

Appendix

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Appendix A

Sample Mission Statements

Sample # 1:

The (reporting system) is dedicated to the reduction of violent injuries and deaths.

The (reporting system) provides comprehensive, objective, and accurate information (data) regarding violence-related morbidity and mortality.

The (reporting system) collaborates with policy makers, community-based organizations and agencies, and with individuals at local, regional, and national levels to support effective prevention strategies.

Sample # 2:

Our Mission is to:

Increase scientific understanding of violent injury through research.

Translate research findings into prevention strategies.

Disseminate knowledge of violent injury and prevention to professionals and the public.

Appendix B

Letter of Invitation for Advisory Board Members

Date

Name

Title

Agency

Address

City, State, Zip Code

Sample

Dear _____:

The State Health Department is participating in the National Violent Death Reporting System (NVDRS), with data collection occurring at the state and local level. I would like to invite you or a representative of your agency to participate on an advisory board for the state reporting system.

The goal of this system is to capture information from multiple sources on all violent deaths. The information gathered in this system will inform police, public health officials, violence prevention groups, and policy makers in our community about the best ways to reduce violence here in (state).

To facilitate the development of the NVDRS, an advisory board is being established. The board will meet quarterly. Working meetings will be held on (days) (morning/afternoon) and will not extend beyond two hours.

The board will focus on the technical aspects of developing and implementing the reporting system. The board will be made up of individuals/organizations with experience in conducting injury reporting systems and persons representing organizations that can provide the needed data (coroners/medical examiners, law enforcement, vital records, and crime laboratories).

Please contact (name) at the State Health Department at (phone number) if you or someone from your agency is willing to serve on the advisory board. Thank you for your support and assistance.

Sincerely,

Appendix C

Suggested List of Advisory Board Members

Academic Departments

- Biostatistics
- Criminal Justice
- Development
- Epidemiology
- Rehabilitation & Disability

American College of Emergency Physicians

Anti-Violence Advocates

Bureau of Alcohol, Tobacco, and Firearms

Child Fatality Review Committee

City Health Departments

- Health Educator/Health Commissioner

Community Groups

- Youth Service Organizations

Coroner/Medical Examiner (C/ME) Association

- State or local C/ME
- Toxicologist

Department of Justice (or equivalent)

Department of Natural Resources

- Hunter Safety Coordinator

Domestic Violence Service or Prevention Organizations

Emergency Medical Services

Emergency Nursing Association

Faith Community

Federal and State Prosecutors

Fire and Police Commission

Firearm Owners/Shooters Association

- National Rifle Association state affiliate

Hospital/Trauma Center

- ED Nurse/Physician
- Trauma Nurse/Physician

Local Business

Local or State Politicians

Police/Sheriff Department

- Police Management/Data/Research

Professional Law Enforcement Associations

- Police Chiefs Association

State Crime Laboratory

- Firearm/Toolmark Examiners

State Public Health Association

Suicide Prevention Organization

Vital Records/Statistics

Appendix D

Sample Summary Elements for an IRB Protocol

Introduction: Statement of hypotheses, aims and objectives

Sample Language:

The program of ongoing surveillance and reporting described in this summary protocol does not involve clinical research, but does involve the observation of human behavior recorded in such a manner that human subjects are necessarily identified both directly and through identifiers linked to the subject. Subjects include injury victims as well as perpetrators and, depending upon the circumstances of the event, may include identification of relatives and acquaintances of injury victims and perpetrators. The observations of human subjects, if they became known outside the program, could reasonably place some subjects at risk of liability or be damaging to their financial standing or employment. Further, the research and analysis contemplated here may deal with sensitive aspects of a subject's own behavior such as violent or illegal conduct and drug or alcohol use. See, 45 CFR Section 46.101. While basic injury surveillance is not considered human subjects research by the CDC, these linked data sets and analyses conducted with information collected in this project may be deemed human subjects research by institutional review boards.

Funding sources

Duration of funding

Anticipated duration of project (may be different than the duration of current funding)

Need for the project/program and potential benefits

Sample Language:

The purposes for collecting and maintaining accurate and complete information about violent and intentional injuries including all firearm injuries are to assist in the development and evaluation of policies and strategies designed to reduce injuries and deaths.

