

New Mexico Violent Death



2005

State of New Mexico
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New Mexico Department of Health
Alfredo Vigil, Secretary

Epidemiology and Response Division
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New Mexico Violent Death Reporting System Team

The New Mexico Violent Death Reporting System (NM-VDRS) is a joint project of the New Mexico Department of Health Office of Injury Prevention, Bureau of Vital Records and Health Statistics, and the Office of the Medical Investigator in cooperative agreement with the Centers for Disease Control and Prevention.

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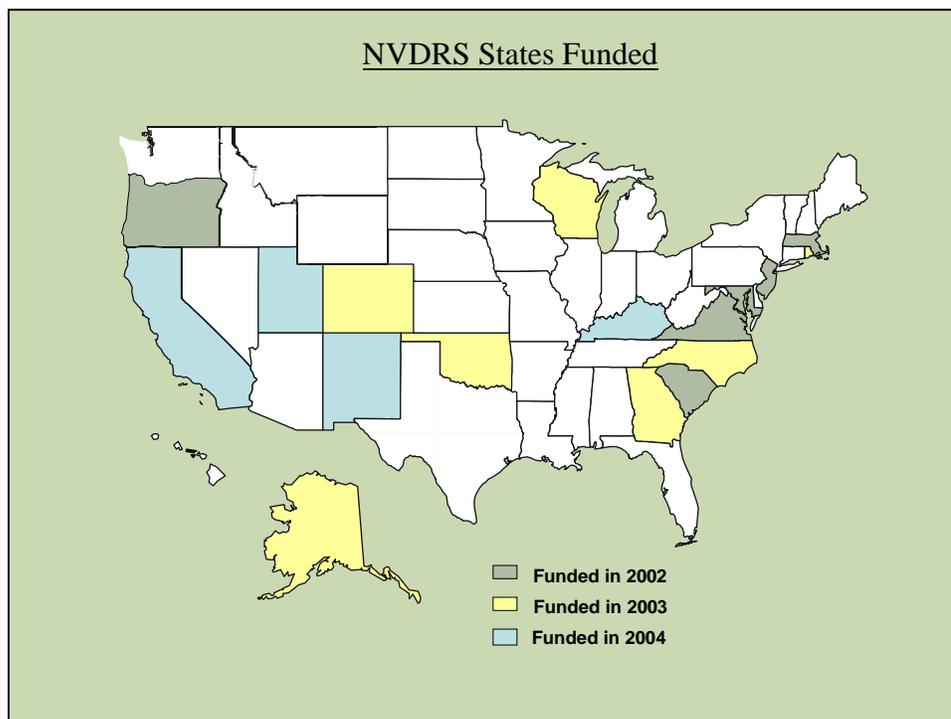
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County and Public Health Regions map	inside back cover

National Violent Death Reporting System (NVDRS)

In 2002, the Centers for Disease Control and Prevention (CDC) began funding state health departments to collect information on all violent deaths in the state. Violent deaths include suicides, homicides, legal intervention deaths, deaths due to undetermined intent, unintentional deaths due to firearms, and terrorism-related deaths. The NVDRS involves collecting data from numerous sources including coroner or medical examiner records, police reports, vital records, the state crime lab, Alcohol, Tobacco, and Firearms, and child death review records. For each violent death incident, information is collected on all victims, suspects, circumstances, relationships, and weapons. Combining information from numerous sources allows for a better understanding of circumstances surrounding violent death. The ultimate goal is to inform decision makers and improve violence prevention programs and policies.

The Appendix provides a list of data elements collected.



New Mexico

New Mexico Violent Death Reporting System (NM-VDRS)

In 2004, New Mexico ranked second highest in the nation (tied with Nevada at 28 deaths/100,000 population) for rate of violent death.¹ From 1999-2002, suicide and homicide alone cost the state over 1.4 billion dollars average annually in medical care, lost productivity, and diminished quality of life costs.²

The purpose of NM-VDRS is to identify the problem, as well as the risk factors associated with violent death in the state. Data collection began on January 1, 2005. Information is collected on all incidents involving at least one violent death. All violent deaths of New Mexico residents, and also violent deaths of non-residents that occur in the state, are included.

New Mexico is one of 17 states presently collecting violent death data in cooperation with the Centers for Disease Control and Prevention (CDC).

The data presented in this report are from 2005, the first year of data collection for New Mexico.

¹CDC WISQARS, violence-related fatal injuries, 2004

²Children's Safety Network Economics and Data Analysis Resource Center; <http://www.edarc.org/pubs/statedata.htm>

Land of Enchantment

State Information

Land area: 121,356 square miles

Border states/country: Arizona, Colorado, Oklahoma, Texas, Utah, Mexico

2005 population estimate: 1,968,351

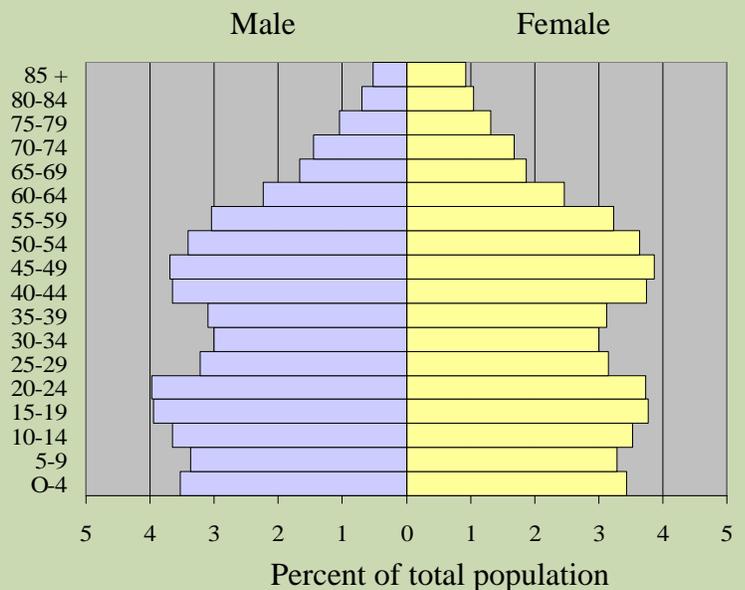
Rural: 35%

Urban: 65%

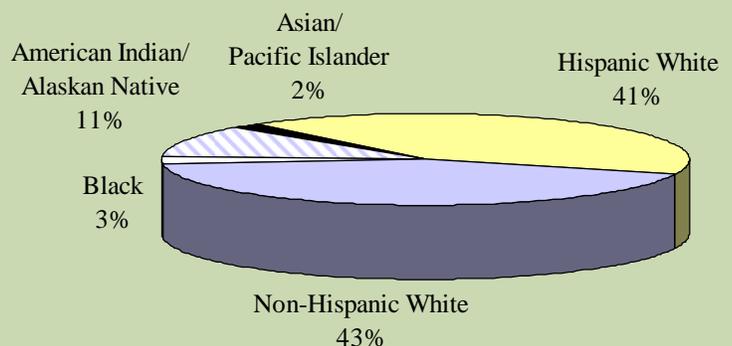
Population distribution by sex:

49% Male, 51% Female

Population distribution* by age, 2005



Population Distribution* by Race/Ethnicity, 2005



*Bureau of Business and Economic Research, University of New Mexico

Understanding this report

What we know

This section reports results from the New Mexico-Violent Death Reporting System (NM-VDRS) for year 2005. The information presented is also reported by other sources in other publications. NM-VDRS results may vary slightly from these other sources, as NM-VDRS information is generally more complete.

What we learned

This section reports results from the NM-VDRS for year 2005 that provide new information on violent death in the state. This information has not previously been presented by other sources.

What we want to know

This section introduces questions that arise from the analysis of NM-VDRS data. It answers the question, “Given the information NM-VDRS is telling us, what more could we want to know for New Mexico to better understand violent death?”

Glossary¹

Violent death - A death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. The person using the force or power need only have intended to use force or power; they need not have intended to produce the consequence that actually occurred. “Physical force” is interpreted broadly to include the use of poisons or drugs. The word “power” includes acts of neglect or omission by one person who has control over another. In addition, NM-VDRS captures unintentional firearm deaths.

