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Appendix A

Sample Letter of Invitation to Stakeholder Meetings

Date
Name
Title
Agency
Address
City, State, Zip Code

Dear __________:

The State Health Department Name 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 in a stakeholder meeting for this 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 be able to 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, a stakeholder meeting is being held. The meeting will be held on (date and time) and will not extend beyond two hours.

The meeting will focus on the technical aspects of developing and implementing the reporting system. Meeting attendees will include individuals/organizations with experience in conducting injury reporting systems as well as 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 and e-mail address) if you or someone from your agency are able to attend. Thank you for your consideration, support and assistance.

Sincerely,
Appendix B

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 C

### Sample Letter of Invitation for Advisory Board Members

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Title</th>
<th>Agency</th>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
</table>

Dear __________:

The **State Health Department Name** 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 this 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 be able to 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 as well as 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 and e-mail address)* if you or someone from your agency would be able to serve on the advisory board. Thank you for your consideration, support and assistance.

Sincerely,
Appendix D

Suggested List of Advisory Board Members

Academic Departments
- Biostatistics
- Criminal Justice
- Development
- Epidemiology
- Psychology
- 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 Association (C/ME)
- 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 E

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.

Each year over 57,000 violent deaths occur in the United States. Violence-related death and injuries cost the U.S. $107 billion in medical care and lost productivity. Tragically more than 40,000 people die by suicide in the United States each year. Homicide claims over 17,000 people in this country annually. Violence is preventable and we know these numbers can be reduced.

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 links information regarding intentional injuries that
when analyzed may yield critical information for the development and evaluation of violence 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 Elements (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 F

Open Records Request

Sample

Date
Name
Title
Agency
Address
City, State, Zip Code

Dear __________________:

I am writing to request records under the (State) Open Records Law, Sec XXXX (State) Statutes.

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.

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.

Cordially,
Appendix G

Letter for Contacting Data Providers

Date

Name
Title
Agency
Address
City, State, Zip Code

Dear Data Provider:

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 data can be used to track the magnitude, trends, and characteristics of violent deaths in order to inform the development and implementation of violence prevention strategies, which will ultimately save lives. I would like to meet with you to get your perspective on this and to ask your assistance.

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.

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.

Sincerely,
Appendix I

Supplementary Homicide Report

SUPPLEMENTARY HOMICIDE REPORT

This report is authorized by law Title 28, Section 534, U.S. 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. Any questions regarding this report may be addressed to the FBI Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4810; facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 9 minutes to complete.

1a. Murder and Nonnegligent Manslaughter
List below the specific information for each murder and nonnegligent homicide as described in item 1a of the monthly Return A. In addition, for justifiable homicide 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 report.

<table>
<thead>
<tr>
<th>Incident Situation*</th>
<th>Victim**</th>
<th>Offender**</th>
<th>Data Code</th>
<th>Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)</th>
<th>Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)</th>
<th>Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**See reverse side for explanation

---

Month and Year
Agency Identifier
Prepared by / E-mail address
Title
Agency
State
Sheriff, Chief, Superintendent, Commanding Officer

[Signature]

[Stamp]

DO NOT WRITE HERE
Recorded
Edited
Entered
Verified
Adjusted

Page 1/2
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.

<table>
<thead>
<tr>
<th>Incident Situation</th>
<th>Victim**</th>
<th>Offender**</th>
<th>Data Code</th>
<th>Weapon Used (Handgun, Rifle, Shotgun, Knife, etc.)</th>
<th>Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)</th>
<th>Circumstances (Victim shot in hunting accident, gun cleaning, children playing with gun, etc.)</th>
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</tr>
</tbody>
</table>

- 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
  - W - White or African American  B - American Indian or Alaska Native  I - Asian  A - Native Hawaiian or Other Pacific Islander  P - Unknown  U - Use only these as race designations.

