

WVDRS: WISCONSIN VIOLENT DEATH REPORTING SYSTEM – 2010/2011 CORONER/MEDICAL EXAMINER (C/ME) FORM

C/ME Name: _____ County: _____

Today's Date: _____ / _____ / _____ C/ME Case # _____

of deaths associated in this incident: _____ Police Agency investigating the death: _____
 # of nonfatal firearm victims in incident: _____ Police Case #: _____
 # of nonfatal non-firearm victims in incident: _____

VICTIM INFORMATION:

Last Name: _____
 First Name: _____
 Middle Name: _____
 Social Security #: _____ - _____ - _____
 Date of Birth: _____ / _____ / _____
 Age: _____ Indicate: minutes, days, months, years
 Sex: 1. Male 2. Female 9. Unknown

Race:

☐ White ☐ Black ☐ Asian ☐ Pacific Islander
☐ American Indian ☐ Other ☐ Unspecified

Hispanic: 0. Not Hispanic 1. Hispanic 9. Unknown

Residential Address: _____

City: _____

County: _____

State: _____ Zip Code: _____

Country: _____

Actual Date of Death: _____ / _____ / _____

Manner of Death:

1. Natural 2. Accident 3. Suicide
 4. Homicide 5. Pending Investigation
 6. Could Not be Determined 7. Legal Intervention
 9. Record Unavailable or Blank

☐ Victim was killed by another person who attempted or committed suicide. (check if yes)

Place of Death:

1. Hospital inpatient 2. ED/Outpatient
 3. DOA 4. Hospice facility
 5. Nursing home/long-term care facility
 6. Decedent's home 7. Other (specify below)
 9. Unknown/Undetermined

If "other", specify: _____

State of Death: _____

Address of Injury: _____

City of Injury: _____

State of Injury: _____ Zip code: _____

County of Injury: _____

Incident occurred at victim's residence:

0. No 1. Yes 9. Unknown

Injured at work:

0. No 1. Yes
 8. N/A (e.g., child, retiree, unemployed) 9. Unknown

EMS at scene: 0. No 1. Yes 9. Unknown

Time of Injury: _____ : _____ (military time)

Date of Injury: _____ / _____ / _____

Survival time:

Indicate whether minutes, hours, days, months, years
 (e.g., 0 minutes, 2 hours, 6 months, 9 years, etc.)

State of Birth: _____

Country of birth (if not U.S.): _____

Marital Status:

1. Married 2. Never Married 3. Widowed
 4. Divorced 5. Married, but separated
 6. Single, not otherwise specified 9. Unknown

Location where injured: 1. House, apartment 2. Street/road, sidewalk, alley 3. Highway, freeway 4. Motor vehicle (excluding 15 & 21) 5. Bar, nightclub 6. Service station 7. Bank, credit union, ATM 8. Liquor store 9. Other commercial establishment (e.g., grocery store) 10. Industrial/Construction areas 11. Office building 12. Parking lot/public parking garage 13. Abandoned house/building/warehouse 14. Sports or athletic area 15. School bus 16. Child care center, daycare, pre-school 17. Elementary or middle school (i.e., K-8) 18. High school 19. College/University, including dormitory, fraternity 20. Unspecified school 21. Public transportation or station (e.g., bus, train) 22. Church, temple Synagogue 23. Hospital or medical facility 24. Supervised residential facility (e.g., shelter, halfway house) 25. Farm 26. Jail, prison, detention center 27. Park, playground, public use area 28. Natural area (e.g., field, river, beaches, woods) 29. Hotel/motel 30. Railroad tracks 66. Other 99. Unknown

Victim pregnant: 0. Not pregnant within last year

1. Pregnant at time of death 2. Not pregnant but pregnant within 42 days of death 3. Not pregnant but pregnant within 43 days to 1 year before death 4. Not pregnant, not otherwise specified 5. Pregnant, not otherwise specified 8. Not applicable (not a female) 9. Unknown if pregnant within last year