Resident violent deaths - The decedent was an official resident of the state (or territory) including those portions of a Native American reservation within the state at the time of injury, according to the death certificate. All rates are calculated on New Mexico residents only.

Occurrent violent deaths - The initial injury occurred within the state or on those portions of the Native American reservations within the state.

Suicide - A death resulting from the intentional use of force against oneself. A preponderance of evidence should indicate that the use of force was intentional.

Homicide - A death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community. A preponderance of evidence must indicate that the use of force was intentional. Such deaths resulting from legal intervention by a person with legal authority to use deadly force are included in a separate category. Two special scenarios included in the homicide definition: (1) arson with no intent to injure a person, and (2) a stabbing with intent unspecified.

Undetermined manner of death - A death resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death.

Unintentional firearm injury death - A death resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile when there was a preponderance of evidence that the shooting was not intentionally directed at the victim.

Legal intervention death - A death when the decedent was killed by a police officer or other peace officer (persons with specified legal authority to use deadly force), including military police, acting in the line of duty.

Terrorism-related death - Terrorism deaths are homicides or suicides that result from events that are labeled by the Federal Bureau of Investigation (FBI) as acts of terrorism. Terrorism is a mechanism of death rather than a manner of death. The manner of such death is either homicide or suicide.

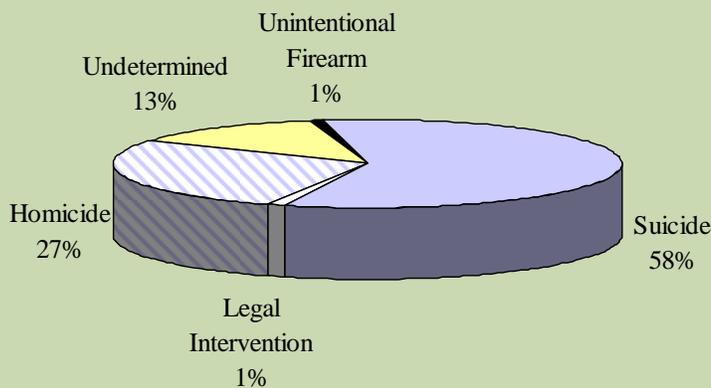
Data Year - The year of death is the calendar year in which the victim died, or in the case of unknown year of death, the year the body is found.

¹ Centers for Disease Control and Prevention. *National Violent Death Reporting System (NVDRS) Coding Manual [Online].*(2003). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from: URL: www.cdc.gov/injury

What we know about violent death in New Mexico

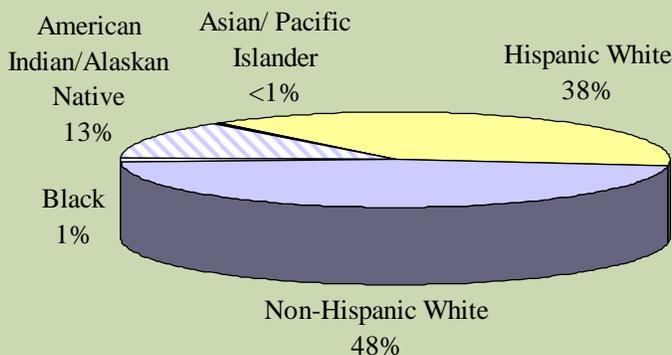
Type of Death, NM, 2005*

N=592



Race/Ethnicity of Victims, NM, 2005†

N=553



*These numbers reflect all violent deaths that occurred in the state of New Mexico during the 2005 calendar year. 3.7% of these victims were not residents of the state. For 1.2% , residence state is unknown.

†These numbers reflect all violent deaths for residents of the state of New Mexico during the 2005 calendar year.

- 58% of the violent deaths were suicides
- Legal intervention deaths and unintentional firearm deaths account for only 2.0% of the violent deaths
- The majority of violent death victims were Non-Hispanic Whites
- 77% of victims were male
- At 28.1/100,000 population, the rate of violent death in New Mexico is 1.6 times higher than the national rate**

** CDC WISQARS, Violence-related fatal injuries, 2004; age adjusted to standard U.S. 2000 population

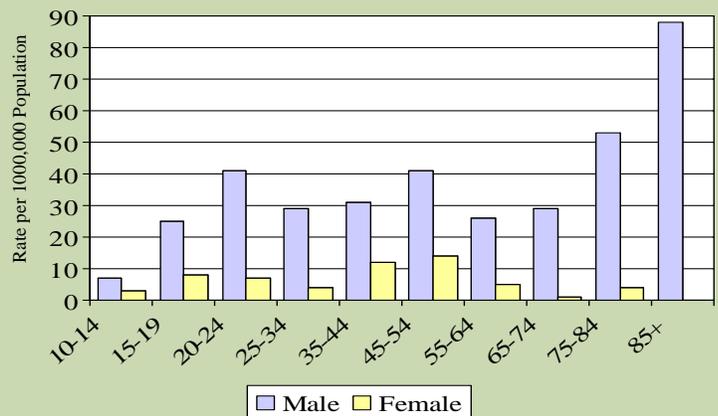
What we know about suicide

- Males 75 and older had the highest rates of suicide
- For females, the highest rates were between 35 and 54 years of age
- Firearms and hangings accounted for 74% of suicide deaths
- Non-Hispanic Whites accounted for 43% of the New Mexico population, but 58% of suicide deaths
- Suicide death showed no pattern by month or day of the week
- County* suicide rates range from 0-63 per 100,000 population

*County map on inside back cover

Suicide Rates by Sex and Age Group, NM, 2005

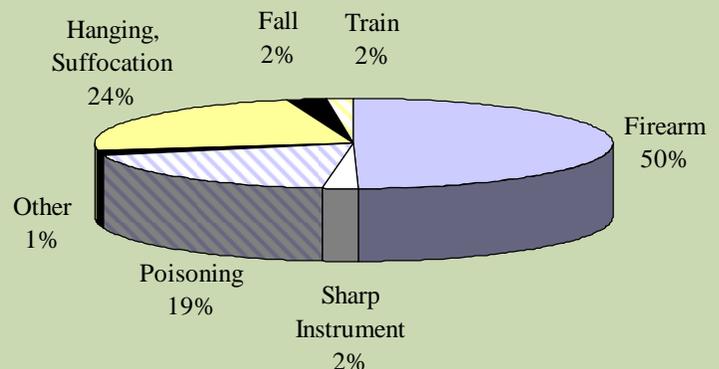
N=325



Note: There were zero (0) suicides for females ages 85+

Suicide Method, NM, 2005

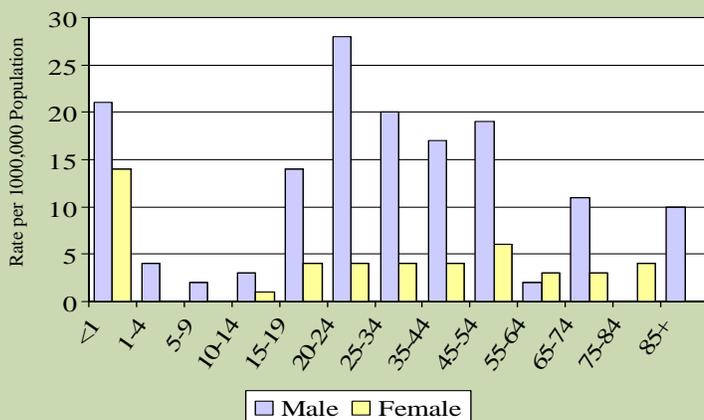
N=344



What we know about homicide

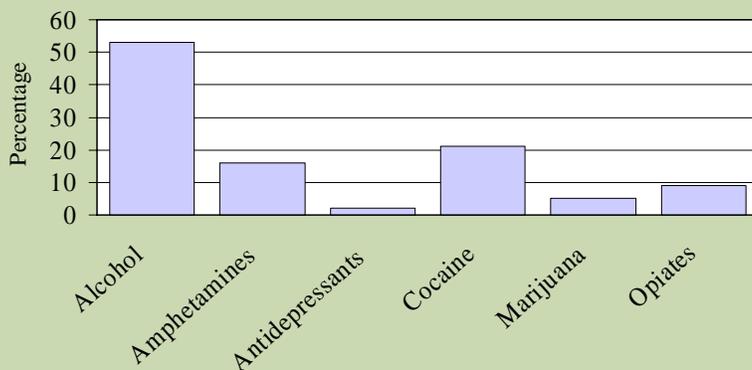
Homicide Rates by Sex and Age Group, NM, 2005