- Ethnicity
  - H - Hispanic or Latino  N - Not Hispanic or Latino  U - Unknown

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.
Appendix J

National Incident Based Reporting System Form

<table>
<thead>
<tr>
<th>INCIDENT REPORT</th>
<th>INCIDENT SUSPICIOUS</th>
<th>EXCEPTIONAL CIRCUMSTANCES</th>
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<tbody>
<tr>
<td>(EXAMPLE)</td>
<td>(CHECK IF SUSPICIOUS)</td>
<td>(CHECK IF APPLICABLE)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (City, State, Zip)</th>
<th>PHONE (Area Code)</th>
<th>(Not Applicable)</th>
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| LOCATION OF INCIDENT | | |
|----------------------|------------------|

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<tr>
<th>TABS MENTIONED</th>
<th>TIMES OF INCIDENT</th>
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<th>REQUIRESelman</th>
<th>OFFENDER</th>
<th>METHOD OF ENTRY</th>
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<thead>
<tr>
<th>LOCATION OF OFFENSE</th>
<th>OFFENCES AND USES</th>
<th>NUMBER OF PREMISES</th>
<th>TYPE OF ARREST</th>
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<th>TYPE CRIMINAL ACTIVITY</th>
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<th>ADDRESS (City, State, Zip)</th>
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<th>TYPE OF VICTIM</th>
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<th>VICTIM CONNECTED TO OFFENSE NUMBER ABOVE</th>
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<tr>
<th>AGGREGATED ASSAULT / HOMICIDE CIRCUMSTANCES</th>
<th>VICTIM CONNECTED TO OFFENSE NUMBER ABOVE</th>
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<thead>
<tr>
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<table>
<thead>
<tr>
<th>AGGREGATED ASSAULT / HOMICIDE CIRCUMSTANCES</th>
<th>VICTIM CONNECTED TO OFFENSE NUMBER ABOVE</th>
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<table>
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<tr>
<th>RELATIONSHIP OF VICTIM TO OFFENDER</th>
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</table>
# National Incident Based Reporting System Form

## Property

<table>
<thead>
<tr>
<th>Property Description Code</th>
<th>Property Description</th>
<th>Code</th>
<th>Quantity</th>
<th>Value</th>
<th>Date Recovered</th>
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<td>02</td>
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</tr>
<tr>
<td>03</td>
<td>Counterfeit/Forged</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Damaged/Destroyed</td>
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<tr>
<td>05</td>
<td>Recovered</td>
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<tr>
<td>06</td>
<td>Stolen</td>
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<td>08</td>
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</table>

## Property Description Code Table

<table>
<thead>
<tr>
<th>Code</th>
<th>Property Description</th>
<th>Code</th>
<th>Property Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Aircraft</td>
<td>02</td>
<td>Auto/Truck</td>
</tr>
<tr>
<td>03</td>
<td>Machinery</td>
<td>04</td>
<td>Bicycles</td>
</tr>
<tr>
<td>05</td>
<td>Boats</td>
<td>06</td>
<td>Clothing - Apparel</td>
</tr>
<tr>
<td>07</td>
<td>Computer Hardware / Software</td>
<td>08</td>
<td>Consumer Goods</td>
</tr>
<tr>
<td>09</td>
<td>Credit Cards</td>
<td>10</td>
<td>Drugs - Narcotic Equipment</td>
</tr>
<tr>
<td>11</td>
<td>Electronic Equipment</td>
<td>12</td>
<td>Firearms</td>
</tr>
<tr>
<td>13</td>
<td>Gambling Equipment</td>
<td>14</td>
<td>Gaming Equipment</td>
</tr>
<tr>
<td>15</td>
<td>Heavy Construction - Industrial Equipment</td>
<td>16</td>
<td>Household Goods</td>
</tr>
<tr>
<td>17</td>
<td>Jewelry - Precious Metals</td>
<td>18</td>
<td>Livestock</td>
</tr>
<tr>
<td>19</td>
<td>Merchandise</td>
<td>20</td>
<td>Money</td>
</tr>
<tr>
<td>21</td>
<td>Negligible Items</td>
<td>22</td>
<td>Negligible Drugs / Instruments</td>
</tr>
<tr>
<td>23</td>
<td>Office Type Equipment</td>
<td>24</td>
<td>Other Motor Vehicles</td>
</tr>
<tr>
<td>25</td>
<td>Purse - Handbags / Wallets</td>
<td>26</td>
<td>Recreational Vehicles</td>
</tr>
<tr>
<td>27</td>
<td>Records - Audio / Visual</td>
<td>28</td>
<td>Recreational Vehicles</td>
</tr>
<tr>
<td>29</td>
<td>Recreational Vehicles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Offender

