GUN VIOLENCE

INTRODUCTION TO THE MEDICAL EXAMINER

Carnegie Mellon University

GRAPHIC CONTENT

THE OPINIONS THAT ARE EXPRESSED IN THIS PRESENTATION ARE NOT THE OFFICIAL OPINIONS OF THE DISTRICT OF COLUMBIA GOVERNMENT

NO SLIDE PHOTOGRAPHY

OBJECTIVES

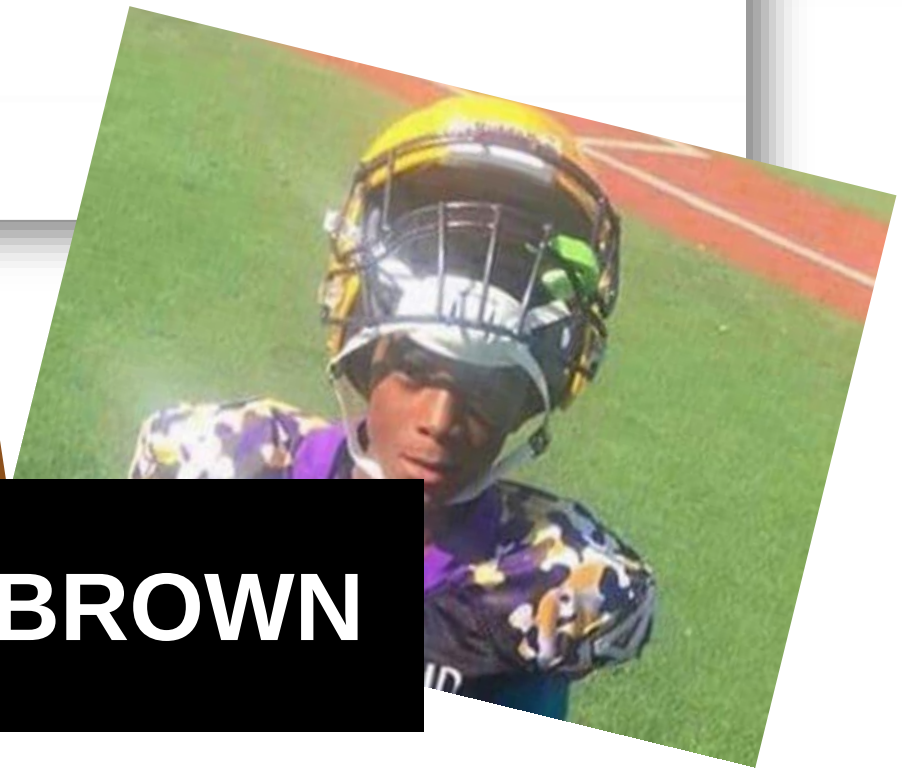
- Participants will be introduced to the definition of the Medical Examiner
- Participants will gain an understanding of role of the Medical Examiner in Public Health Surveillance of Gun Violence
- Participants will be introduced to the characteristics of gunshot wounds
- Participants will be encouraged to be an advocate for Gun Violence Reform

WHY ARE WE HERE?

Public Safety

With 19 people found shot in 5 days, District seeks to quell gun violer

11-year-old boy among 7 shot dead in 4 days in Washington, D.C.



KARON BROWN

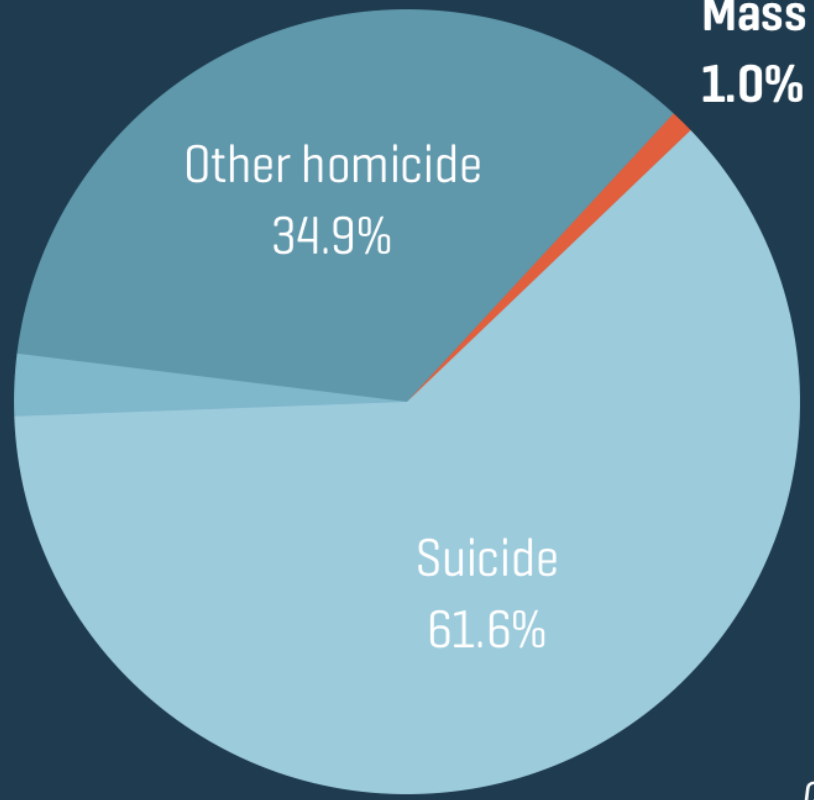
100 AMERICANS ARE KILLED WITH GUNS EVERY DAY

Source: CDC WISQARS, 2013–2017

GIFFORDS

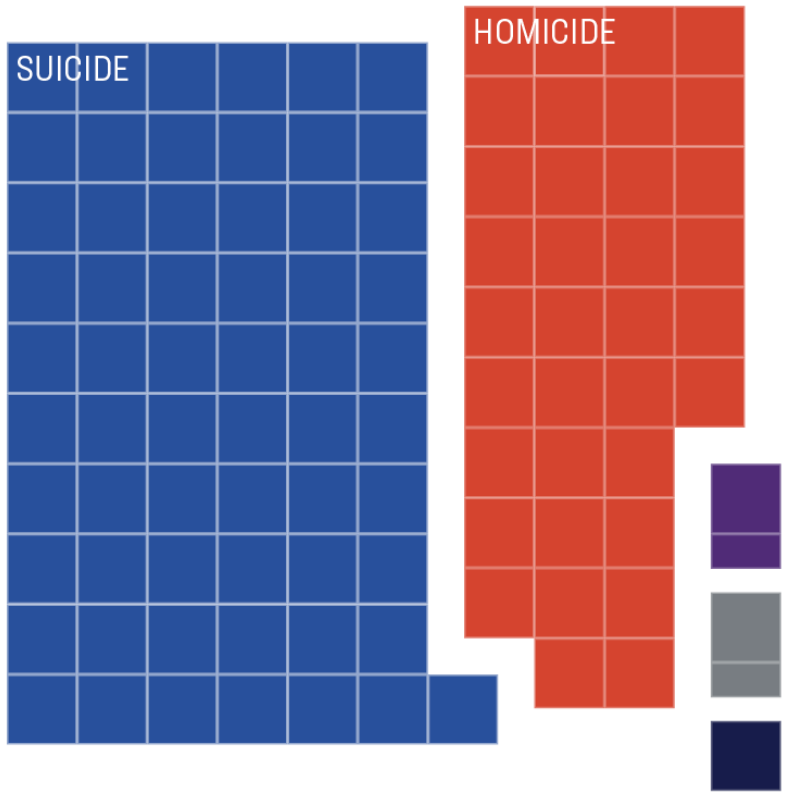
ONLY 1% OF GUN DEATHS HAPPEN IN MASS SHOOTINGS

Numbers reflect gun deaths between 2013 and 2016. Mass shooting deaths were counted by Gun Violence Archive. Other causes of death are from the CDC.



THE TRACE

Source: CDC, Gun Violence Archive

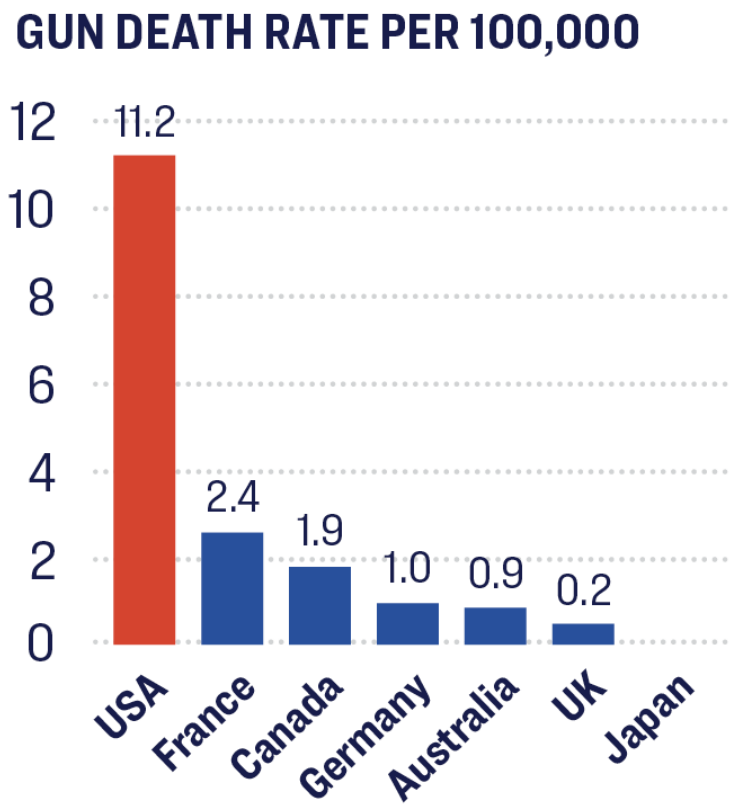


EACH YEAR
36,383 AMERICANS
DIE FROM GUN VIOLENCE

- GUN SUICIDES: 22,274 (61%)
- GUN HOMICIDES: 12,830 (35%)
- LAW ENFORCEMENT SHOOTINGS: 496 (1.4%)
- UNINTENTIONAL SHOOTINGS: 487 (1.3%)
- UNDETERMINED: 295 (0.8%)