N=153



Homicide Victims with Alcohol or Drugs Present in System at the Time of Death, NM, 2005*

N=146



*Of those victims who were tested for the presence of alcohol or drugs

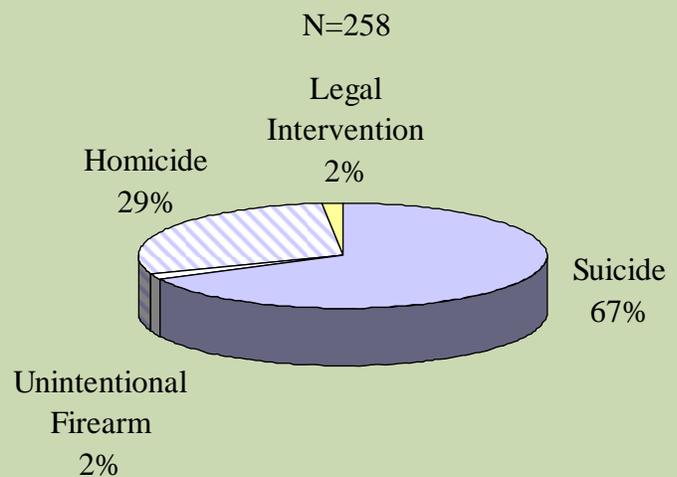
- Males ages 15-54 had a homicide rate 1.4** times higher than the national rate (14.1/100,000 population) for this age range
- 55% of victims had alcohol or drugs present in the body at the time of death
- Rates of homicides per 100,000 population ranged from 3.5 in the SW Region to 12.4 in the SE Region†
- 58% of homicide victims were Hispanic Whites
- 10% of victims were children under the age of 18

**CDC WISQARS, Homicides, 2004
†Region map on inside back cover

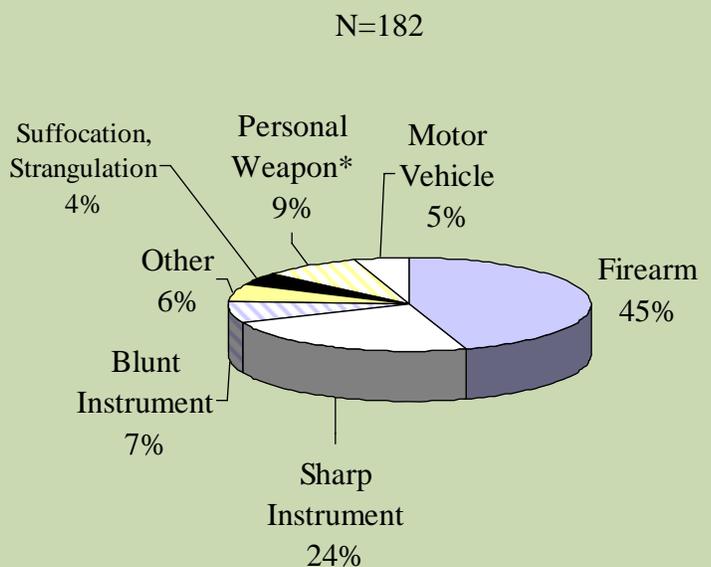
What we know about weapons of violent death

- Suicides accounted for 67% of firearm deaths
- 45% of the weapons used in homicides were firearms, followed by 24% sharp instruments
- Poisoning was the method for 19% of suicide deaths
- Hanging, strangulation, or suffocation accounts for 47% of suicide deaths under age 18

Incident Type for Firearm Deaths, NM, 2005



Homicide Weapons, NM, 2005[†]

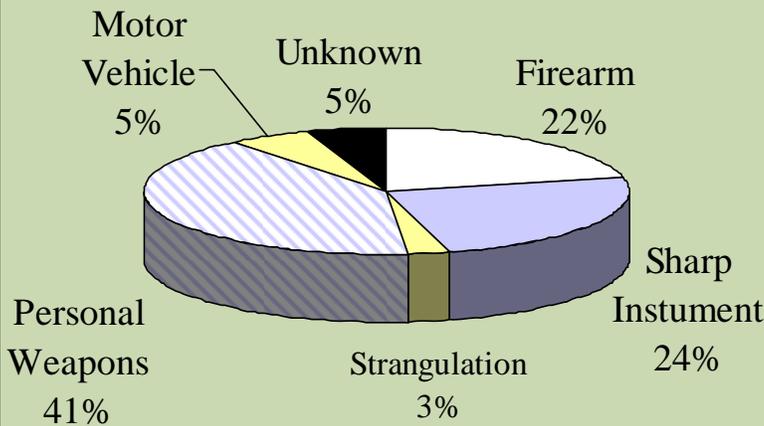


[†]Multiple weapons can be used in a single homicide

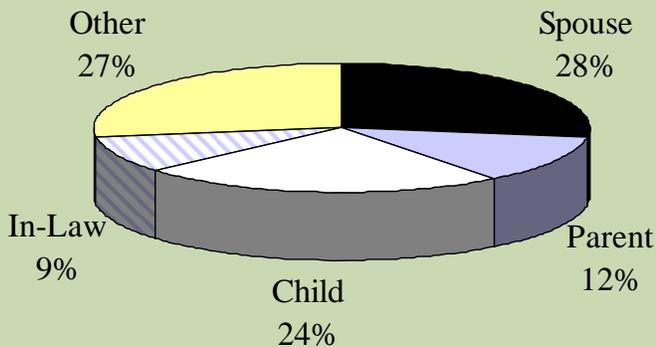
*Personal weapon includes fist, feet, hands

What we know about domestic violence*

Weapons used in Domestic Violence Homicides, NM, 2005
N=37



Domestic Violence Victim-to-Suspect Relationships, NM, 2005[†]
N=33



[†] Read “The victim was the _____ of the suspect.”

*Domestic violence is defined by the Crimes Against Household Members Act (30-3-10 to 30-3-16 NMSA 1978). “Household member” means spouse, former spouse, or family member, including a relative, parent, present or former step-parent, present or former in-law, a co-parent of a child or a person with whom a person has had a continuing personal relationship. Cohabitation is not necessary to be deemed a household member for the purposes of this Act.

- 41% of the 37 weapons used in domestic violence (DV) homicides were personal weapons**

- In 52% of DV homicides, the victim was the spouse or the child of the suspect

- DV accounted for 20% of the total homicides

- 61% of DV homicide victims were male (45% of males were less than 6 years of age)

- 16% of DV homicide victims were less than 1 year old (N=5)

- Personal weapons alone were used for 100% of DV homicides with victims less than 18 years of age

** Personal weapons includes fist, feet, and hands

What we learned

One of the first things we learned is that one year of data is not sufficient to answer many of the questions that have the potential to be answered by the NM-VDRS surveillance system.

The total number of violent deaths in New Mexico for year 2005 was 592. This breaks down into the following numbers for type of death⇒

As the data are broken down further into characteristics such as sex, age group, race/ethnicity, marital status, or county, the number of deaths for each category becomes too small on which to base decisions about policy or prevention. For example, for suicides by age group, the numbers are ⇒

As additional years of data become available, more information can be drawn from the NM-VDRS data and it will be more useful for prevention planning.

However, the remainder of this “What we learned” section shows new information gained from this first year of violent death surveillance data.

