

DATA DICTIONARY

Version 1.0

Adult National Fatality Review Case Reporting System

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Table of Contents

Case Definition	3
Section A. Decedent Information	4
Section B. Incident Information	13
Section C. Investigation Information	15
Section D. Official Manner and Primary Cause of Death	18
Section E. Detailed Information by <i>Cause</i> of Death	20
E1. Motor Vehicle and Other Transport.....	20
E2. Fire, Burn, or Electrocution	22
E3. Drowning	23
E4. Asphyxia.....	26
E5. Bodily Force or Weapon	26
E6. Fall or Crush.....	28
E7. Poisoning, Overdose, or Acute Intoxication	29
E8. Other Known Injury Cause.....	30
Section F. Other Circumstances of Incident.....	31
F1. Did Death Occur During Commission of Another Crime?	31
F2. Suicide.....	32
F3. Life Stressors/Risk Factors and Protective Factors.....	36
Section G. Services to Family and Community as a Result of the Death	42
Section H. Findings Identified During the Review	43
Section I. The Review Meeting Process	45
Section J. Narrative	47
J1. Narrative	47
Section K: Form Completed By	48
Data Quality Review	49

Case Definition

Case Number

The first data entry page that appears on your screen is the Case Definition section, which corresponds to the “Case Number” section of the paper form. This is where you create the unique identifier for the case you are entering. The Adult National Fatality Review Case Reporting System (NFR-CRS) allows for five levels of information to define a case: State/Territory, County or Team Number, Year of Review, and Sequence of Review. However, depending on the profile that your state or territory has established with the National Center for Fatality Review and Prevention (National Center), you may not see all these options.

State or Territory

Automatically filled in for you. You cannot edit this field. Every state/territory has a unique identifier.

County or Team Number

Indicates the local team. For states with county teams, this will be a county. For states or territories with non-county teams, this will be the team’s name. Local-level users will have this identifier filled in automatically and will not be able to edit this field unless they oversee multiple local teams. In that case, they will be able to select from a list of the local teams they lead. State-level users will be able to select from among the counties or teams in their state or territory to fill in this field.

Year of Review

Automatically filled in with the current year. You can edit this field to enter cases reviewed in past years.

Sequence of Review

Automatically filled with the next highest sequence number for the current year. For example, if the last sequence number you entered in the current year was “00021” then the next new case you enter will come up as sequence “00022”, regardless of whether sequences “00019” or “00020” exist (i.e., if those cases were deleted). You can edit this field to any sequence number. Number must be numeric only; no letters or characters allowed.

Death Certificate Number

Death certificate number as stated on death certificate.

Birth Certificate Number

Birth certificate number as stated on the birth certificate.

Medical Examiner/Coroner Case Number

Medical examiner or coroner-assigned case number, if applicable. This is not the medical examiner or coroner’s license number.

Date Team Notified of Death

The date the case was first identified by the state or local coordinator or fatality review team. This can be when the team was made known of the death through vital records, newspaper clippings, agency alerts, etc.

Section A. Decedent Information

A1: Decedent's name

Legal name of decedent as stated on death certificate. Some reporting sites may find that an individual data source will require unique identifiers such as name or social security number to be stored in hard copy only, not in the electronic database. If this is the case, it is acceptable to leave these fields blank.

Decedent's chosen name

Decedent may have a chosen name different from their legal name as stated on death certificate.

A2: Date of birth

Date of decedent's birth as stated on death certificate.

A3: Date of death

Exact date of decedent's death as stated on death certificate. Exact date of death is sometimes unknown, such as in an unwitnessed suicide or homicide. If this is the case, select "unknown."

A4: Age

Numerical age of decedent as stated on death certificate. In some cases, the decedent's exact age will not be known.

A5: Race

Race of decedent as stated on death certificate or other records. Standard race categories were issued by the Office of Management and Budget to promote comparability of data among federal data systems. For the Adult NFR-CRS, the following categories are used.¹ Check all that apply.

- **Alaska Native**: Having origins in any of the original peoples of Alaska and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- **American Indian**: Having origins in any of the original peoples of North and South America and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- **Asian**: Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam). If selected, specify.
- **Black**: Having origins in any of the Black racial groups of Africa.
- **Native Hawaiian**: Having origins in any of the original peoples of Hawaii.
- **Pacific Islander**: Having origins in any of the original peoples of Guam, Samoa, or other Pacific Islands (e.g., Fiji, Tahiti). If selected, specify.
- **White**: Having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Unknown**

A6: Hispanic or Latino/a origin

¹ Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, Office of Management and Budget. <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>.

Specify whether the decedent is Hispanic or Latino/a origin. The Office of Management and Budget defines "Hispanic or Latino/a" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

A7: Sex on death certificate

Sex of decedent as stated on death certificate.

A8: Relationship or marital status

Indicate decedents relationship or marital status at time of death.

A9: Residence address

Residential address of decedent as stated on death certificate. If a person was currently residing in a short-term facility for less than six months, use their home address as their residential address. If a person was residing in a long-term facility for over six months, such as a college dormitory, prison, or residential nursing home, use the institution's address. If they were living in a short-term facility and no residential address is noted, use the address of the short-term facility.

If decedent was not a resident of the United States (U.S.), select "out of country" in the drop-down list of states and enter the country of residence in the text box.

Some reporting sites may find that an individual data source will require that unique identifiers, such as a specific street address, be stored in hard copy only or not in the electronic database. **If possible, enter resident state at a minimum, as it can be used to confirm state residency.**

A10: Military status

Indicate the decedent's military status and service history, if applicable.

- **Military status** - Indicate the decedent's military status at time of death. Military status can be found in the federal government form DD214.
- **Time in service** – Indicate the total number of years the decedent served.
- **Branch** – Indicate the decedent's branch of service at time of death.
- **Highest rank** – Indicate the decedent's highest rank during military service. Does not have to be the rank at the time of death.
- **Highest pay grade** – Indicate the decedent's highest pay grade during military service. Does not have to be the pay grade at time of death.
- **Era of service** – Check all the eras during which the decedent served and indicate if the decedent had combat history for each serving era.

If decedent was a Veteran, what was their character of service:

- **Honorable**: discharge from military service with a favorable record.
- **Under Honorable Conditions (General)**: service member's performance was satisfactory, but something prevented the service member from performing their job adequately or from meeting expected standards of conduct.
- **Under Other Honorable conditions**: service member's conduct and performance in the ranks were questionable and may affect their eligibility for certain veteran benefits once out of uniform.
- **Bad Conduct**: a punitive discharge that applies only to military-enlisted persons and may be adjudged by a general court-martial.
- **Dishonorable**: a punitive discharge that can only be handed down at a general court-martial after convictions of serious offenses (e.g., felony crimes such as desertion before an enemy, sexual assault, murder).

- Uncharacterized: military enlisted persons resulted in entry-level separation, void enlistment, or induction, or dropping from roll calls.

If decedent was a Veteran, was the decedent enrolled in VHA health care?

Indicate if decedent was enrolled in VHA health care.

If decedent was a Veteran, did the decedent receive VA benefits/services (not health related)?

Indicate if decedent received VA benefits/services (not health related).

If decedent was a Veteran, what was the decedent's VA service-connected disability rating?

Indicate what percentage of service-connected disability rating the decedent was receiving at the time of their death. Veteran service-connected disability rating can be located in decedent's VA records.

A11: State/territory of death

The state/territory in which the decedent died.

A12: County of death

The county in which the decedent died.

A13: Decedent had disability or chronic illness.

Indicate if the decedent had a disability or chronic illness prior to the time of incident. Chronic implies an impairment or illness that had a substantial long-term effect on the decedent's day-to-day function or health. If "yes," check all that apply and specify.

- Physical/orthopedic: Includes any anatomical loss, mobility loss, physiological disorders, cosmetic impairments, or chronic illnesses or diseases. Examples include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate, epilepsy/seizure disorder/convulsions, or cancer.
- Mental health/substance abuse: Includes any mental or psychological disorder. Examples include depression, bipolar disorder, anxiety disorders (e.g., panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, personality disorders). A mental disorder is a disability only if it substantially limits one or more major life activities. A substance use (abuse or dependence) disorder is a maladaptive pattern of recurrent substance use leading to clinically significant impairment or distress.
- Cognitive/intellectual: Includes trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. Cognitive deficits may be congenital or caused by environmental factors. Examples include deficits from brain injury, Down syndrome, or congenital conditions that cause cognitive impairment. This definition includes cognitive or learning disabilities.
- Sensory: Includes any disability or chronic disease that impairs the senses, including visual, auditory, and olfactory. Examples include vision and hearing impairment.
- Unknown: Select if your team was unable to determine the type of disability or chronic illness.

A14: Decedent's health insurance

Indicate type of health insurance coverage decedent had at time of incident. Check all that apply.

- None: Decedent had no medical insurance at time of incident.
- Private: Decedent had a health insurance plan marketed by the private health insurance industry as opposed to government-run insurance programs. Examples of private health insurance companies include Aetna, Humana, or Blue Cross Blue Shield (BCBS). Common types of private health insurance plans include:
 - Health Maintenance Organizations (HMOs)
 - Participating Provider Options (PPOs)
 - Point-of-Service (POS)
 - Fee for Service Plans
 - Health Savings Accounts (HSAs)
- Medicaid: Health care program assisting low-income families or individuals in paying for long-term medical and custodial care costs. Medicaid is a joint program funded primarily by the federal government and run at the state level where coverage may vary.
- Medicare: Health care program for anyone age 65 and older, and some people under 65 with certain disabilities or conditions.
- State plan: Decedent's medical care was paid for by any type of state-sponsored plan, except Medicaid.
- Indian Health Service (IHS): Health services provided to American Indian and Alaska Native families by IHS, an agency within the Department of Health and Human Services.
- VHA Health Care: Health care services provided to service members. Reservists and guardsmen who had or have active-duty status are qualified.
- Tricare: Health care program for uniformed service members, retirees, and their families.
- Other, specify: Decedent's medical care paid for by any other type of support, excluding self-pay.
- Unknown: Team does not know if the decedent was insured or does not know what type of insurance the decedent had.

A15. When was the decedent's last contact with a health care system?

Indicate the last time the decedent had contact with a health care system of any kind prior to death, including an emergency room, primary care setting, urgent care, mental health care (e.g., counseling appointment), Veteran Health Administration or specialist's office.

A16: Household income

Income level is an estimate. Economic indicators such as decedent education, social service enrollment, and health insurance type can assist in determining the decedent's household income level. If decedent or family received income-based support, this could be an indicator to select "low." If no concrete evidence exists regarding income, select "unknown."

A17: Decedent had history of maltreatment as victim.

Indicate whether the decedent had history of being the victim of maltreatment (i.e., physical abuse or neglect) prior to age 18 or victim of adult maltreatment on or after age 18. History means a referral or substantiation from Child Protective Services (CPS),

Adult Protective Services (APS), or documentation of evidence from autopsy, law enforcement report, or medical records. If “yes” for before age 18, indicate how history was identified. If “yes” for after age 18, indicate how history was identified. If history was identified through APS, indicated the number of referrals and substantiations.

A18: Decedent’s highest education level

Select the highest level of completed education. If decedent received a high school graduate equivalency diploma, select “HS graduate/GED completed.” Vocational and trade school should be coded as “HS graduate/GED completed.”