Homeless?: 0. No 1. Yes 9. Unknown

Education: 0. 8th grade or less 1. 9th-12th grade; no diploma 2. High School graduate or GED completed 3. Some college but no degree 4. Associate degree (e.g., AA, AS) 5. Bachelor's degree (e.g., BA, BS) 6. Master's degree (e.g., MA, MS, MSW, MBA) 7. Doctorate (e.g., PhD, EdD, MD, DDS, JD) 9. Unknown

Current occupation status: 1. Employed 2. Unemployed 3. Homemaker 4. Retired 5. Student 6. Disabled 8. N/A (under 14) 9. Unknown

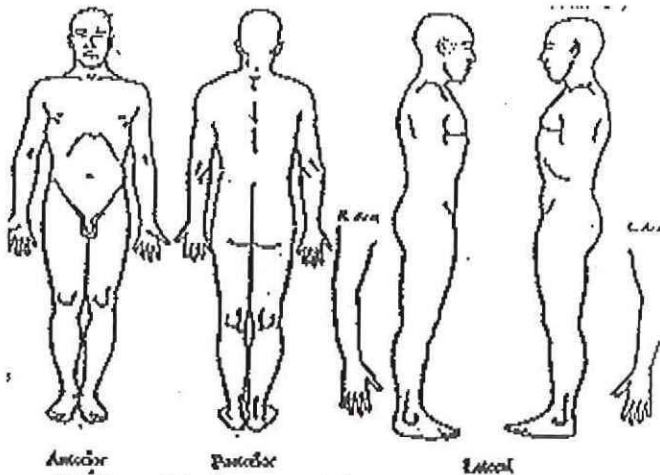
If employed, list occupation: _____

Victim in custody when injured: 0. Not in custody

1. In jail or prison 2. Under arrest, but not in jail 3. Committed to mental hospital 4. Resident of other state institution 5. In foster care 6. Injured prior to arrest 8. Other (includes house arrest, electronic monitoring, legal home confinement) 9. Unknown

Autopsy performed: 0. No 1. Yes 9. Unknown

Wounds: Mark "X" for entrance wounds & "O" for exit wounds.
Penetrating wounds only. If victim suffered from stab wounds and gunshot wounds, please specify the type of each wound.



Number of wounds: _____

Number of bullets that hit victim: _____

Suspected spinal injury? 0. No 1. Yes 9. Unknown

Toxicology performed? No Yes (Ante-mortem or post-death tox samples are accepted.)	
Suspected alcohol use in hours prior to death? 0. No 1. Yes 8. N/A 9. Unknown	
Date Specimens were collected: ____/____/____	
Time Specimens were collected: ____:____ (military)	
Drug Category:	Testing: 1. Tested 2. Not tested 9. Unknown
Blood Alcohol	Results: 1. Present - list drug name(s) 2. Not present 9. Unknown
Amphetamines	____ (e.g., .08)
Antidepressants	
Cocaine	
Marijuana	
Opiate(s)	
Other	

☐ CIRCUMSTANCES KNOWN? Check if YES, then complete the table below.