Homicides and suicides are a significant public health problem, accounting for more than 46,000 deaths (1999) in the U.S., with 16,889 homicides and 29,199 suicides. If aggregated, violent deaths would be the eighth leading cause of death in the U.S.¹ In 1999 more than 1.2 million years of potential life were lost (before age 65) due to violent-related deaths in the U.S. Firearm-related deaths (which account for 65% of homicides and 60% of suicides) are estimated to account for 59% of the years of life lost due to violent injury.¹⁵

It is estimated that 2.7 million criminal assaults to persons 12 years and older resulting in injury to the victim occurred in 1994, and an estimated 750,000 parasuicides that result in emergency department visits and hospitalizations occur annually. While progress has been made to further our understanding of intentional injuries, little is known about emerging trends and characteristics of these events either nationally or within states or communities. Important questions either cannot be answered, or resources are not in place to shed light on this important public health problem, so that effective prevention strategies can be developed, tested and evaluated. This project is a linked system of data sets regarding intentional injuries that when analyzed over time may yield critical information for the development of injury intervention strategies and the evaluation of prevention programs.

Risk to human subjects

Sample Language:

The right of individuals to privacy creates a duty to protect confidentiality to assure that neither identifying information nor records are disclosed without authorization. This includes the risks associated with potential unauthorized disclosure of identifying information (i.e., unauthorized disclosure of privileged communications, release of mental health records, release or modification of electronic records, etc.) including the risk of state and federal privacy law violations.

Unauthorized disclosure or disclosure of information in violation of law or policy by any employee, intern, contractor or associated researcher will be subject to disciplinary action and will be reported to the appropriate employment, academic, or professional authority. Volunteers shall be apprised of these policies and execute an agreement subjecting them to these conditions. In the event that this project receives a request, subpoena or order from any governmental body for production of information or records that may include information identifying or tending to identify individuals, legal counsel will be consulted immediately.

In addition, the method for protecting confidential information should also be addressed. Though the purpose of a reporting system is to collect and make available comprehensive information, the collection and maintenance of linked, identifiable information, especially in an electronic database, creates a duty to preserve such information from disclosure, destruction, or corruption.

Request for exemption or expedited review

Sample Language:

Other than the risks involved in unauthorized public disclosure, human subjects are not at risk of intrusive injury or other physical harm or disease as a result of this proposed surveillance, interpretation and analysis. Therefore, this summary of protocol is eligible for an expedited review.

Description of data elements

This may include or be the same as the Uniform Data Elements¹³ (which includes the data elements and the corresponding data providers). This may also be accomplished by attaching a data collection form. Additional data elements should be noted as well.

Participation in the NVDRS

A description of how information will be shared with researchers and the NVDRS should be included (see section on Privacy Protection and Information Policies).

Appendix E

Open Records Request

Date	<h1>Sample</h1>
Name	
Title	
Agency	
Address	
City, State, Zip Code	
Dear _____:	
<p>I am writing to request records under the (State) Open Records Law, Sec XXXX (State) Statutes.</p> <p>Specifically, I request a copy of the (police/medical examiner/crime lab) report on the (type of death) of (victim name/suspect name) that occurred on mm/dd/yyyy.</p> <p>I am with the State Health Department. This information will be entered in our existing database of violent deaths (homicide, suicide, unintentional firearm deaths and deaths of undetermined intent) for (state/location). Personal identifiers are maintained confidentially. I understand there may be a fee for each page of the report copied. Please advise me on the most efficient way to submit this payment. I appreciate your assistance with this request. If you have any questions, I can be reached at (phone number). Should any portion of this request be denied, I request that such denial be made in writing in accordance with Sec. XXXX, (State) Statutes.</p> <p>Cordially,</p>	