A19: Decedent’s work status

Indicate if decedent held a job in the previous four weeks. This includes formal jobs for pay or other compensation, informal jobs (e.g., paper delivery,), volunteer activities for an organized group only (excludes helping neighbors if not for production) or working on a farm or ranch if it is production related (e.g., milking a cow on a dairy farm). Select employed if decedent had sporadic jobs. Employment also includes working in a family business regardless of pay if the work contributes to the profitability of the business. Sporadic jobs should be considered part-time employment. Select “Student” if decedent was enrolled in educational setting at time of death. Select “Retired” if decedent was retired at time of death. Select “Unemployed” if decedent was not working, was not a student, or was not identified as retired at time of death.

A20: Did decedent have problems in school or work?

Problems in school or work include those from a documented history from school, social services, or law enforcement records. Select “yes” even if no documented history exists but the decedent believed they were experiencing problems. If “yes,” check all that apply. Problems in school or work include:

- Academic: A student’s academic performance was poor or declining.
- Suspensions: Includes all suspensions received for any reason.
- Behavioral: This is a broad category and can include acting out, disobedience, being disruptive, perpetrating bullying, or being the victim of bullying.
- Termination/Expulsion: Refers to the removal of an employee or student from employment or a school for violating rules or policies.
- Other, specify: Select this category if the school problem your team has identified doesn’t fit into any other category. Please specify the problem in the text field.
- Unknown: Select “unknown” if your team was unable to determine the types of problems the decedent was experiencing in work or school.

A21: Decedent had history of intimate partner violence.

Decedent had a documented history of experiencing or using intimate partner violence (IPV). Documented refers to evidence from law enforcement, medical records, or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, former spouse, or current or former dating partner. This may also include domestic disturbance complaints to which law enforcement responded.

If “yes, experienced IPV” or “yes, used IPV” is selected, indicate if the violence was experienced in the 30 days before death and if there were any charges or legal involvement.

A22: Decedent was receiving mental health services in the 90 days before death.

Indicate if the decedent was receiving mental health services of any kind, including individual or group treatment from a mental health professional **90 days before death**.

Indicate “yes,” if decedent was actively engaged in mental health services at time of death.

Indicate “no,” if decedent was not actively engaged in mental health services at time of death but engaged in some point in the 90 days before death.

If “yes,” check all that apply.

- **Outpatient:** Outpatient treatment involves therapeutic office visits without overnight stays.
- **Day treatment/partial hospitalization/PRRC:** Day treatment programs, Psychiatric Rehabilitation and Recovery Centers, and partial hospitalizations support patients to engage in group therapy, educational sessions, individual therapy, and pharmacotherapy. Patients attend for 3 to 6 hours daily, every or most days of the week.
- **Residential:** Residential mental health treatment provides longer-term care to individuals with chronic psychiatric needs.
- **MHICM/ACT:** Mental Health Intensive Case Management/Acceptance Commitment Therapy provides intensive case management services for Veterans with serious and persistent mental illness to help them live a meaningful life in the community.

A23: Decedent was on medications for mental health illness in the 90 days before death.

Indicate whether the decedent had an active prescription for psychiatric medication 90 days before death. Even if the decedent had not been taking the medication, but had an active prescription, select “yes.” If “yes,” specify what medications were being taken for mental health illness at time of death.

A24: Decedent had received prior mental health services at any time prior to the 90 days before death.

Indicate if the decedent had ever received mental health services of any kind including individual or group treatment from a mental health professional any time prior to the 90 days before death. If “yes,” check all that apply.

- **Outpatient:** Outpatient treatment involves therapeutic office visits without overnight stays.
- **Day treatment/partial hospitalization/PRRC:** Day treatment programs, Psychiatric Rehabilitation and Recovery Centers, and partial hospitalizations support patients to engage in group therapy, educational sessions, individual therapy, and pharmacotherapy. Patients attend for 3 to 6 hours daily, every or most days of the week.
- **Residential:** Residential mental health treatment provides longer-term care to individuals with chronic psychiatric needs.
- **MHICM/ACT:** Mental Health Intensive Case Management/Acceptance Commitment Therapy provides intensive case management services for Veterans with serious and persistent mental illness to help them live a meaningful life in the community.

A25: Decedent had previously been on medications for mental health illness at any time prior to the 90 days before death.

If “yes,” specify medications.

A26: Decedent had emergency department visit for mental health care within 12 months prior to death?

Indicate if the decedent had been taken to an emergency room or department due to concerns about their mental health ***12 months prior to their death.***

- If “yes,” did the decedent have an emergency department visit for mental health care within 90 days prior to death? Indicate if decedent had an emergency department visit 90 days prior to death.
- If “yes,” did the decedent have a follow-up health appointment within 30 days of emergency department visit? Indicate if the decedent attended a follow-up mental health appointment within a month after their emergency department visit. If an appointment was made but not kept, select “no.”

A27: Decedent was hospitalized for mental health care within the previous 12 months.

Indicate if the decedent was admitted as a hospital patient due to mental health concerns ***in the year prior to their death.***

- If “yes,” was the decedent hospitalized for mental health care within the previous 90 days? Indicate if decedent was hospitalized for mental health care within the previous 90 days.
- If “yes,” did the decedent have a follow-up mental health appointment within 30 days of discharge from the hospital? Indicate if the decedent attended a follow-up mental health appointment within 30 days after their hospitalization. If an appointment was made but not kept, select “no.”

A28: Issues prevented decedent from receiving mental health services.

List any barriers preventing the decedent from receiving needed services to address their mental health needs. Barriers include lack of access to appropriate health care providers, limited financial or transportation resources, the decedent’s willingness to participate in therapy, or the social stigma associated with seeking mental health services.

A29: Decedent had history of substance use or abuse?

Indicate if the decedent was perceived by self or others to have a problem with, or was dependent on, alcohol or other drugs, or if the decedent had ever used or misused any substances. Evidence of their use or misuse may be clear from postmortem toxicology results.

Select “yes” for a decedent who is noted as participating in a drug or alcohol rehabilitation program or treatment (e.g., self-help groups, 12-step program) even if the decedent was noted as being currently sober.

Select “yes” for a substance use/misuse problem from the past (i.e., five years or more prior) that has resolved and no longer appears to apply. **Previously attempting suicide via overdose is not sufficient justification for answering “yes” to this question in the absence of other information.**

If “yes,” check all substances that apply.

- Alcohol: Indicate if the decedent had used or misused alcoholic beverages or alcohol-infused products.

- Cocaine: Indicate if the decedent had used or misused cocaine in any form. Common street names for cocaine include *coke*, *C*, *snow*, *powder*, or *blow*.
- Marijuana: Indicate if the decedent had used or misused marijuana in any form, including THC vaping products, dab pens and wax vaporizers, or edibles.
- Methamphetamine: Indicate if the decedent had used or misused methamphetamine. Common street names for methamphetamine include *meth*, *blue*, *ice*, or *crystal*.
- Opioids: Indicate if the decedent had used or misused opioids. Opioids include prescription painkillers or illegal drugs like heroin. For a list of opioids, [click here](https://ncfrp.org/wp-content/uploads/Poisoning-Labels.pdf). <https://ncfrp.org/wp-content/uploads/Poisoning-Labels.pdf>
- Prescription drugs: Indicate if the decedent was using prescription medication in a way other than clinically indicated.
- Over the counter (OTC) drugs: Indicate if the decedent was using medication that could be purchased without a prescription in a way other than as indicated by the use and dosing instructions.
- Tobacco/nicotine, specify type: Indicate if the decedent used any tobacco or nicotine-containing product, including combustible cigarettes, cigars, pipe tobacco, pouches, or e-cigarettes. E-cigarettes are commonly called vapes or disposables, or by their brand names, including Juul or Suorin.
- Other, specify: Please share any other substances the decedent had a history of using or misusing. If this substance use/misuse is directly related to the decedent's death, please provide more detail in the narrative Section J.
- Unknown: Select if your team was unable to determine the type of substances.

If “yes,” did the decedent receive treatment? Check all that apply.

- Outpatient: Outpatient treatment involves therapeutic office visits without overnight stays. Outpatient programs that patients attend for 3 to 6 hours daily, every or most days of the week. Patients typically engage in group therapy, educational sessions, individual therapy, and pharmacotherapy.
- Day treatment/partial hospitalization/PRRC: Day treatment programs, Psychiatric Rehabilitation and Recovery Centers, and partial hospitalizations support patients to engage in group therapy, educational sessions, individual therapy, and pharmacotherapy. Patients attend for 3 to 6 hours daily, every or most days of the week.
- Inpatient/detox: Inpatient treatment takes place in a psychiatric hospital or psychiatric unit of a general hospital. Patients reside at the facility during the most acute phase of mental illness when they need help around the clock (e.g., after a suicide attempt or when detoxing from substance use).
- Residential: Residential mental health treatment provides longer-term care to individuals with chronic psychiatric needs.
- MHICM/ACT: Mental Health Intensive Case Management/Acceptance Commitment Therapy provides intensive case management services for Veterans with serious and persistent mental illness to help them live a meaningful life in the community.

If “yes,” indicate age at first use.

A30: Decedent had any interactions with the justice system?

Decedent had a documented history of any interactions with the justice system, regardless of disposition or outcome. For example, decedent received a speeding ticket,

but no charges were filed. If “yes,” specify type of interaction with justice system decedent had and check all that apply. List specific legal interactions in Narrative J.

A31: Decedent served time in jail/prison/incarceration (including any military experiences, if applicable)?

Decedent had served time in incarceration. Prisoner of War (POW) is not applicable to this question.

A32: Decedent acutely ill in the two weeks before death?

Decedent was reported to have been sick in the two weeks before death, including an exacerbation of a chronic illness. A reported illness refers to documentation from a physician, emergency room, hospital, first responder, police report, or autopsy. For a decedent with a chronic illness but without any acute symptoms in the two weeks prior to death, select “no.” Exacerbations of chronic illness may include a severe asthma attack or insulin shock.

A33: Please note any demographic or social factors not previously captured

Indicate any demographic or social factors of the decedent that was not previously captured (e.g., language, religion, household size).

Section B. Incident Information

For injury deaths, incident refers to the injury event.

B1: Was the date of the incident the same as the date of death?

The incident date, which is likely the date of the suicide attempt, may be the same as the date of death. For example, if a decedent dies from suicide on the same day as the attempt, the date of death and the date of the incident would be the same. However, if a decedent dies days later in the hospital from injuries sustained in a suicide attempt, the incident date would be the date of the attempt and may not be the same day as the date of death. If dates are identical, select “yes.” If the date of incident was different than the date of death, select “no” and then specify the date of incident.

B2: Approximate time of day that incident occurred?

Specify the approximate time of day that the incident occurred using a 12-hour clock; “AM” or “PM” can be selected without providing the specific hour. If the specific time of death is unknown, but the window of time in which the decedent died is a small amount of time (i.e., less than 3 hours), choosing a midpoint as the time of incident is acceptable. If the window of time is large (i.e., more than 3 hours), the team should select “unknown.”

B3: Place of incident

Specify where the incident leading to death or the death occurred (i.e., where the decedent first self-injured). Check all that apply. For incidents that occurred in areas surrounding specific buildings, select both the building itself (e.g., decedent's home, school) and the outside area where the incident happened (e.g., roadway, driveway, sidewalk). If a decedent self-injured in a variety of locations (e.g., a person attempted suicide and was moved from that location for medical treatment and later died), select the location at which the decedent first self-injured.

