The Centers for Disease Control and Prevention’s National Violent Death Reporting System (NVDRS) links details of violent deaths – the “who, when, where and how” – and shares insights into “why” they occurred.

NVDRS uses information from law enforcement reports, death certificates, and coroner/medical examiner reports (including toxicology) to monitor and characterize violent deaths. NVDRS is the only state-based online reporting system that pools data on violent deaths and their circumstances from multiple sources into one anonymous database. No personally identifiable information is collected in the web-based system.

We recognize law enforcement’s unique role in the community, and NVDRS allows law enforcement to have a more comprehensive view of violent deaths. By partnering with law enforcement, NVDRS can develop a more thorough picture of the circumstances that contribute to violent deaths, help law enforcement prioritize the use of public safety resources, better understand crime, and in turn help communities implement various prevention and educational strategies. The goal of NVDRS is to help create safer, healthier communities.

What information is collected?

NVDRS includes information from statewide data compiled at the national level for these types of cases:

- **Suicide**
- **Homicide**
- **Deaths of undetermined intent** that may have been due to violence
- **Legal intervention** (excluding executions)
- **Unintentional firearm-related deaths**

NVDRS collects information on unintentional firearm-related deaths to:

- **Provide a more complete picture** of firearm-related deaths in the country
- **Inform prevention efforts** by improving understanding of the circumstances surrounding these deaths

Trained abstractors enter de-identified information into the system according to standardized CDC guidelines. Data fields collected in NVDRS include information on:

- **Injury characteristics** (e.g., how the victim died)
- **Demographics**
- **Circumstances** that preceded or were related to a victim’s death
- **Mental health diagnoses**
- **Toxicology** (drugs or poisons in the victim’s system)
- **More than 600** other incident characteristics
- **Narratives** that provide a brief summary of the incident based on law enforcement and coroner/medical examiner reports
What can NVDRS data do for law enforcement?

- **Provide analyses** that can address timely topics and emerging issues
- **Reveal patterns** of violent deaths through geographic analysis (mapping of violent death “hot spots”)
- **Guide, inform, and help focus** violence prevention efforts

Leading to…

- **Greater understanding** of violent crime
- **More effective deployment** of law enforcement
- **Better use** of public safety resources
- **Stronger, targeted** crime policies
- **Healthier, safer** communities

Is the information in NVDRS secure? What protections are in place?

Since NVDRS data collection began in 2003, there have been no reported data breaches; nothing has compromised the confidentiality or security of the system. Participating NVDRS states enter data into an encrypted, web-based system. The VDRS states submit this information to CDC using the most up-to-date security protocols.

Local laws that protect other types of health department records, such as communicable disease records, also apply to NVDRS files.

How to participate

Law enforcement officers on the frontlines of violent events can provide detailed reports on the incidents they handle first-hand. When law enforcement provides thorough details, NVDRS can provide more thorough insights into why these violent deaths occurred and how we can work to prevent future violent deaths.

For more information on NVDRS, visit: [https://www.cdc.gov/violenceprevention/nvdrs/index.html](https://www.cdc.gov/violenceprevention/nvdrs/index.html)

NVDRS in Action: NVDRS Informs First Responder Suicide Prevention in Colorado

The Colorado VDRS noticed that suicide victims who were first responders in Colorado were much more likely to have been a veteran than the general population of suicide victims. This makes sense given the high rate at which veterans join police, security, EMS, and fire services; however, it raises questions about what needs veterans may have as they transition from one high-stress position to another, and suggests the magnitude of this need is greater than previously suspected.

As a result of these findings, Colorado has enhanced the ManTherapy.org website to include and promote resources focused on positive mental and physical health for all active military personnel, veterans, and their families.