Source: CDC WISQARS, 2013–17

GIFFORDS



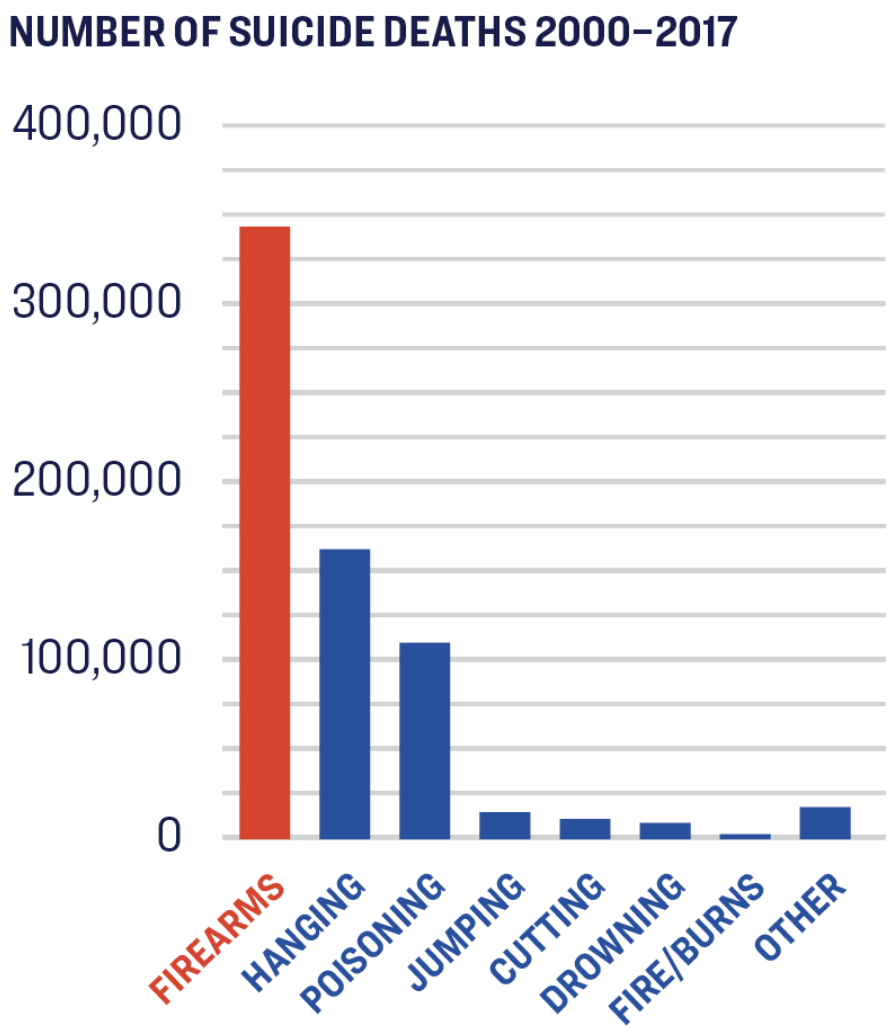
AMERICANS ARE

25 TIMES MORE LIKELY TO DIE FROM GUN VIOLENCE

THAN RESIDENTS OF PEER NATIONS

Source: American Journal of Medicine, 2019

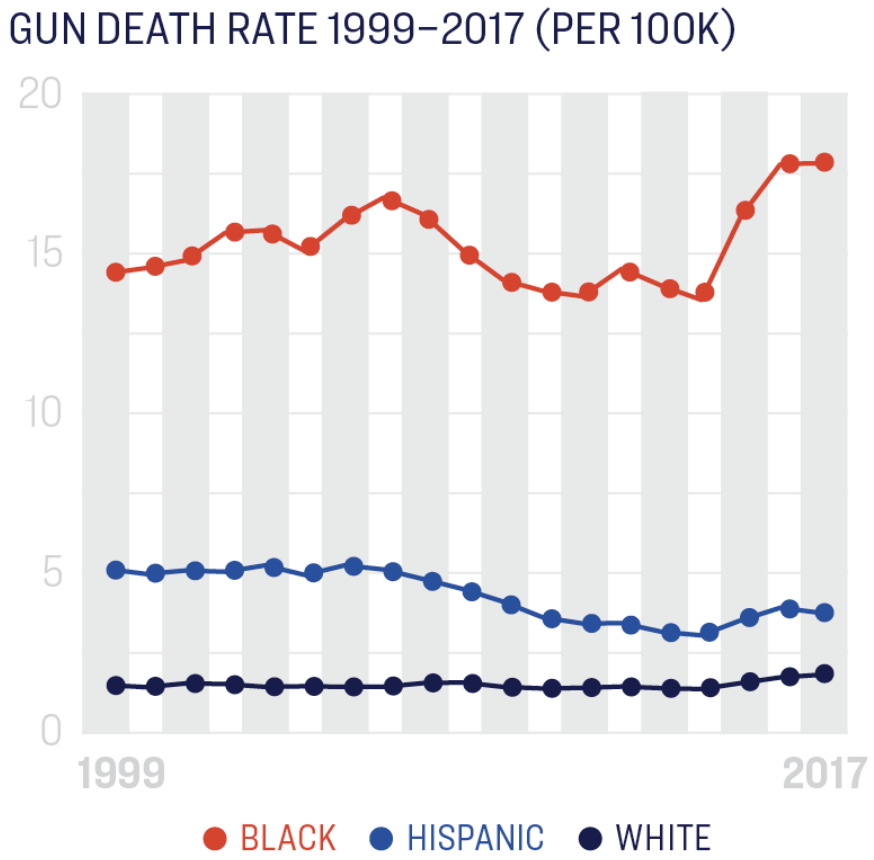
GIFFORDS



51%
OF SUICIDES IN AMERICA INVOLVE A FIREARM

Source: CDC WISQARS

GIFFORDS



BLACK AMERICANS ARE 10 TIMES MORE LIKELY THAN WHITE AMERICANS TO BE MURDERED WITH A GUN

Source: CDC WONDER

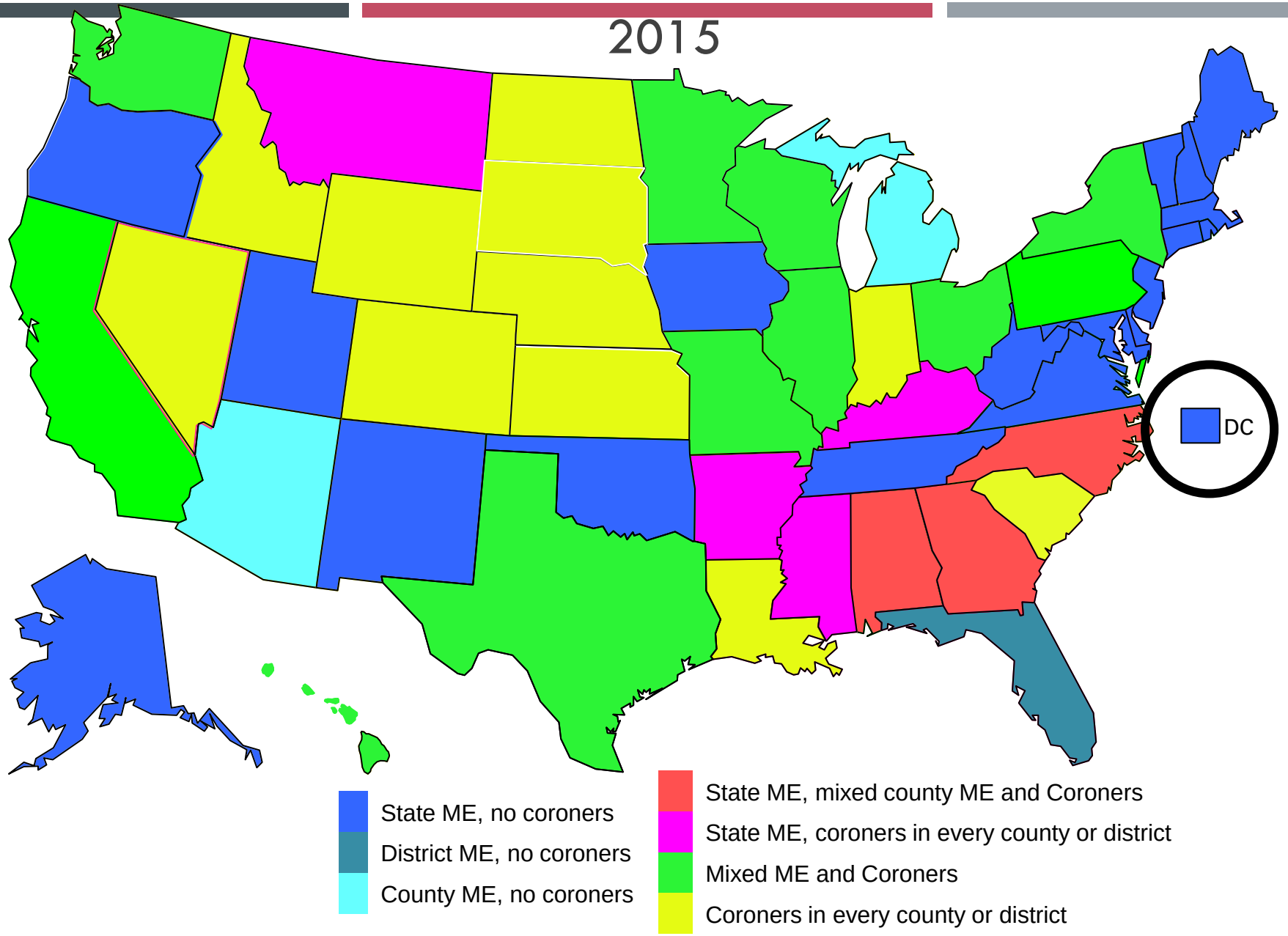
GIFFORDS


WE CAN END
GUN VIOLENCE


DEATH INVESTIGATIONS

CONSOLIDATED FORENSIC LABORATORY (CFL)

2015


DC
State ME, no coroners
District ME, no coroners
County ME, no coroners
State ME, mixed county ME and Coroners
State ME, coroners in every county or district
Mixed ME and Coroners
Coroners in every county or district

CURRENT PRACTICES IN US

Coroner/JP

- Elected official
- No training or MD degree

Medical Examiner

- Appointed
- MD degree

DEATHS REPORTED FOR INVESTIGATION

- violent death, whether apparently homicidal, suicidal or accidental, including deaths due to
- thermal, chemical, electrical or radiation injury and deaths due to criminal abortion;
- deaths that are sudden, unexpected or unexplained;
- deaths that occur under suspicious circumstances;
- deaths of persons whose bodies are to be cremated, dissected or buried at sea:
- deaths at the workplace or resulting from work activity;

DC Law (DC Code §5-1405)

DEATHS REPORTED FOR INVESTIGATION

- deaths that are due to diseases that may constitute a threat to public health;
- deaths of persons who are wards of the District government;
- deaths related to medical or surgical intervention;
- deaths that occur while persons are in the legal custody of the District;
- fetal deaths related to maternal trauma or maternal drug use;

DC Law (DC Code §5-1405)

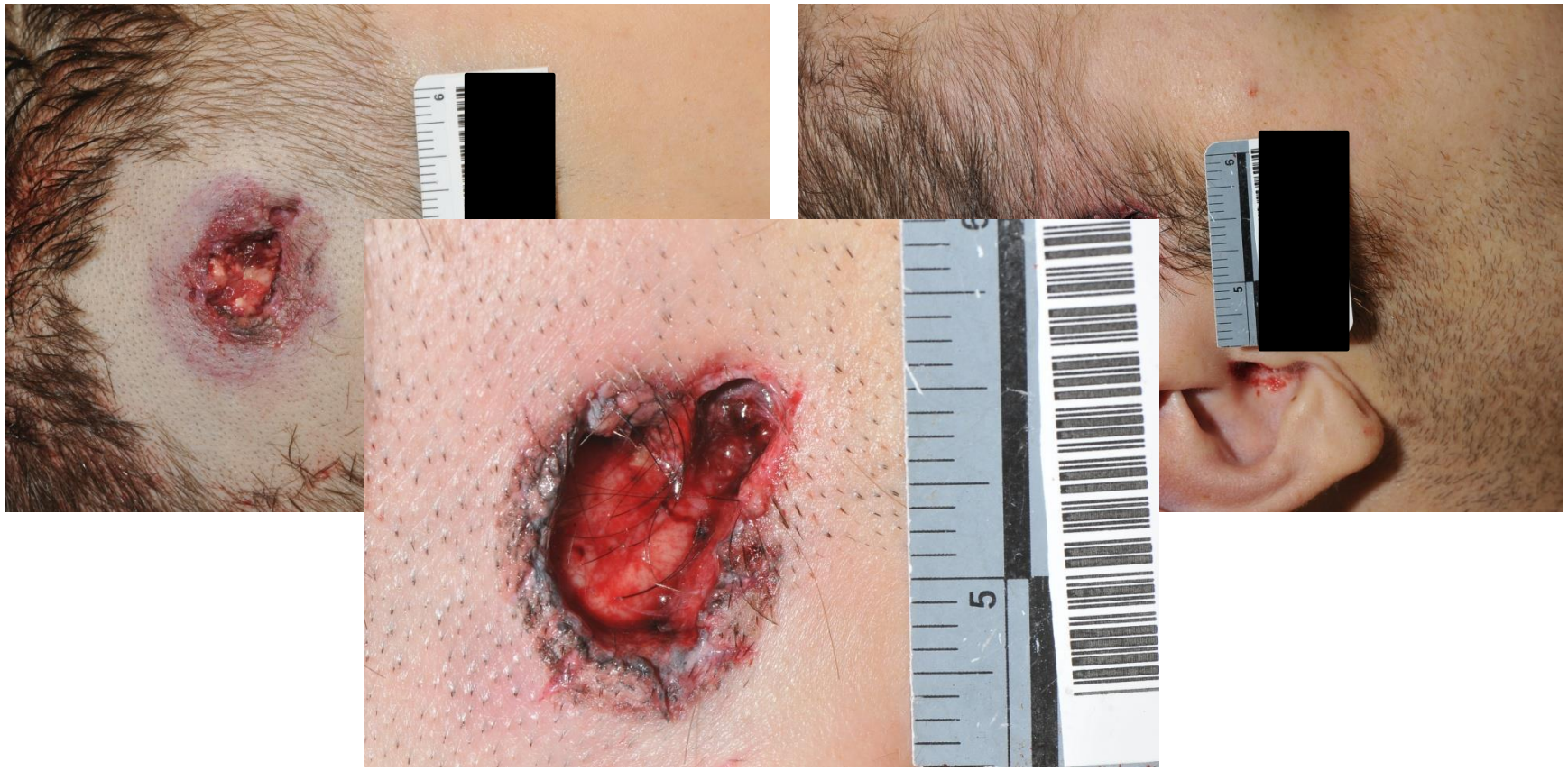
DEATHS REPORTED FOR INVESTIGATION

- deaths for which the Metropolitan Police Department (MPD), or other law enforcement agency, or the United States Attorney's Office requests, or a court order investigation; and
- dead bodies brought within the District without proper medical certification.