Appendix F

Summary of Data Sources Used by NVISS Sites

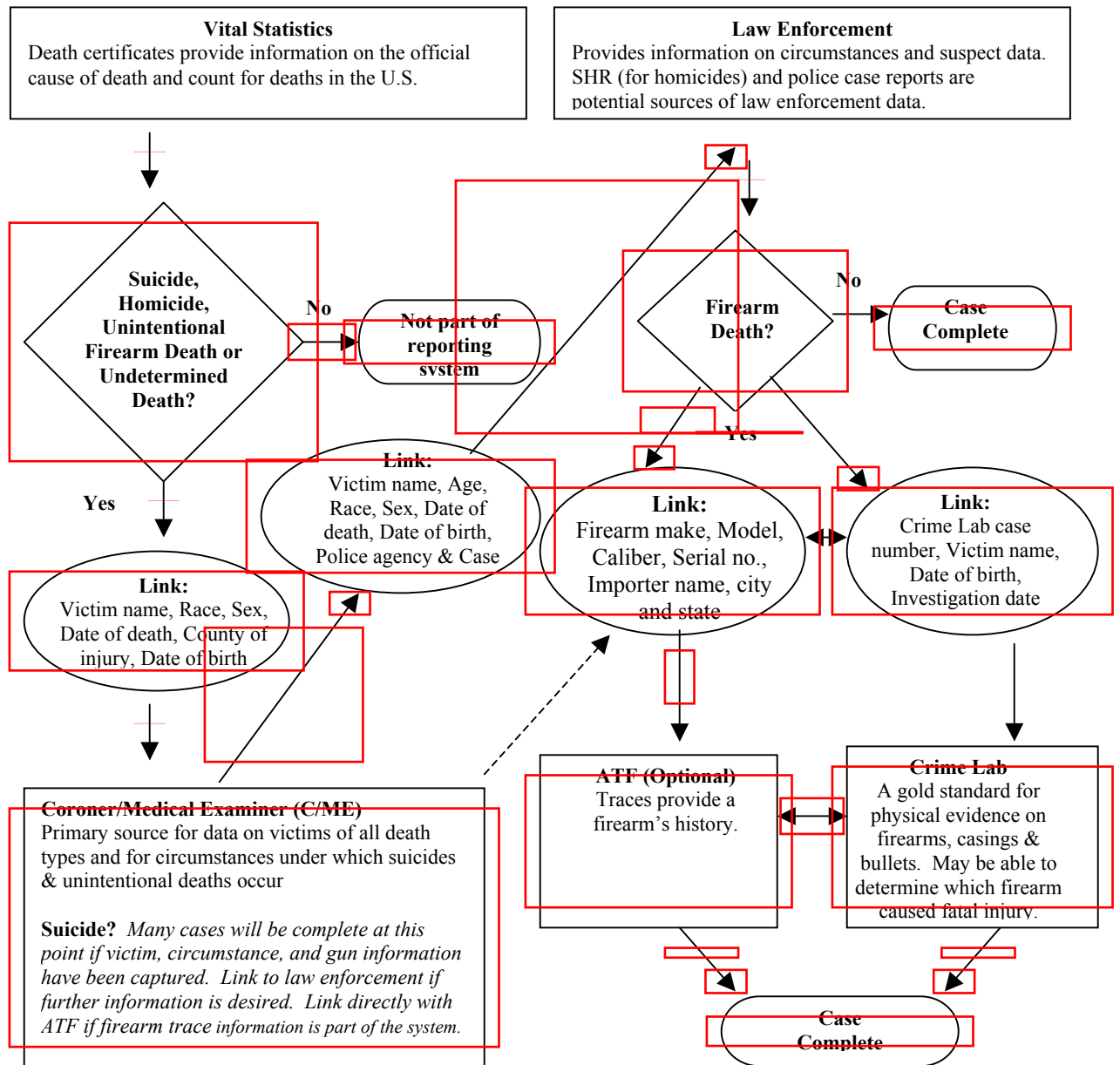
	Alleg	Atlan	Conn	Miami	Maine	Mich	MD	SF	UPenn	UT	WI
Death Cert	X	X	X	X	X	X	X	X	X(ME)	X	X
C/ME	X	X	X	X	X	X-part	X	X	X	X	X
SHR	(X)		X			X	X	X	X	(X)	X
Crime Lab	X		X(PD)	(X)		X-part	X	X	X		X
Police	X	X	X-part	(X)	X		X-part	X	X	X-part	X
Other Sources											
ATF	X										X
Criminal history								X(PD)			X
Emergency Dept	X	X				X		X		X	
UHDDS*					X		X				X

- X Uses this data source
 (X) Soon to use this data source
 * Uniform Hospital Discharge Data System

Source: Survey of NVISS pilot sites conducted in 2001

Appendix G

Sample NVISS Case Flow Chart



Note: There are a variety of approaches to gathering data on violent deaths; the above is one prototype. Not all variables listed in the links are required but represent a list of potential data elements that may be needed to link cases between data sources.

Appendix H

Letter for Contacting Data Providers

Date	
Name	Sample
Title	
Agency	
Address	
City, State, Zip Code	
Dear Data Provider:	
<p>I am writing to let you know about a statewide initiative to assemble data on homicides, suicides, and other violent deaths that occur in our state. The purpose of the database is to link together what we know about today's violent deaths to help prevent tomorrow's. I would like to meet with you to get your perspective on this and to ask your assistance.</p>	
<p>I am looking to put in place a Violent Death Reporting System (VDRS) that collects comprehensive data for use in planning and evaluating policies aimed at preventing injuries and fatalities. Likewise, the VDRS will coordinate, collect and analyze data from data sources such as vital records, medical examiners/coroners, law enforcement, and crime laboratories. Our efforts are funded through a cooperative agreement with the federal Centers for Disease Control and Prevention.</p>	
<p>I will be contacting you by phone to follow-up. In the meantime, if you have any questions or concerns, please feel free to contact me at (phone number). Thank you for your consideration in this important and timely project.</p>	
Sincerely,	

Appendix I

Death Certificate

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for a death certificate form but contains no text or graphics.

