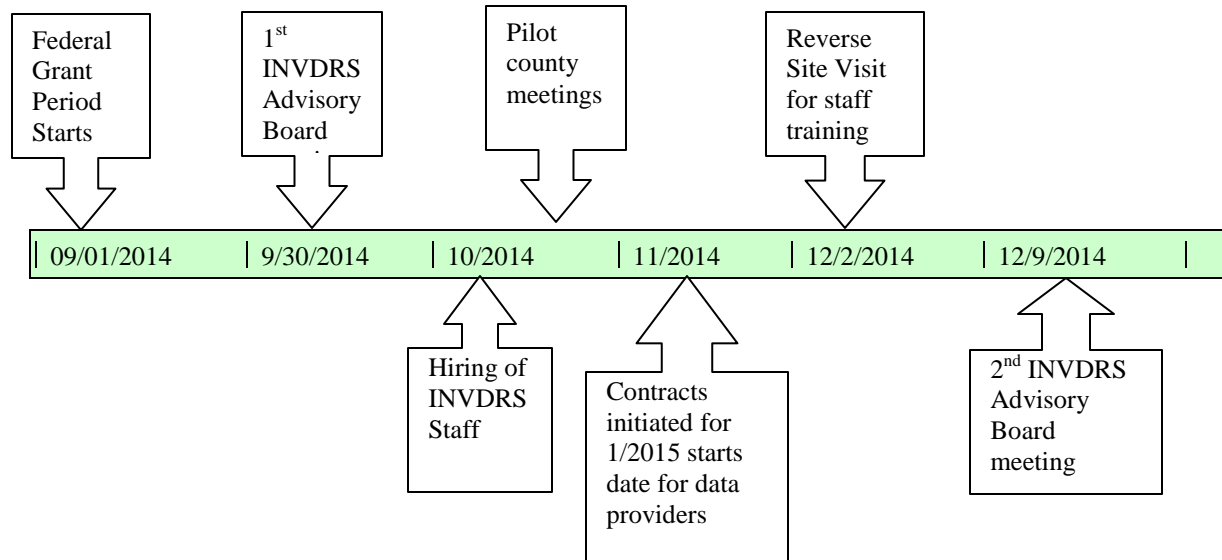
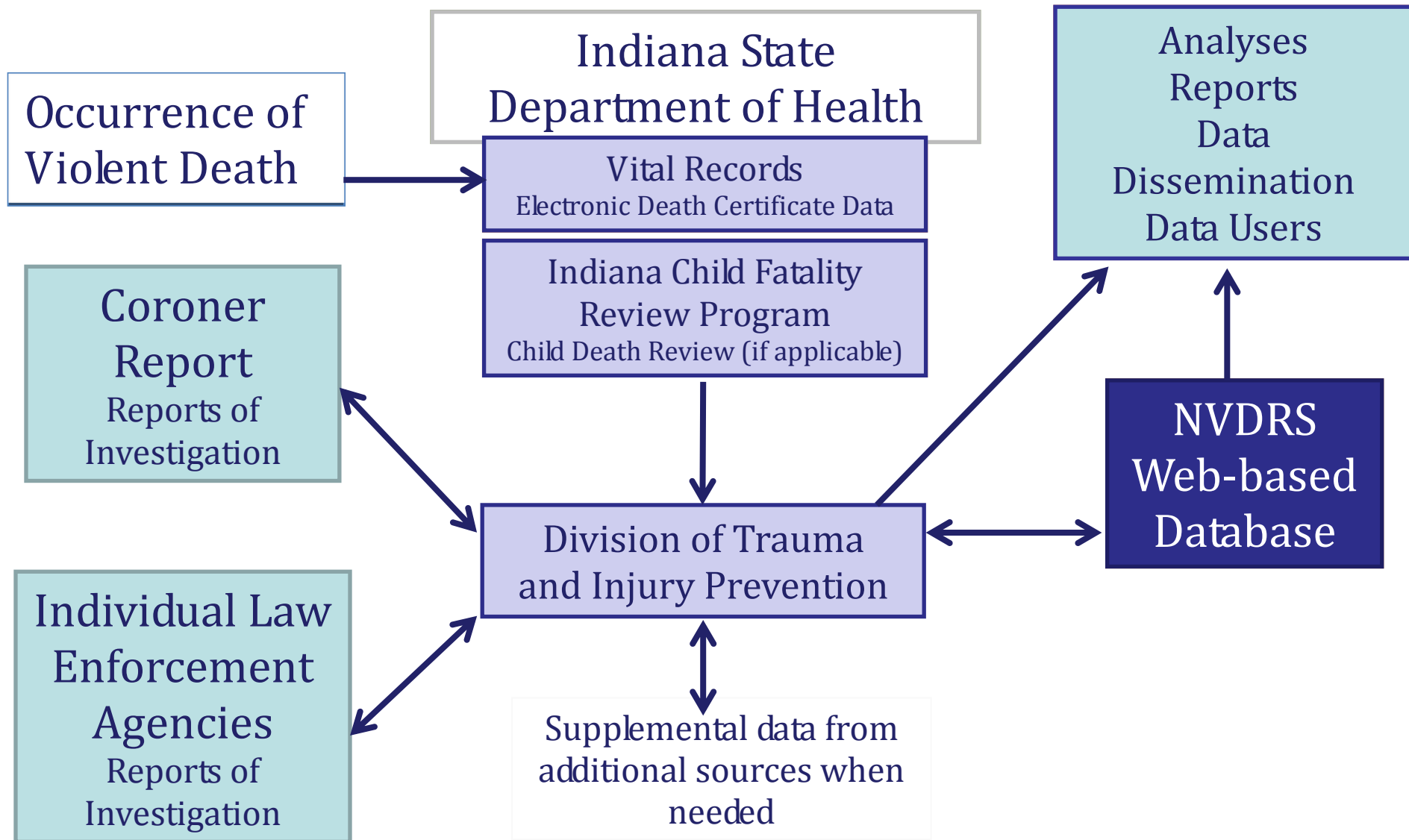