DC Law (DC Code §5-1405)

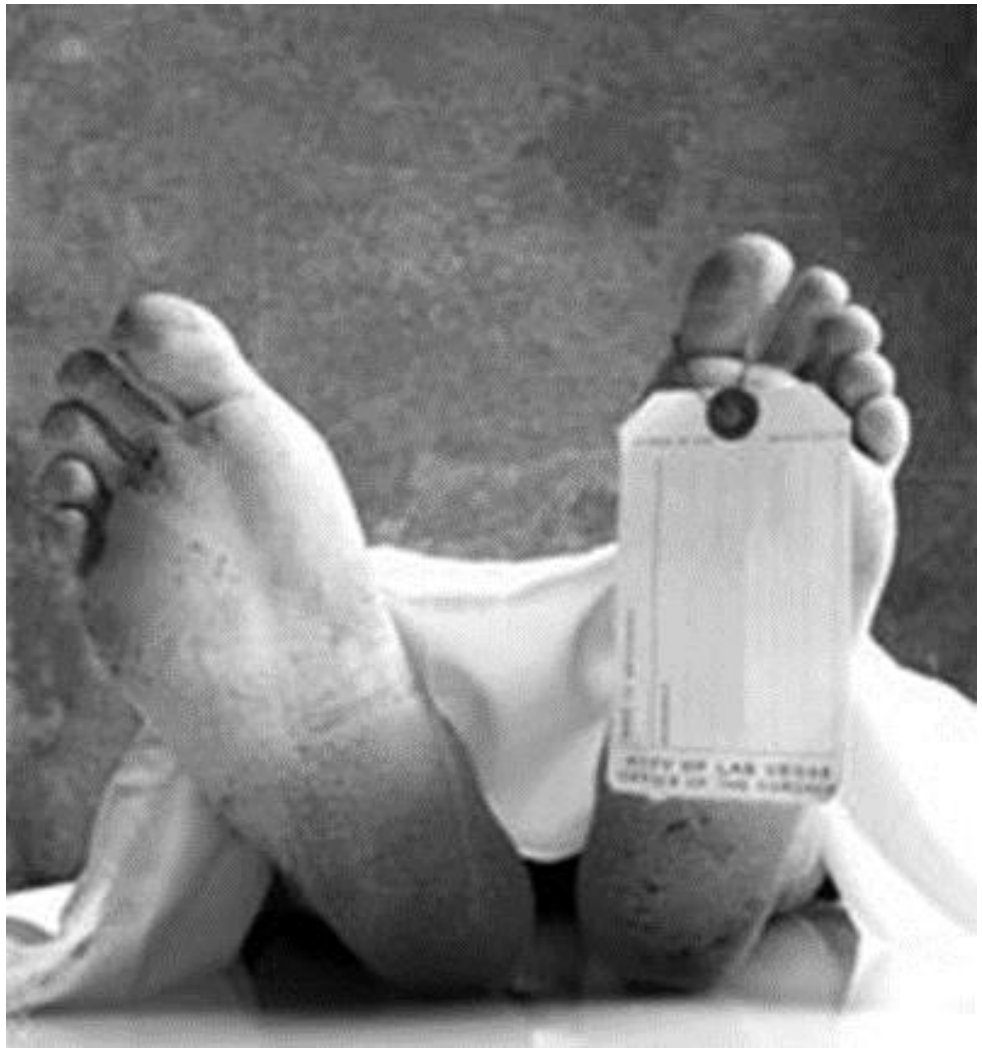
CAUSE OF DEATH

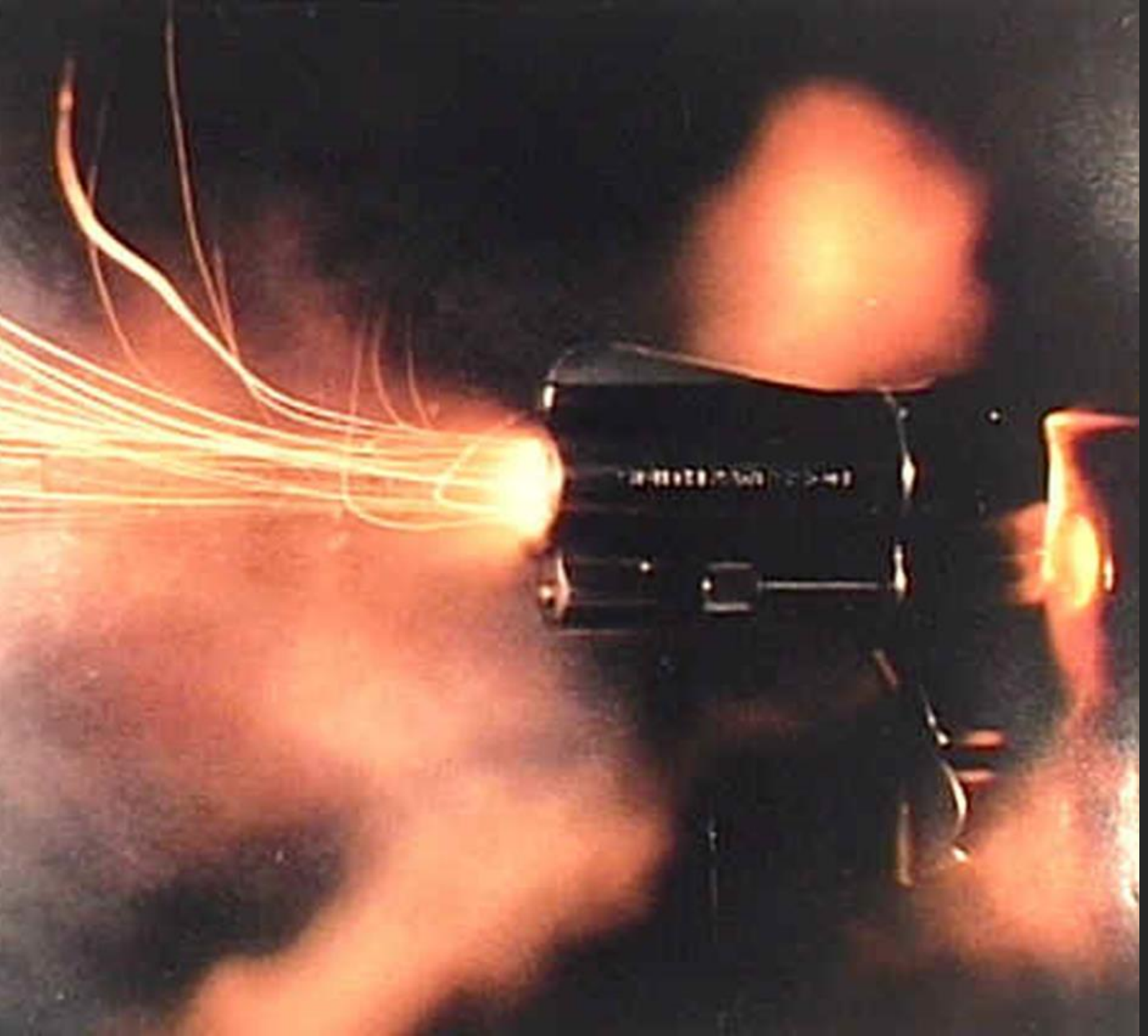
The disease, injury, or combination responsible for the fatality.



MANNER OF DEATH

- Explanation of how the cause arose
  - Natural vs. Non-natural.
    - Natural is 100% caused by disease.
  - Classifications:
    - **Natural**
    - **Accident**
    - **Homicide**
    - **Suicide**
    - **Undetermined**





DISCHARGE OF FIREARM

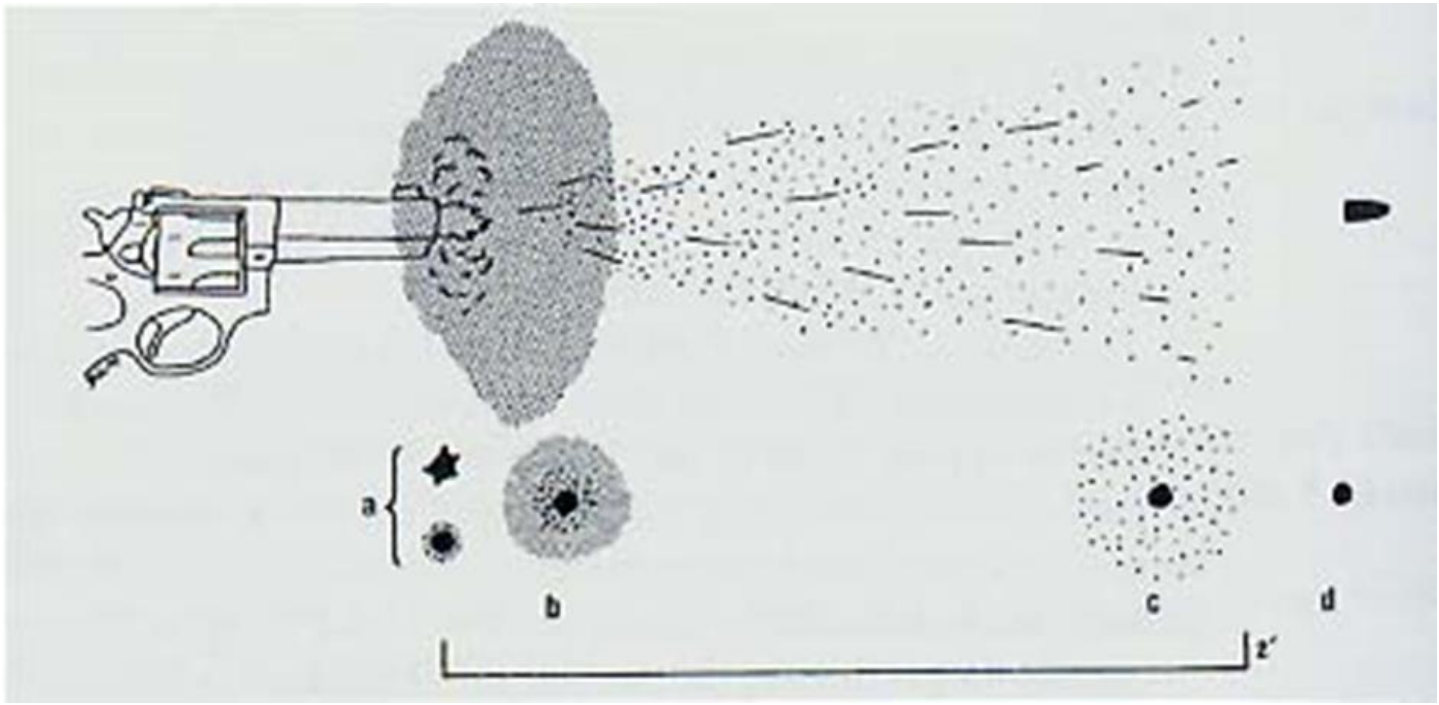
WHAT OCCURS WHEN A FIREARM IS DISCHARGED

- Fire or flame is emitted from the barrel.
- This is followed by smoke.
- The bullet emerges from the barrel.
- Additional smoke and grains of both burned and unburned gunpowder follow the bullet out of the barrel.