Appendix J

Supplementary Homicide Report

1-704 (Rev. 4-24-95)
Form Approved
OMB No. 1110-0002

SUPPLEMENTARY HOMICIDE REPORT

This report is authorized by law Title 28, Section 534, United States Code. While you are not required to respond, your cooperation in using this form to list data pertaining to all homicides reported on your Return A will assist the FBI in compiling comprehensive, accurate data regarding this important classification on a timely basis.

1a. Murder and Nonnegligent Manslaughter

List below specific information for all offenses shown in item 1a of the monthly Return A. In addition, list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Incident	Victim**				Offender**				Data Code	Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)	
	Situation*	Age	Sex	Race	Ethnicity	Age	Sex	Race					Ethnicity

** - See reverse side for explanation

DO NOT WRITE HERE				
Recorded	Month and Year	Agency Identifier	Prepared By	Title
Edited				
Punched				
Verified	Agency	State	Chief, Sheriff, Commissioner, Superintendent	
Adjusted				

FBI/DOJ

Supplementary Homicide Report

SUPPLEMENTARY HOMICIDE REPORT (Continued)

1b. Manslaughter by Negligence
Do not list traffic fatalities, accidental deaths, or death due to the negligence of the victim. List below all other negligent manslaughters, regardless of prosecutive action taken.

Incident	Situation*	Victim**			Offender**			Data Code Do Not Write In These Spaces	Weapon Used (Handgun, Rifle, Shotgun Knife, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot in hunting accident, gun- cleaning, children playing with gun, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex				

* - Situations A - Single Victim/Single Offender
B - Single Victim/Unknown Offender or Offenders
C - Single Victim/Multiple Offenders
D - Multiple Victims/Single Offender
E - Multiple Victims/Multiple Offenders
F - Multiple Victims/Unknown Offender or Offenders

Use only one victim/offender situation code per set of information. The utilization of a new code will signify the beginning of a new murder situation.

** - Age - 01 to 99. If 100 or older use 99. New born up to one week old use NB. If over one week, but less than one year old use BB. Use two characters only in age column.
Sex - M for Male and F for Female. Use one character only.
Race - White - W, Black - B, American Indian or Alaskan Native - I, Asian or Pacific Islander - A, Unknown - U. Use only these as race designations.
Ethnicity - Hispanic Origin - H, Not of Hispanic Origin - N, Unknown - U.

