

## Homicide Information

### 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



**ASU** center for  
violence prevention  
and community safety

ARIZONA STATE UNIVERSITY

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602-496-1425  
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## Important Information to Document

### For All Persons Involved in the Incident

Name, Sex, Age,  
Race and Ethnicity

Address and  
Zip Code of Residence

### Event Information

Time and Date of Injury

Address and  
Zip Code of Injury

Type of Location  
Where Injury Occurred  
(e.g. Apartment, Parking Lot, etc.)

## Firearm Information

### What is the Firearm?

Type  
(Revolver, Pistol, Shotgun, etc.)  
Make/Model/Caliber  
Ammunition Caliber

### Was the Bullet or Casing Recovered?

### Who is the Owner of the Firearm?

### Was the Firearm Stored?

### If So, Was it Stored Locked or Loaded?

## For All Victims

### Date/Time/Location the Victim was Last Known to Be Alive?

### Had the Victim Been...

Depressed?  
Diagnosed with a Mental Illness (Describe)?  
Currently Seeing a Mental Health Professional (When)?  
Previously Seen by a Mental Health Professional (When)?  
Taking a Mental Health Medication?  
A Perpetrator/Victim of Violence in the Past Month?  
Upset Over Suicide/Other Death of Friend/Family (When)?

## For All Victims

### Did the Victim Have Problems with...

A Crisis in the Past Two Weeks (Describe)?  
Impending Crisis (Court/Visitation)  
Within Two Weeks (Describe)?  
Physical Health (Describe)?  
Drugs or Alcohol?  
An Intimate Partner?  
A Non-Intimate Partner?  
Work?  
School?  
Finances?  
Criminal/Non-Criminal Charges (Past,Present, Pending)?

## Poison Information

### Was the Poison a...

Street/Recreational Drug?  
Alcohol?  
Prescription Drug?  
Other Poison?

### If a Prescription Drug, Please Provide...

Patient Name  
Fill Date  
Number Prescribed  
Number Remaining