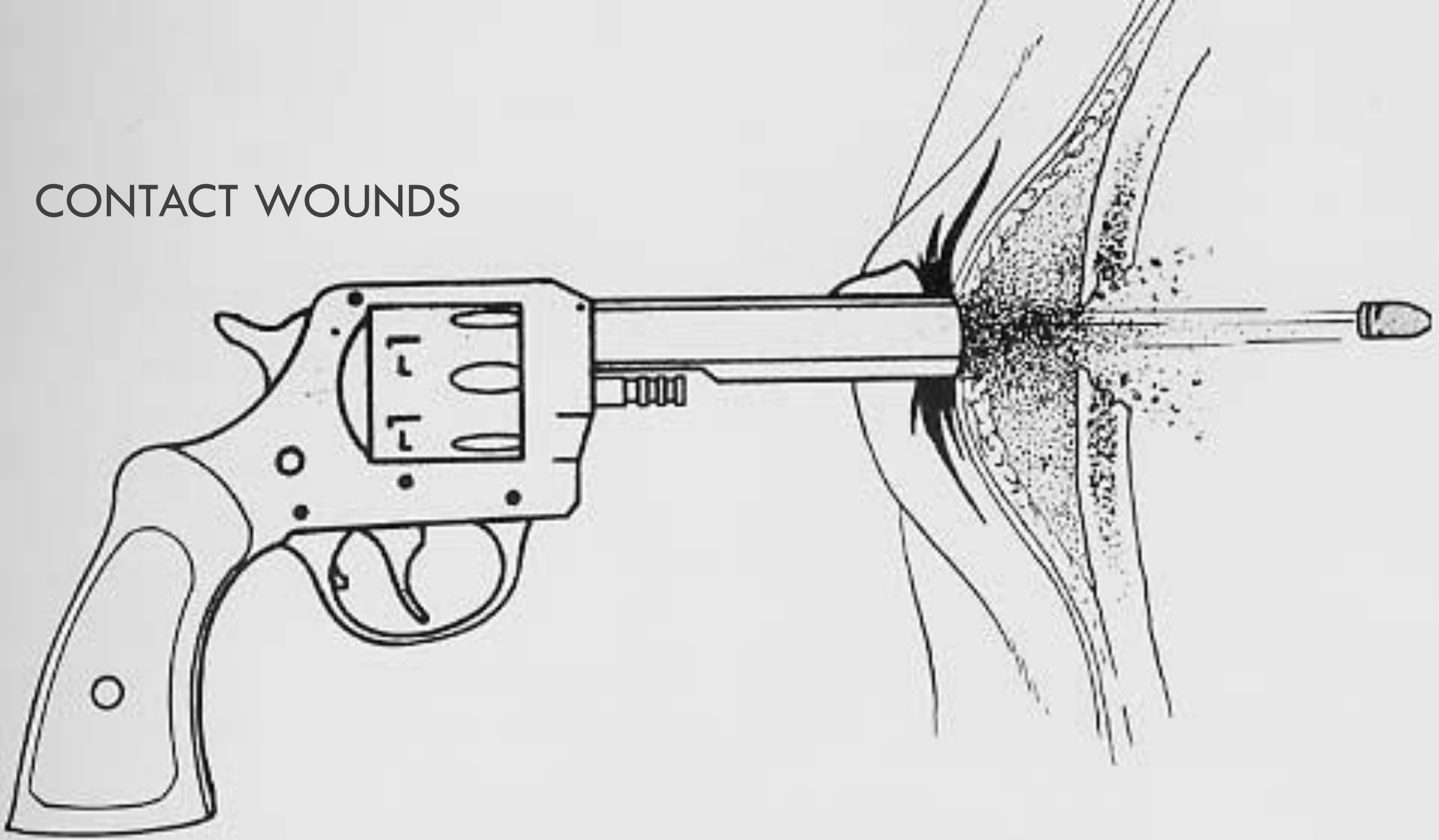
DISCHARGE OF FIREARM

CATEGORIES OF GUNSHOT WOUNDS: RANGE OF FIRE

- Contact: muzzle against the skin
- Near contact: < 3/4 inch
- Intermediate: < 2 feet (18-24 inches)
- Distant: > 2 feet (18-24 inches)

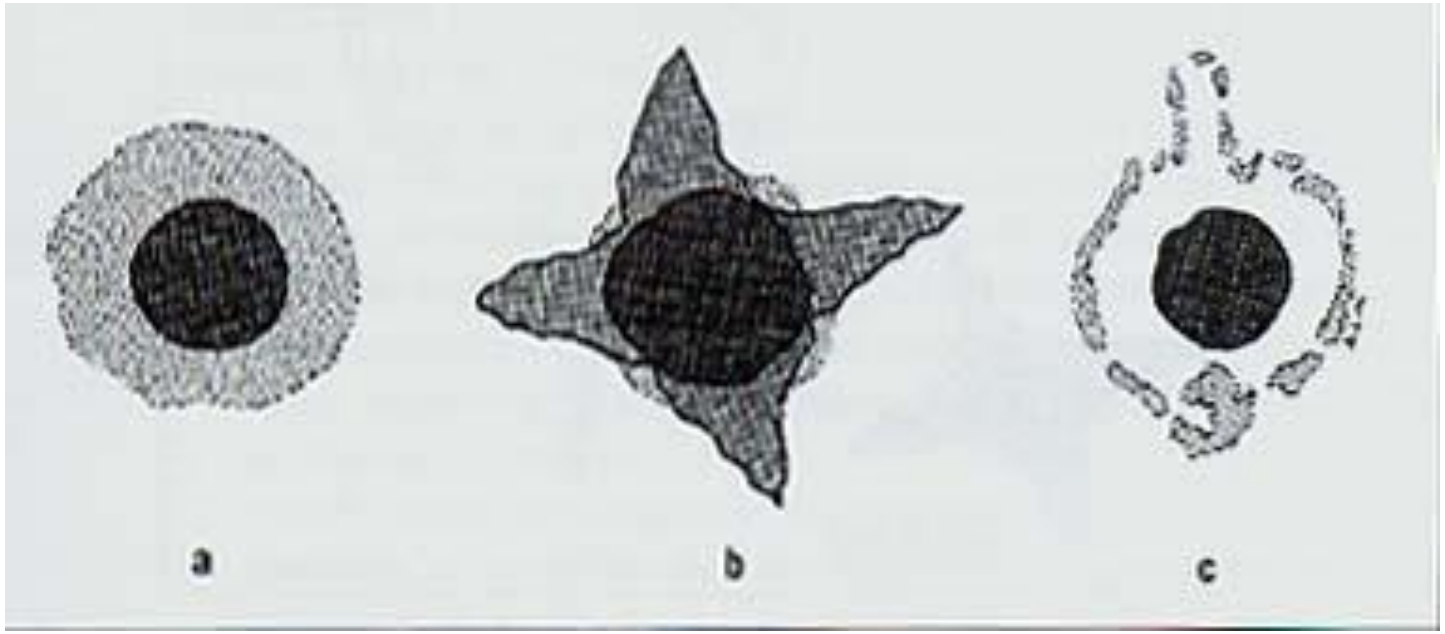


CONTACT WOUNDS

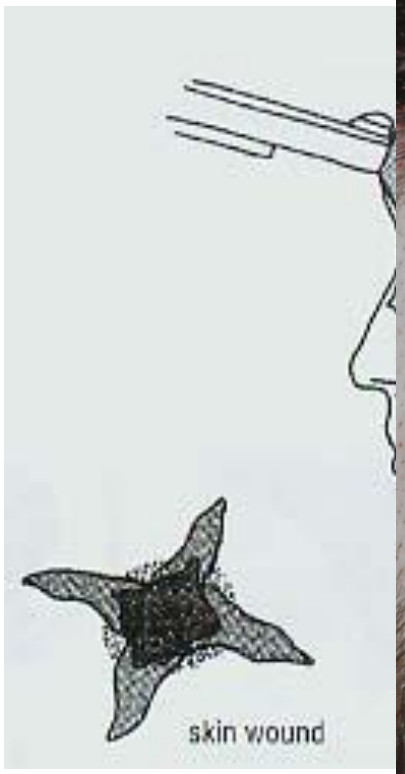


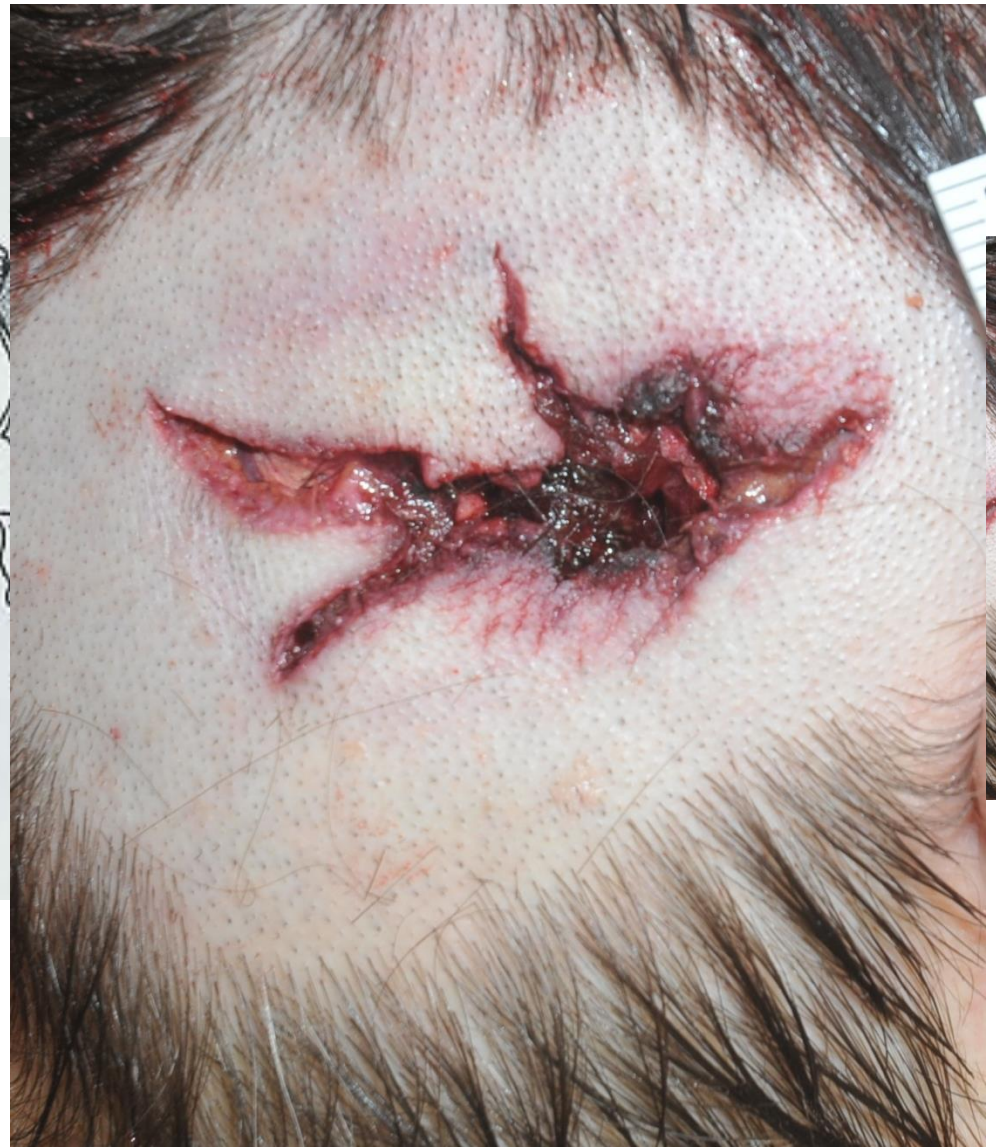
TYPES OF HARD CONTACT WOUNDS

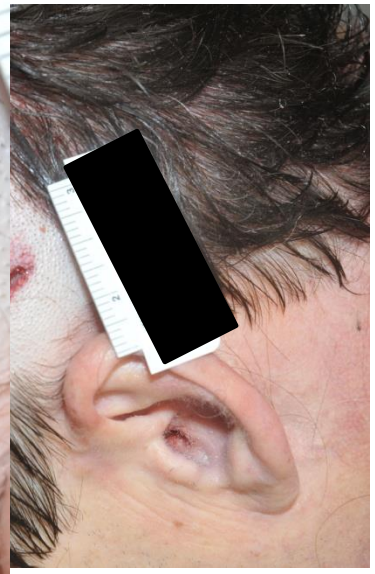
- a. round with blackened margin, seared abrasion
- b. split open stellate tear
- c. muzzle imprint



HARD CONTACT WOUND OF HEAD





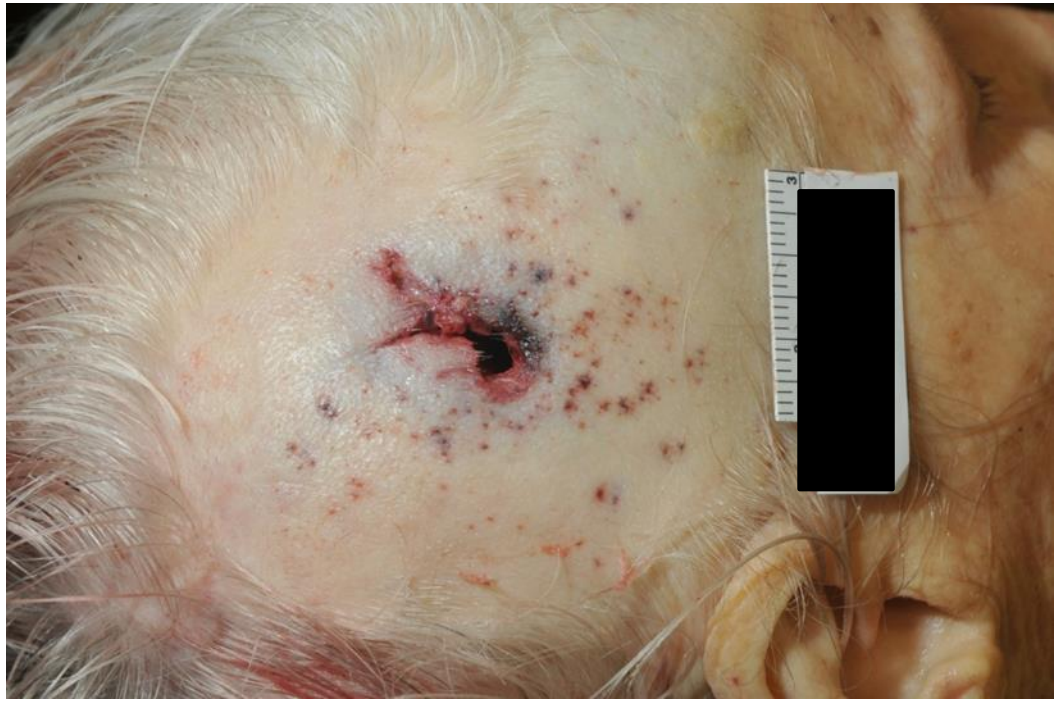


INTERMEDIATE RANGE WOUNDS

- **Stippling** at entrance wound: unburned gunpowder
  - Multiple reddish-brown to orange-red lesions of skin surrounding wound
    - **Punctate abrasions**: cannot be wiped away
  - These marks are **NOT** powder burns!
- Occur when muzzle to target distance **exceeds 3/4 inch.**

