

# NMSS DATA COLLECTION FORM

Mortuary \_\_\_\_\_ Police No. \_\_\_\_\_ Officer collecting body (Surname) \_\_\_\_\_

PM no. \_\_\_\_\_ PM Date 

d	d	m	m	y	y	y	y
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 Pathologist (surname) \_\_\_\_\_

Date & Time of Injury 

d	d	m	m	y	y	y	y
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h	h
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 Race 

A	B	C	W	U
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 Sex 

M	F	U
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Date & Time of Death 

d	d	m	m	y	y	y	y
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h	h
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 Age 

Years		Months	

Medical treatment of injury prior to death (check only ONE)  1 None  2 Emergency care at scene  3 Hospital care

Province of Injury (may differ to province of death) **Scene of Injury** (may differ to scene of death)

<input type="checkbox"/> 1 Gauteng	<input type="checkbox"/> 7 Mpumalanga	<input type="checkbox"/> 1 Private house & yard (inc. pool)	<input type="checkbox"/> 9 Medical service area
<input type="checkbox"/> 2 W. Cape	<input type="checkbox"/> 8 Northern Province	<input type="checkbox"/> 2 Residential institute	<input type="checkbox"/> 10 Industrial & construction area, mine
<input type="checkbox"/> 3 K.Z. Natal	<input type="checkbox"/> 9 North West	<input type="checkbox"/> 18 Informal settlement/squatter camp	<input type="checkbox"/> 11 Farm, primary production area
<input type="checkbox"/> 4 E. Cape	<input type="checkbox"/> 10 Unknown	<input type="checkbox"/> 3 Bar, shebeen, N'Club, disco	<input type="checkbox"/> 12 Sea, lake, river, dam
<input type="checkbox"/> 5 N. Cape	<input type="checkbox"/> 11 Other (specify) _____	<input type="checkbox"/> 4 Amusement park, sports area	<input type="checkbox"/> 13 Open land, beach
<input type="checkbox"/> 6 Free State		<input type="checkbox"/> 5 Road/street/highway	<input type="checkbox"/> 14 Countryside
		<input type="checkbox"/> 6 Railway track, station	<input type="checkbox"/> 15 In custody, prison
<b>Town of Injury</b> _____		<input type="checkbox"/> 7 Shop, bank, retail area	<input type="checkbox"/> 16 Place unknown
<b>Suburb or District</b> _____		<input type="checkbox"/> 8 School, educational area	<input type="checkbox"/> 17 Other (specify) _____

### External Cause or Circumstance of Injury

<input type="checkbox"/> 1 Firearm Discharge	<input type="checkbox"/> 9 Fall/push/jump from height	<input type="checkbox"/> 17 Motor vehicle Driver	<input type="checkbox"/> 24 Abandoned baby
<input type="checkbox"/> 2 Sharp Object	<input type="checkbox"/> 10 Other fall/push/jump	<input type="checkbox"/> 18 Motor vehicle Unspecified	<input type="checkbox"/> 25 Electrocutation
<input type="checkbox"/> 3 Blunt Object	<input type="checkbox"/> 11 Crushing	<input type="checkbox"/> 19 Railway casualty	<input type="checkbox"/> 26 Explosive blast
<input type="checkbox"/> 4 Strangulation, suffocation, asphyxia	<input type="checkbox"/> 12 Choking, aspiration	<input type="checkbox"/> 20 Bicycle, motor cycle	<input type="checkbox"/> 27 Natural cause
<input type="checkbox"/> 5 Hanging	<input type="checkbox"/> 13 Drowning, immersion	<input type="checkbox"/> 30 Aviation casualty	<input type="checkbox"/> 28 Unknown
<input type="checkbox"/> 6 Poisoning, ingestion	<input type="checkbox"/> 14 Lightning	<input type="checkbox"/> 21 Medical Procedure	<input type="checkbox"/> 29 Other Specific Cause _____
<input type="checkbox"/> 7 Poisoning, gassing	<input type="checkbox"/> 15 Motor vehicle Pedestrian	<input type="checkbox"/> 22 Sudden Infant Death	
<input type="checkbox"/> 8 Burn	<input type="checkbox"/> 16 Motor vehicle Passenger	<input type="checkbox"/> 23 Abortion, still birth	

### Apparent Manner of Death

1 Homicide       2 Suicide       3 Accident       4 Natural       5 Undetermined

### Samples Taken (check ALL)

1 None       2 Blood       3 Tissue       4 Other fluid

### Alcohol and Other Substances (for completion by surveillance consortium staff)

Blood Alcohol Level \_\_\_\_\_ Eye Fluid Alcohol \_\_\_\_\_ Other Substances (specify) \_\_\_\_\_

For completion following court investigation: homicides and suicides only				
Type of Intentional Violence		Perpetrator - Victim Relationship		
<input type="checkbox"/> 1 Interpersonal	<input type="checkbox"/> 6 Rape, Sexual	<input type="checkbox"/> 1 Spouse, Partner	<input type="checkbox"/> 5 Friend	<input type="checkbox"/> 9 Unknown
<input type="checkbox"/> 2 Self Directed	<input type="checkbox"/> 7 Child Abuse	<input type="checkbox"/> 2 Parent	<input type="checkbox"/> 6 Official/Legal Authority	<input type="checkbox"/> 10 Other Specified Person(s)
<input type="checkbox"/> 3 Legal Intervention	<input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 3 Other relative	<input type="checkbox"/> 7 Stranger	
<input type="checkbox"/> 4 Gang, Syndicate	<input type="checkbox"/> 8 Other (specify) _____	<input type="checkbox"/> 4 Unrelated Caregiver	<input type="checkbox"/> 8 Acquaintance	
<input type="checkbox"/> 5 War/civil insurrection				

**Context of Violent Attack (Code from court record)** \_\_\_\_\_