Appendix K

National Incident Based Reporting System Form

ORI #:		INCIDENT REPORT (EXAMPLE)		INCIDENT STATUS:	
INCIDENT #:				<input type="checkbox"/> UNFOUNDED	A <input type="checkbox"/> DEATH OF OFFENDER
REPORT TYPE: <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT				<input type="checkbox"/> CLEARED BY ARREST	B <input type="checkbox"/> PROSECUTION DECLINED
				<input type="checkbox"/> CLEARED EXCEPTIONALLY	C <input type="checkbox"/> EXTRADITION DECLINED
					D <input type="checkbox"/> REFUSED TO COOPERATE
					E <input type="checkbox"/> JUVENILE, NO CUSTODY
					N <input type="checkbox"/> NOT APPLICABLE
COMPLAINANT: (Last, First, Middle)		PHONE: (Home) ()			
ADDRESS: (Street, City, State, Zip)		(Business) ()			
LOCATION OF INCIDENT: (Address Or Block No.)		OFFENSE: (Check If Bias Motivated)		OFFENDER:	
UCR OFFENSE CODE:	DATE(S) OF INCIDENT:	TIME(S) OF INCIDENT:	1. <input type="checkbox"/>	1.	
2. <input type="checkbox"/>			2. <input type="checkbox"/>	2.	
3. <input type="checkbox"/>			3. <input type="checkbox"/>	3.	
BIAS MOTIVATION: (Check one for Offense #1)					
RACIAL 11 <input type="checkbox"/> ANTI - WHITE 12 <input type="checkbox"/> ANTI - BLACK 13 <input type="checkbox"/> ANTI - AMERICAN INDIAN / ALASKAN NATIVE 14 <input type="checkbox"/> ANTI - ASIAN / PACIFIC ISLANDER 15 <input type="checkbox"/> ANTI - MULTI - RACIAL GROUP		RELIGIOUS 21 <input type="checkbox"/> ANTI - JEWISH 22 <input type="checkbox"/> ANTI - CATHOLIC 23 <input type="checkbox"/> ANTI - PROTESTANT 24 <input type="checkbox"/> ANTI - ISLAMIC (MOSLEM) 25 <input type="checkbox"/> ANTI - OTHER RELIGION 26 <input type="checkbox"/> ANTI - MULTI - RELIGIOUS GROUP 27 <input type="checkbox"/> ANTI - ATHEISM / AGNOSTICISM		ENTER BIAS MOTIVATION CODE IF DIFFERENT FROM OFFENSE #1 #2 <input type="text"/> #3 <input type="text"/>	
ETHNICITY / NATIONAL ORIGIN 31 <input type="checkbox"/> ANTI - ARAB 32 <input type="checkbox"/> ANTI - HISPANIC 33 <input type="checkbox"/> ANTI - OTHER ETHNICITY / NATIONAL ORIGIN		SEXUAL 41 <input type="checkbox"/> ANTI - MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> ANTI - FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> ANTI - HOMOSEXUAL (GAYS AND LESBIANS) 44 <input type="checkbox"/> ANTI - HETEROSEXUAL 45 <input type="checkbox"/> ANTI - BISEXUAL			
OFFENSE STATUS: (Check Only One Per Offense)		OFFENDER(S) USED: A <input type="checkbox"/> ALCOHOL		(For Burglary Only)	
1. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED		C <input type="checkbox"/> COMPUTER EQUIP (Check As Many As Apply)		NUMBER OF PREMISES ENTERED: _____	
2. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED		D <input type="checkbox"/> DRUGS		METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE	
3. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED		N <input type="checkbox"/> NOT APPLICABLE			
LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense #2, #3)		TYPE CRIMINAL ACTIVITY: (Check Up To Three)			
01 <input type="checkbox"/> AIR / BUS / TRAIN TERMINAL		B <input type="checkbox"/> BUYING / RECEIVING			
02 <input type="checkbox"/> BANK / SAVINGS & LOAN		C <input type="checkbox"/> CULTRATING / MANUFACTURING / PUBLISHING			
03 <input type="checkbox"/> BAR / NIGHT CLUB		D <input type="checkbox"/> DISTRIBUTING / SELLING			
04 <input type="checkbox"/> CHURCH / SYNAGOGUE / TEMPLE		E <input type="checkbox"/> EXPLOITING CHILDREN			
05 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING		O <input type="checkbox"/> OPERATING / PROMOTING / ASSISTING			
06 <input type="checkbox"/> CONSTRUCTION SITE		P <input type="checkbox"/> POSSESSING / CONCEALING			
07 <input type="checkbox"/> CONVENIENCE STORE		T <input type="checkbox"/> TRANSPORTING / TRANSMITTING / IMPORTING			
08 <input type="checkbox"/> DEPARTMENT / DISCOUNT STORE		U <input type="checkbox"/> USING / CONSUMING			
09 <input type="checkbox"/> DRUG STORE / DR'S OFFICE / HOSPITAL					
10 <input type="checkbox"/> FIELD / WOODS					
11 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS					
12 <input type="checkbox"/> GROCERY / SUPERMARKET					