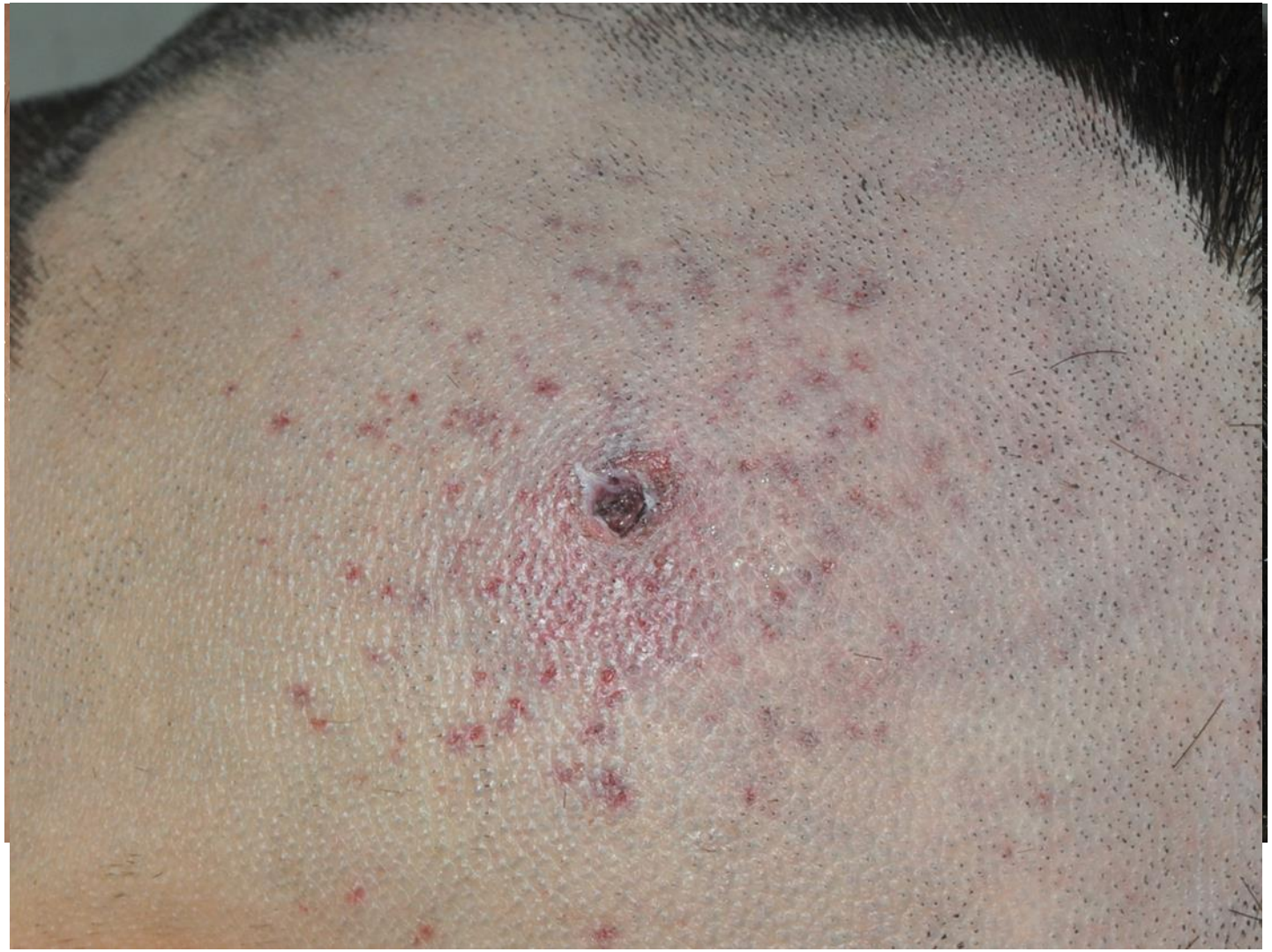
NEAR CONTACT V. INTERMEDIATE

NEAR CONTACT



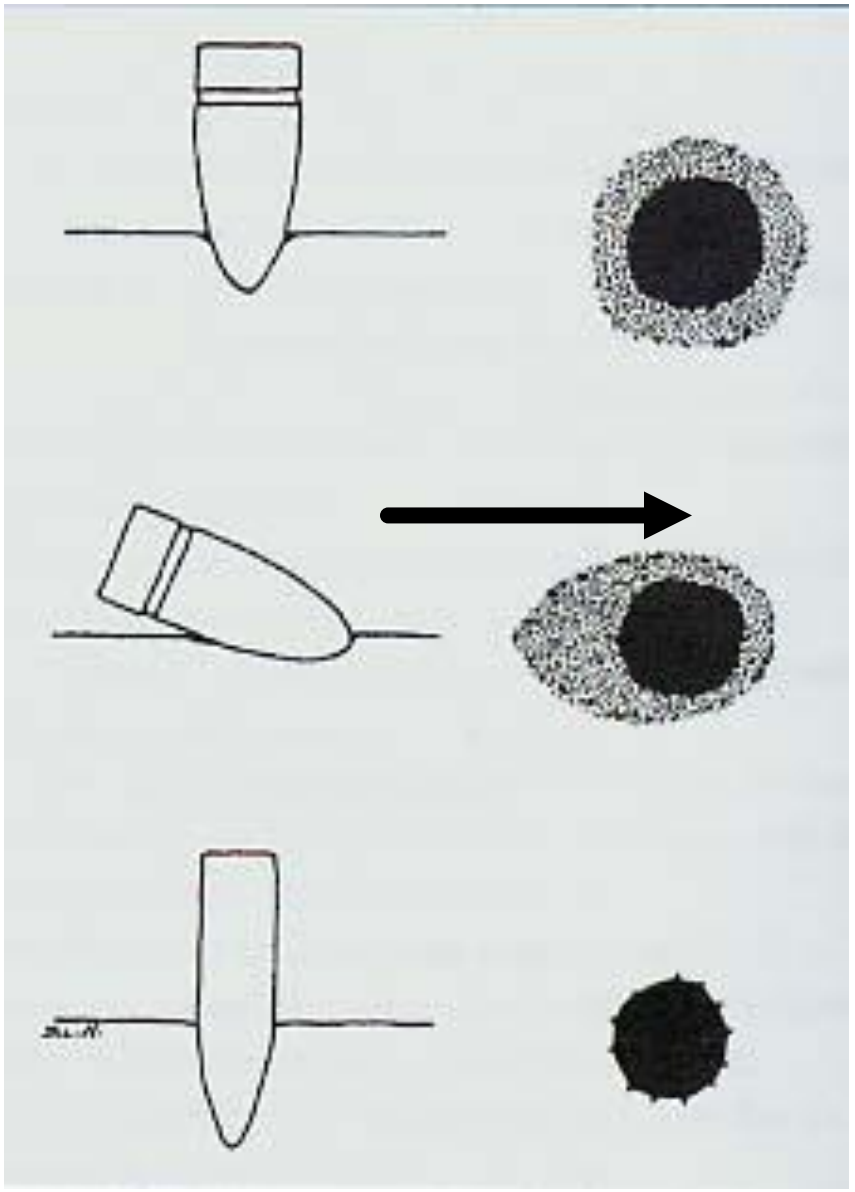
Soot deposition surrounding wound: < 6-8 inches