Suicide, Homicide, Undetermined or Legal Intervention Death	Unintentional Death
<p>Check all that apply:</p> <p>Mental Health and Substance Abuse</p> <p><input type="checkbox"/> Current depressed mood</p> <p><input type="checkbox"/> Mental health problem</p> <p><i>If checked, circle type of "Mental Illness" diagnosed (Choose up to two):</i></p> <p>1. Depression 2. Bipolar Disorder 3. Schizophrenia 4. Anxiety Disorder 5. Post-traumatic stress disorder 6. ADD or hyperactivity disorder 7. Eating disorder 8. Obsessive-compulsive disorder 88. Not applicable...99. Unknown 66. Other _____</p> <p><input type="checkbox"/> In Current treatment for mental illness</p> <p><input type="checkbox"/> Ever treated for mental illness</p> <p><input type="checkbox"/> Alcohol problem</p> <p><input type="checkbox"/> Other substance problem</p> <p><input type="checkbox"/> Other addiction</p> <p>Relationship Problems</p> <p><input type="checkbox"/> Intimate partner problem</p> <p><input type="checkbox"/> Other relationship problem</p> <p><input type="checkbox"/> Suicide of a friend or family (in past 5 years)</p> <p><input type="checkbox"/> Other death of friend or family (in past 5 years)</p> <p><input type="checkbox"/> Family stressor (s)</p> <p>Crime Related</p> <p><input type="checkbox"/> Precipitated by another crime</p> <p>Nature of other crime: (Choose up to 2)</p> <p>1. Drug trade 2. Robbery 3. Burglary 5. Motor vehicle theft 6. Arson 7. Rape, sexual assault 9. Gambling 10. Assault, homicide 11. Witness intimidation/elimination 66. Other (note in narrative) 88. Not applicable 99. Unknown</p> <p><input type="checkbox"/> Crime was in progress at time of the homicide</p> <p><input type="checkbox"/> Drug involvement</p> <p><input type="checkbox"/> Gang related</p> <p><input type="checkbox"/> Hate crime</p> <p><input type="checkbox"/> Brawl (mutual physical fight, > 2 people)</p> <p><input type="checkbox"/> Terrorist attack</p> <p><input type="checkbox"/> Victim was a bystander, not intended target</p> <p><input type="checkbox"/> Random Violence</p> <p><input type="checkbox"/> Drive-by shooting</p>	<p>Check all that apply:</p> <p>Arguments and Conflicts</p> <p><input type="checkbox"/> Argument over money/property</p> <p><input type="checkbox"/> Jealousy</p> <p><input type="checkbox"/> Intimate partner violence related</p> <p><input type="checkbox"/> Other argument, abuse or conflict</p> <p><input type="checkbox"/> Victim was perpetrator of interpersonal violence (in past month)</p> <p><input type="checkbox"/> Victim of interpersonal violence (in past month)</p> <p>Suicide Markers</p> <p><input type="checkbox"/> Left a suicide note</p> <p><input type="checkbox"/> Disclosed intent to commit suicide</p> <p><input type="checkbox"/> History of suicide attempts</p> <p>Life Stressors</p> <p><input type="checkbox"/> Crisis w/in past 2 weeks (recent/impending)</p> <p><input type="checkbox"/> Physical health problem</p> <p><input type="checkbox"/> Job problem</p> <p><input type="checkbox"/> School problem</p> <p><input type="checkbox"/> Financial problem</p> <p><input type="checkbox"/> Recent or impending criminal legal problem</p> <p><input type="checkbox"/> Other legal problems</p> <p><input type="checkbox"/> Eviction/loss of home</p> <p>Misc. Circumstances</p> <p><input type="checkbox"/> Victim was a police officer on duty</p> <p><input type="checkbox"/> Justifiable self defense by law enforcement or civilian</p> <p><input type="checkbox"/> Victim used a weapon</p> <p><input type="checkbox"/> Victim (not law enforcement officer) was an intervener assisting crime victim</p> <p><input type="checkbox"/> Mercy killing</p> <p><input type="checkbox"/> Mentally ill suspect</p> <p><input type="checkbox"/> Anniversary of a traumatic event</p> <p><input type="checkbox"/> History of child abuse as a child</p> <p><input type="checkbox"/> Other suicide circumstances (note in narrative)</p>
	<p>Context of Injury:</p> <p><i>What was the shooter doing at the time of the injury? (Choose all that apply):</i></p> <p><input type="checkbox"/> Hunting</p> <p><input type="checkbox"/> Target shooting</p> <p><input type="checkbox"/> Self-defensive shooting</p> <p><input type="checkbox"/> Celebratory firing</p> <p><input type="checkbox"/> Loading/unloading gun</p> <p><input type="checkbox"/> Cleaning gun</p> <p><input type="checkbox"/> Showing gun to others</p> <p><input type="checkbox"/> Playing with gun</p> <p><input type="checkbox"/> Other context of injury</p> <p>Mechanism of injury</p> <p><i>Why did the injury occur? (Choose all that apply):</i></p> <p><input type="checkbox"/> Thought safety was engaged</p> <p><input type="checkbox"/> Thought gun was unloaded: magazine was disengaged</p> <p><input type="checkbox"/> Thought gun was unloaded: other</p> <p><input type="checkbox"/> Unintentionally pulled trigger</p> <p><input type="checkbox"/> Bullet ricochet</p> <p><input type="checkbox"/> Gun defect or malfunction</p> <p><input type="checkbox"/> Fired while holstering/unholstering</p> <p><input type="checkbox"/> Dropped gun</p> <p><input type="checkbox"/> Fired while operating safety/lock</p> <p><input type="checkbox"/> Gun mistaken for a toy</p> <p><input type="checkbox"/> Other mechanism of injury</p>

