LIFE STRESSORS

- Relationship problems (intimate partner, family, or other)
- Legal/criminal problems
- Physical health problems
- Job/financial problems
- School problems
- Eviction or loss of home
- Recent argument or fight
- Recent death of friend or family

SUICIDE CIRCUMSTANCES

- History of suicidal ideation or attempts
- Past/present disclosure of self-harm
- Letter, note, text, or email of intent

Suicide Circumstances

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TYPES OF VIOLENT DEATHS

(Report of deaths including)

- Suicides
- Homicides
- Undetermined Intent
- Unintentional Firearm
- Legal Intervention and Terrorism

DECEDENT DEMOGRAPHICS

(captured on death certificate)

- Age, sex, race
- Military/veteran status
- Pregnancy status
- Sexual Orientation
- Marital or relationship status

CONTACT:

SD VDRS
South Dakota Violent Death Reporting System

GENERAL QUESTIONS CONTACT:
Matt Tribble 605-773-6744
Matthew.Tribble@state.sd.us

LAW ENFORCEMENT & CORONER QUESTIONS CONTACT:
Amanda Weinzel 605-367-7436
Amanda.Weinzel@state.sd.us

WEBSITE:
doh.sd.gov/SD-VDRS
INJURY/DEATH INFORMATION
- Injury/death date and time
- Location of injury
- Alcohol use suspected
- EMS on scene
- Victim seen in ER
- Location and # of wounds

MENTAL HEALTH
- Current depressed mood
- Mental health diagnosis (Specific current/previous treatment of mental illness)
- Alcohol or other substance use/problem

NOTE: SD-VDRS Pocket Card is a resource to assist with violent death investigations and is not meant to be a checklist. The information included in your report will assist with identifying prevention strategies.

HOMICIDE CIRCUMSTANCES
- Random violence
- Self-defense
- Drug involvement
- Gang involvement
- Hate crime or mercy killing
- A brawl (3+ people in a physical fight)

Suspect information (relationship to victim, sex, race, age, etc.)
- Weapon information
- Witnesses

FIREARM INFORMATION
- Type (pistol, rifle, shotgun, etc.)
- Make/model
- Caliber/gauge
- Firearm owner
- Was the firearm stolen
- Was the firearm stored loaded (locked)

POISON/OVERDOSE INFORMATION
- Type of poison/drug (illicit, alcohol, prescription, etc.)
- If a prescription drug
  - Name of drug
  - Prescribed to?
  - # prescribed/# remaining
- Naloxone administered (By whom) (How many doses)