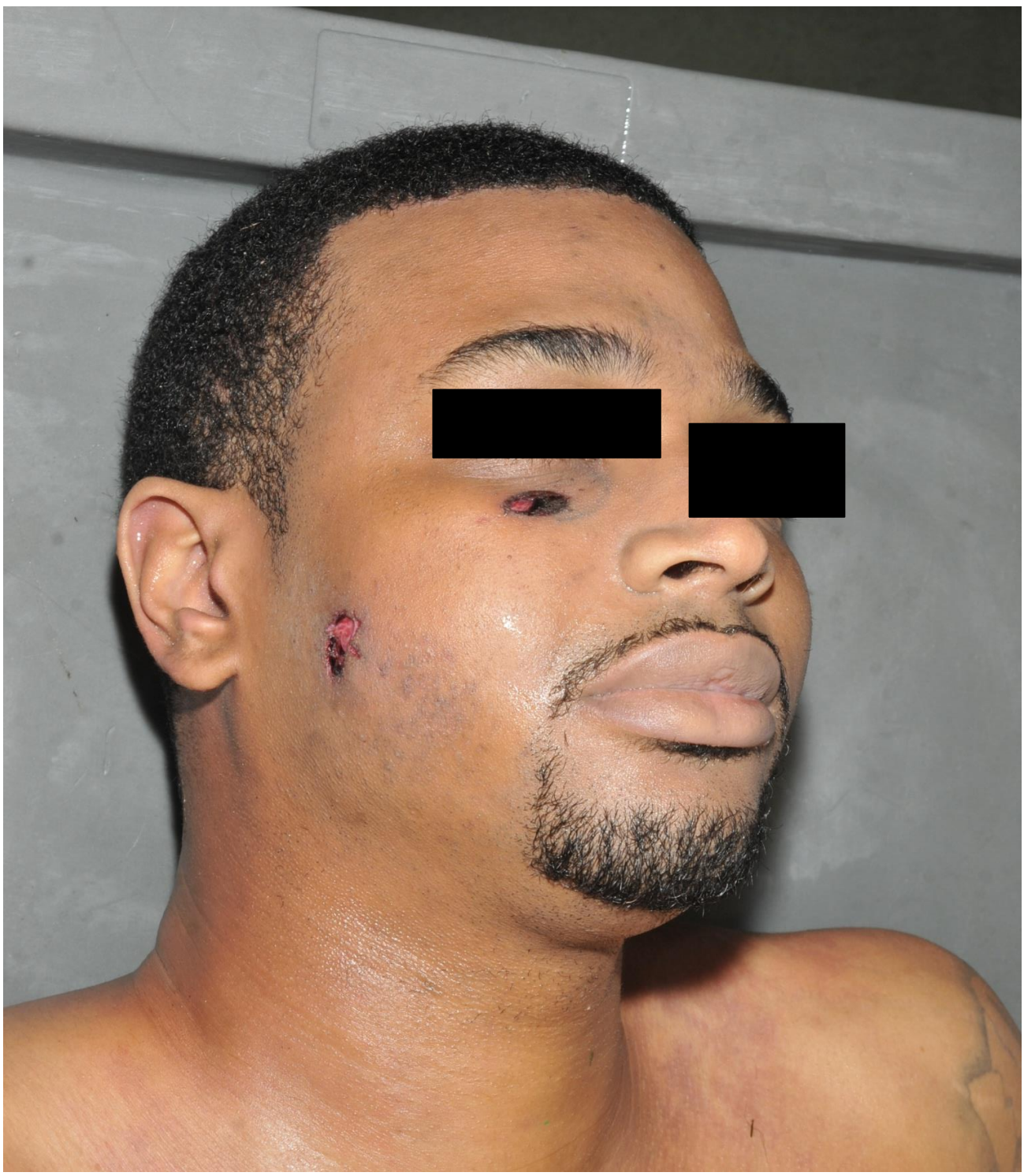
INTERMEDIATE WOUND: **STIPPLING**



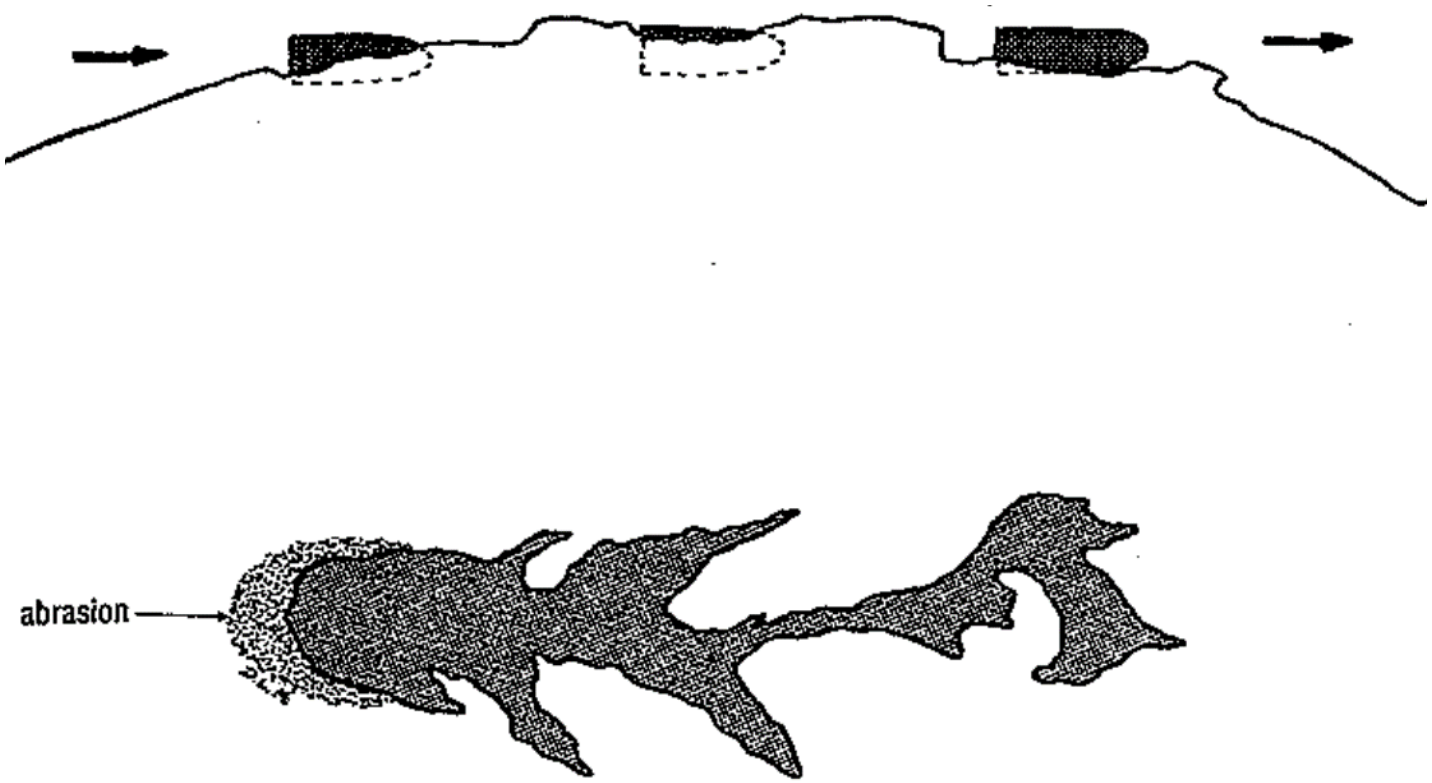
ENTRANCE WOUNDS

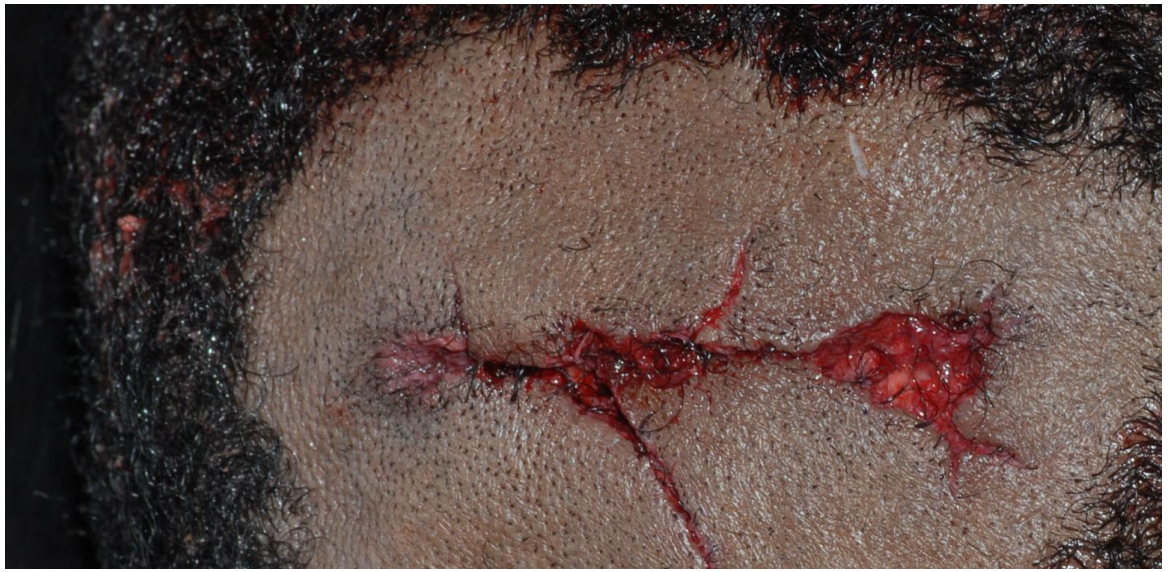
- Bullet enter skin at right angle; regular round abrasion collar (margin of abrasion)
- Entrance at oblique angle; crescent-shaped abrasion collar (determine direction of penetration).
- Rifle entrance: micro tears around entry (high velocity)





