

## 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



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### WEBSITE:

[doh.sd.gov/SD-VDRS](http://doh.sd.gov/SD-VDRS)



## SDVDRS POCKET CARD

### 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

## 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

## 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

**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.

## 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)*