13 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY					
14 <input type="checkbox"/> HOTEL / MOTEL / ETC.					
15 <input type="checkbox"/> JAIL / PRISON					
16 <input type="checkbox"/> LAKE / WATERWAY					
17 <input type="checkbox"/> LIQUOR STORE					
18 <input type="checkbox"/> PARKING LOT / GARAGE					
19 <input type="checkbox"/> RENTAL / STORAGE FACILITY					
20 <input type="checkbox"/> RESIDENCE / HOME					
21 <input type="checkbox"/> RESTAURANT					
22 <input type="checkbox"/> SCHOOL / COLLEGE					
23 <input type="checkbox"/> SERVICE / GAS STATION					
24 <input type="checkbox"/> SPECIALTY STORE (TV, FUR, ETC.)					
25 <input type="checkbox"/> OTHER / UNKNOWN					
TYPE WEAPON / FORCE INVOLVED: (Check Up To Three) (Enter A in Box If Automatic)		70 <input type="checkbox"/> NARCOTICS / DRUGS		99 <input type="checkbox"/> NONE	
11 <input type="checkbox"/> FIREARM (type not stated)		50 <input type="checkbox"/> POISON		90 <input type="checkbox"/> OTHER	
12 <input type="checkbox"/> HANDGUN		60 <input type="checkbox"/> EXPLOSIVES		95 <input type="checkbox"/> UNKNOWN	
13 <input type="checkbox"/> RIFLE		65 <input type="checkbox"/> FIRE / INCENDIARY			
14 <input type="checkbox"/> SHOTGUN					
15 <input type="checkbox"/> OTHER FIREARM					
20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT					
30 <input type="checkbox"/> BLUNT OBJECT					
35 <input type="checkbox"/> MOTOR VEHICLE					
VICTIM # 1: (Last, First, Middle)		PHONE: (Home)			
ADDRESS: (Street, City, State, Zip)					
TYPE OF VICTIM: (Check Only One)		RACE: W <input type="checkbox"/> WHITE		RESIDENT STATUS:	
I <input type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT O <input type="checkbox"/> OTHER		B <input type="checkbox"/> BLACK		R <input type="checkbox"/> RESIDENT	
B <input type="checkbox"/> BUSINESS R <input type="checkbox"/> RELIGIOUS U <input type="checkbox"/> UNKNOWN		A <input type="checkbox"/> ASIAN		N <input type="checkbox"/> NONRESIDENT	
F <input type="checkbox"/> FINANCIAL S <input type="checkbox"/> SOCIETY / PUBLIC		U <input type="checkbox"/> UNKNOWN		U <input type="checkbox"/> UNKNOWN	
		SEX: M <input type="checkbox"/> MALE		ETHNICITY:	
		F <input type="checkbox"/> FEMALE		H <input type="checkbox"/> HISPANIC	
		U <input type="checkbox"/> UNKNOWN		N <input type="checkbox"/> NON - HISPANIC	
		AGE: _____		U <input type="checkbox"/> UNKNOWN	
		NO. OF VICTIMS: _____			
AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES: (Check Up To Two)		INJURY TYPE: (Check Up To Five)		VICTIM CONNECTED TO OFFENSE NUMBER ABOVE:	
01 <input type="checkbox"/> ARGUMENT		N <input type="checkbox"/> NONE		1. <input type="checkbox"/>	
02 <input type="checkbox"/> ASSAULT ON LAW OFFICER		M <input type="checkbox"/> MINOR INJURY		2. <input type="checkbox"/>	
03 <input type="checkbox"/> DRUG DEALING		B <input type="checkbox"/> BROKEN BONES		3. <input type="checkbox"/>	
04 <input type="checkbox"/> GANGLAND		I <input type="checkbox"/> POSS. INT. INJURIES			
05 <input type="checkbox"/> JUVENILE GANG		L <input type="checkbox"/> SEVERE LACERATION			
06 <input type="checkbox"/> LOVERS' QUARREL		U <input type="checkbox"/> UNCONSCIOUSNESS			
07 <input type="checkbox"/> MERCY KILLING					
08 <input type="checkbox"/> OTHER FELONY INVOLVED					
09 <input type="checkbox"/> OTHER CIRCUMSTANCES					
10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES					
RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space)					
SE _____ SPOUSE		GP _____ GRANDPARENT		SS _____ STEPSIBLING	
CA _____ COMMON - LAW SPOUSE		GC _____ GRANDCHILD		OF _____ OTHER FAMILY	
PS _____ PARENT		IL _____ IN-LAW		AQ _____ ACQUAINTANCE	
SB _____ SIBLING		SP _____ STEPPARENT		FR _____ FRIEND	
CH _____ CHILD		SC _____ STEPCHILD		NE _____ NEIGHBOR	
		BE _____ BABYSITTEE (baby)		EE _____ EMPLOYEE	
		BG _____ BOY / GIRL FRIEND		ER _____ EMPLOYER	
		O _____ MAJOR INJURY		OK _____ OTHERWISE KNOWN	
		CF _____ CHILD OF "BG" ABOVE		ST _____ STRANGER	
		HM _____ HOMOSEXUAL REL.		VO _____ VICTIM WAS OFFENDER	
		XS _____ EX-SPOUSE		RU _____ RELATIONSHIP UNKNOWN	