B4: Type of area

Specify the type of area where the incident occurred. Urban is defined as a large city or densely populated area. Suburban is defined as a residential district located on the outskirts of a city. A rural area is a community with low population densities and can include agricultural and recreational land. Frontier is a very sparsely populated region in which there are less than three people per square mile.

B5: Incident state/territory

State/territory in which incident occurred as stated on death certificate. If incident occurred outside of the U.S., select “out of country” and type in the country where incident occurred.

B6: Incident county

County in which incident occurred as stated on death certificate. If incident occurred “out of country,” this field will be disabled.

B7: Was the incident witnessed?

Indicate if anyone physically observed the incident leading to the death (e.g., intimate partner, friend/peer, stranger). If “yes,” check all that apply.

B8: Was 911 or local emergency called at time of the incident?

Indicate if there is documentation of 911 or local emergency services being called at the time of the incident.

B9: At time of incident leading to death, had decedent used drugs or alcohol?

Indicate if there was documentation by toxicology reports or reports by witnesses or others that the decedent was using or had alcohol or other drugs in their system in the events leading up to or at the time of death (e.g., cocaine, marijuana, methamphetamines). This would not include appropriate levels of prescribed or over-the-counter drugs the decedent was taking for known medical conditions. If “yes,” check all that apply.

B10: Total number of deaths at incident event, including decedent

Specify total number of deaths, including decedent, which occurred because of the incident. If the decedent was the only one who died, indicate 1 Adult. For incidents such as the decedent killing their intimate partner before dying by suicide, indicate 2 Adults.

Section C. Investigation Information

C1: Was a death investigation conducted?

Indicate whether a death investigation was completed. “Yes” may be selected even if the investigation was not conducted at the place where the decedent died. For example, an interview of family members by law enforcement at the hospital, in absence of a death scene investigation is sufficient to select “yes” for this question.

If “yes,” indicate what specific investigative components were completed, and if they were shared with the fatality review team.

If “yes,” indicate if the death scene investigation was conducted at the place or scene where the incident occurred.

C2. What additional information would the team like to have known about the death scene investigation?

Sometimes a death scene investigation is unable to determine or does not report details that would be important for a case review discussion. Indicate here if there was information that would have helped the team in case review that was not included in the death scene investigation.

C3: Death referred to

Specify if the death was referred to a medical examiner or coroner. If medical examiner or coroner were not made aware of the death, select “not referred.”

C4: Person declaring official cause and manner of death

Specify who certified cause and manner of death as recorded on death certificate.

C5: Autopsy performed?

Indicate if an autopsy was performed on the decedent as stated on death certificate or other source.

If “yes,” specify the person who performed the autopsy.

- **Forensic pathologist:** A pathologist with a subspecialty in the examination of persons who have sudden, unexpected, or violent deaths. The forensic pathologist is an expert in determining cause and manner of death. The forensic pathologist is specially trained to perform autopsies to determine the presence or absence of disease, injury, or poisoning; to evaluate historical and law enforcement investigative information relating to manner of death; to collect medical evidence, such as trace evidence and secretions; to document sexual assault; and to reconstruct how a person received injuries.
- **General pathologist:** A pathologist who is a physician trained in the medical specialty of pathology. Pathology is the branch of medicine that deals with the diagnosis of disease and causes of death by means of laboratory examination of body fluids (clinical pathology), cell samples (cytology), and tissues (pathologic anatomy).

If “yes,” was a specialist consulted during autopsy? Indicate whether someone other than the person conducting the autopsy provided specialty consultation. If “yes,” indicate the specialty of the person(s) consulted. Examples could include seeking advice from a cardiac pathologist, neuropathologist, cardiologist, or radiologist.

If “no,” why not: If an autopsy was not performed, describe the reason for the objection (e.g., family members objected due to religious beliefs, medical examiner denied jurisdiction on the case).

C6: Was the following assessed either through the autopsy or through information collected prior to the autopsy?

Report whether the following tests were performed during the autopsy or after the incident leading to death up to the time of death. For example, if a decedent is injured and an MRI or toxicology was performed after the injury but before death, include the test results. If the autopsy report is not available or the medical examiner, coroner, or pathologist who performed the autopsy is not present at the fatality review meeting, please contact them for this information.

- X-ray – single: This includes an x-ray taken from one view to provide a radiographic record of gross findings.
- X-ray – multiple views: This includes x-rays taken from multiple views but not a complete skeletal series.
- X-ray – complete skeletal series: This includes extremities, head, chest, abdomen, etc.
- Other imaging, specify: This includes, but is not limited to, MRI, CT scans, or photography taken.
- Exam of general appearance: This is a visual examination of the decedent to note the shape of the head and body, evidence of trauma, resuscitation, and other scars or marks that are notable.
- Gross examination of organs done: This is a visual survey without the use of a microscope. Gross examination occurred if the autopsy report includes descriptions of the physical appearance of organs. This is a standard part of a complete autopsy.
- Were weights of any organs taken: This occurred if the autopsy report includes weights of major organs.

C7: Were any of these additional tests performed at or prior to the autopsy?

- Cultures for infectious disease: Also known as microbiology, this screen is to rule out infections and other bacterial infections.
- Microscopic/histological exam: This test includes creating slides of the tissues and conducting a microscopic examination.
- Postmortem metabolic screening: The metabolic screen is to test blood, blood spot card, urine, or hair specimens for metabolic disorders such as MCAD.
- Vitreous testing: The vitreous test is used as an adjunct to toxicology testing, or if metabolic or hydration status is an issue.
- Genetic testing: Genetic testing is a process looking at an individual’s DNA for changes that may be disease-causing. Diseases may include syndromes (e.g., DiGeorge syndrome), inherited irregular heart rhythms (e.g., long QT syndrome), diseases of the heart muscle (e.g., hypertrophic cardiomyopathy), and many other diseases.

C8: Was any toxicology testing performed on the decedent?

Toxicology testing is used to identify any ethanol (alcohol), or drugs present in the decedent’s blood. If performed, specify results and substances found. If toxicology found that therapeutic levels of prescription or over the counter drugs were too low, select as “other” and specify.

C9: Was the decedent’s medical history reviewed as part of the autopsy?

Indicate if the pathologist/physician or other professional conducting the autopsy or scene investigation reviewed the decedent’s medical history as part of the autopsy.

C10: Describe any abnormalities or other significant findings noted in the autopsy

Describe any other significant autopsy findings that have not been addressed in the other autopsy investigative questions above. List all abnormalities/significant findings from the tests indicated as assessed in C6 and C7.

C11: What additional information would the team like to have known about the autopsy?

Record the team’s questions pertaining to the autopsy which were not answered during the review. If resources were not limited, what studies would the team like to have completed at autopsy (e.g., full x-ray, MRI, CT, genetic testing)?

C12: Was there agreement between the cause of death listed on the autopsy report and on the death certificate?

The pathology report (autopsy report) often lists a suggested cause of death which may or may not be the same as the official, immediate cause of death on the death certificate. Record whether these two causes were the same for this case. If the two causes were different, please describe.

C13: Was an Adult Protective Services record check conducted as a result of death?

Indicate if Adult Protective Services (APS) records on the decedent were checked by investigating agencies.

C14: Did the decedent ever have any injuries that were suspicious of physical abuse?

If “yes,” indicate what injuries were found.

C15: Did any investigation find evidence of prior abuse?

If evidence of abuse or maltreatment prior to incident was found during the investigation, indicate from what source(s) the evidence was found. Examples of prior abuse may include suspicious bruises, oral injuries, burns, fractures, insect activity or signs of starvation found on autopsy. Evidence of abuse does not have to be limited to abuse (e.g., abusive head trauma, beating, sexual assault) but may also include neglect (e.g., failure to provide necessities, emotional neglect, exposure to hazards). If, for example, neglect was indicated to be found on a prior Adult Protective Services (APS) report or substantiation, select “yes” and “from APS review” as the source. If no investigation was conducted, please select “N/A.” Information about decedent as a perpetrator of maltreatment can be found in A21 and Life Stressors/Risk Factors (F3c).

C16: APS action taken because of death?

Indicate whether Adult Protective Services (APS) action was taken because of death. If “yes,” select the highest level of action taken. Indicate services or actions that occurred. These terms may vary by state. Information about decedent as a perpetrator of maltreatment can be found in A21 and Life Stressors/Risk Factors (F3c).

Section D. Official Manner and Primary Cause of Death

D1: Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., X60 or X87.1) and include up to one decimal place if applicable

If available from the State Vital Records office, enter the exact ICD-10 code assigned to this case. Do not indicate an ICD-10 code unless it is on the death file from Vital Records. Do not enter text in this field, only ICD-10 codes.

D2: Enter the following information exactly as written on the death certificate. List the immediate cause (final disease or condition resulting in death)

Death certificates vary from state to state. However, at the bottom of most official death certificates, there is a section which has spaces for immediate and underlying causes, which are lettered “a” through “d.” Copy the exact information from the death certificate, being careful to follow the “a” through “d” spaces. Do not use other sources such as autopsy reports.

D3: Enter other significant conditions contributing to death but not the underlying cause(s) listed in D2 exactly as written on the death certificate

Death certificates vary from state to state. However, at the bottom of most official death certificates, there is a space for other significant conditions contributing to the death. Copy the exact information from the death certificate.

D4: If injury, describe how injury occurred exactly as written on the death certificate

Death certificates vary from state to state. However, at the bottom of most official death certificates, there is a section to describe how the injury occurred. Copy the exact information from the death certificate.

D5: Official manner of death from the death certificate

Official manner of death as stated on the death certificate, or, if a death certificate is unavailable, as stated in the medical examiner/coroner report. If the manner is “pending,” update when the official manner is available.

- If the manner of death was not Natural or Suicide, check this box if it is possible that the decedent intended to hurt themselves. If checked, complete the Suicide Section (F2) to note other risk factors in the decedent’s life. Sometimes a decedent dies in a way that seems like an unintentional injury, but it may have been intentional, such as an automobile crash or overdose. Please indicate if there is any evidence the decedent meant to hurt themselves. This will allow the review team to collect suicide risk factors and warning signs for these cases where the decedent’s intent cannot be determined.

D6: Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause

Use this field to identify whether the death resulted from an injury or illness (medical cause) for the purpose of completing the most appropriate risk factor details in Section E. This risk factor information is important for guiding possible prevention strategies. Consequently, the primary cause of death marked here may not be the same as the immediate cause of death listed on the death certificate.

- From an external cause of injury: If death was due to an injury, indicate primary injury category causing death. Injury refers to any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy that exceeds a threshold of tolerance in the body, or from the absence of such essentials as heat or oxygen. For example, if a person is involved in a motor vehicle crash and dies from head trauma received during the crash, the primary cause of death would be motor vehicle crash and the death should be marked as from an external cause, and "motor vehicle and other transport."
- From a medical cause: If death was due to a medical condition, indicate the medical cause category of primary cause of death and then select one of the specific medical causes from the list.
- Undetermined if injury or medical cause: Select this option if it is not possible to classify the death as due to an injury or medical cause.
- Unknown: Team does not have information on primary cause of death select unknown.

Section E. Detailed Information by Cause of Death

Choose the one section that is the same as the cause selected above.