INVDRS Timeline - 2014

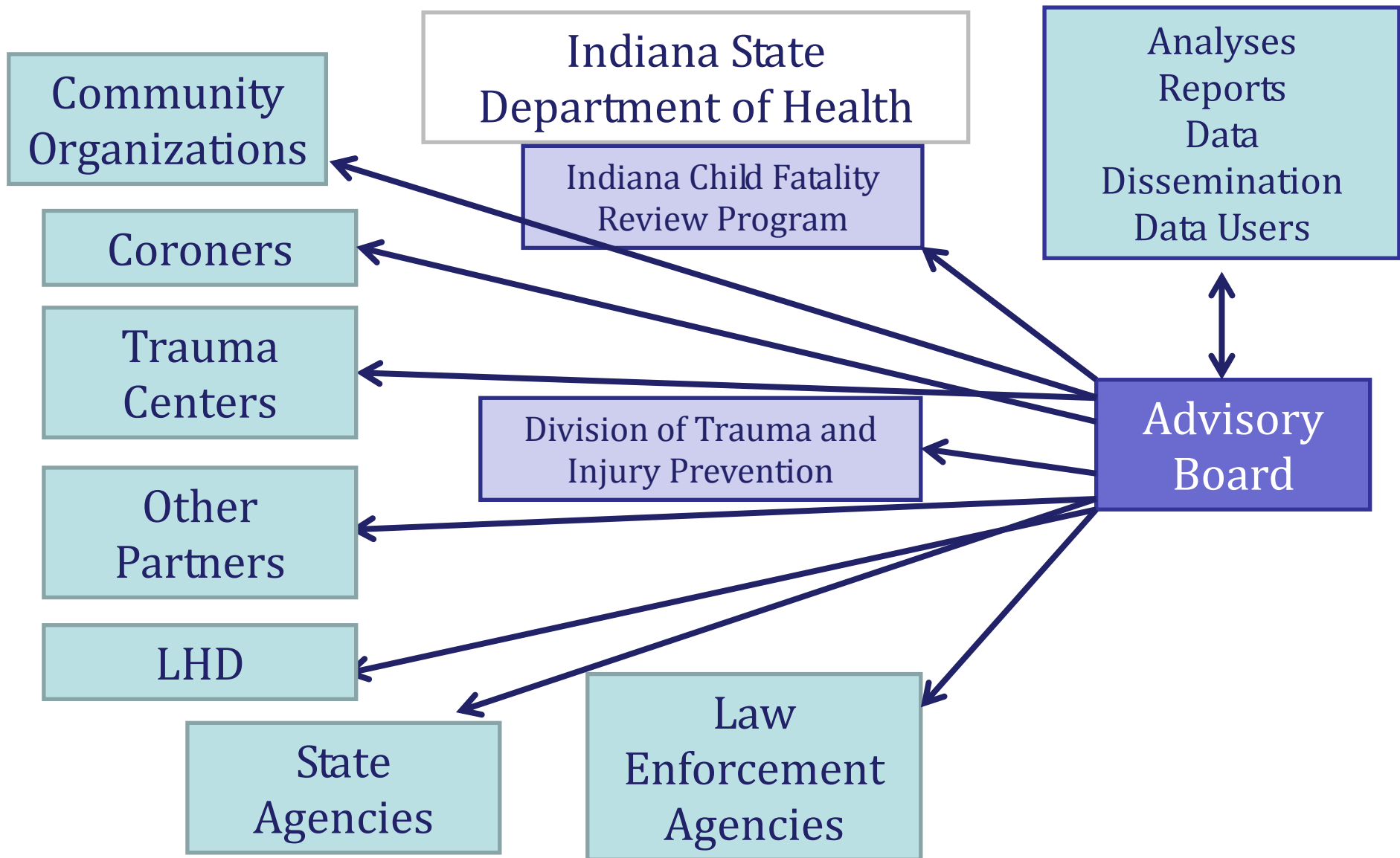


Flow of Information for the INVDRS

INVDRS Timeline - 2014



Dissemination of Information



Data Topic	Death Certificates	Coroner Report	Police Report	Supple-mental Homicide Report	Child Fatality Review	Crime Lab	ATF	User
# of persons and weapons								x
Incident narrative		x	x		x			
Document tracking								x
Person type (victim/suspect)	x	x	x	x				
Name, address	x	x	x					
Age/sex/race/ethnicity	x	x	x	x				
When and where (injury/death)	x	x	x					
Cause of death ICD code(s)	x							
Manner of death	x	x			x			x
Additional person descriptors	x	x	x		x			
Alcohol and drug tests		x						
Wounds		x	x					
Associated circumstances		x	x	x	x			
Victim-suspect relationship		x	x	x				
History of victim abuse		x	x		x			
Suspect was victim caretaker		x	x		x			
Weapon type								x
Firearm trace							x	
Firearm descriptors		x	x			x		
Poison details		x	x					
Weapon used by/on person		x	x	x				
Person purchasing firearm			x				x	

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Incident Information:					
Incident Year	x	x	x	x	x
Version of Software					x
Incident Type	x	x		x	x
Number of Source Documents in Incident					x
Number of Victims in Incident			x	x	x
Date Supervisor Checked incident					x
Date Supervisor rechecked incident					x
Case Status:					
Death Certificate data abstraction complete					x
Coroner report data abstraction complete					x
Toxicology data abstraction complete					x
Law enforcement data abstraction complete					x
Document Tracking Variables:					
Document Type					x
Source Agency Requested from					x
Date record requested/expected/sought					x
Date record re-requested/re-searched					x
Date record received					x
Date record abstracted/imported					x
Date entered data checked					x
Document determined to be unavailable					x
Document notes field					x
Person Information (Collected for Victim(s) and Suspect(s)):					
Abstractor Assigned					x
Manner of death	x	x		x	x
Person type	x	x	x		
Age	x	x	x	x	
Age Units	x	x	x	x	
Sex	x	x	x	x	
Race (White/Black/Asian/Native Hawaiian or Pacific Islander/	x	x	x	x	

