Was the Homicide related to...
- Another Crime (Describe)?
- Gang Activity/Conflict?
- Selling, Using or Possessing Drugs?
- A Hate Crime?
- Arguments Over Money or Property?
- Jealousy Over a Current/Former Intimate Partner?
- Mutual Physical Fight Among At Least Three People?
- Conflict Between Former/Current Intimate Partners?
- Some Other Argument?

Was the Victim...
- A Bystander?
- Using a Weapon?
- Acting in Self-Defense?
- Intervening to Assist a Crime Victim?

In General, What Events Led Up to the Suspect(s) Killing the Victim(s)?

What is the Relationship Between the Suspect(s) and Victim(s)?

Suicide Information

Did the Victim...
- Try to Commit Suicide in the Past?
- Leave a Suicide Note (What Did It Say)?
- Tell Someone About a Plan to Commit Suicide?

What Did Friends/Family Give as the Reason(s) the Victim Committed Suicide?

Arizona Violent Death Reporting System

data that provides a path to prevention

Important Information to Document
For All Persons Involved in the Incident
- Name, Sex, Age, Race and Ethnicity
- Address and Zip Code of Residence
- Type of Location Where Injury Occurred (e.g., Apartment, Parking Lot, etc.)

Event Information
- Time and Date of Injury
- Address and Zip Code of Injury

ASU Center for Violence Prevention and Community Safety
Arizona State University
411 N. Central Ave., Suite 680
Phoenix, Arizona 85004
602-496-1425
cvpcs.asu.edu
<table>
<thead>
<tr>
<th><strong>Firearm Information</strong></th>
<th><strong>For All Victims</strong></th>
<th><strong>For All Victims</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the Firearm?</strong></td>
<td><strong>Date/Time/Location the Victim was Last Known to Be Alive?</strong></td>
<td><strong>Did the Victim Have Problems with...</strong></td>
</tr>
<tr>
<td>Type</td>
<td>Had the Victim Been...</td>
<td>A Crisis in the Past Two Weeks (Describe)?</td>
</tr>
<tr>
<td>(Revolvers, Pistols, Shotguns, etc.)</td>
<td>Diagnosed with a Mental Illness (Describe)?</td>
<td>Impending Crisis (Court/Visitation)?</td>
</tr>
<tr>
<td>Make/Model/Caliber</td>
<td>Currently Seeing a Mental Health Professional (When)?</td>
<td>Within Two Weeks (Describe)?</td>
</tr>
<tr>
<td>Ammunition Caliber</td>
<td>Previously Seen by a Mental Health Professional (When)?</td>
<td>Physical Health (Describe)?</td>
</tr>
<tr>
<td></td>
<td>Taking a Mental Health Medication?</td>
<td>Drugs or Alcohol?</td>
</tr>
<tr>
<td></td>
<td>A Perpetrator/Victim of Violence in the Past Month?</td>
<td>An Intimate Partner?</td>
</tr>
<tr>
<td></td>
<td>Upset Over Suicide/Other Death of Friend/Family (When)?</td>
<td>A Non-Intimate Partner?</td>
</tr>
<tr>
<td><strong>Poison Information</strong></td>
<td><strong>If a Prescription Drug, Please Provide...</strong></td>
<td><strong>Work?</strong></td>
</tr>
<tr>
<td>Was the Poison a...</td>
<td>Patient Name</td>
<td>School?</td>
</tr>
<tr>
<td>Street/Recreational Drug?</td>
<td>Fill Date</td>
<td>Finances?</td>
</tr>
<tr>
<td>Alcohol?</td>
<td>Number Prescribed</td>
<td>Criminal/Non-Criminal Charges (Past/Present/Pending)?</td>
</tr>
<tr>
<td>Prescription Drug?</td>
<td>Number Remaining</td>
<td></td>
</tr>
<tr>
<td>Other Poison?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>