Type of Violent Death, NM, 2005

Suicide	344 (58%)
Homicide	162 (27%)
Unintentional Firearm	5 (1%)
Legal Intervention	7 (1%)
Undetermined	74 (13%)
Terrorism	0 (0%)
Total	592 (100%)

Suicide by Age Group, NM, 2005

Age Group	Count
0-9	0 (0%)
10-14	7 (2%)
15-19	27 (8%)
20-24	38 (11%)
25-34	47 (14%)
35-44	62 (18%)
45-54	80 (23%)
55-64	33 (10%)
65-74	20 (6%)
75-84	21 (6%)
85+	9 (3%)
Total	344 (100%)

What we learned about circumstances

Suicide Circumstances, NM, 2005*

Suicide Circumstances	Male % (N=274)	Female % (N=63)
Current depressed mood	57	79
Ever treated for mental illness	39	67
Current diagnosed mental health problem	40	65
Current treatment for mental illness	35	62
Person left a suicide note	25	52
Disclosed intent to commit suicide	49	43
Intimate partner problem	42	41
History of suicide attempts	23	38
Physical health problem	24	35
Other relationship problem (not intimate partner)	20	25
Alcohol problem	39	24
Other substance problem	27	24
Other death of family or friend	11	19
Job problem	17	14
Financial problem	19	11
Recent criminal legal problem	17	6
Suicide of family or friend in the past 5 years	5	5
Other legal problem	12	3
Perpetrator of interpersonal violence in the past month	11	2

*Suicides for which circumstances are known (N=337), 98% of all suicides. More than one circumstance can be reported for each suicide.

- 99.4% of those who disclosed the intent to commit suicide also were reported to have had at least one factor that contributed to the suicide
- In 2005, those for whom recent suicide of a friend or family member, alcohol problem, other substance problem, or a history of suicide attempts was reported had most frequently disclosed the intent to commit suicide

What we learned about circumstances

- Argument, abuse, or conflict - other than arguments over money/property and intimate partner violence or jealousy - was the most frequently reported factor leading to homicide

Homicide Circumstances, NM, 2005*

Homicide Circumstance	Percentage
Drug dealing or illegal drug use	21
Homicide precipitated by another crime	19
Intimate partner violence related	15
Crime in progress	15
Gang rivalry or gang activity	12
Argument over money/property	11
Brawl (mutual physical fight)	9
Victim used a weapon	7
Jealousy (lover's triangle)	5
Victim was intervener assisting crime victim	4
Victim was a bystander	2
Victim was a police officer on duty	2
Hate crime	1
Mercy killing	0
Other argument, abuse, conflict	48

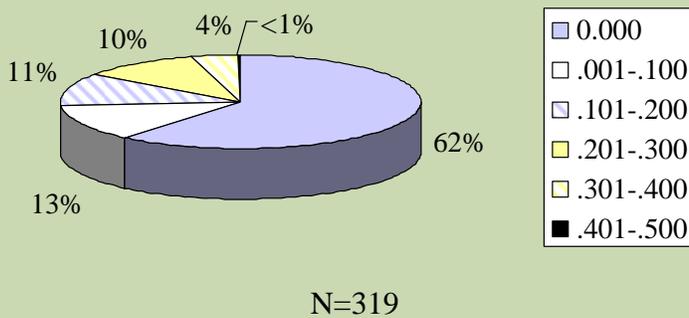
**Homicides for which circumstances are known (N=133), 82% of all homicides. More than one circumstance can be reported for each homicide.

Note: The number of female homicides is too small to report circumstances by sex

- Gang rivalry or activity was reported for 16% of the 100 homicides with victims between the ages of 10 and 44
- 71% of victims of homicides for which drug dealing or illegal drug use was reported were between the ages of 15 and 34

What we learned about alcohol involvement

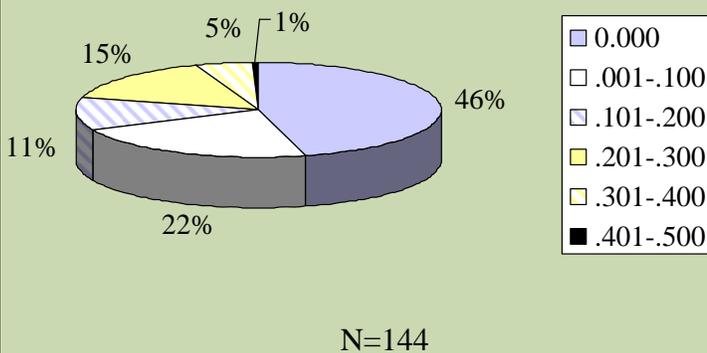
Blood Alcohol Level for Suicide Victims, NM, 2005*



For suicide victims:

- 61% of males and 61% of females had a blood alcohol level (BAL) of 0
- The NE Region[†] had the highest percentage of victims with a BAL >.100

Blood Alcohol Level for Homicide Victims, NM, 2005*



For homicide victims:

- 13% of victims with a BAL >.100 used a weapon. 3% of victims with a BAL ≤ .100 used a weapon
- The NW Region[†] had the highest percentage of victims with a BAL >.100

*Of those victims who were tested for the presence of alcohol

[†]Region map on inside back cover

- 100% (N=6) of homicide suspect/suicide victims from a homicide-suicide incident had a BAL of zero

What we learned about suspects

- For 16% of homicides, circumstances and suspect information are unknown

Homicide, Sex of Suspect by Victim Sex, NM, 2005

N=222 [†]	Victim Sex		
	Count (% of Total)	Male	Female
Suspect Sex	Male	143 (64.4)	39 (17.6)
	Female	19 (8.6)	8 (3.6)
	Missing	9 (4.1)	4 (1.8)

[†]There can be multiple suspects for each victim

Of identified suspects:

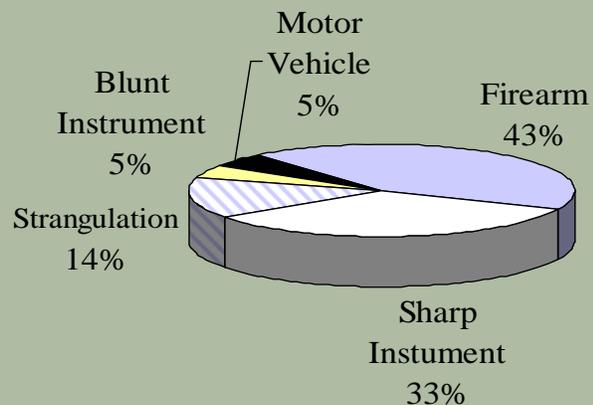
- 83% were male; 12% female; 5% unknown sex
- 68% were the same sex as the victim
- 78% (of suspects with a known age) were between the ages of 15 and 34

What we learned about intimate partner violence[†]

- 70% of homicide victims for which intimate partner violence (IPV) was reported and circumstances are known were female (N=20)
- 38% of all female homicides were IPV-related
- 70% of IPV-related homicides occurred at the home of the victim
- IPV-related homicide victims ranged in age from 11-64. The majority of these were between the ages of 25 and 54.
- 77% of the IPV-related homicide suspects were male

Weapons of Intimate Partner Homicide, NM, 2005

N=21



IPV-related Homicide, Sex of Suspect by Victim Sex, NM, 2005

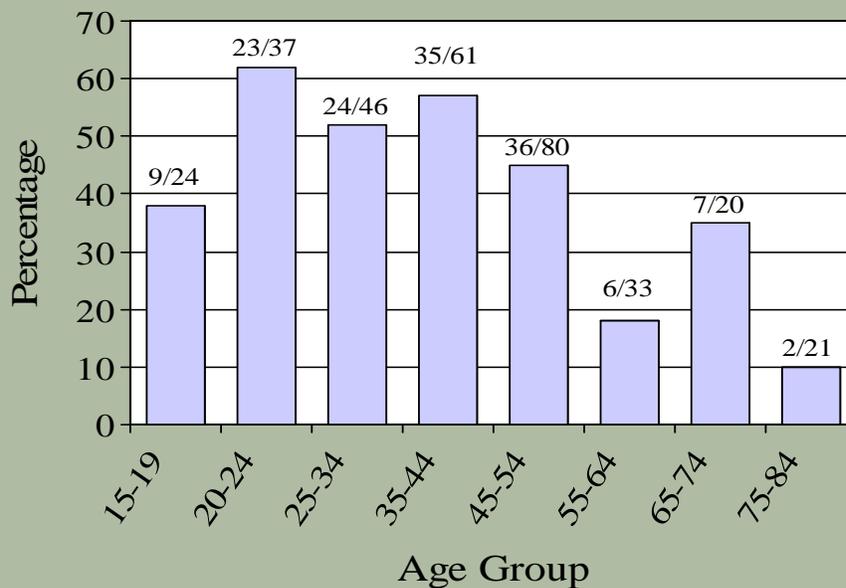
N=22*	Victim Sex		
	Count (% of Total)	Male	Female
Suspect Sex	Male	3 (13.6)	14 (63.6)
	Female	5 (22.7)	0 (0.0)

*There can be multiple suspects for each victim

[†]Intimate partner violence is defined as violence involving a current or former girlfriend/boyfriend, date, or spouse. If other people are also killed (a child, friend of the victim, a bystander) or if the intimate partner is not killed but others are (the child of the intimate partner is the victim), these victims are included in intimate partner violence. The definition of intimate partner includes first dates.