E1. Motor Vehicle and Other Transport

E1a: Vehicles involved in the incident

Write in the total number of vehicles involved in the incident. Indicate the type of vehicle the decedent was in. If decedent was not in a vehicle, check “none.” For example, if the decedent was crossing a street and hit by a car, check vehicle “none” for decedent’s vehicle and select “pedestrian” on question E1b. If the vehicle was a utility terrain vehicle (UTV), select “all-terrain vehicle.” If one or more vehicles were involved, indicate if any vehicles were autonomous.

E1b: Position of decedent

Position of decedent in relation to motor vehicle at time of incident as recorded on motor vehicle crash report.

- **Driver**: Decedent was in actual physical control of a transport vehicle, or for an out-of-control vehicle, decedent was in control until control was lost.
- **Passenger**: Decedent was an occupant of a transport vehicle, but not the vehicle driver. Specify where the passenger was located in the vehicle.
- **On bicycle**: Decedent was riding on a bicycle or other non-motorized wheeled conveyance with pedals.
- **Pedestrian**: Decedent was not an occupant of a transport vehicle. Specify pedestrian activity at time of incident.
- **Unknown**: Fatality team does not know the position of the decedent involved in the motor vehicle/other transport incident.

If bicycle, boarding/blading, or other, was the decedent riding something electric? Indicate if the device was electric.

E1c: Did any of the following contribute to the incident?

Causes or contributing factors of incident as determined by reporting law enforcement officer on motor vehicle crash report. Check all that apply. Some, but not all, options are described below.

- **Recklessness**: Driver intentionally operated vehicle in an unsafe manner not conducive to road, weather, and other traffic conditions. Examples might be excessive speeding, driving on the sidewalk, road rage, or drag racing.
- **Carelessness**: Driver did not provide the needed attention or care to the environment, the vehicle, or to operating the vehicle. Carelessness is distinct from recklessness in that the driver did not act flagrantly or take significant risks. Examples might be failing to turn on headlights after dusk, speeding a few miles over the speed limit, or running a red light.
- **Driver distraction**: When a driver engages in a secondary task that is not necessary to perform the primary driving task (e.g., talking to a passenger, eating). This includes distractions that occur outside of the vehicle. If a cell phone was the distraction, select “electronic use.”
- **Driver inexperience**: Use the information available to the team to make this decision. For example, if the crash occurred during winter conditions, was this the first time the decedent had driven on icy roads?

- Vehicle ran over decedent: When a decedent is run over by the front or back of a vehicle in a roadway or driveway.
- Vehicle flipped over: When a decedent is in a vehicle crash where the vehicle turns over on its side or roof.

E1d: Location of incident

Type of place where incident occurred as specified on law enforcement's motor vehicle crash report. Check all that apply. City streets typically consist of commercial areas whereas residential streets are predominantly housing. Highway includes interstates.

E1e: Did driving conditions factor into this incident?

Driving conditions affecting road surface conditions and driver's ability to drive vehicle safely, as specified on law enforcement's motor vehicle crash report. If "yes," specify conditions.

E1f: Incident type

Indicate circumstances existing at time of incident causing injury of decedent. Vehicle rollovers in which decedent's vehicle was not struck by another vehicle or object should be categorized in "other event."

E1g: Driver who was responsible for the incident

Select who was deemed responsible for the incident, as specified on law enforcement's motor vehicle crash report. Vehicles include motorized vehicles (e.g., cars, SUVs, motorcycles) but also bicycles, scooters, and other wheeled conveyances, whether motorized or not. For autonomous vehicles, please select "other" if the autopilot technology was engaged at the time of incident, even if there was a person sitting in the driver seat.

E1h: Age and license type of driver responsible for incident

Specify age, license type, and violation (if applicable) relating to driver deemed responsible for incident.

E1i: Total number of occupants in vehicle responsible for incident

An occupant is any person who is part of a transport vehicle. Specify total number of occupants and number of occupants aged 14-21 in the vehicle deemed responsible for the crash.

E1j: Was a restraint or safety measure used by the decedent?

Specify type(s) of restraint or safety measures used by decedent. Restraint or safety measures are defined as steps taken by decedent to ensure decedent's safety in the event of a crash. Use your own state laws to determine if the use was appropriate. If "yes," check all that apply and describe.

- Lap/shoulder belt: A safety belt anchored at two points, for use across the occupant's thighs/hips or shoulder.
- Helmet: Activity-appropriate protective head gear designed to reduce or prevent injuries from occurring while bicycling, skateboarding, rollerblading, or while riding a motorcycle, snowmobile, or ATV.
- Unknown: Team was unable to determine which restraint or safety measures were used.

E2. Fire, Burn, or Electrocution

E2a: Ignition, heat, or electrocution source

Source from which fire or burn originated. Source is the direct cause or start of the fire.

E2b: Type of incident

Indicate type of incident decedent was involved in (i.e., fire, scald, electrocution, or unknown).

E2c: Type of building on fire

Type of building/structure that was on fire at time of incident.

E2d: Fire started by a person?

Select "yes" if any person's actions ignited the fire, regardless of whether the person intentionally set the fire. Indicate age of person that started fire, if there was a documented or reported history of starting fires, and if arson was suspected.

E2e: Did any factors delay the fire department arrival?

Specify if factors delayed fire department arrival (e.g., lack of communication, environmental conditions).

E2f: Were barriers preventing safe exit?

Indicate if any barriers prevented the safe exit of decedent, thus resulting in decedent's death. If "yes," check all that apply.

E2g: Was the decedent found in the same location as where fire started?

Select "yes" if the decedent was found in the same room (e.g., bedroom, living room, basement) as where the fire started.

E2h: Was building a rental property?

Building/structure that was on fire was a rental property, not owned by occupants.

E2i: Were building/rental codes violated?

Existing state or local building/rental codes were violated. Select "yes" if specific code violations were related to the fire incident. For example, if barriers were improperly installed, select "yes." If "yes," describe in narrative.

E2j: Were proper, working fire extinguishers present?

A proper extinguisher refers to having a type of fire extinguisher appropriate to the type of fire. Fire extinguishers are classified for use on specific types of fires. For example, an extinguisher classified for Type A, B, or C fires can be used for ordinary combustible materials (Type A), flammable liquids (Type B), and electrical equipment (Type C). A Class D extinguisher would be used for flammable metals. Many fire extinguishers sold today can be used for more than one type of fire (A-B-C).

E2k: Was fire sprinkler system present?

Indicate whether a fire sprinkler system was present in building/structure of fire at time of incident.

E2l: Was fire sprinkler system required?

Select "yes" if a fire sprinkler system was required to have been in place in the building/structure at time of incident. They may have been required by policies, housing or building codes, or rules applying to residential/rental properties or other structures.

E2m: Were smoke alarms present?

If smoke alarms were present in the building/structure at time of incident, indicate if alarms were functioning properly. If any were not functioning properly, select "no."

E2n: Did the decedent or family (check all that apply)

Indicate if the decedent or family had ever participated in fire safety or preparation activities, such as having a fire escape plan or practicing a home fire drill. Also indicate if the decedent or family had attempted to put out the fire. Check all that apply.

E2o: For electrocution, what cause

If incident was electrocution, specify cause of electrocution.

E3. Drowning

E3a: Drowning location

Type of location in which drowning occurred. Bathtub includes in-home bathtubs with water jets. Open water includes rivers, ponds, creeks, gravel pits, canals, lakes, and oceans.

E3b: For open water, place

For open water deaths, indicate type of place where incident occurred.

E3c: For open water, was decedent boating?

If drowning occurred in open water, indicate if the decedent was boating at the time of incident.

E3d. For open water, select all contributing environmental factors

If any environmental factors contributed to the drowning, specify. Check all that apply.

- None: No environmental factors contributed to the death.
- Weather: Wind, heavy rains, or snowmelt can create dangerous water conditions. Additionally, poor weather conditions may have limited visibility or access to the decedent. For example, severe wind or rain may have made the water unnavigable, impeding rescue efforts.
- Temperature: Water temperature impacts a person's reaction when entering the water. For example, falling into cold open water may cause shock and affect swimming ability.
- Current: A current can include an ocean current or a river current. For example, in the ocean, a long shore current is in the surf zone, moving generally parallel to the shoreline, generated by waves breaking at an angle with the shoreline. Rip currents should be included here. Rip currents are powerful, channeled currents of water flowing away from shore. They typically extend from the shoreline, through the surf zone, and past the line of breaking waves. Rip currents can occur at any beach with breaking waves, including the Great Lakes.
- Riptide/undertow: A riptide includes both ebb and flood tidal currents that are caused by egress and ingress of the tide through inlets and the mouths of estuaries, embayment's, and harbors. An undertow occurs after a wave breaks and runs up the beach. Most of the water flows seaward; this "backwash" of

water can trip waders, move them seaward, and make them susceptible to immersion from the next incoming wave.

- **Dropoff:** A sharp drop in the ground beneath a body of water can make an area much deeper than the surrounding water. This difference can be indiscernible from the surface, while making the water more dangerous for those in the water.
- **Rough waves:** Choppy conditions can make boating more dangerous, watersports more difficult, and swimming more dangerous.
- **Flash flood:** Flooding that begins within six hours of heavy rainfall, or other significant and rapid water event. Flash floods often occur within 3 hours of these events. While most flash floods are caused by extremely heavy rainfall, they can also be caused by dam or levee breaks and mudslides.
- **Water clarity:** Lack of visibility in murky water can obscure hazards and complicate rescue attempts, increasing drowning risk.
- **Unknown:** Team was unable to determine if environmental factors contributed to the death.

E3e: For pool, type of pool

If pool death, specify type of pool. This includes hot tubs and spas.

E3f: For pool, ownership is

Definitions of public and private pools can vary by state and locality. Consult your state guidelines for more information. In general, a private pool includes a swimming pool, spa, wading pool, or portable above ground pool at a single-family or two-family residence. A public pool includes municipal, institution, hotel, apartment, mobile home or RV park, private club, or YMCA facility pools.

E3g: Flotation device used at time of the incident?

Indicate if decedent was wearing a personal flotation device at time of incident. If “yes,” specify type of device used.

E3h: Did the decedent depend on a life jacket, swim vest, or swim aid while in or around water?

Indicate if decedent depended on using a life jacket, swim vest, or other swim aid while in or around water. If the decedent was able to be in water without one of these or a similar assistive device, select “no.” If the decedent had never been around water, or had not been in/around water enough to determine if they had dependence on a flotation device, select “N/A.”

E3i: Did barriers/layers of protection exist to prevent access to water?

Indicate if any barrier(s) or layer(s) of protection were in place to prevent access to water or alert persons that access to water had occurred. If “yes,” specify type of barrier or protection, if it was breached, and, if so, how it was breached. Breached is defined as when the water was accessed despite these barriers (e.g., the barriers were opened, broken, or not functioning). Check all that apply.

E3j: Local ordinance(s) regulating access to water?

Indicate if local ordinance(s) related to pools/hot tubs barriers were in place at time of incident. If “yes,” indicate if regulations were violated. If this is not applicable to the incident, select “no.”

