

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

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



Department
of Health

7/18



CORONER & MEDICAL EXAMINER

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

- Wound location, number of penetrating wounds, number of bullets
- Details of crime scene

For All Persons Involved in the Incident

- Name, address (including ZIP-code) age, sex, race, ethnicity, height, weight of all involved or injured
- Date and time of the injury
- Previous criminal record
- Specify location where injury occurred (e.g., apartment, parking lot, car)
- Military, veteran status

Firearm/Weapon Information

- Gun, bullet, casing recovered
- Firearm type, make/model/caliber/gauge/serial number
- Firearm stolen
- Other weapon(s)

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)

Toxicology Reports

- Medical history - describe diagnosis
- Alcohol (BAC)
- Street/recreational drugs
- Prescription(s) and prescriber information: prescription name, patient name, fill date, number prescribed, number remaining, relationship to victim
- Over-the-counter medications
- Other poisonous substance(s)

Coroner/Medical Examiner Reports

- Site Investigation Report
- Visual Report
- Partial Report
- Full Report

Affiliated Law Enforcement Agency

- Name and phone number