National Incident Based Reporting System Form

PROPERTY	TYPE PROPERTY LOSS / ETC.	CODE	QUANTITY	PROPERTY DESCRIPTION INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, ETC.	VALUE	DATE RECOVERED Month / Day / Year
	<input type="checkbox"/> NONE					
	<input type="checkbox"/> BURNED					
	<input type="checkbox"/> COUNTERFEITED / FORGED					
	<input type="checkbox"/> DAMAGED / DESTROYED					
	<input type="checkbox"/> RECOVERED					
	<input type="checkbox"/> SEIZED					
	<input type="checkbox"/> STOLEN					
	<input type="checkbox"/> UNKNOWN					

PROPERTY DESCRIPTION CODE TABLE: (Enter Number In Code Column Above)						
01 AIRCRAFT	14 GAMBLING EQUIPMENT	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING
02 ALCOHOL	15 HEAVY CONSTRUCTION / INDUSTRIAL EQUIPMENT	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND	37 TRUCKS
03 AUTOMOBILES	16 HOUSEHOLD GOODS	20 MONEY	21 NEGOTIABLE INSTRUMENTS	22 NONNEGOTIABLE INSTRUMENTS	23 OFFICE-TYPE EQUIPMENT	24 OTHER MOTOR VEHICLES
04 BICYCLES	17 JEWELRY / PRECIOUS METALS	18 LIVESTOCK	19 MERCHANDISE	25 PURSES / HANDBAGS / WALLET	26 RADIOS / TVs / VCRs	27 RECORDINGS - AUDIO / VISUAL
05 BUSES	18 LIVESTOCK	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING
06 CLOTHES / FURS	19 MERCHANDISE	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND	37 TRUCKS
07 COMPUTER HARDWARE / SOFTWARE	20 MONEY	21 NEGOTIABLE INSTRUMENTS	22 NONNEGOTIABLE INSTRUMENTS	23 OFFICE-TYPE EQUIPMENT	24 OTHER MOTOR VEHICLES	25 PURSES / HANDBAGS / WALLET
08 CONSUMABLE GOODS	21 NEGOTIABLE INSTRUMENTS	22 NONNEGOTIABLE INSTRUMENTS	23 OFFICE-TYPE EQUIPMENT	24 OTHER MOTOR VEHICLES	25 PURSES / HANDBAGS / WALLET	26 RADIOS / TVs / VCRs
09 CREDIT / DEBIT CARDS	22 NONNEGOTIABLE INSTRUMENTS	23 OFFICE-TYPE EQUIPMENT	24 OTHER MOTOR VEHICLES	25 PURSES / HANDBAGS / WALLET	26 RADIOS / TVs / VCRs	27 RECORDINGS - AUDIO / VISUAL
10 DRUGS / NARCOTICS	23 OFFICE-TYPE EQUIPMENT	24 OTHER MOTOR VEHICLES	25 PURSES / HANDBAGS / WALLET	26 RADIOS / TVs / VCRs	27 RECORDINGS - AUDIO / VISUAL	28 RECREATIONAL VEHICLES
11 DRUG / NARCOTIC EQUIPMENT	24 OTHER MOTOR VEHICLES	25 PURSES / HANDBAGS / WALLET	26 RADIOS / TVs / VCRs	27 RECORDINGS - AUDIO / VISUAL	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS
12 FARM EQUIPMENT	25 PURSES / HANDBAGS / WALLET	26 RADIOS / TVs / VCRs	27 RECORDINGS - AUDIO / VISUAL	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS
13 FIREARMS	26 RADIOS / TVs / VCRs	27 RECORDINGS - AUDIO / VISUAL	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS
	27 RECORDINGS - AUDIO / VISUAL	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING
	28 RECREATIONAL VEHICLES	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING	33 STRUCTURES - PUBLIC / COMMUNITY
	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE
	30 STRUCTURES - OTHER DWELLINGS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER
	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS	32 STRUCTURES - INDUSTRIAL / MANUFACTURING	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND
	32 STRUCTURES - INDUSTRIAL / MANUFACTURING	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND	37 TRUCKS
	33 STRUCTURES - PUBLIC / COMMUNITY	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND	37 TRUCKS	38 VEHICLE PARTS / ACCESSORIES
	34 STRUCTURES - STORAGE	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND	37 TRUCKS	38 VEHICLE PARTS / ACCESSORIES	39 WATERCRAFT
	35 STRUCTURES - OTHER	36 TOOLS - POWER / HAND	37 TRUCKS	38 VEHICLE PARTS / ACCESSORIES	39 WATERCRAFT	77 OTHER
	36 TOOLS - POWER / HAND	37 TRUCKS	38 VEHICLE PARTS / ACCESSORIES	39 WATERCRAFT	77 OTHER	88 PENDING INVENTORY
	37 TRUCKS	38 VEHICLE PARTS / ACCESSORIES	39 WATERCRAFT	77 OTHER	88 PENDING INVENTORY	99 ()
	38 VEHICLE PARTS / ACCESSORIES	39 WATERCRAFT	77 OTHER	88 PENDING INVENTORY	99 ()	
	39 WATERCRAFT	77 OTHER	88 PENDING INVENTORY	99 ()		
	77 OTHER	88 PENDING INVENTORY	99 ()			
	88 PENDING INVENTORY	99 ()				
	99 ()					

OFFENDER	NUMBER OF OFFENDERS: _____		ADDRESS: (Street, City, State, Zip)			
	1.					
	AGE:	SEX: <input type="checkbox"/> M MALE <input type="checkbox"/> F FEMALE <input type="checkbox"/> U UNKNOWN	RACE: <input type="checkbox"/> W WHITE <input type="checkbox"/> B BLACK <input type="checkbox"/> I INDIAN	A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	HEIGHT: _____ feet inches	WEIGHT: _____ EYES: _____ HAIR: _____ CLOTHING: _____
	2.					
	AGE:	SEX: <input type="checkbox"/> M MALE <input type="checkbox"/> F FEMALE <input type="checkbox"/> U UNKNOWN	RACE: <input type="checkbox"/> W WHITE <input type="checkbox"/> B BLACK <input type="checkbox"/> I INDIAN	A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	HEIGHT: _____ feet inches	WEIGHT: _____ EYES: _____ HAIR: _____ CLOTHING: _____
	3.					
	AGE:	SEX: <input type="checkbox"/> M MALE <input type="checkbox"/> F FEMALE <input type="checkbox"/> U UNKNOWN	RACE: <input type="checkbox"/> W WHITE <input type="checkbox"/> B BLACK <input type="checkbox"/> I INDIAN	A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	HEIGHT: _____ feet inches	WEIGHT: _____ EYES: _____ HAIR: _____ CLOTHING: _____