E3k: Select all of the decedent’s water safety skills (without assistance or flotation device)

Check all aspects of water competency that apply.²

- None of these: The decedent had none of the listed water safety skills.
- Float on their back independently: Indicate if the decedent was able to float horizontally without assistance.
- Step or jump into water over their head: Indicate if the decedent could jump into the water, fully submerge, and resurface unassisted.
- Tread water for one minute: Indicate if the decedent was able to maintain an upright position with their head above water in water too deep for their feet to touch.
- Find a safe exit from the water: Indicate if the decedent was able to move, orient, and propel their body toward an exit from the water, including a pool ladder, stairs, graded exit, or shoreline.
- Control breathing: Indicate if the decedent was able to control their breathing while in the water. Controlled breathing includes holding their breath under water and inhaling and exhaling above water to prevent intake of water into the lungs.
- Return to surface: Indicate if the decedent was able to resurface once submerged.
- Swim 25 yards: Indicate if the decedent was able to safely and effectively self-propel in water for approximately 25 yards (75 feet).
- Exit the water: Indicate if the decedent was able to get out of a pool, spa, or open water without help.
- Had swimming lessons: Indicate if the decedent ever had formal swimming lessons.
- Unknown: The team was unable to determine the decedent’s water safety skills.

E3l: Decedent able to swim?

For incidents occurring in pool, hot tub, spa, or open water, indicate if decedent had ability to swim. This is subjective, based on investigative reports.

E3m: Warning sign or label posted?

Warning signs or labels were posted at the place of incident or on the object that the decedent drowned in, indicating potentially hazardous conditions. Examples include warning signs at rivers to indicate dangerous currents, warning signs at beaches, or signs posted at swimming pools indicating that lifeguards were not present.

E3n: Lifeguard present?

Indicate if a lifeguard was present at time of incident. If drowning was not in a pool or open water, select “N/A.”

E3o: Rescue attempt made?

If rescue was attempted, indicate who attempted to rescue the decedent and if the rescuer also drowned. Check all that apply.

E3p: Appropriate rescue equipment present?

² Quan, L., et al. (2015). Toward defining water competency: An American Red Cross definition. International Journal of Aquatic Research and Education, 9(1). <https://doi.org/10.25035/ijare.09.01.03>.

For pool and open water deaths, indicate if appropriate rescue equipment was present and available at time of incident. If “yes,” indicate if the equipment was used. “Appropriate” is relative to the place of drowning. For example, a swimming pool or public beach should have easily accessible rescue equipment.

E4. Asphyxia

E4a: Type of event

Specify the type of asphyxiation.

- Suffocation: A broad term that refers to death or serious injury by deprivation of oxygen. It includes nose and mouth covered by a plastic bag or other object (e.g., dirt, sand) resulting in death or lack of air due to being in a confined space, such as car trunk.
- Strangulation: More narrowly defined as death by asphyxiation caused by some sort of compression of the neck. Intentional asphyxiation by hanging should be noted here.
- Unknown: Team was unable to determine the type of asphyxiation.

E4b: If suffocation, was the event

For cases of suffocation, specify the circumstances that led to the asphyxia event.

- Environmental indicates when decedent enters area with limited access to oxygen (e.g., trunk of vehicle).
- Traumatic indicates when decedent has incurred trauma that prevents flow of oxygen (e.g., pneumothorax).
- Position/postural indicates when decedent’s body position interferes with their breathing (e.g., trunk of body at lower level than the rest of the body).

E4c: If strangulation/hanging, object causing event

For cases of strangulation, indicate what object caused the compression of the decedent’s neck.

E5. Bodily Force or Weapon

Bodily force or weapon should be selected for causes of death involving firearms, sharp instruments, or when a person’s body part has been used as a primary means of the assault or injury.

E5a: Was the death a result of a weapon?

Indicate if the death was caused by a weapon or was due to bodily force.

E5b: Type of weapon

Specify type of weapon used in incident to cause injury to the decedent.

- Firearm: A weapon consisting of a metal tube that fires a projectile at high velocity using an explosive charge as a propellant. This definition includes handguns, rifles, and shotguns.
- Knife or sharp instrument: These include razors, machetes, or pointed instruments (e.g., chisel, broken glass).
- Rope: This includes any rope or cord, including shoelaces, dog leashes, or electronic cables.

- Other, specify: This includes any items that can cause harm, but are not sharp (e.g., clubs, bats, sticks, hammers, rocks, household items) as well as any infectious agent such as a bacteria or virus used intentionally to inflict harm upon others. This definition is often expanded to include biologically derived toxins and poisons.
- Unknown: Team was unable to determine type of weapon.

E5c: For firearms, type

If weapon was a firearm, specify type. If “rifle” or “other” is selected, describe and specify the size (e.g., .22, 6mm), being as specific as possible without identifying the manufacturer. Also indicate if the weapon was built from a kit. If the weapon was 3D printed, select “3D gun.”

E5d: Was the firearm considered a smart firearm?

Indicate if the firearm was considered a smart firearm, e.g., requires a fingerprint lock or radio-frequency identification (RFID) watch where a radio chip is required to unlock the weapon for use.

E5e: Was firearm kept loaded?

Indicate if the firearm was kept loaded with ammunition. If “no,” indicate if the ammunition was stored separately from firearm.

E5f: Was the firearm kept locked?

Indicate if the firearm was stored/kept locked at the time of incident. This can include combination or key safes, lock boxes, or trigger locks. If the firearm was typically kept locked but had been unlocked at the time of incident, select “no.” If the firearm was kept in a locked vehicle, including in the glovebox or trunk, select “no.”

E5g: Did the decedent have permission to use the firearm at the time of incident?

Indicate if the decedent had permission to use the firearm at the time of incident. For example, decedent went to relatives’ house to access firearm and did not have permission to access the firearm.

E5h: If the decedent had a caregiver/supervisor, did that person know a firearm was present at the time of incident?

Indicate if the caregiver or supervisor knew the firearm was present at the location at the time of incident. The decedent may have had a caregiver or supervisor for their health needs. Example of caregiver or supervisor may be someone providing suicide watch or residential physical or mental health treatment.

E5i: Was the person handling the firearm the owner?

Indicate if the person handling the firearm at the time of incident was the owner.

E5j: Owner of fatal firearm

Specify owner of weapon.

E5k: Was the firearm stolen?

Indicate if the firearm was stolen.

E5l: Use of weapon at time

Specify intended use of the fatal weapon (including bodily force) at time of incident. Check all that apply.

- Self-injury: Use of the weapon was intentional self-injury (i.e., suicide).
- Commission of crime: The death occurred as a result of another serious crime (e.g., drug dealing, robbery, burglary, arson). This includes crimes where the decedent was a participant but may also include crimes where the decedent was a bystander. Do not select if the only crime was the decedent's assault/homicide.
- Drug dealing/trading: Drug dealing or trading was suspected to have played a role in the incident.
- Random violence: The person(s) responsible wanted to cause harm.
- Physical abuse: The use of the weapon or bodily force that resulted in the decedent's death was inflicted on another.
- Argument: Incident occurred during an argument. This includes arguments where the decedent was a participant but may also include arguments where the decedent was a bystander. Do not select if the incident occurred following an argument, such as decedent having an argument with intimate partner and dying by suicide several hours later. Rather, select the applicable "argument" items in Question F3cc Life Stressors- Relationships.
- Jealousy: Jealousy or distress over a current or former intimate partner's relationship or suspected relationship with another person led to the incident.
- Intimate partner violence: Incident occurred during violence between current or former intimate partner(s).
- Hate crime: Death was associated with a hate crime. A hate crime is one in which the victim was intentionally selected because of his or her actual or perceived race, religion, sex, ethnicity, or disability. Incidents motivated by immigration status and national origin should also be coded as hate crimes.
- Bullying: Incident occurred during a bullying episode. Even if bullying was related to the death, do not select since the incident did not occur during the bullying. Rather, select the applicable "bullying" items in Question F3c Life Stressors- Relationships.
- Hunting: Incident occurred during hunting or on a hunting trip. This may occur during loading, unloading, or cleaning of the firearm for hunting, or during the active hunt.
- Russian roulette: Decedent died while using a firearm for "Russian roulette," where a person aims a partially loaded gun at themselves or another person and pulls the trigger knowing there is at least some chance the gun would fire.
- Gang-related activity: Death was gang motivated (i.e., motive of the incident was gang-related) or had suspected involvement of a gang member (i.e., a gang member was a suspect or victim in the incident).
- Other, specify: Indicate if the use of the weapon at time of incident was something not listed above.
- Unknown: Team was unable to determine the use of the weapon at time of incident.

E5m: Type of bodily force used

Select the type of non-weapon bodily force used. Check all that apply.

E6. Fall or Crush

E6a. Type

Indicate if the incident was a fall or crush.

E6b: Height of fall

Estimate the height of the fall in feet and inches. This is measured from the lowest point of the decedent to the surface they fell to. The number of feet in one story varies by building architecture. If unable to estimate, then select “unknown.”

E6c: Decedent fell from

Indicate the type of place where decedent fell from. An example of a natural elevation would be a cliff. An example of a man-made elevation would be a scaffolding, porch, or other structure not otherwise listed. If “open window,” indicate if a screen was present.

E6d: Surface decedent fell onto

Indicate type of surface onto which decedent fell.

E6e: Barrier in place

Indicate type(s) of barriers that were in place at time of incident to prevent fall. Check all that apply. Barriers are defined as obstacles or objects placed in the decedent's way to prevent them from accessing a certain place.

E6f: For crush, did decedent

If crush was primary cause of death, specify decedent's position in relationship to object at time of incident.

E6g: For crush, object causing crush

If crush was primary cause of death, specify object that crushed decedent. If crush was caused by a person, indicate the activity at time of incident in E5I.

E7. Poisoning, Overdose, or Acute Intoxication

E7a: Type of substance involved

Indicate type of substance(s) involved in incident. Check all types of substances contributing to the death, not just the substance causing death. Do not list substances unless they contributed to the death as documented on death certificate or autopsy report. Indicate the source from which the decedent got the substance, if the substance(s) were stored in a locked cabinet or drawer, and how the substance(s) were taken.

- **Prescription drug**: Prescription drug is a pharmaceutical drug that legally requires a medical prescription to be dispensed. Select “prescription drug” if the medication was prescribed for the decedent or another member of the decedent’s family/household. Prescription drugs that were obtained illegally should also be noted as here. Opioid pain medication should be selected for all prescribed opiates except methadone, which has its own reporting category (i.e., medications for substance use disorder). In addition to noting the type of prescription drug, please indicate if the prescription was for the decedent. Fentanyl should only be selected here if it was a prescription for the decedent or a household member. Fentanyl obtained illicitly should be reported in the illicit drug section. Marijuana or THC should go here only if prescribed.
- **Over the counter drug (OTC)**: OTC drugs are medications that can be obtained without a prescription and are sold directly to the consumer.

- **Illicit drugs:** Illicit drug is the non-medical use of a variety of drugs prohibited by law. Illicit drugs are illegal to make, sell, or use. These include cocaine, methamphetamine, amphetamines, heroin, and MDMA (ecstasy). Fentanyl and illicit drugs laced with fentanyl should be selected here unless it was a prescription for the decedent or a household member.
- **Other substances:** Includes the use of alcohol, carbon monoxide (CO), other fumes/gases/vapors, and other substances (e.g., energy drinks, supplements or herbal remedies, caffeine, kratom, synthetic marijuana).