(Rev. 07/10)

For all homicides and accidental firearm deaths, choose up to two of the choices below that best describe the relationship between each suspect and the victim.

Victim Name	Suspect Name	The victim is the _____ of the suspect (Choose up to 2 relationship codes below)	Suspect is caretaker of Victim	Evidence of ongoing Abuse
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

1. Spouse 2. Ex-spouse 3. Girlfriend or boyfriend 7. Ex-girlfriend or ex-boyfriend 8. Girlfriend or boyfriend, unspecified whether current or ex 10. Parent 11. Child 12. Sibling 13. Grandchild 14. Grandparent 15. In-law 16. Stepparent 17. Stepchild 18. Child of suspect's boyfriend/girlfriend (e.g., child killed by mom's boyfriend) 19. Intimate partner of suspect's parent (e.g., teenager kills his mother's boyfriend) 20. Foster child 21. Foster parent 29. Other family member (e.g., cousin, uncle, etc.) 30. Babysitter (e.g., child killed by babysitter) 31. Acquaintance 32. Friend 33. Roommate (not intimate partner) 34. Schoolmate 35. Current or former work relationship (e.g., co-worker, employee, employer) 36. Rival gang member 44. Other person, known to victim 45. Stranger 50. Victim was injured by law enforcement officer 51. Victim was law enforcement officer injured in the line of duty 88. Suspect is not a suspect for this victim 99. Relationship unknown

Weapon Type: (Circle all that apply) 1. Firearm 5. Non-powder gun 6. Sharp instrument 7. Blunt instrument 8. Poisoning 9. Hanging/strangulation/suffocation 10. Personal weapon (foot, fist) 11. Fall 12. Explosive 13. Drowning 14. Fire or burns 15. Shaking (e.g., shaken baby syndrome) 16. Motor vehicle (includes buses & motorcycles) 17. Other transport vehicle (e.g., trains, planes, boats) 18. Intentional neglect (e.g., starving a baby) 19. Biological weapons 66. Other 99. Unknown

If firearm death, complete information below for injury or suspected injury gun.

FIREARM INFORMATION	Firearm 1	Firearm 2	Firearm 3	Firearm 4
Firearm Information Known (Check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence recovered (Check all that apply)	<input type="checkbox"/> gun <input type="checkbox"/> bullet <input type="checkbox"/> casing	<input type="checkbox"/> gun <input type="checkbox"/> bullet <input type="checkbox"/> casing	<input type="checkbox"/> gun <input type="checkbox"/> bullet <input type="checkbox"/> casing	<input type="checkbox"/> gun <input type="checkbox"/> bullet <input type="checkbox"/> casing
Type (choose from list at bottom of table*)				
Make/Manufacturer				
Model				
Cartridge specifications for recovered casings (e.g., .40 S&W, .22 LR)				
Caliber				
Gauge (Shotguns only)				
Serial number				
Listed/reported stolen? 0=No 1=Yes 9=Unknown				
Name of person who used this firearm				
Name of victim killed with this firearm				

* Type of Firearm:

