

## Important Information to Document

## Poison Information

## Iowa Violent Death Reporting System

### For the victim(s):

- Name \_\_\_\_\_
- Age \_\_\_\_\_  Sex M \_\_\_\_\_ F \_\_\_\_\_
- Race or ethnicity \_\_\_\_\_
- 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 \_\_\_\_\_
- 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? \_\_\_\_\_

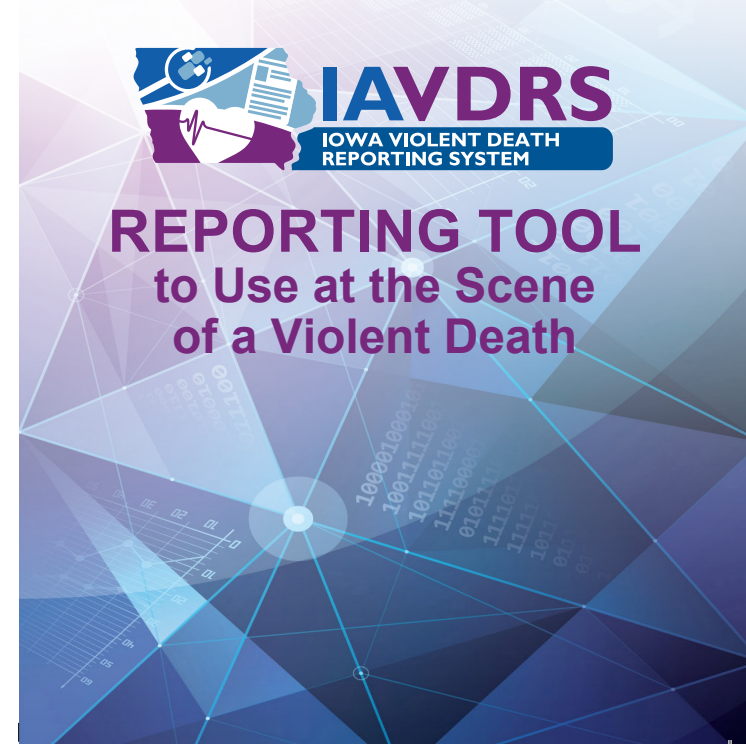
### If prescription drug, please provide:

- 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

### 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\_\_\_\_

### Did the victim have problems with:

- A crisis in the past two weeks (describe)? \_\_\_\_\_  
\_\_\_\_\_
- Physical health (describe)? \_\_\_\_\_
- Drugs or alcohol? Y\_\_\_\_ N\_\_\_\_
- An intimate partner? Y\_\_\_\_ N\_\_\_\_
- A non-intimate relationship? Y\_\_\_\_ N\_\_\_\_
- Work, school, finances? Y\_\_\_\_ N\_\_\_\_
- Criminal/non-criminal charges? Y\_\_\_\_ N\_\_\_\_

## Firearm Information

### What is the firearm:

- Type (revolver, pistol, shotgun, etc.)? \_\_\_\_\_
- Make/model/caliber? \_\_\_\_\_
- Caliber of ammunition? \_\_\_\_\_
- Was 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? Y\_\_\_\_ N\_\_\_\_  
If so, how (locked or loaded)? \_\_\_\_\_

## Suicide Information

### Did the victim:

- 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\_\_\_\_