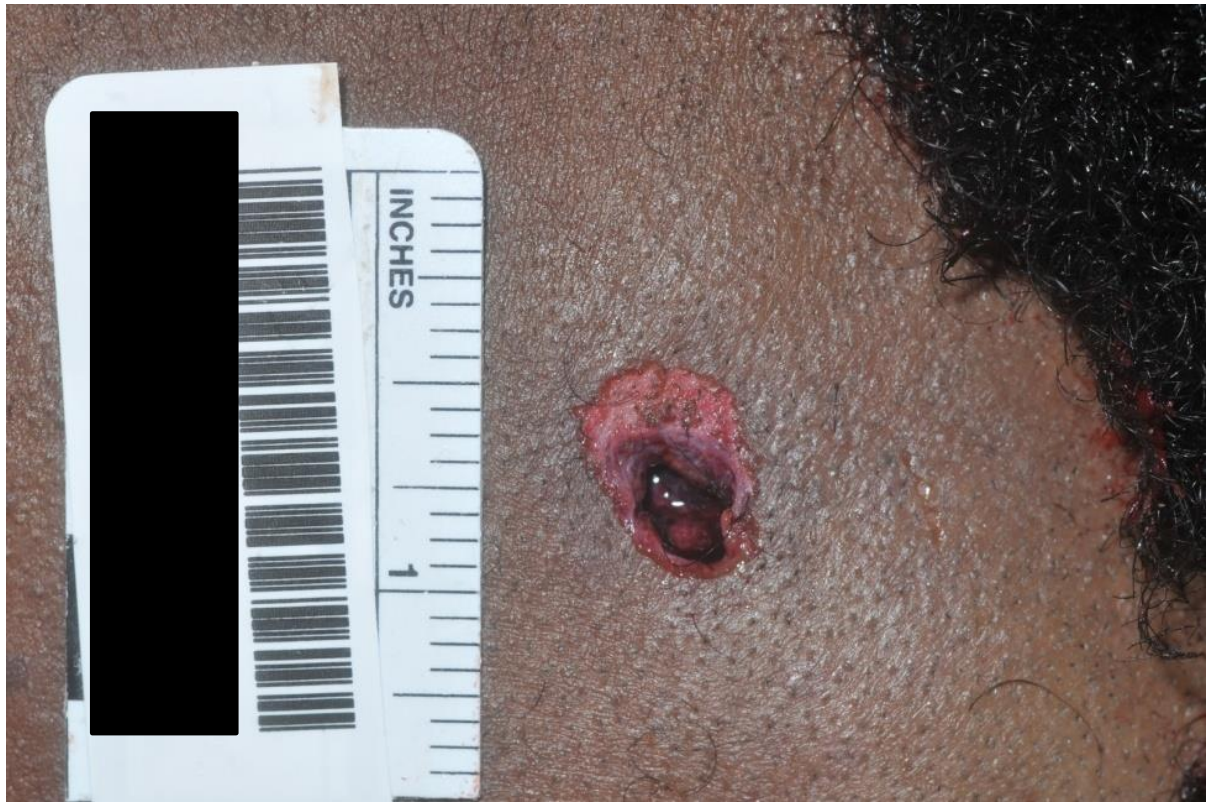
GRAZE WOUND

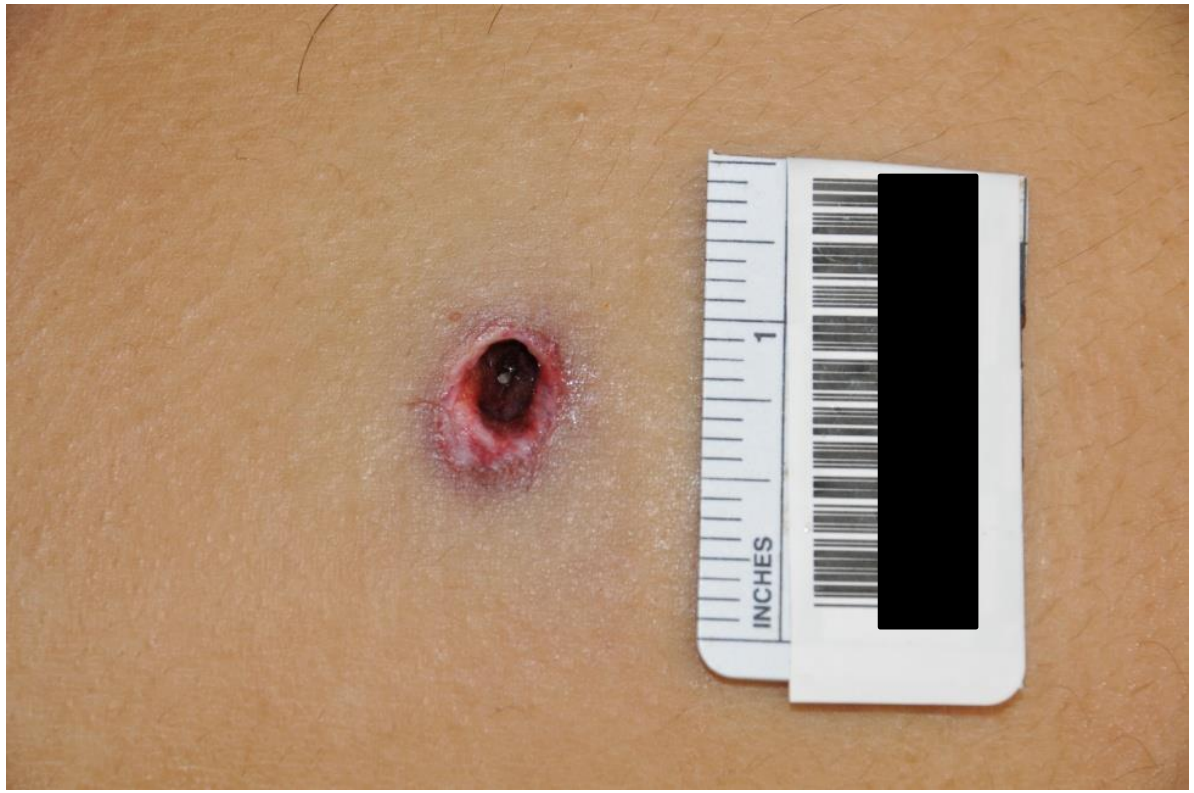




GRAZE WOUND

DISTANT WOUNDS

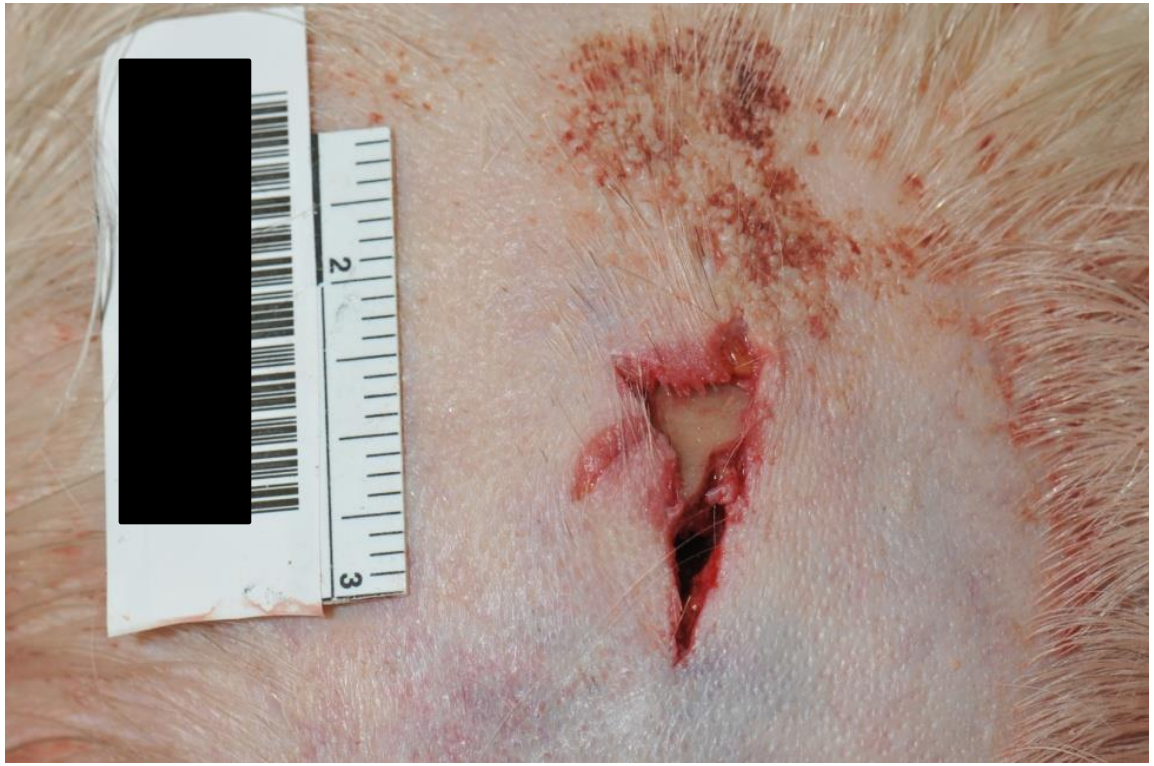


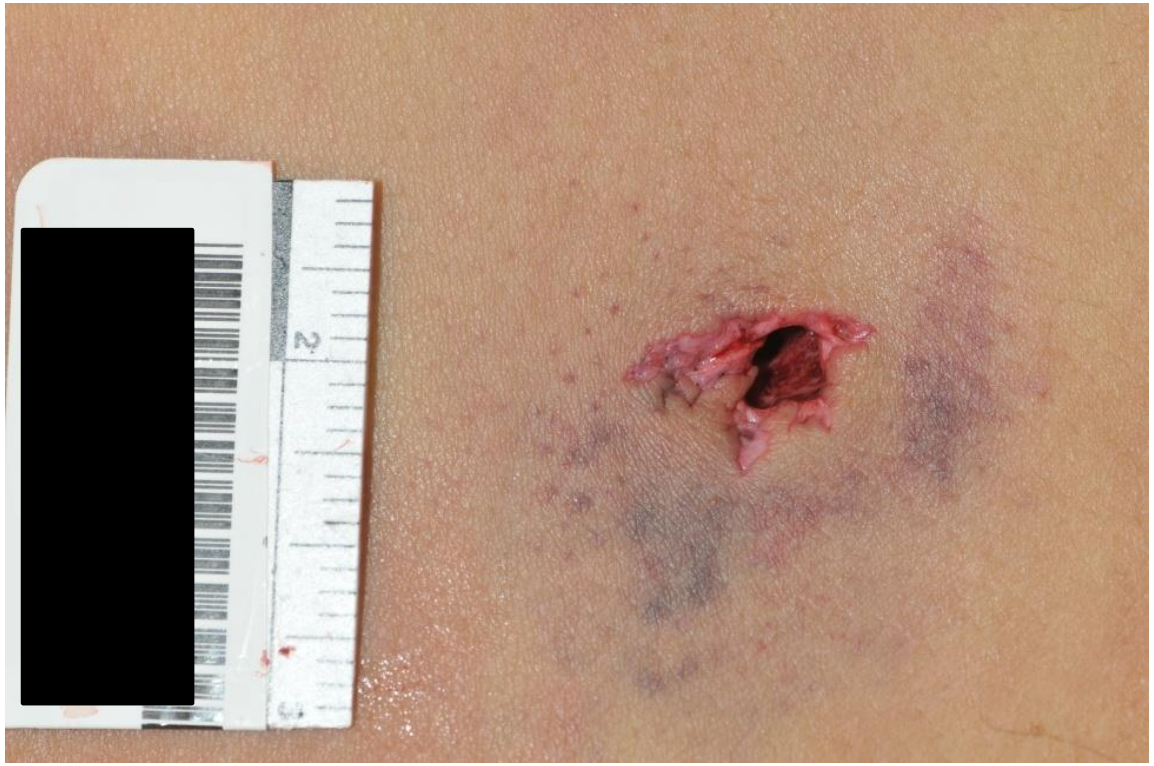


EXIT WOUNDS

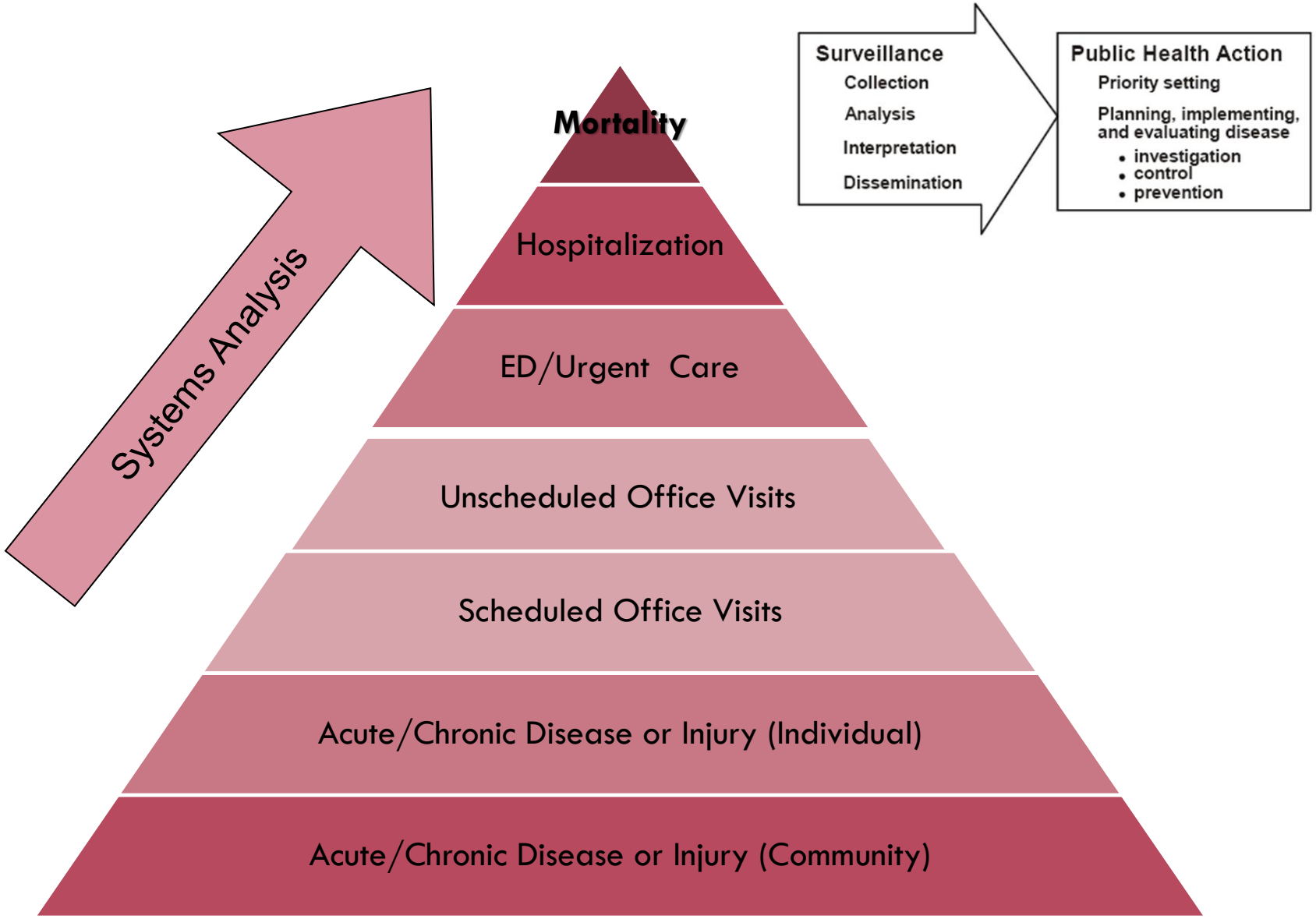
- Larger and more irregular than entrance due to bullet destabilization and/or deformation
- Can be slit-like, stellate, small or large
- Do not have abrasion ring – not contact with skin's outer surface
- Do not have central defect upon re-opposing the tissue (except shored exit)