What we learned about intimate partner violence

Percentage of Suicides Reported to be Related to Conflict Between Intimate Partners by Age Group, NM, 2005

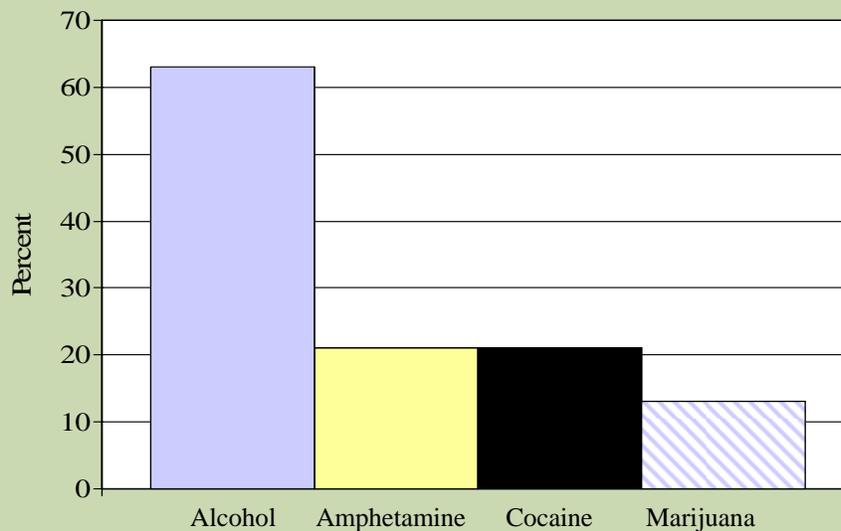


- 42% of suicides for which circumstances are known were reported to be related to conflict between intimate partners (not necessarily violence) - see above figure for age group breakdown
- 100% (N=6) of homicide suspect/suicide victims from a homicide-suicide incident were male, all victims were female

What we learned about youth violence

- Alcohol, a drug, or some combination was present in 30 of the 38 youth homicide victims tested

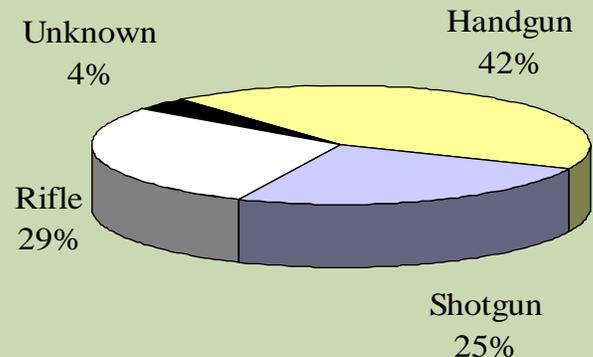
Homicide Victim Alcohol and Drug Presence in the System, NM, 2005
N=38



- 79% of American Indian/Alaskan Native youth suicides were hanging/suffocation
- Whites accounted for 93% of the firearm youth suicide deaths
- Firearm was the weapon for 55% of homicides of youth

- 92% of homicide suspects ages 15-24 were male

Youth Suicide Firearm Type, NM, 2005
N=28



What we learned about process and value

Comparability

Intent was undetermined* for 13% of New Mexico violent deaths. This varied widely from the experience of other NVDRS states.†

Data Quality

For important information such as county of injury, the NM-VDRS, collecting the information from multiple sources, obtained 100% complete information, more than any single source.

Partnerships

NM-VDRS law enforcement agency participation rate is very high. The responsiveness to requests for information is timely and well received.

Representation

NM-VDRS information is highly representative the New Mexico population and is based primarily on reports to the OMI with some violent deaths on tribal or other federal lands identified only through the death certificate.

†Based on Year 2004 NVDRS data

*Suicide vs. accident, suicide vs. homicide, homicide vs. accident

What we learned about process and value

Importance

By quantifying the burden of violent death and detecting changes or trends in violent deaths in New Mexico, NM-VDRS information has the potential to guide the planning of preventive action and evaluate the outcome of prevention measures. As part of a national system, NM contributes to regional and national statistics and will be able to collaborate with neighboring states to address regional issues.

Strengths and Weaknesses

New Mexico has a state centralized medical examiner's office (the OMI). Having the OMI as a partner in NM-VDRS greatly enhances the simplicity and timeliness of the system.

New Mexico's Bureau of Vital Records and Health Statistics' partnership is critical to NM-VDRS in identifying deaths that are outside the jurisdiction of the OMI (e.g., tribal and military lands).

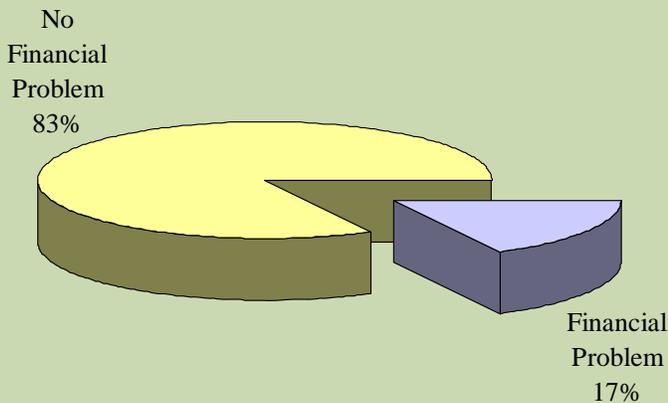
NM-VDRS is able to add data elements not already captured in the main part of the database.

Complete suspect information is difficult to obtain in a timely manner.

What we want to know

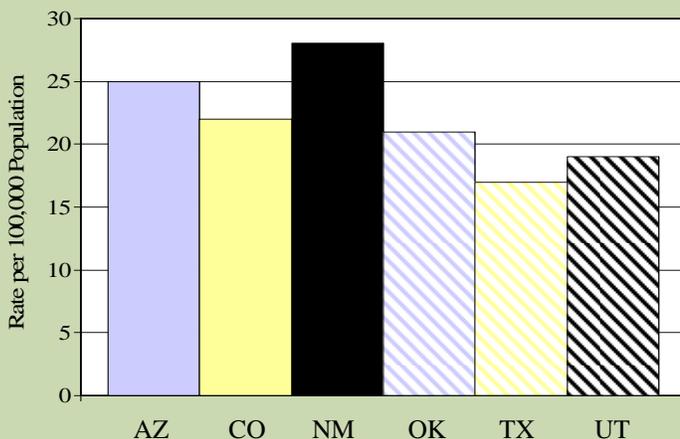
about financial problems

Financial Problem Related to Suicide, NM, 2005
N=337



about New Mexico rates

Rates of Violent Death for Neighboring States*, 2004



NM-VDRS shows:

- 17% of suicides were reported to be related to financial problems, mostly among male Non-Hispanic Whites
- New Mexico's violent death rate is greater than that of neighboring states - Arizona, Colorado, Oklahoma, Texas, and Utah.

We ask:

Are financial problems related to gambling or do they simply reflect the poverty of certain areas?

What factors account for the differences or similarities in rates between New Mexico and neighboring states?