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
American Indian/Alaska Native/ Other Race / Unspecified Race					
Hispanic / Latino / Spanish	x	x	x	x	
Victim Information:					
Country of residence	x	x	x		
State of residence	x	x	x		
County of residence	x	x	x		
City of residence	x	x	x		
Zip code of residence	x	x	x		
US Census block group of residence	x	x	x		
US Census tract of residence	x	x	x		
Birth place	x	x			
Country of birth if not listed	x	x			
Place of death	x	x			
Place of death if other	x	x			
Date pronounced dead	x				
Date of Death	x	x			
State of Death	x	x	x		
Manner of death	x	x			
Date of Injury	x	x	x		
Time of Injury	x	x	x		
Type of location where injured	x	x	x		
Injured at work	x	x	x		
At person's home		x			
Victim in custody when injured		x			
State of injury FIPS code	x	x	x		
County of injury	x	x	x		
City of injury FIPS code	x	x	x		
Zip code of injury		x			
US Census block group of injury	x				
US Census tract of injury	x				
Survival time no. of units	x	x			

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Unit of time used in survival time	x	x			
Manner of death	x				
Immediate cause of death text	x				
Cause leading to immediate cause text	x				
Next antecedent cause of death text	x				
Underlying cause of death text	x				
Underlying cause of death ICD-10 code	x				
ICD10 4th (character)	x				
ICD10 5th (character)	x				
Autopsy performed	x	x			
Ever served in US armed forces (veteran)	x				
Marital status	x	x			
Person was pregnant	x	x			
Education by degree level	x	x			
Number years of education	x	x			
Current occupation	x	x			
Usual occupation code	x				
Usual occupation text	x				
Kind of business/industry code	x				
Usual industry text	x				
Multiple conditions on death certificate 1-10	x				
Height	x				
Weight	x				
Transgender	x				
Sexual Orientation	x				
Recent release from an institution	x	x	x		
EMS at scene		x	x		
Homeless status		x			
Victim Information: Poisons/Toxicology:					
Date Specimens were collected		x			
Time specimens were collected		x			

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Name of substance(s) on toxicology report		x			
Tested for specific substance		x			
Results for specific substance		x			
Poison/Substance was cause of death		x			
Type of poison (<i>automatically generated</i>)		x			
Code for poison (<i>automatically generated</i>)		x			
Alcohol use suspected		x			
Testing for alcohol		x			
Alcohol test results		x			
Blood alcohol concentration results		x			
Testing for anticonvulsants		x			
Results for anticonvulsants		x			
Testing for antipsychotic		x			
Results for antipsychotic		x			
Testing for amphetamines		x			
Amphetamine test results		x			
Testing for antidepressants		x			
Antidepressant test results		x			
Testing for cocaine		x			
Cocaine test results		x			
Testing for marijuana		x			
Marijuana test results		x			
Testing for opiate(s)		x			
Opiate test results		x			
Testing for carbon monoxide		x			
Carbon monoxide results		x			
Carbon monoxide source, if CO		x			
Victim information: Wound location:					
Number of Wounds		x	x		
Number of bullets that hit victim		x	x		
Wound to the head		x	x		