How substance was taken:

- **Orally:** Indicate if the drug was ingested through the mouth, including sublingually or by swallowing.
- **Nasally/Inhaled:** Indicate if the drug was snorted or inhaled through the nose.
- **Intravenously:** Indicate if the drug was administered/taken using an intravenous needle injection.
- **Through skin:** Indicate if the drug was absorbed through the skin. Many illicit drugs can be absorbed through the skin if they are handled frequently and in large quantities.
- **Unknown:** Team was unable to determine how the substance was taken.

E7b: Did the decedent have a prescription for a controlled substance within the previous 24 months?

Indicate if the decedent had any prescriptions filled for controlled substances within the last twenty-four months. Prescriptions considered to be controlled substances include opioids and stimulants, such as those used for ADD or ADHD. Select “no” if a prescription was written but not filled.

E7c: Did the decedent have a non-fatal overdose within the previous 12 months?

Indicate if the decedent had prior overdoses within the last 12 months, even if there were different substances used for the previous overdose.

E7d: Was Poison Control contacted?

Indicate if Poison Control was contacted because of the incident.

E7e: For CO poisoning, was a CO alarm present?

If carbon monoxide (CO) poisoning was primary cause of death, indicate if CO alarm was present.

E8. Other Known Injury Cause

Describe the cause and/or circumstances involved in the decedent’s death.

Section F. Other Circumstances of Incident

F1. Did Death Occur During Commission of Another Crime?

If the death occurred during the commission of another crime, answer the following questions.

F1a: Type of crime

If the death occurred during the commission of another crime, indicate type of crime committed at time of incident. A crime is a serious offense against the public law. Definitions vary by state. Check all that apply.

- **Robbery/burglary**: A robbery is the taking, or attempting to take, anything of value from another person(s) by force, threat of force, or violence. If money or goods are stolen without force or threat of force (e.g., a bookkeeper stealing money from a company, thieves stealing equipment from a loading dock), the theft is not a robbery, but larceny, and should be selected as "other." A burglary is the unlawful entry into a building or other structure without the owner's consent with the intent to commit a felony or a theft.
- **Interpersonal violence**: The intentional use of physical force or power, threatened or actual, against another person, or against a group, that either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation.
- **Sexual assault**: Sexual contact without consent. Includes sex with a minor with or without consent. Ranges from the non-consensual touching of an intimate part of the body to forced, manipulated, or coerced penetration. It can involve verbal coercion and threats, physical restraint, intimidation, and/or violence.
- **Other assault**: An unlawful fatal or nonfatal attack by one person upon another. To qualify as a serious crime, the assault should be an aggravated assault (one that involves bodily injury or threat with a deadly weapon).
- **Gang conflict**: Gang members are people who are members of the same association or organization which has as one of its purposes the commission of crime. Gangs include both youth gangs and organized crime organizations.
- **Drug trade**: The buying, selling, or passing of drugs from one person to another in exchange for goods or money.
- **Arson**: To unlawfully and intentionally damage, or attempt to damage, any building, real estate, or personal property by fire or incendiary device.
- **Sex work**: Performing sexual acts in exchange for money or its equivalent.
- **Witness intimidation**: To intentionally say or do something that causes a witness of a crime to be fearful of harm to them if they provide information to authorities about the crime or to kill a witness to prevent them from providing information.
- **Illegal border crossing**: To arrive in or cross the borders into the country in violation of immigration law.
- **Auto theft**: To steal or attempt to steal any motor vehicle.
- **Homicide**: To intentionally kill a person.
- **Other, specify**: Indicate other crimes (not listed above) being committed at the time of the incident.
- **Unknown**: Team could not determine type of crime.

F2. Suicide

This section will only display if the manner of death was suicide or if the box was checked in D5 indicating that it is possible that the decedent intended to hurt themselves, but the manner was not natural or suicide.

F2a. Did the decedent ever have a history of head injury:

Indicate if the decedent was ever diagnosed with head injury, including concussion. This is a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury. Most often, head injuries are acute events. Symptoms may appear right away or may not be present for days or weeks after the injury. If “yes,” check all that apply. If “yes,” indicate how long ago the head injury was.

F2b. Did the decedent ever have a history of chronic pain:

Indicate if the decedent ever had a history of chronic pain. Chronic pain is longstanding pain that can last over three months and does not go away.

- **Neurologic pain:** Chronic neurologic pain occurs when the nervous system is damaged or malfunctioning such as neuropathy.
- **Physical pain:** Chronic physical pain lasts for extended period of time and can impact daily life, such as arthritis, fibromyalgia, or back pain.
- **Somatic pain:** Chronic somatic pain is persistent, long-term pain originating from muscles, joints, bones, and skin that can impact daily life, such as painful bruises, infections of the skin, or muscle cramps.

If “yes,” check all that apply. If “yes,” was the chronic pain relevant to the cause of death? If “yes,” provide further information in the Narrative section, J.

F2c: At the time of death (does not need to contribute to the death), did the decedent have the following:

Check all that apply.

- **Depressed mood:** signs and symptoms of persistent sadness, anxiousness, or “empty” mood for most of one day, nearly every day, for at least 2 weeks.
- **Mental Illness:** diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.
- **Mental health treatment:** individualized plan developed by mental health clinician and the decedent (e.g., therapy or medications).
- **Substance use disorder:** recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- **Substance use treatment:** treatment designed to help decedent stop alcohol and/or drug use (e.g., behavioral therapies, family, individual, or group counseling).

F2d: Did decedent have a suicide safety plan in the previous 12 months before death?

Some individuals struggling with depression create a suicide safety plan to help them and their family safely navigate moments of crisis. Suicide safety plans are a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis. Plans include a prioritized written list of coping strategies and resources to be used by patients who have been assessed to be at high risk for suicide. Indicate if the

decedent and/or family had a plan created in the previous 12 months before death. If “yes,” indicate if the plan was created or updated within 90 days before death.

F2e: Did the decedent have any previous suicide attempts?

If “yes,” check all suicide behaviors/attempts that ever applied.

- **Preparatory behavior:** Actions that indicated a future intention to die by suicide, such as assembling or acquiring materials, giving away belongings, or preparing for one’s own death. If selected, specify how many.
- **Aborted attempt:** A previous suicide attempt in which the decedent did not complete the act and incurred no physical injury. Aborted attempts are often the result of the individual changing their mind. If selected, specify how many.
- **Interrupted attempt:** A previous suicide attempt in which the decedent was prevented from completing the act by a second party’s presence or intervention. If selected, specify how many.
- **Non-fatal attempt:** A previous suicide attempt in which the decedent went through with the intended action but subsequently survived. If selected, specify how many.

F2f: Did the decedent communicate any suicidal thoughts, actions, or intent?

Communication can consist of another person discovering suicidal journal entries or suicidal expressions observed by someone but not communicated to a specific individual (e.g., social media post).

- **Yes:** The decedent communicated suicidal thoughts, actions, or intent to another individual(s). If yes, indicate if the suicidal thoughts, actions, or intent were communicated in the 90 days prior to death.
- **No:** The decedent did not communicate suicidal thoughts, actions, or intent to anyone in the 90 days prior to death.
- **Unknown:** It is unknown if the decedent had ever communicated any suicidal thoughts, actions, or intent in the 90 days prior to death.
 - If “yes,” with whom? Indicate the relationship the decedent had with the individual(s) to whom they communicated their suicidal thoughts, actions, or intentions.
 - If “yes,” in what manner? Indicate what manner of communication the decedent used to communicate their suicidal thoughts, actions, or intentions.

F2g: Was there evidence the death was planned or premeditated?

Evidence the decedent planned or premeditated the suicide may take many forms, including communicating plans to another person, intentionally acquiring necessary items, or other preparatory behaviors.

- **Yes:** There was evidence that the decedent planned or premeditated their own death.
- **No:** There was no evidence of the decedent planning or premeditating their own death.
- **Unknown:** It is unknown whether there was evidence of the decedent planning or premeditating their own death.
 - If “yes,” was a suicide note present?
 - If “yes,” did decedent engage in any rehearsal behaviors?

F2h: Did the death occur under circumstances where it would likely be observed and intervened by others?

Indicate if the incident occurred in a place where others were likely to become aware of and try to prevent the decedent from dying by suicide.

- **Yes:** The incident occurred in a place where others were likely to become aware of or try to prevent the suicide.
- **No:** The incident occurred in a secluded area where risk of observation was minimal.
- **Unknown:** It is unknown if the incident occurred in an area where the decedent was likely to be observed.

F2i: Did the decedent ever have a history of non-suicidal self-harm, such as cutting or burning oneself?

Indicate if the decedent had previously utilized non-suicidal self-harm. The first known evidence of self-harm may be from autopsy. If “yes,” indicate how the history of non-suicidal self-harm was known. Check all that apply.

- **Reported to others:** Indicate if the decedent told someone else that they were self-harming.
- **Noted on autopsy:** Indicate if evidence of self-harm was noted in the autopsy report.
- **Other, specify:** Indicate any other relevant information, such as a clinician observing evidence of self-harm during a physical exam, or others sharing concerns about possible self-harm.

F2j: Warning signs within 90 days of death.

The items below are considered warning signs for adult suicidal behavior.³ Check all warnings signs the decedent may have experienced within 90 days of their death. More detailed life stressors are collected in F3.

- **None listed below:** The decedent displayed none of the following behaviors, often referred to as warning signs for suicidal behavior.
- **Talked about or made plans for suicide:** Indicate if decedent either communicated about (e.g., talking, writing, texting) plans to die by suicide or clearly had made plans to die by suicide sometime within 90 days prior to their death.
- **Expressed hopelessness about the future:** Indicate if the decedent had expressed a sense of hopelessness or purposelessness in any way, including but not limited to communicating with others, social media posts, art, or music, in the 90 days prior to their death.
- **Displayed severe/overwhelming emotional pain or distress:** Indicate if decedent exhibited a level of emotional pain or distress that interfered with their daily functioning in the 90 days prior to their death.
- **Expressed perceived burden on others:** Indicate if the decedent communicated that they saw themselves as a problem or a drain on those around them in the 90 days prior to their death.
- **Showed behavioral worrisome cues or marked changes in behavior:** Indicate if the decedent showed a dramatic change in behavior such as withdrawal from or

³ Risk and Protective Factors of Suicide. <https://www.cdc.gov/suicide/risk-factors/index.html>.

change in social connections or situations, changes in sleep (increased or decreased), anger or hostility that was out of character, or recent mood changes in the 90 days prior to their death.

- Gave away possessions: Indicate if the decedent gave away important items they valued in the 90 days prior to their death.
- Unknown: It is unknown if the decedent displayed any of the above warning signs in the 90 days prior to their death.

F2k: Decedent experienced a known crisis within 2 weeks of death?

Indicate if there was any event in the last 2 weeks of the decedent's life that would have been considered a crisis to the decedent, such as experiencing a physical health problem, family relationship stress, or job problem.

- Yes: There was an event that the decedent may have experienced as a crisis. Check all that apply.
- No: There are no known events in the last 2 weeks of the decedent's life that may have been experienced as a crisis.
- Unknown: It is unknown if the decedent experienced a crisis of any kind in the 2 weeks before death.

F2l: Suicide was part of

Check all that apply.