*CDC WISQARS, Violence-related fatal injuries, 2004; age adjusted to the standard U.S. 2000 population

What we want to know

NM-VDRS shows:

- For 2005, no gang-related homicides were reported for Region 2[†] and gang-related homicides included no Non-Hispanic White victims
- 7% of all homicide victims used a weapon

We ask:

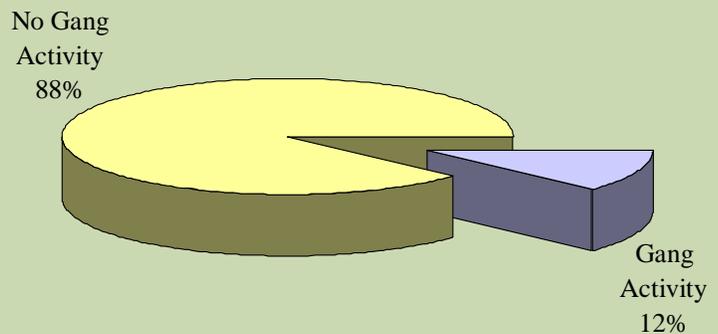
Is gang activity being fully captured and to what extent is gang membership of victims and suspects being missed?

What percentage of victims were armed with a weapon even though they chose not to use it, or were unable to use it?

[†]Region map on inside back cover

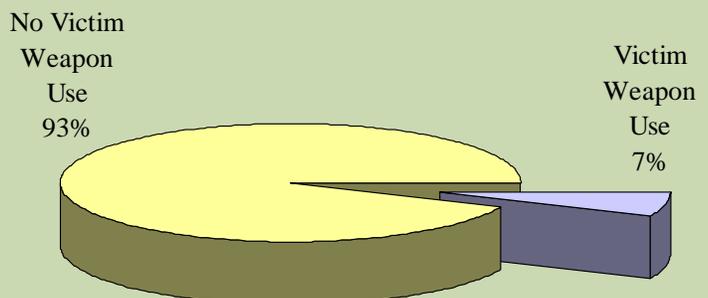
about gang activity

Gang Activity or Rivalry Related to Homicide, NM, 2005
N=133



about victim weapon use

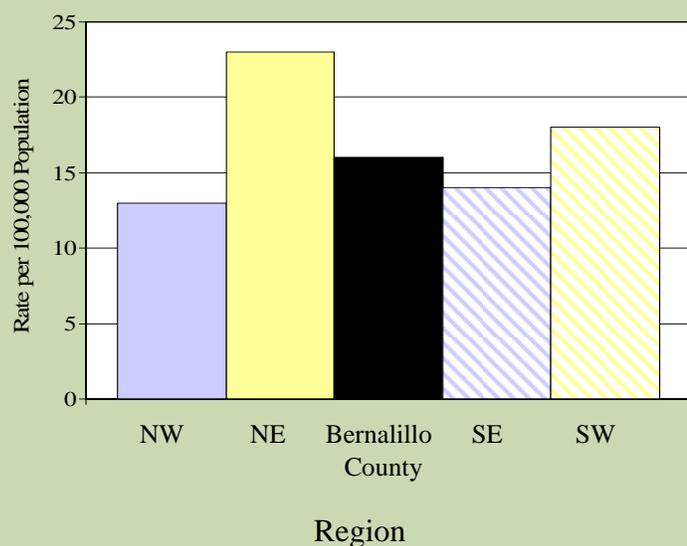
Victim Weapon Use Related to Homicide, NM, 2005
N=133



What we want to know

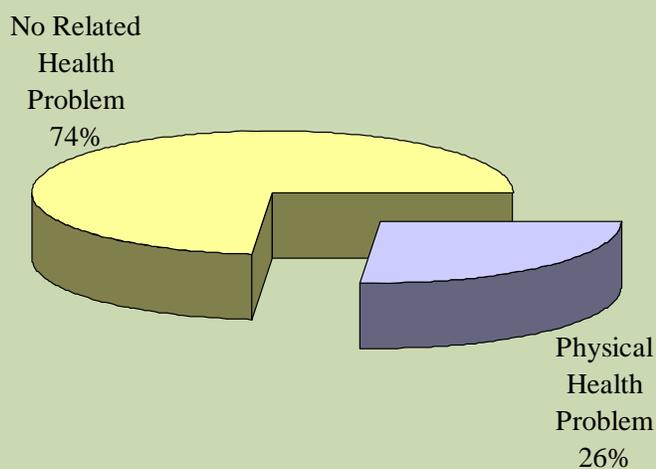
about suicide location

Suicide Rate by New Mexico Health Region, NM, 2005



about physical health

Physical Health Problem Related to Suicide, NM, 2005
N=337



NM-VDRS shows:

- Regions* differ somewhat in the ratio of suicides to homicides and the suicide rate was slightly greater in rural counties than non-rural counties† (18 vs. 16 per 100,000 population)
- 26% of suicides were reported to be precipitated by physical health problems

We ask:

How do the locations of suicides map in relation to accessible mental health care?

What types of physical health problems are related to suicides in New Mexico? Do they share similarities?

*Region map on inside back cover
†Rurality is based on the rural-urban continuum codes classification, US Dept. of Agriculture, Economic Research Service

What we want to know

NM-VDRS shows:

- 73% of homicide incidents and 78% of suicide incidents received EMS services
- Detailed suspect information is frequently unknown in the short term.

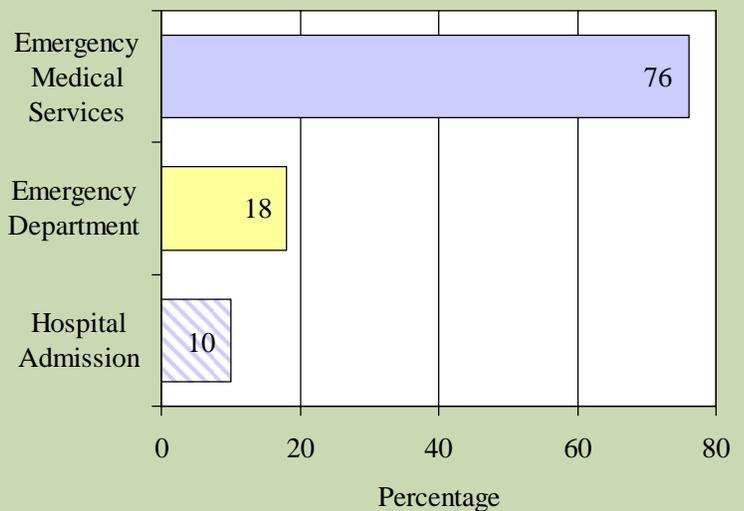
We ask:

What are the pre-hospital and hospital treatment costs of all violent deaths, as well as other related costs to society?

Especially for crime-related homicides and domestic violence, what is the previous criminality of the suspects?

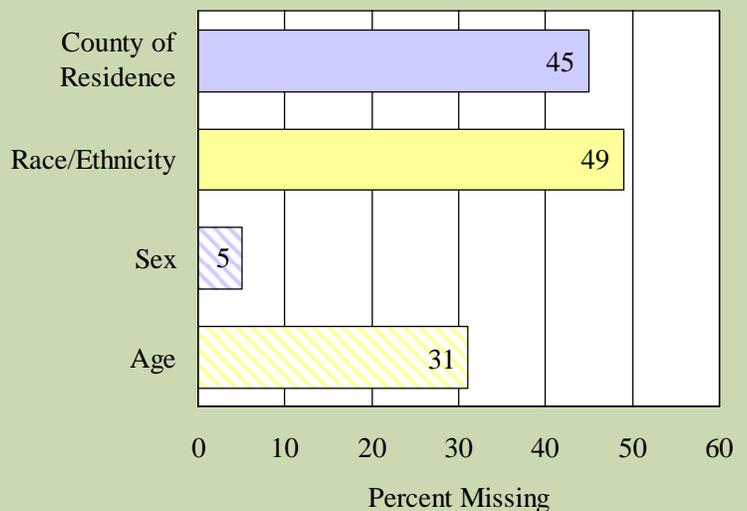
about health care treatment

Health Care Treatment of Violent Deaths, NM, 2005
N=592



about suspects

Percent of Missing Information for Suspects, NM, 2005
N=220



How you can help

If you would like to support our efforts to collect quality information, we resolve to work with you to establish a mutually satisfying relationship that meets both our needs and does not place undue burden on anyone.

