

Firearm Information

- Gun recovered
- Bullet recovered
- Casing recovered
- Firearm type
- Firearm make / model
- Firearm caliber / gauge
- Firearm serial number
- Firearm stolen

Youth Access to Firearms

- Gun owner
- Gun stored loaded
- Gun stored locked
- Use without permission

Suicide Circumstances

- Depressed mood
- Current mental health problem
- Treatment for mental illness
- Alcohol problem
- Other substance problem
- Suicide note (email, text, etc.)
- Disclosed intent (any communication)
- History of suicide attempt (s)
- Crisis (in the past two weeks)
- Physical health problems
- Intimate partner problems
- Other relationship problems
- Job, school or financial problem
- Suicide of friend or family in past five years; other death of friend or family
- Military / Veteran status
- Recent criminal / civil legal problems
- Interpersonal violence problem
- Any other suicide circumstances

Poison Information

- Street / recreational drugs
- Alcohol
- Pharmaceuticals: prescription info (patient name, fill date, # prescribed, # remaining)
- Pharmaceuticals: over-the-counter
- Pharmaceuticals: other
- Other poison (e.g., rat poison, glycol, insecticide, etc.)

Youth Access to Poison

- Prescription (patient name, relationship to victim)
- Access to alcohol
- Access to illicit drugs

Homicide Circumstances

- Precipitated by another crime
- Argument over money/property
- Jealousy (lovers' triangle)
- Intimate partner violence related
- Other argument
- Gang related
- Hate crime
- Brawl (mutual physical fight)
- Terrorist attack
- Victim was a bystander
- Victim was a police officer on duty
- Justifiable self-defense/law enforcement
- Victim used a weapon
- Victim was intervener assisting crime victim
- Mercy killing
- Other circumstances

State Medical Examiner Information needed for Reporting *Expected Death*

- Name of Deceased
- Date of Birth
- Date & Time of Death
- Address of Death
- Name of Doctor Certifying Death
- Nature of Illness
- Next of Kin & Contact Phone
- Name of Funeral Home
- Your Name, Agency,
& Contact Number

The body can be released to the
Funeral Home without
a returned call from the SMEO



**Division of Public Health
Alaska Violent Death
Reporting System
For more information call
269-8000**

**State of Alaska
Medical Examiner's Office
5455 Martin Luther King Ave.
Anchorage, Alaska
99507
907-334-2200 Office
907-334-2216 Fax
1-888-332-3273**