- None listed below: Based on available evidence, the suicide was not a part of a cluster, contagion, copy-cat, or imitation, and it was not the result of a suicide pact or murder-suicide.
- A cluster: Multiple suicidal behaviors or suicides that occur within an accelerated time frame, and sometimes within a geographical area. These could be a *mass cluster*—suicides that cluster in time, irrespective of geography, or *point clusters*—suicides that are close in time and/or space. They could also be an *echo cluster*—a cluster occurring over an extended period after the original cluster.⁴
- A contagion, copy-cat, or imitation: Suicidal behaviors or an increase in such behaviors that occurs after exposure to suicide or suicidal behaviors within one's family, peer group, or through media reports.
- A suicide pact: A suicide pact is an agreed-upon plan between two or more individuals to die by suicide.
- A murder-suicide: A murder-suicide is an act in which an individual kills one or more people before (or while) killing oneself.

⁴ Suicide Prevention Resource Center. <https://sprc.org/online-library/suicide-contagion-suicide-clusters/>.

F3. Life Stressors/Risk Factors and Protective Factors

People can be impacted by environmental stressors even when they are unaware of them. Protective factors can be characteristics that may help protect the individual from suicide. Please indicate all life stressors/risk factors and protective factors that were experienced by the decedent. Indicate if the decedent ever experienced any life stressor/risk factor or protective factor. For each “yes” response, indicate if the factor was present 90 days before death and if the stressor contributed to the death. Please elaborate in the narrative Section J any of the stressors/factors that directly contributed to the decedent’s death. The data fields in this section are informed by national thought leaders in community health factors,⁵ Adverse Childhood Experiences,⁶ trauma informed care,⁷ and toxic stress.⁸

F3a: Life stressors/Risk factors---Social/economic

- **Discrimination**: The decedent or family had been treated differently than others due to prejudices toward their characteristics, such as race, sex, religious affiliation, class, disability, or immigration status.
- **Poverty**: The decedent or family had limited financial resources and may have lived below the poverty line.⁹
- **Neighborhood discord**: The neighborhood in which the decedent or family lived was often chaotic, risky, or dangerous; including neighbors or neighborhood factions often at odds with one another.
- **Job problems**: The decedent or family experienced stress related to their job(s), including job loss or difficulty maintaining employment.
- **Financial problems**: The decedent or family experienced stress related to financial challenges, limited income, or debts.
- **Food insecurity**: The decedent or family did not have consistent access to affordable and nutritious food.
- **No phone**: The decedent or family’s daily activities, access to care, or interaction with community systems were more challenging because they did not have a phone.
- **Eviction/loss of home**: The decedent or family experienced a housing challenge such as inability to pay rent or mortgage payment, overcrowding, moving frequently, eviction, staying with relatives or friends, or spending the bulk of their income on housing.
- **Witnessed violence**: The decedent witnessed violence being perpetrated against others in their family, work, or community.
- **Tobacco exposure**: The decedent was regularly exposed to tobacco in any form or mechanism around the time of death, secondhand smoke, thirdhand smoke, or personal use of tobacco products, including cigarettes, chewing tobacco, or e-cigarettes. Secondhand smoke is defined as smoke that is exhaled by a smoker or originates from a burning tobacco product to which a

⁵ Robert Wood Johnson Foundation. <https://www.rwjf.org/>.

⁶ Adverse Childhood Experiences (ACEs). <https://www.cdc.gov/violenceprevention/aces/index.html>.

⁷ SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.

<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>.

⁸ Center on the Developing Child, Harvard University. Topic: Toxic Stress.

<https://developingchild.harvard.edu/resourcetag/toxic-stress/>.

⁹ Federal poverty level (FPL). <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>.

person is exposed. Thirdhand smoke is made up of the pollutants that settle indoors when tobacco is smoked and builds up on surfaces over time (e.g., clothing, furniture, curtains, bedding, carpets).

- Lack of transportation: The decedent or family did not have access to or could not afford adequate, reliable transportation (public or private) to needed services or everyday activities. This includes ride sharing (e.g., Uber, Lyft).
- Cultural differences: The decedent or family had cultural differences that made navigating the community, services, and/or resources (e.g., health care, social, education/schools, employment) more difficult. This could include holding health beliefs or norms that prohibit certain medical treatments not prohibited by other cultures or religions and experiencing discrimination based on cultural identity.
- Language barriers: The decedent or family had difficulty communicating effectively with those around them due to language differences. This could include different social contexts (e.g., school, health care, broad community settings) even if interpreters were provided to support communication needs and includes if a child had to translate for other family members.
- Lack of childcare: The decedent or family did not have access to quality, affordable child care by relatives, support persons (e.g., friends, neighbors), or licensed day care. This includes if services were available, but they were cost prohibitive or if the family could not access childcare assistance programs (CCAP).
- Pregnancy: The decedent was pregnant at the time of death or any time prior to the time of death.
- Pregnancy scare: At some point prior to the death, the decedent thought they or their partner were pregnant.
- Other addiction (gambling, sex): The decedent or family had experienced or were diagnosed with other addictions such as gambling, gaming, or sex addictions.
- Criminal legal problem: decedent or family experienced a criminal legal problem such as misdemeanors (shoplifting), or felonies (murder).
- Incarceration: The decedent was or had been incarcerated.
- Non-criminal legal problem: decedent or family had experienced a non-criminal legal problem such as traffic violations (speeding), annulment, or child support claims.
- Easy access to lethal means: decedent had access to lethal means of suicide such as firearms, medications, drugs, or materials for strangulation or suffocation.

F3b: Life stressors/Risk factors—Medical

- Lack of family or social support for care: Indicate if the decedent did not have adequate support from family, caregivers, or others to support necessary or recommended course of treatment. Examples include a person who needed a therapy or medication, but lack of capacity, resources, or social stigma caused the caregiver not to support the decedent in accessing the recommended course of treatment.
- Distrust of health care systems: Indicate if the decedent dismissed the recommendations of health care providers due to distrust, poor past experiences, lack of provider credibility, or some other reason.

- Caregiver unskilled in providing care: Indicate if the family was unable to provide the skilled care the decedent required. This could be due to a lack of training, lack of understanding, family disability, or some other reason.
- Lack of money for care: Indicate if the recommended treatment was cost prohibitive for the decedent.
- Services or healthcare not available: Indicate if recommended treatments were not available to the decedent or family. This could be due to lack of providers in a geographic area, closures, long waiting periods, or some other reason.
- Multiple providers not coordinated: Indicate if communication or coordination between multiple providers was ineffective, increasing risk or creating barriers to effective care.
- Limitations of health insurance: Indicate if insurance coverages, lack of coverage, pre-authorization process, or other insurance challenges impacted this decedent or family's treatment in any way.
- Negative provider assumptions: Indicate if assumptions on the part of a care provider impacted the decedent or family's treatment in any way.
- Felt dismissed by provider: Indicate if the decedent, family, or caregiver felt their questions or concerns were not taken seriously by a care provider.
- Lack of provider-family compatibility: Indicate if there is reason to believe that the provider and decedent or family were not a good fit, and the decedent or family would have had better care from a different clinician.
- Physical health condition: Indicate if decedent had a physical health condition (e.g., heart disease, cancer, diabetes).
- Sleep disturbances: Indicate if decedent had trouble with going and staying asleep, or trouble waking up.

F3c: Life stressors/Risk factors—Relationships

- Family relationship stress: The family context or household in which the decedent lived was often chaotic, risky, or dangerous; family or household members were at odds with one another, such as physical family arguments, verbal disagreements, or perceived threats of violence. The decedent could have been the victim, perpetrator, or witness to the events.
- Divorce/separation: The decedent had divorced or separated from spouse or partner.
- Breakup: A relationship between the decedent and a significant other ended.
- Intimate partner problem: The decedent had a notable argument with intimate partner that contributed to contextual stress. Intimate partner problem should be noted if decedent experienced or used IPV.
- Other relationship problem: The decedent had stressed social connections such as frequent fights with peers such as friends or coworkers.
- Social Isolation: The decedent spent a significant amount of time alone or separated from others or perceived that they did not fit in or have a sense of belonging in the relationships around them. This includes if the decedent experienced social or geographic isolation.
- Bullying as a victim: The decedent had experienced bullying in their school, workplace, or other social context through in-person interactions.
- Bullying as a perpetrator: The decedent had bullied others in their school, workplace, or other social context through in-person interactions.

- Cyberbullying as a victim: The decedent had experienced bullying online, through social media apps, online gaming platforms, or texting technologies. This includes any sexual harassment such as sexting or transmission of photos.
- Cyberbullying as a perpetrator: The decedent had bullied others online, through social media apps, online gaming platforms, or texting technologies. This includes perpetrating sexual harassment such as sexting or transmission of photos.
- Peer violence as a victim: The decedent had experienced violence at the hands of a member of a peer group, including a coworker(s), teammate(s), or member(s) of an in-age cohort.
- Peer violence as a perpetrator: The decedent had been violent to other member(s) of a peer group to which they belonged, including a coworker(s), teammate(s), or member(s) of an in-age cohort.
- Abuse/neglect of child: The decedent abused or neglected a child or children.
- Death of friend/family member: The decedent experienced stress due to death of friend/family member.
- Suicide of friend/family member: The decedent experienced stress due to suicide of a friend/family member.

F3d. Life stressors/Risk factors—School

School problem: The decedent had any issues encountered at school such as failing grades, conflict with others, or attending classes.

F3e: Life stressors/Risk factors—Technology

- Electronic gaming: Electronic gaming was negatively impacting the decedent, including direct impacts (e.g., content of the game(s) impacting the decedent's emotional state, interactions with other players resulting in distress), or indirect impacts (e.g., less time for physical activity or hanging out with friends).
- Texting: Texting behaviors were negatively impacting the decedent, including direct negative impacts such as the relationships the decedent developed through texting or content of the messages themselves, or indirect impacts such as loss of significant relationships due to texting habits.
- Restriction of technology: The decedent was frustrated or angry due to a lack of or limited access to technology including computers, cell phones, social media, or electronic gaming.
- Social media: The decedent was frustrated, discouraged, hurt, angry, or jealous because of social media interactions with or by others.

F3f: Life stressors/Risk factors—Transitions

- Release from hospital: The decedent was transitioning to the community after being released from the hospital.
- Transition from any level of mental health care to another (e.g., inpatient to outpatient, inpatient to residential, outpatient to inpatient): The decedent was transitioning between levels of care for mental health such as being discharged from residential treatment to outpatient treatment or recently admitted to inpatient treatment from day treatment.
- Release from justice facility: The decedent was re-entering into the community following an incarceration.
- End of school year/school break: The decedent had transitioned to a school break which could mean lack of or less structure, lack of or fewer resources such

as food, and lack of or less emotional or social support. The transition could also mean increased exposure to challenging or negative relationships.

- Transition to/from welfare system: The decedent had to adjust to a new living/family context due to entering or exiting a welfare system.
- Release from immigrant detention center: The decedent was re-entering into the community from an immigrant detention center which could be at a justice facility.
- Transition from military status: The decedent had to adjust from military status (e.g., active duty to reserves, active duty to medical retirement).

F3g: Life stressors/Risk factors—Trauma

Trauma is defined as: a frightening, dangerous, or violent event that poses a threat to a person's life or bodily integrity.¹⁰

- Rape/sexual assault: The decedent was the victim of forced sexual violence of some kind.
- Previous abuse (emotional/physical): The decedent had experienced abuse not of a sexual nature. Emotional abuse can take many forms, including patterns of verbal abuse, constant criticism, intimidation, or manipulation that harmed the decedent's wellbeing. Physical abuse is physical injury intentionally inflicted upon a person.
- Family/domestic violence: The decedent experienced family violence or witnessed domestic violence in their home.