Information collection is nothing without information use. We encourage you to use this surveillance system information to produce action decisions.

Communicate with us to let us know how we can support your local public health operations. We want to provide useful information.

Bring to our attention any data collection tools you are already using so we can make use of that information with little additional effort on your part.

Support

Use

Feedback

The primary goal of this surveillance system is to support action to reduce violent death in New Mexico.

Contact: New Mexico Department of Health, Office of Injury Prevention, (505) 827-0006

Acknowledgements

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Alamogordo Department of Public Safety
Albuquerque Police Department
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Artesia Police Department
Belen Police Department
Bernalillo County Sheriff's Office
Bloomfield Police Department
Bosque Farms Police Department
Bureau of Alcohol, Tobacco, and Firearms
Bureau of Indian Affairs, Albuquerque
Carlsbad Police Department
Chaves County Sheriff's Office
Cibola County Sheriff's Office
Clayton Police Department
Clovis Police Department
Corrales Police Department
Crownpoint Police Department
Curry County Sheriff's Office
Deming Police Department
Dona Ana County Sheriff's Office
Eddy County Sheriff's Office
Española Police Department
Estancia Police Department
Federal Bureau of Investigation (FBI)
 Durango, Colorado
 Española
 Farmington
 Gallup
 Albuquerque
 Santa Fe
Farmington Police Department
Gallup Police Department
Grant County Sheriff's Office
Grants Police Department
Hagerman Police Department
Hatch Police Department
Hidalgo County Sheriff's Office
Hobbs Police Department
Lake Arthur Police Department

Las Cruces Police Department
Las Vegas Police Department
Lea County Sheriff's Office
Lincoln County Sheriff's Office
Los Alamos County Sheriff's Office
Los Alamos Police Department
Los Lunas Police Department
Lovington Police Department
Luna County Sheriff's Office
McKinley County Sheriff's Office
Mescalero Police Department
National Medical Services - Pennsylvania
NM State Police
 Albuquerque
 Alamogordo
 Artesia
 Belen
 Carlsbad
 Chama
 Clovis
 Cuba
 Deming
 Edgewood
 Española
 Farmington
 Gallup
 Grants
 Hobbs
 Las Cruces
 Las Vegas
 Lordsburg
 Los Lunas
 Moriarty
 Quemado
 Raton
 Rio Arriba
 Roswell
 Ruidoso
 Santa Fe

NM State Police (continued)
Santa Rosa
Silver City
Socorro
Truth or Consequences
Taos
Tucumcari
Navajo Police Department
Church Rock
Crownpoint
Shiprock
Window Rock, AZ
Otero County Sheriff's Office
Portales Police Department
Questa Police Department
Raton Police Department
Rio Arriba County Sheriff's Office
Rio Rancho Department of Public Safety
Rio Rancho Police Department
Roosevelt County Sheriff's Office
Roswell Police Department
Ruidoso Downs Police Department
Ruidoso Police Department
San Juan County Sheriff's Office
Sandoval County Sheriff's Office
Santa Fe County Sheriff's Office
Santa Fe Police Department
Scientific Laboratory Division - UNM
Sierra County Sheriff's Office
Silver City Police Department
Socorro County Sheriff's Office
Socorro Police Department
Springer Police Department
Sunland Park Police Department
Truth or Consequences Police Department
Taos County Sheriff's Office
Taos Police Department
Torrance County Sheriff's Office
TriCore Reference Laboratories
Tucumcari Police Department
Tularosa Police Department
University Police Department
Valencia County Sheriff's Office
Zuni Police Department

Appendix

New Mexico Violent Death Reporting System Data Collected

Incident information

Incident narrative
 Number of nonfatally shot persons in incident

Person information (victim and suspect)

Person type (Victim or Suspect)	Residential address
Date of birth	State
Age	County
Sex	City
Race	ZIP code
Ethnicity	Country

Additional person information (for victim only)

Birth place	State of injury
Veteran status	County of injury
Marital status	City of injury
Place of death	Street and number of injury site
Date of death	Survival time
Date pronounced dead	Number years education
State of death	Usual occupation code
Immediate cause of death text	Usual occupation text
Cause leading to immediate cause text	Kind of business/industry code
Next antecedent cause of death text	Usual industry text
Underlying cause of death text	Multiple cause conditions on death certificate
Underlying cause of death (ICD10 code)	Zip code of injury
Autopsy performed	Injury occurred at person's home
Person was pregnant	EMS at scene
Manner of death	Homeless status
Date of injury	Current occupation
Time of injury	Victim in custody when injured
Type of location where injured	Circumstances known
Injured at work	

Suicide attempt variable (homicide suspect only)

Person attempted suicide after (homicide) incident

Toxicology variables (victim only)

Alcohol use suspected	Testing for opiates
Date specimens were collected	Testing for other substances
Time specimens were collected	Amphetamine test results
Testing for alcohol	Antidepressant test results
Alcohol test results	Cocaine test results
Blood alcohol level	Marijuana test results
Testing for amphetamines	Opiate test results
Testing for antidepressants	Other drug/substance test results
Testing for cocaine	Type of other substance
Testing for marijuana	

Firearm or sharp instrument deaths

Number of wounds to the victim
Number of bullets that hit the victim
Presence of wound to the head
Presence of wound to the face (e.g., mouth, nose, eyes, ears)
Presence of wound to the neck
Presence of wound in the upper extremities (shoulders, arms, hands)
Presence of wound to the spine
Presence of wound to the thorax chest or upper back
Presence of wound to the abdomen, pelvic contents, or lower back
Presence of wound to the lower extremities (feet, hips, legs)

Suicide or undetermined circumstances

Current depressed mood	Other relationship problem
Current mental health problem	Job problem
Current treatment for mental illness	School problem
Ever treated for mental illness	Financial problem
Alcohol problem	Recent suicide of friend or family in past 5 years
Other substance problem	Other death of friend or family
Person left a suicide note	Recent criminal legal problem
Disclosed intent to commit suicide	Other legal problems
History of suicide attempts	Victim of interpersonal violence past month
Crisis in past 2 weeks	Perpetrator of interpersonal violence past month
Physical health problem	Other suicide circumstance
Intimate partner problem	

Homicide circumstances

Precipitated by another crime	
Nature of the first crime that precipitated the homicide	
Nature of the second crime that precipitated the homicide	
Argument over money/property	Victim was a police officer on duty
Jealousy (lovers' triangle)	Victim was intervener assisting crime victim
Intimate partner violence related	Mercy killing
Other argument, abuse, conflict	Other homicide circumstance
Drug involvement	Justifiable self defense/law enforcement
Gang related	Victim used weapon
Hate crime	Victim was a bystander
Terrorist Attack	Brawl (mutual physical fight)

Unintentional firearm death circumstances

Hunting	Thought unloaded, magazine disengaged
Target shooting	Thought gun was unloaded, other
Self-defensive shooting	Unintentionally pulled trigger
Celebratory firing	Bullet ricochet
Loading/unloading gun	Gun defect or malfunction
Cleaning gun	Fired while holstering/unholstering
Showing gun to others	Dropped gun
Playing with gun	Fired while operating safety/lock
Other context of injury	Gun mistaken for toy
Thought safety was engaged	Other mechanism of injury

Supplementary Homicide Report (SHR)

SHR circumstance	SHR justifiable homicide circumstance
SHR situation	Victim to suspect relationship
SHR homicide type	

Hospital information

Victim admitted to inpatient care	First external cause of injury code from hospital
Victim seen in Emergency Department (ED)	Second external cause of injury code from hospital

Victim-Suspect relationship

Victim to Suspect Relation 1	Suspect was caretaker of victim
Victim to Suspect Relation 2	History of abuse

Weapon

Weapon type	Weapon information if other
-------------	-----------------------------

Firearm variables

Firearm information known	Firearm stolen
Gun recovered	Gun owner
Bullet recovered	Gun stored loaded
Casing recovered	Gun stored locked
Firearm type	Youth gun access narrative
Other firearm type text	Firearm trace attempted
Cartridge specification	Person used this weapon to kill
Firearm caliber	Weapon killed this person
Firearm gauge	First purchaser