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Wound to the face		x	x		
Wound to the neck		x	x		
Wound to the upper extremity		x	x		
Wound to the spine		x	x		
Wound to the thorax		x	x		
Wound to the abdomen		x	x		
Wound to the lower extremity		x	x		
Suspect Variables:					
Primary suspect for this victim		x	x	x	
Second suspect for this victim		x	x	x	
Third suspect for this victim		x	x	x	
Victim's relationship to suspect 1		x	x	x	
Victim's relationship to suspect 2		x	x	x	
Suspect was also a victim	x		x		
Suspect attempted suicide after incident			x		
Suspect was a caregiver		x	x	x	
History of abuse of victim		x	x	x	
Suspect was mentally ill			x		
Suicide, Homicide, and Undetermined Circumstances Variables:					
Circumstance known		x	x		
Current depressed mood		x	x		
Current diagnosed mental health problem*		x	x		
Type of first mental illness diagnosed		x	x		
Type of second mental illness diagnosed		x	x	x	
Other mental health diagnosis		x	x	x	
Current treatment for mental illness/substance abuse		x	x	x	
Ever treated for mental illness		x	x	x	
Alcohol problem*		x	x	x	
Other substance problem*		x	x	x	
Other addiction*		x	x	x	
Disclosed intent to commit suicide		x	x	x	

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Disclosed suicidal intent to whom		X	X	X	
Person left a suicide note		X	X	X	
History of suicide attempts		X	X	X	
History of expressed suicidal intent/thoughts		X	X	X	
Suicide of friend or family*		X	X	X	
Other death of friend or family		X	X	X	
Crisis in past two weeks		X	X	X	
Physical health problem*		X	X	X	
Intimate partner problem*		X	X	X	
Family relationship problem*		X	X	X	
Other relationship problem*		X	X	X	
Recent criminal legal problem*		X	X	X	
Other (civil) legal problems*		X	X	X	
Perpetrator of violence in the past month		X	X	X	
Victim of violence in the past month		X	X	X	
Disaster exposure		X	X	X	
Anniversary of a traumatic event		X	X	X	
History of abuse as a child		X	X	X	
School problem*		X	X	X	
Job problem*		X	X	X	
Financial problem*		X	X	X	
Eviction/loss of home*		X	X	X	
Precipitated by another crime		X	X	X	
Nature of first other crime		X	X	X	
Nature of second other crime		X	X	X	
First other crime in progress		X	X	X	
Jealousy (lovers' triangle)*		X	X	X	
Intimate partner violence related		X	X	X	
Stalking		X	X	X	
Prostitution or sex trafficking		X	X	X	
Drug involvement		X	X	X	

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Gang related		X	X	X	
Drive-by shooting		X	X	X	
Walk-by shooting		X	X	X	
Hate crime		X	X	X	
Physical fight (mutual between 2 people)		X	X	X	
Brawl (mutual physical fight, 3+ people)		X	X	X	
Argument		X	X	X	
If yes, timing of argument		X	X	X	
Random violence		X	X	X	
Terrorist attack		X	X	X	
Victim was bystander		X	X	X	
Victim was a police officer on duty		X	X	X	
Justifiable self-defense/law enforcement		X	X	X	
Victim used weapon		X	X	X	
Victim was intervener assisting crime victim		X	X	X	
Abuse and neglect led to death		X	X	X	
Mercy killing		X	X	X	
Other circumstance		X	X	X	
Unintentional Firearm Death Circumstance Variables:					
Hunting		X	X	X	
Target Shooting		X	X	X	
Self-defense shooting		X	X	X	
Celebratory firing		X	X	X	
Loading/unloading gun		X	X	X	
Cleaning gun		X	X	X	
Showing gun to others		X	X	X	
Playing with gun		X	X	X	
Other context of injury		X	X	X	
Thought safety was engaged		X	X	X	
Thought unloaded magazine disengaged		X	X	X	
Thought gun was unloaded, other		X	X	X	