F3h: Life stressors/Risk factors—Describe any other life stressors

Indicate if there were any other significant stressors the decedent or family was experiencing and specify what the stressor was.

F3i. Protective factors experienced in 90 days before death

- Positive social support: Decedent had a network of people who helped them cope with stress.
- Feeling connected to others: Decedent experienced a sense of closeness and belonging with other people. Decedent felt valued, heard, and shared meaningful experiences with others.
- Sense of responsibility to family: Decedent believed they were important in providing for their family financially or mentally.
- Safe and stable environment: Decedent felt safe and secure from any physical harm and the environment was predictable and consistent.
- Positive therapeutic relationships: Decedent had a bond of trust and respect with their healthcare professional.
- Positive therapeutic beliefs: Decedent believed challenges were opportunities for growth.
- Access to services and healthcare: Decedent had access to services and healthcare based on their needs.
- Medical compliance: Decedent followed any medical instructions provided to them.
- How to access support: Decedent had knowledge and access to available resources based on their needs.

¹⁰ The National Child Traumatic Stress Network. <https://www.nctsn.org/>.

- Hope for future: Decedent had hope for the future (e.g., getting married, completing school, career opportunity).
- Sense of purpose, self-worth, self-esteem: Decedent demonstrated actions that are meaningful they cared about. Decedent demonstrated high confidence in their own worth and abilities.
- Positive coping skills: Decedent demonstrated positive coping skills when facing stress (e.g., deep breathing, meditation, mindfulness).
- Positive problem solving: Decedent demonstrated critical thinking, creativity, or logical reasoning to solve problems.
- Reduction/restriction of lethal means: Decedent had restricted access to lethal means (e.g., firearm secured in lock box, firing mechanisms of firearm removed from home, medicine stored safely).
- Fear of death/suicide: Decedent expressed fear of death/suicide.
- Cultural or religious beliefs that discourage suicidal behavior: Decedent's culture or religious beliefs discouraged suicidal behavior.

Section G. Services to Family and Community as a Result of the Death

G1: Were new or revised services recommended or implemented as a result of the death?

Indicate if any new or revised services were provided to the family or community or were recommended or implemented because of the decedent's death. Services are any type of supportive resource that the family and community were offered and/or utilized as a direct result of a decedent's death. To accommodate all types of services, the categories listed are general. Health services include any provision of health care, including family planning. To note a specific service, select "other" and write the service in the "specify" text box. Select "N/A" if services were not needed.

Section H. Findings Identified During the Review

Mark this case to edit/add findings at a later date

Select this option if you would like to complete this section later after you have more information. To identify these cases, use the “Search for Prevention Updates” under “Search for Case” on the navigation menu of your state welcome page.

H1: Describe any significant challenges faced by the decedent, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics.

Some examples of different kinds of findings are highlighted below. These are not exhaustive. They are provided to illustrate a range of possible findings. Your team’s findings may look different than those below. Please list any significant challenge you identify, even if it does not seem to fit neatly into one of the following categories.

- **Challenges faced by the decedent:** These could include the decedent living in a dangerous neighborhood or facing discrimination.
- **Challenges faced by the family:** These could include poverty, lack of resources such as mental health or medical resources, food or housing insecurity, lack of adequate prenatal care, low levels of health literacy, significant stress due to caregiving responsibilities, or lack of a social support network.
- **Systems-level challenges:** These could include lack of funding for needed education or intervention initiatives, poor referral processes, poor collaboration or communication between agencies/providers, or inadequate available services within a jurisdiction.
- **Challenges with the response to the incident:** These could include a lack of available grief and bereavement resources, re-traumatization of a bereaved family member, challenges conducting an effective death scene investigation, or challenges communicating with a medical examiner’s office.

H2: Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the decedent or family, the systems with which they interacted, or the response to the incident.

Some examples of different kinds of findings are highlighted below. They are not exhaustive. They are provided to illustrate a range of possible findings. Your team’s findings may look different than those below. Please include any significant positive elements you identify, even if it does not seem to fit neatly into one of the following categories.

- **Demographic characteristics:** These could include agency reflecting a constituent community, age-appropriate mental health interventions, or effective language translation services.
- **Behavioral characteristics:** These could include wise decisions made by individuals, either in the family or within an agency such as seeking treatment for a substance use disorder, compliance with primary care provider recommendations, going to a shelter for domestic violence victims, a care provider who went above and beyond to meet a family’s needs, or removing oneself or one’s family from stressful situations.
- **Environmental characteristics:** These could include effective community-level emergency response services, thorough death scene investigation, effective

communication between agencies, a strong community support network, faith community, or work community, ongoing investment in community service systems, grief and bereavement support resources, or effective lead remediation in the family residence.

H3: List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future

Indicate the specific prevention strategies that could be or have already been implemented because of the review process. A recommendation means that the team made a formal statement that a specific strategy be implemented. Recommendations should be reasonable, achievable, and specific including a timeframe, geographic location, and who will take the lead on accomplishing the task. Recommendations may include changes to practices, policies, and procedures, as well as maintenance of current prevention activities. Indicate one recommendation per text box.

H4: Were new or revised agency services, policies, or practices recommended or implemented as a result of the review?

As a result of the fatality review, indicate if any new or revised agency services, policies, or practices were recommended or implemented. This can include federal, state, local, or non-government agencies, as well as fatality review committee policies and practices. If “yes,” select the relevant agency and describe. Select all that apply.

Section I. The Review Meeting Process

I1: Date of first review meeting

Enter the date of the first fatality review team meeting in which this case was discussed.

I2: Number of review meetings for this case

Indicate the number of fatality review meetings that were held to discuss this specific case.

I3: Is review complete?

Select one of the following responses:

- **N/A**: Your fatality review team did NOT review this case.
- **Yes**: Your fatality review team has completed its review of this case. There will be no further meetings to discuss this case. For more information on determining if a review is complete, check with your fatality review coordinator.
- **No**: Your fatality review team will revisit this case in a future meeting. If “no” is initially selected, the case should be updated in the Adult NFR-CRS (i.e., change “no” to “yes”) once the review is complete and there are no plans to discuss this case in any future meetings. For more information on determining if a review is complete, check with your fatality review coordinator.

I4: Agencies and individuals at review meeting

Indicate agencies/organizations and individuals that participated in the case review. Check all that apply.

I5: Were the following data sources available at the review meeting?

Record which of the listed data sources were available for the review team. Check all that apply. If the data source or its contents were available prior to the meeting, select that they were available for the review meeting.

- **Vital statistics**: This includes death certificate.
- **Health records**: Records from hospitals or doctors' offices pertaining to care.
- **Investigation records**: Any autopsy or pathology reports, scene investigation, law enforcement or social service records, or other documents gathered for the purpose of the investigation.
- **Other**: Include any other documents such as records from the Veteran Health Administration, military discharge/service records, or work-related records.

I6: Did any of the following factors reduce meeting effectiveness

Issues that arose during the review process that impacted the fatality review team from effectively reviewing the case. Check all that apply.

- **None**: No factors reduced meeting effectiveness.
- **Confidentiality issues among members prevented full exchange of information**: Confidentiality restraints prevented team members from sharing information.
- **HIPAA regulations prevented access to or exchange of information**: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was cited by a team member or an agency as a reason for not providing or sharing the information needed for an effective review.
- **Inadequate investigation precluded having enough information for review**: The investigation into this decedent's death was incomplete. The full circumstances

surrounding the death were not known to the team because an investigating agency did not collect all crucial pieces of information.

- Team members did not bring adequate information to the meeting: Not enough information was brought to the meeting to answer the team's questions.
- Necessary team members were absent: Team members with information critical to the review process were unable to attend the meeting,
- Meeting was held too soon after death: The fatality review meeting was held too soon after the death, so that investigative reports, autopsy results, etc., were not complete.
- Meeting was held too long after death: The fatality review meeting was held too long after the death. Team members may have forgotten relevant details to the case or since so much time has passed, the team feels uncomfortable making recommendations for services or interventions for the family that were needed but not provided because of the death.
- Records or information were needed from another locality in-state: The team was unable to collect information for the review process from other localities within their state.
- Records or information were needed from another state: The team was unable to collect information for the review process from another state.
- Records or information were needed from a federal entity: The team was unable to collect information for the review process from a federal entity.
- Team disagreement on circumstances: Team members were unable to arrive at a consensus on the actual events surrounding this decedent's death.
- Other factors, specify: Specify any other factors that prevented the team from conducting an effective review.

I7: Review meeting outcomes

Was the official manner of death or cause of death amended as a result of the review? Indicate yes, no, or unknown if the manner of death or cause of death was amended because of the review.

Section J. Narrative

J1. Narrative

Use this space to provide more detail so that a full picture of the circumstances and the team's review is apparent to a reader. **Do not include identifiers in the narrative, such as names, addresses, dates, and specific service providers.** Consider the following questions: What was the decedent doing? Where did it happen? How did it happen? What went wrong? What was the injury cause of death?

Often, the circumstances of a death are not entirely evident from the case report tool alone. Providing a description of the incident involving the decedent clarifies how a death occurred. Include information on history involving Adult Protective Services, law enforcement, public health, and others. If you would like to add text to the narrative from another document, such as a Microsoft Word file, you may copy the text and paste it into the Adult NFR-CRS.

However, be sure not to include any of the following:

- Name(s) of any person
- Street or apartment numbers
- Addresses of any residential program for victims of domestic violence
- Identifying information regarding the source or person making the report of suspected physical abuse or maltreatment, including the person's sex or the agency, institution, organization, or program to which the person is associated.
- Dates
- Telephone numbers
- Social security numbers
- Any other personal identifying information

Please also refrain from using the characters "<" and ">" in your narrative text.

Reminder - Please follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure.

Section K: Form Completed By

Person, Title, Agency, Phone and Email will auto populate with the information contained in the user's contact information upon initial record creation of the case. User may edit the fields at any time.

Person: Provide the name of the individual completing the Report form.

Title: Provide the position title of the individual completing the Report form.

Agency: Identify the individual's employer or affiliated agency.

Phone: Provide the best phone number to contact the individual completing the form.

Email: Provide the best email to contact the individual completing the form.

Date completed: Provide the date that this form was completed.

Data entry completed for this case: Indicate if the data entry for this case is complete.

For State/Territory Program Use Only: DATA QUALITY ASSURANCE COMPLETED BY STATE/TERRITORY: This checkbox is used by state/territory program staff in charge of cleaning and completing cases and should be checked only when the case is completely entered and reviewed, and all data quality assurance protocols are complete.

Data Quality Review

The last section during data entry is called “Data Quality Review.” This section allows users to check for the completeness of priority variables. Any priority variable with a missing or unknown response will be listed in this section.

Review all items in this section to ensure completeness and improve data quality. To revisit and complete any listed item, click the “Navigate to this question” hyperlink to be immediately brought to that question in the Adult NFR-CRS. Once a question is completed with a response that is not missing or unknown, it will be removed from the list in the Data Quality Review section.

Please note that every effort has been made to ensure this document is as accessible as possible. If you encounter any issues or have any questions or concerns, please contact the National Center at SMRC@ncfrp.org.