Poison variables

Type of poison	Patient drug obtained for
Code for poison	Carbon monoxide source, if CO
Name of poison	

Child Fatality Review (CFR) (for incidents with a victim under age 25)

CFR records available on victim	
Victim had an acute or chronic illness at the time of the incident	
If yes, specify diagnosis	
Victim had disability at the time of incident	If yes, disability was developmental
If yes, disability was physical	If yes, disability was sensory

For child victims 12 months or younger

Infants: Prenatal care prior to third semester	Infants: Maternal tobacco use
Infants: Maternal recreational drug use	Infants: Victim born prematurely
Infants: Maternal alcohol use	

Child Protective Services (CPS) and other contacts (for incidents with a victim under age 25)

Prior CPS report on victim's household	Household's contact with police
If yes, CPS report filed on whom?	Victim contact with the juvenile justice system
If yes, report substantiated?	Victim contact with the health care system
Physical abuse substantiated	Victim contact with mental health services
Sexual abuse substantiated	Victim/primary caregiver contact with social services
Neglect substantiated	Primary caregiver on welfare/financial assistance
CPS case opened on other children due to this death	Victim/primary caregiver contact with WIC
Victim contact with police	Victim/primary caregiver contact with Medicaid

Suspect information (for incidents with a victim under age 25)

Specific person suspected	Suspect convicted
Suspect arrested as perpetrator in this death	Suspect convicted of original charge
Suspect charged as perpetrator in this death	CPS report or referral ever filed on the suspect
Suspect prosecuted	Suspect ever charged with prior homicide

Household information (for incidents with a victim under age 18)

Type of residence where victim lived	Intimate partner violence in victim's household
Length of time in residence	Substance abuse in victim's household
Unrelated adult living in victim's household	Intimate partner violence in victim's foster home
Other children <18 yrs in household	Substance abuse in victim's foster home
Marital relationship of victim's biological parents	

Supervision at the time of incident (for incidents with a victim under age 18)

Perpetrator was supervisor	Primary caregiver is a victim or suspect in this incident
Quality of supervision a factor	If yes, caregivers ID in the incident
Supervisor's relationship to victim	Relationship to victim
Supervisor's age	Person lived with victim
Supervisor's sex	Age at time of incident
No supervision	Sex
Supervisor drug/alcohol impaired	Had legal custody of victim at time of death
Supervisor distracted or asleep	Had documented history of maltreating
Other supervisory factor	Had a previous child die in his/her care

Data sources used by CFR (for incidents with a victim under age 25)

C/ME records	Public Health Department records
SS/CPS records	Mental Health records
Police/Law Enforcement records	Juvenile Justice records
School records	Death Certificate
EMS records	Other records
Health Provider/Hospital records	Specify (what other records)

CFR committee decisions (for incidents with a victim under age 25)

CFR conclusion matches Death Certificate	Action taken to change official manner
If no, manner the CFR designated	Result of action
Text to specify other manner	CFR determination of preventability

Additional suicide circumstances (for incidents with a victim under age 25)

History of inpatient psychiatric treatment	Barriers to accessing mental health care
Taking psychiatric medication at time of death	

Incident variables (for incidents with a victim under age 25)

Scene investigation by law enforcement	Child Witness
Scene investigation by C/ME	CFR additional information
Witnesses to incident	

Additional Resources

**Contact the Department of Health,
Epidemiology and Response Division
Office of Injury Prevention
(505) 827-0006**

New Mexico Department of Health

BRFSS Burden of Substance Abuse Social Indicators Report.

Injury Hurts New Mexico. (Series).

New Mexico Child Fatality Review. (Series).

New Mexico Epidemiology Reports.

New Mexico Firearm Injury Surveillance in Hospital Emergency
Departments. (Series).

New Mexico Selected Health Statistics. (Annual Reports).

New Mexico Tribal Report. (2002).

New Mexico Youth Risk and Resiliency Survey Report. (Series).

The State of Health in New Mexico.

Youth Violence in New Mexico: An Assessment of Indicators, Policies,
Resources, and Community Readiness. (2006).

Partner Agencies

Getting Away with Murder. The New Mexico Female Intimate Partner
Violence Death Review Team. (Series).

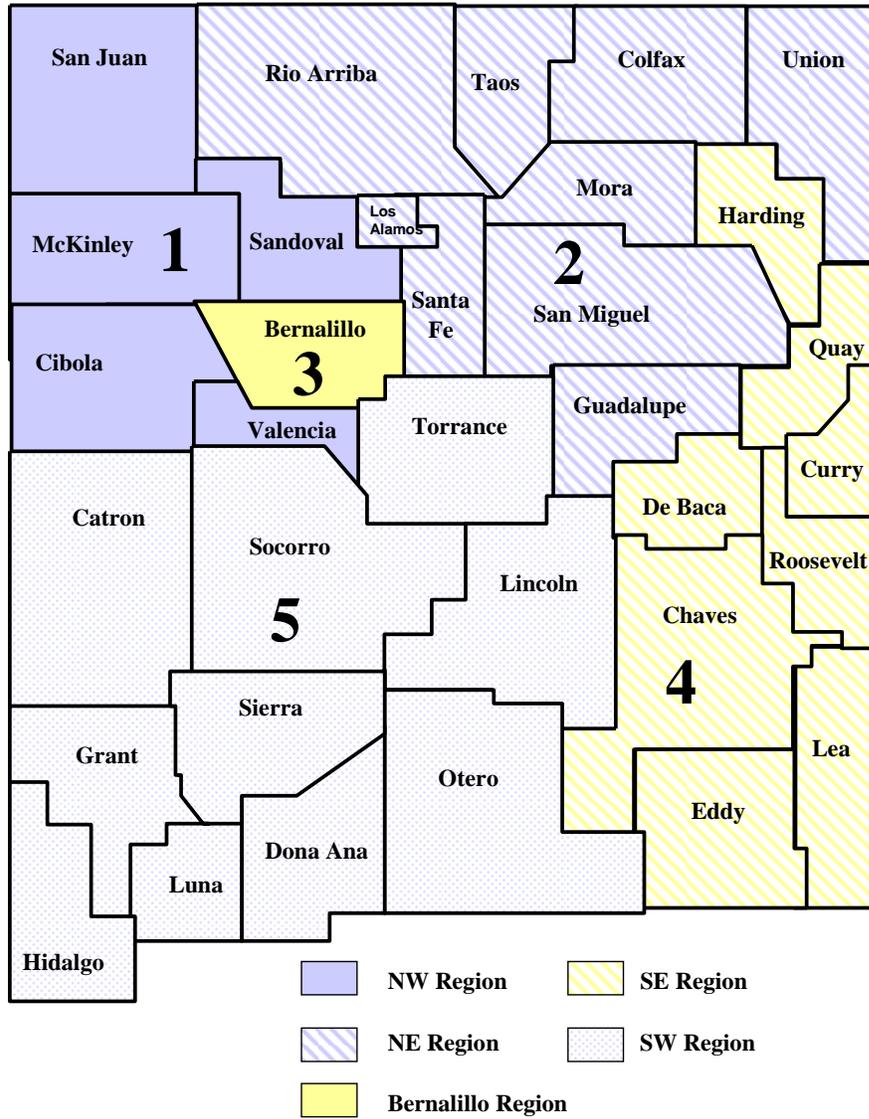
Incidence and Nature of Domestic Violence in New Mexico. (Series).

The New Mexico Interpersonal Violence Data Central Repository.

New Mexico Office of the Medical Investigator. (Annual Reports).

Sex Crimes in New Mexico. (Series). The New Mexico Interpersonal
Violence Data Central Repository.

NEW MEXICO HEALTH REGIONS



For copies of this report please contact:
The Office of Injury Prevention
Injury and Behavioral Epidemiology Bureau
Epidemiology and Response Division
New Mexico Department of Health
PO Box 26110
Santa Fe, NM 87502
(505) 827-0006

Or find online at

<http://www.health.state.nm.us/epi/hdata.html>
(Click on “Injury” in the upper left Data Menu box)

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