Data Providers and Variables Collected in INVDRS

	Death Certificate	Coroner Report	Law Enforcement	Child Death Review	INVDRS Staff
Unintentionally pulled trigger		X	X	X	
Bullet ricochet		X	X	X	
Gun defect or malfunction		X	X	X	
Fired while holstering/un-holstering		X	X	X	
Dropped gun		X	X	X	
Fired while operating safety/lock		X	X	X	
Gun mistaken for toy		X	X	X	
Other mechanism of injury		X	X	X	
Weapon Variables:					
Primary weapon that killed victim	X	X	X	X	
Second weapon causing injury		X	X		
Third weapon causing injury		X	X		
Total number of NVDRS weapons for this victim		X	X		
Weapon type		X	X		X
Additional weapon information		X	X		X
<i>Firearms</i>					
Firearm type		X	X		
Make or NCIC code		X	X		
Other firearm make text		X	X		
Firearm model		X	X		
Firearm model text		X	X		
Firearm caliber		X	X		
Firearm gauge		X	X		
Firearm stolen		X	X		
Gun owner		X	X		
Gun stored loaded		X	X		
Gun stored locked		X	X		
Gun access narrative		X	X		

Optional Module: Child Fatality Review

<i>Victim Variables</i>	<i>Supervision at the Time of Incident</i>
CFR records available on victim	Perpetrator was supervisor
	Quality of supervision a factor
<i>Victim Health information</i>	Supervisor's relationship to victim
Victim had a physical illness at time of injury	Supervisor's age
If yes, specify diagnosis	Supervisor's sex
Victim had disability at time of injury	No supervision
If yes, disability was physical	Supervisor drug/alcohol impaired
If yes, disability was developmental	Supervisor distracted or asleep
If yes, disability was sensory	Other supervisory factor
<i>Prenatal history</i>	<i>Primary Caregivers: (Information collected on up to 2 parents or caregivers)</i>
Infants: Prenatal care prior to 3rd trimester	Primary caregiver a victim or suspect in the incident
Infants: Maternal recreational drug use	If yes, caregivers ID in the incident
Infants: maternal alcohol use	Relationship to victim
Infants: maternal tobacco use	Person lived with victim
Infants: victim born prematurely	Primary caregiver age at time of incident
	Primary caregiver sex
<i>CPS Contacts</i>	Had legal custody of victim at time of death
Prior CPS report on the victim's household	Had documented history of maltreating
If yes, CPS report filed on whom	Had a previous child die in his/her care
If yes, report substantiated	
Physical abuse substantiated	<i>Incident Variables</i>
Sexual abuse substantiated	Witness(es) to fatal incident
Neglect substantiated	Child witness(es) to fatal incident
CPS case opened on other kids due to this death	CFR additional information
	Scene investigated by LE
<i>Other Prior System Contacts by Victim</i>	Scene investigated by Coroner
Victim contact with police	
Victim contact with juvenile justice system	<i>Data Sources Used by CFR</i>
Victim contact with the health care system	Coroner records
Victim contact with mental health services	SS/CPS Records

Household contact with Police	Police/Law Enforcement records
Victim/primary caregiver contact with social services	School records
Victim /primary caregiver contact with WIC	EMS records
Victim/primary caregiver contact with Medicaid	Health Provider/Hospital records
Primary caregiver on welfare/financial assistance	Public Health Department Records
	Mental Health Records
<i>Suspect information</i>	Juvenile Justice Records
Specific person suspected	Death certificate
Suspect arrested as perpetrator in this death	Other records
Suspect charged as perpetrator in this death	Specify (what other records)
Suspect prosecuted	
Suspect convicted	<i>CFR Committee Decisions</i>
Convicted of original charge	CFR conclusion matches death certificate
CPS report or referral ever filed on the suspect	If no, manner the CFR designated
Suspect ever charged with a prior homicide	Text to specify other manner
	Action taken to change the official manner
<i>Household information</i>	Result of action
Type of residence in which victim lived	CFR determination of preventability
Length of time in residence	
Unrelated adult living in household	<i>CFR Mental Health</i>
Other children <18 years of age in household	History of inpatient psychiatric treatment
Marital relationship of victim's biological parents	Taking psychiatric medication at time of death
	Barriers to accessing mental health care
<i>Domestic Violence and Substance Abuse</i>	
Intimate partner violence in victim's household	
Intimate partner violence in victim's foster home	
Substance abuse in victim's household	
Substance abuse in victim's foster home	