ARRESTEE	NUMBER OF ARRESTEES: _____		MULTIPLE CLEARANCE INDICATOR: <input type="checkbox"/> M MULTIPLE <input type="checkbox"/> C COUNT ARRESTEE <input type="checkbox"/> N NOT APPLICABLE		
	ARRESTEE #1: (Last, First, Middle)		ADDRESS: (Street, City, State, Zip)		
	AGE:	SEX: <input type="checkbox"/> M MALE <input type="checkbox"/> F FEMALE	RACE: <input type="checkbox"/> W WHITE <input type="checkbox"/> B BLACK <input type="checkbox"/> I INDIAN	DOB: _____	ARRESTEE ETHNICITY: <input type="checkbox"/> H HISPANIC <input type="checkbox"/> N NON-HISPANIC <input type="checkbox"/> U UNKNOWN
	ARRESTEE WAS ARMED WITH: (Check Up To Two) (Enter A in Box If Automatic)		TYPE OF ARREST:		DISPOSITION OF ARRESTEE UNDER 18:
	<input type="checkbox"/> 01 UNARMED	<input type="checkbox"/> 14 SHOTGUN	<input type="checkbox"/> O ON-VIEW	<input type="checkbox"/> H HANDLED WITHIN DEPARTMENT	
	<input type="checkbox"/> 11 FIREARM	<input type="checkbox"/> 15 OTHER FIREARM	<input type="checkbox"/> S SUMMONED / CITED	<input type="checkbox"/> R REFERRED TO OTHER AUTHORITY	
	<input type="checkbox"/> 12 HANDGUN (type not stated)	<input type="checkbox"/> 16 LETHAL CUTTING INSTRUMENT (e.g. Switchblade Knife, etc.)	<input type="checkbox"/> T TAKEN INTO CUSTODY		
	<input type="checkbox"/> 13 RIFLE	<input type="checkbox"/> 17 CLUB / BLACKJACK / BRASS KNUCKLES			
	HEIGHT: _____ feet inches	WEIGHT: _____	EYES: _____	HAIR: _____	ARREST NUMBER: _____ ARREST DATE: _____ UCR ARREST OFFENSE CODE: _____


WITNESS	NAME: (Last, First, Middle)		ADDRESS: (Street, City, State, Zip)		RESIDENTIAL PHONE:	BUSINESS PHONE:
	#1					
	#2					

NARRATIVE	

continued on supplement

Appendix L

Firearm Trace Report

DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS NATIONAL TRACING CENTER Phone: (800) 788-7133 Fax: (800) 578-7223 Print Date: _____		
FIREARMS TRACE SUMMARY		
Trace Number: _____		Request Date: _____
FIREARM INFORMATION		
Badge No: Investigation No:	Manufacturer: Model: Caliber: Serial Number: Type: Country: Importer: Obliterated: Identifying Marks: NIBIN: Gang Name:	
PURCHASER INFORMATION Purchase Date: _____ DOB: _____		RECOVERY INFORMATION Recovery Date: _____ Time to Crime: _____
Race: Sex: ID 1: ID 2:	Height: Weight: #: #:	Possessor: _____ DOB: _____ DEALER INFORMATION Ship Date: _____
ADMINISTRATIVE INFORMATION _____		Phone: _____ Out of Business _____
SUMMARY OF RESULTS		
Additional Remarks: 		
The information in this report must be validated with the Federal Firearms Licensee (FFL) prior to use in any criminal proceedings. Trace: _____		

Appendix M

Abbreviations

ATF	Bureau of Alcohol, Tobacco and Firearms
CDC	Centers for Disease Control and Prevention
C/ME	Coroner or Medical Examiner
FARS	Fatality Analysis Reporting System
FBI	Federal Bureau of Investigation
FFL	Federal Firearms Licensee
FOIA	Freedom of Information Act
HIPAA	Health Insurance Portability and Accountability Act
ICD-9	International Classification of Disease, 9th Revision
ICD-9-CM	International Classification of Disease, 9th Revision, Clinical Modification
ICD-10	International Classification of Disease, 10th Revision
IRB	Institutional Review Board
NCHS	National Center for Health Statistics
NIBRS	National Incident Based Reporting System
NVDRS	National Violent Death Reporting System
NVISS	National Violent Injury Statistics System
SHR	Supplementary Homicide Report
UCR	Uniform Crime Reporting Program

Appendix N

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