### Address

| 1. | Address: (Street, City, State, Zip) |
| 2. | Address: (Street, City, State, Zip) |
| 3. | Address: (Street, City, State, Zip) |

## Arrestee

### Address

| 1. | Address: (Street, City, State, Zip) |
| 2. | Address: (Street, City, State, Zip) |

## Narrative Witness

- [ ] continued on supplement
Appendix K

Firearm Trace Request

<table>
<thead>
<tr>
<th>U.S. Department of Justice</th>
<th>National Tracing Center Trace Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Alcohol, Tobacco, Firearms and Explosives</td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-786-7133</td>
<td>Marburge, WV 25405</td>
</tr>
<tr>
<td>Fax: 1-800-5-38-7231</td>
<td></td>
</tr>
</tbody>
</table>

**FOR NTDC DATA ENTRY ONLY**

**NOTE:** Required Entry Field must be completed for trace processing

**Required Entry With Listed Data Response (See back for codes and options)**

### Part I - Trace Initiation Information

- **Date of Request**
- **Priority**
  - **Routine**
  - **Urgent (Justification required)**
- **Justification**
- **Special Instructions**

### Part II - Crime Code Information

- **NCCI Crime Code**
- **Project Code, Project Title, or other Initiative (If you wish to obtain a Project Code, contact the Chief, Firearms Tracing Branch, AT&T National Tracing Center)**

### Part III - ATF Agent Requesting Trace

- **Organization Code**
- **Phone Number**
- **Fax Number**
- **E-Mail**
- **Bureau Number**
- **ATF Case Number**
- **Field Office**
- **ATF Special Agent's Name (Last, first, middle)**

### Part IV - Other Agency Requesting Trace

- **CRI Number**
- **Phone Number**
- **Fax Number**
- **E-Mail**
- **Other Agency Officer's Name (Last, first, middle)**
- **Other Agency Case Number**
- **Department/Unit**

### Part V - Firearm Information

- **Serial Number** *(From Frame or Receiver)*
- **Obtained** *(If yes, complete Part II)*
- **Firearm Manufacturer**
- **Type**
  - **Caliber**
  - **Model**
- **Country of Origin** *(Imported - required if other than U.S.)*
- **Imported**
  - **Additional Markings**

### Part VI - Person/Place Information

- **Name (Last, First, Middle, Suffix)**
- **Alias (If given) (Last, First, Middle, Suffix)**
- **Alien Date of Birth**
- **Address - Route Number**
- **Apt Number**
- **Street No**
- **Direction**
- **Street Name**
- **City**
- **County**
- **State**
- **Zip Code (Nine Digit Number)**
- **Country**
- **Date of Birth**
- **Place of Birth**
- **Possessor's ID Number**
- **ID Type/State**

ATF Form 3312.1
Revised January 2007
### Part VII - Associate Information

<table>
<thead>
<tr>
<th>7a</th>
<th>Name (Last, First, Middle, Suffix)</th>
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<tbody>
<tr>
<td>7b</td>
<td>Alias (Given) (Last, First, Middle, Suffix)</td>
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<tr>
<td>7c</td>
<td>Alien Date of Birth</td>
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<table>
<thead>
<tr>
<th>7d</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>7e</td>
<td>Weight</td>
</tr>
<tr>
<td>7f</td>
<td>Sex (Check one only)</td>
</tr>
<tr>
<td>7g</td>
<td>Race (Check one only)</td>
</tr>
<tr>
<td>7h</td>
<td>Address - Route Number</td>
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</table>

<table>
<thead>
<tr>
<th>7i</th>
<th>Apt Number</th>
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<tbody>
<tr>
<td>7j</td>
<td>Street No.</td>
</tr>
<tr>
<td>7k</td>
<td>Direction</td>
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<tr>
<td>7l</td>
<td>Street Name</td>
</tr>
<tr>
<td>7m</td>
<td>City</td>
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<table>
<thead>
<tr>
<th>7n</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>7o</td>
<td>State</td>
</tr>
<tr>
<td>7p</td>
<td>Zip Code (Nine Digit Number)</td>
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<tr>
<td>7q</td>
<td>Country</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>7r</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>7s</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>7t</td>
<td>Associate's ID Number</td>
</tr>
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<td>7u</td>
<td>ID Type/State</td>
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### Part VIII - Firearm Recovery Information

