
- Over-the-counter medications
- Other poisonous substance(s)