1. Submachine Gun 2. Handgun, Unknown Type 3. Handgun, Pistol - Bolt Action 4. Handgun, Pistol - Derringer 5. Handgun, Pistol - Single Shot 6. Handgun, Pistol - Semi-automatic 7. Handgun, Revolver 8. Rifle, Unknown Type 9. Rifle, Automatic 10. Rifle, Bolt Action 11. Rifle, Lever Action 12. Rifle, Pump Action 13. Rifle, Semi-automatic 14. Rifle, Single Shot 15. Rifle-Shotgun Combination 16. Shotgun, Unknown Type 17. Shotgun, Automatic 18. Shotgun, Bolt Action 19. Shotgun, Double Barrel 20. Shotgun, Pump Action 21. Shotgun, Semi-automatic 22. Shotgun, Single Shot 23. Long gun, Unknown type 66. Other (e.g., handmade gun) 99. Unknown

COMPLETE FOR ALL SHOOTERS AND THE FIREARMS THEY USED TO CAUSE INJURY

Shooter (name): _____ Firearm # _____ Owner of firearm: _____ Firearm stored locked: _____ Firearm stored loaded: _____ <i>(Note: For youths 17 years of age and younger who shoot themselves or another person in an incident, include a brief summary of where and from whom firearm was obtained, and if youth had authorized access to firearm.)</i> Narrative: _____ _____ _____	Shooter (name): _____ Firearm # _____ Owner of firearm: _____ Firearm stored locked: _____ Firearm stored loaded: _____ <i>(Note: For youths 17 years of age and younger who shoot themselves or another person in an incident, include a brief summary of where and from whom firearm was obtained, and if youth had authorized access to firearm.)</i> Narrative: _____ _____ _____
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OWNER:	IF OWNER IS NOT SELF:	IF OWNER IS NOT SELF:
1. Shooter 2. Parent/guardian of shooter 3. Other family member of shooter 6. Friend/acquaintance of shooter 7. Stranger to shooter 66. Other <i>(note in narrative)</i> 9. Unknown	Stored Locked 0. Not locked 1. Locked 6. Other <i>(note in narrative)</i> 8. N/A 9. Unknown	Stored Loaded 0. Not loaded 1. Loaded 6. Other <i>(note in narrative)</i> 8. N/A 9. Unknown

IF DRUG/POISON, COMPLETE INFORMATION BELOW:

Drug/Poison Information	Drug/Poison 1	Drug/Poison 2	Drug/Poison 3
Type of drug/poison (Circle all that apply): 1. Street/recreational drugs 2. Alcohol 3. Pharmaceuticals – prescription 4. Pharmaceuticals – over-the-counter 5. Pharmaceuticals – unknown 6. Carbon monoxide or other gas, vapor 66. Other poison (e.g., rat poison, insecticide, lye) 88. Not applicable (not a poisoning) 99. Unknown			
Name of drug/poison (e.g., Prozac, Fluoxetine, Paxil, Sominex, etc.) or 99999 for Unknown			
Patient drug obtained for: 1. Self (Victim) 2. Spouse 3. Ex-spouse 4. Girlfriend or boyfriend 7. Ex-girlfriend or Ex-boyfriend 8. Girl/Boyfriend, unspecified whether current 10. Parent 11. Child 12. Sibling 13. Grandchild 14. Grandparent 15. In-law 16. Stepparent 17. Stepchild 18. Child of victim's boyfriend/girlfriend 19. Intimate partner of victim's parent (e.g., teenager) 29. Other family member (e.g., cousin, uncle) 30. Babysitter 31. Acquaintance 32. Friend 33. Roommate (not intimate partner) 34. Schoolmate 35. Current or former work relationship (e.g., co-worker) 44. Other person, known to victim 45. Stranger 88. N/A (e.g., not a medication) 99. Relationship unknown			
If CO, carbon monoxide source: 1. Car, truck, bus 2. Other 8. Not applicable 9. Unknown			

Briefly summarize the incident: *(Include details to support circumstances checked on Page 2)* _____

This form may be faxed to: (608) 266 - 8350, or mailed to:
 OFFICE OF HEALTH INFORMATICS
 ATTN: KITTY KLEMENT, RESEARCH ANALYST
 1 WEST WILSON STREET, ROOM 172
 PO BOX 2659
 MADISON, WI 53701-2659