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<th>Recovery Date *</th>
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<tr>
<td>8b</td>
<td>Street Number</td>
</tr>
<tr>
<td>8c</td>
<td>Direction</td>
</tr>
<tr>
<td>8d</td>
<td>Street Name</td>
</tr>
<tr>
<td>8e</td>
<td>Suffix</td>
</tr>
<tr>
<td>8f</td>
<td>Route Number</td>
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</table>

<table>
<thead>
<tr>
<th>8g</th>
<th>Apt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>8h</td>
<td>City *</td>
</tr>
<tr>
<td>8i</td>
<td>County</td>
</tr>
<tr>
<td>8j</td>
<td>State *</td>
</tr>
<tr>
<td>8k</td>
<td>Zip Code</td>
</tr>
<tr>
<td>8l</td>
<td>Country</td>
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### Part IX - Obliterated Serial Number Information

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<th>9a</th>
<th>Serial Number Category (Check one of the following serial number categories)</th>
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<tr>
<td>9b</td>
<td>Restoration Pending</td>
</tr>
<tr>
<td>9c</td>
<td>Serial Number Restored</td>
</tr>
<tr>
<td>9d</td>
<td>Partial Serial Number</td>
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</table>

<table>
<thead>
<tr>
<th>9e</th>
<th>Unable To Restore Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>9f</td>
<td>Attempt to Obliterate Serial Number</td>
</tr>
<tr>
<td>9g</td>
<td>Research/Review Multiple Serial Number Combinations</td>
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### NOTE:

- On partial serial numbers enter * character was unable to be recovered

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<thead>
<tr>
<th>9h</th>
<th>Obliteration Method Used (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>9i</td>
<td>AG - Worn by Age</td>
</tr>
<tr>
<td>9j</td>
<td>DR - Drill</td>
</tr>
<tr>
<td>9k</td>
<td>GS - Grinder Smooth</td>
</tr>
<tr>
<td>9l</td>
<td>GC - Grinder Course</td>
</tr>
<tr>
<td>9m</td>
<td>PD - Peened</td>
</tr>
<tr>
<td>9n</td>
<td>SN - Scratch Peened/NARE</td>
</tr>
<tr>
<td>9o</td>
<td>OR - Other</td>
</tr>
<tr>
<td>9p</td>
<td>SG - Scratch Pointed/BROA</td>
</tr>
<tr>
<td>9q</td>
<td>ER - Electric Scribe</td>
</tr>
</tbody>
</table>

| 9r | Additional Remarks, Firearms Markings, Possible Serial Number Combinations, or Other Special Instructions |

---

ATF Form 2112.1
Revised January 2007
Appendix L

NVDRS Information Flow

Occurrence of a violent death

Medical Examiner or Coroner

Crime Lab

Law enforcement

State Health Department

Death certificate

State VDRS enters data into the web-based system

CFR Team

Case Info (- identifiers)
Analysis Files (+)

NVDRS (CDC) via download

Data Re-release policy

State agencies
Other Federal agencies
General public Researchers
Appendix M

Bibliography

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30. Wilt SA, Gabrel CS. A weapon-related injury surveillance system in New York City. Am 
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Definition of Data Elements
32. Centers for Disease Control. National Center for Injury Prevention and Control. DEEDS. 
Data Elements for Emergency Department Systems. 

**International Classification of Diseases**
40. [http://icd9cm.chrisendres.com](http://icd9cm.chrisendres.com).

**Coroner/Medical Examiner Information**

**Toxicology**
*Provides an alphabetical listing of drugs or a list of drugs by category. This document by the University of Michigan Transportation Institute is a resource for the FARS (Fatality Analysis Reporting System for motor vehicle crashes).*

**Law Enforcement Information**

**Wounds**
**Firearms**


**Examples of Studies Using Surveillance Systems**