EXIT WOUNDS

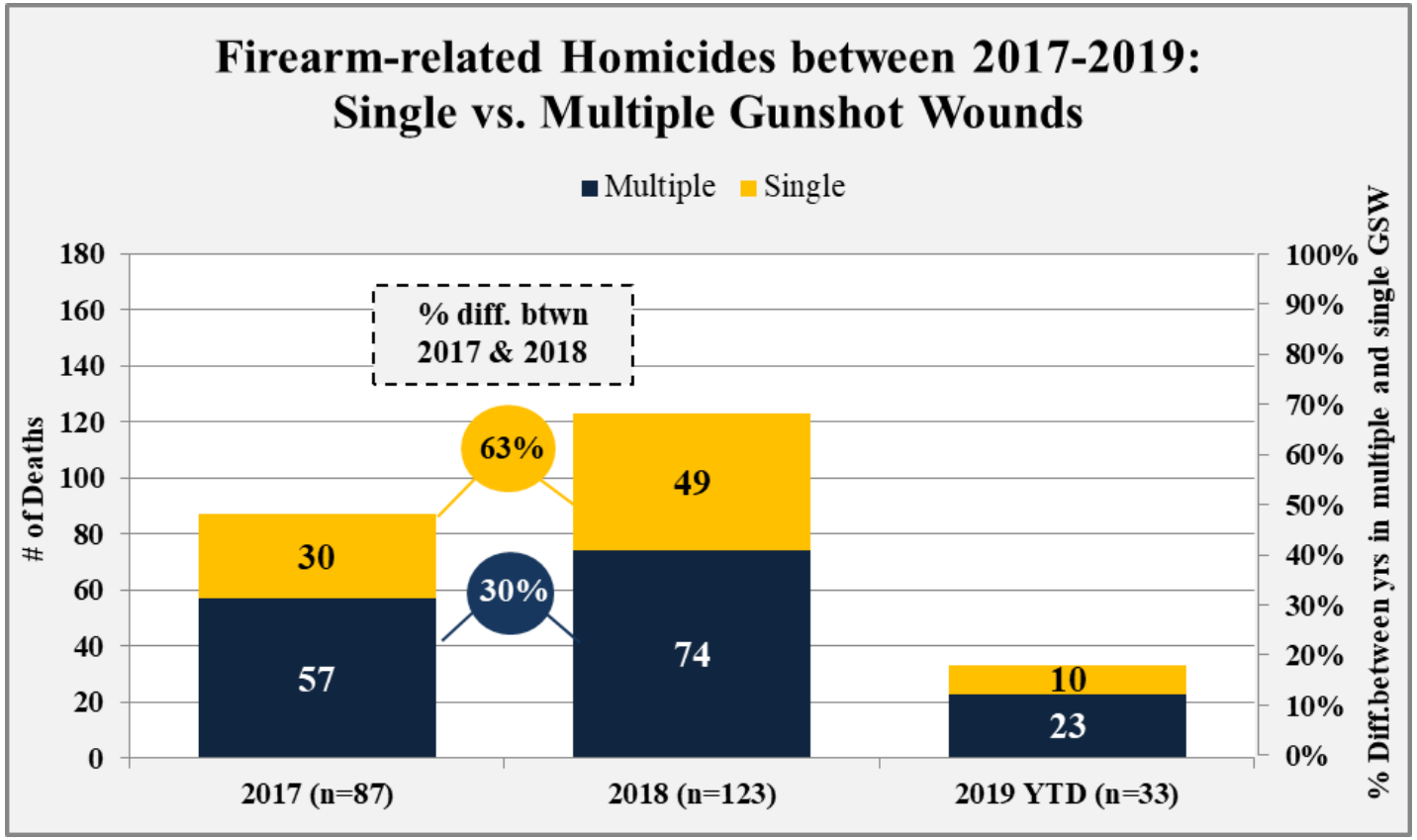




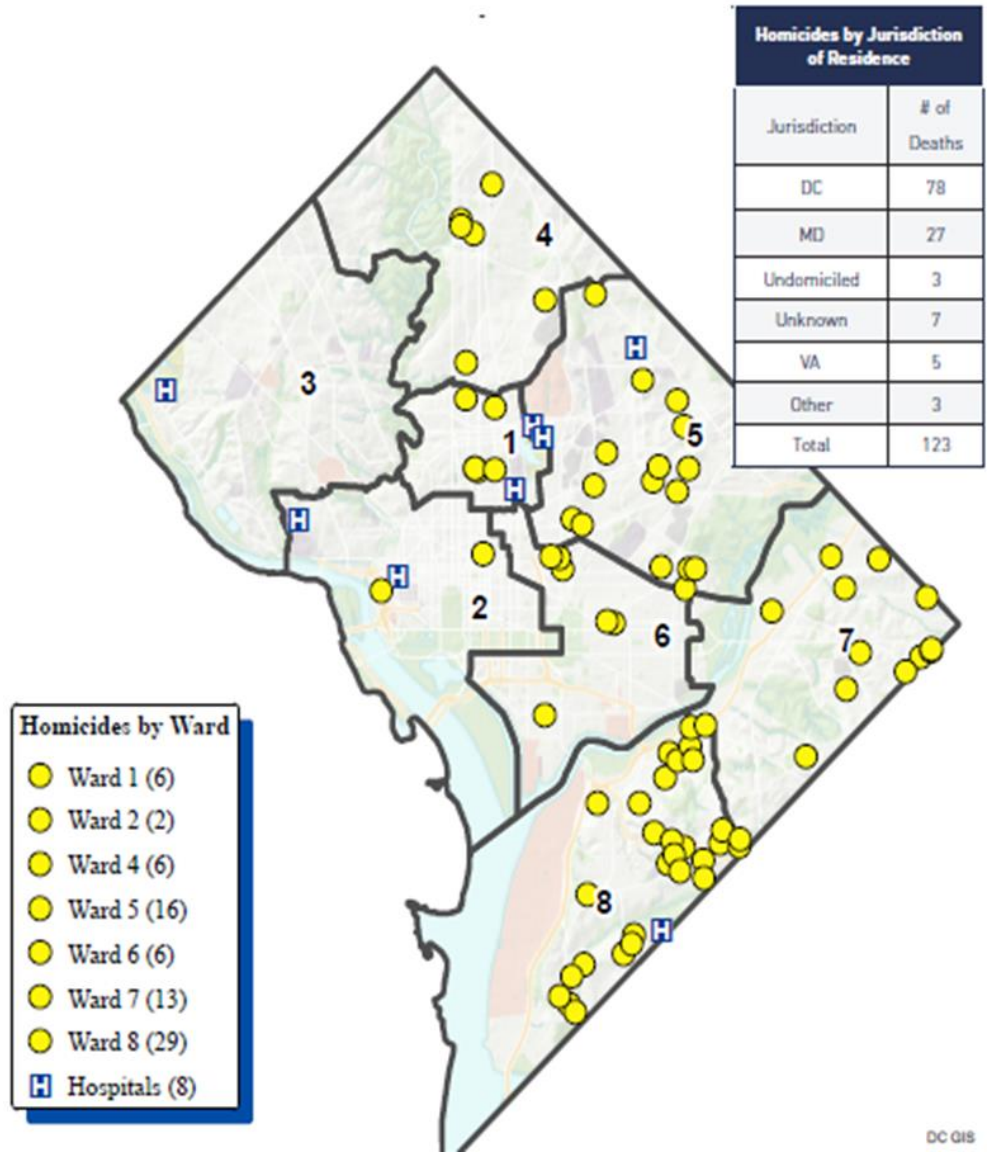
VIOLENCE AND ITS AFFECT ON HEALTH



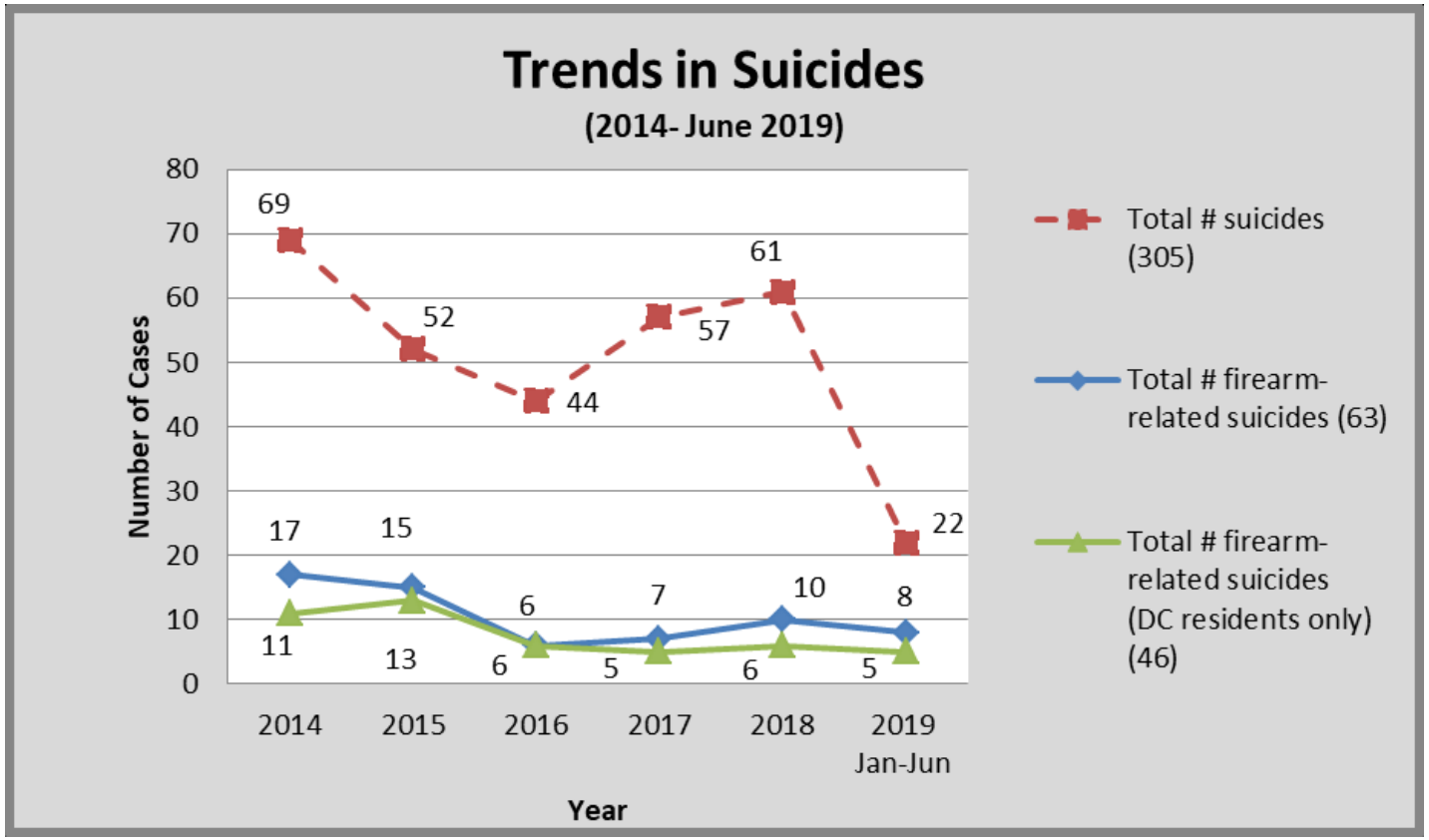
FIREARM RELATED HOMICIDES



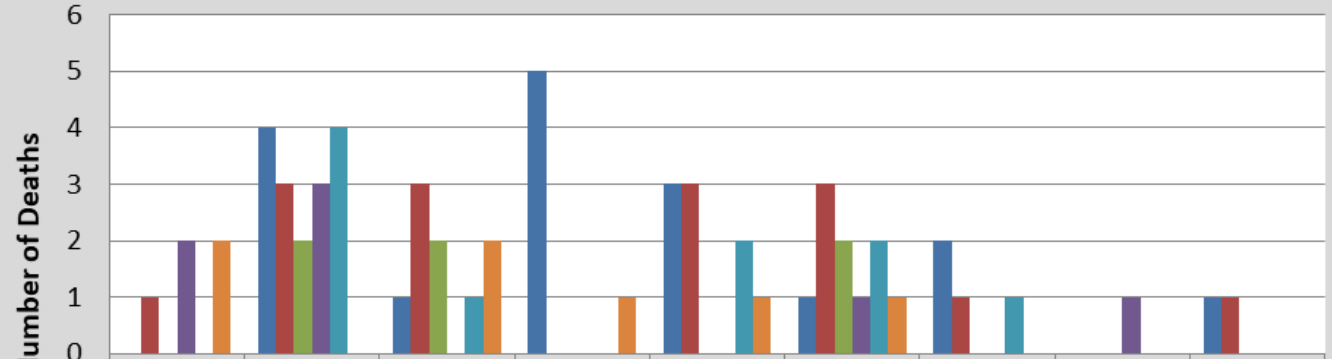
HOMICIDES IN THE DISTRICT



FIREARM RELATED SUICIDES

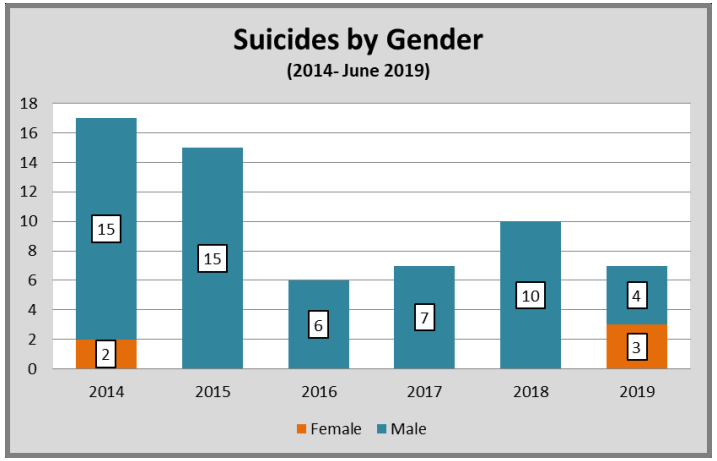


Suicides by Age Category
(2014- June 2019)

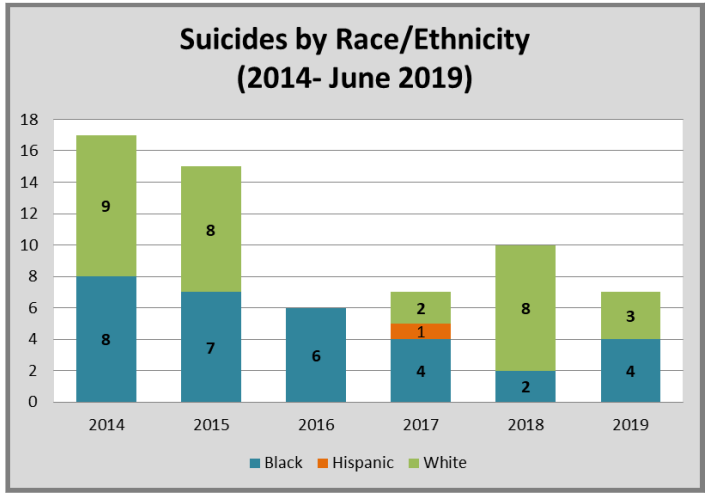


	10-19	20-29	30-39	40-49	50-59	60-69	70-70	80-89	90-99
2014	0	4	1	5	3	1	2	0	1
2015	1	3	3	0	3	3	1	0	1
2016	0	2	2	0	0	2	0	0	0
2017	2	3	0	0	0	1	0	1	0
2018	0	4	1	0	2	2	1	0	0
2019	2	0	2	1	1	1	0	0	0

Suicides by Gender
(2014- June 2019)

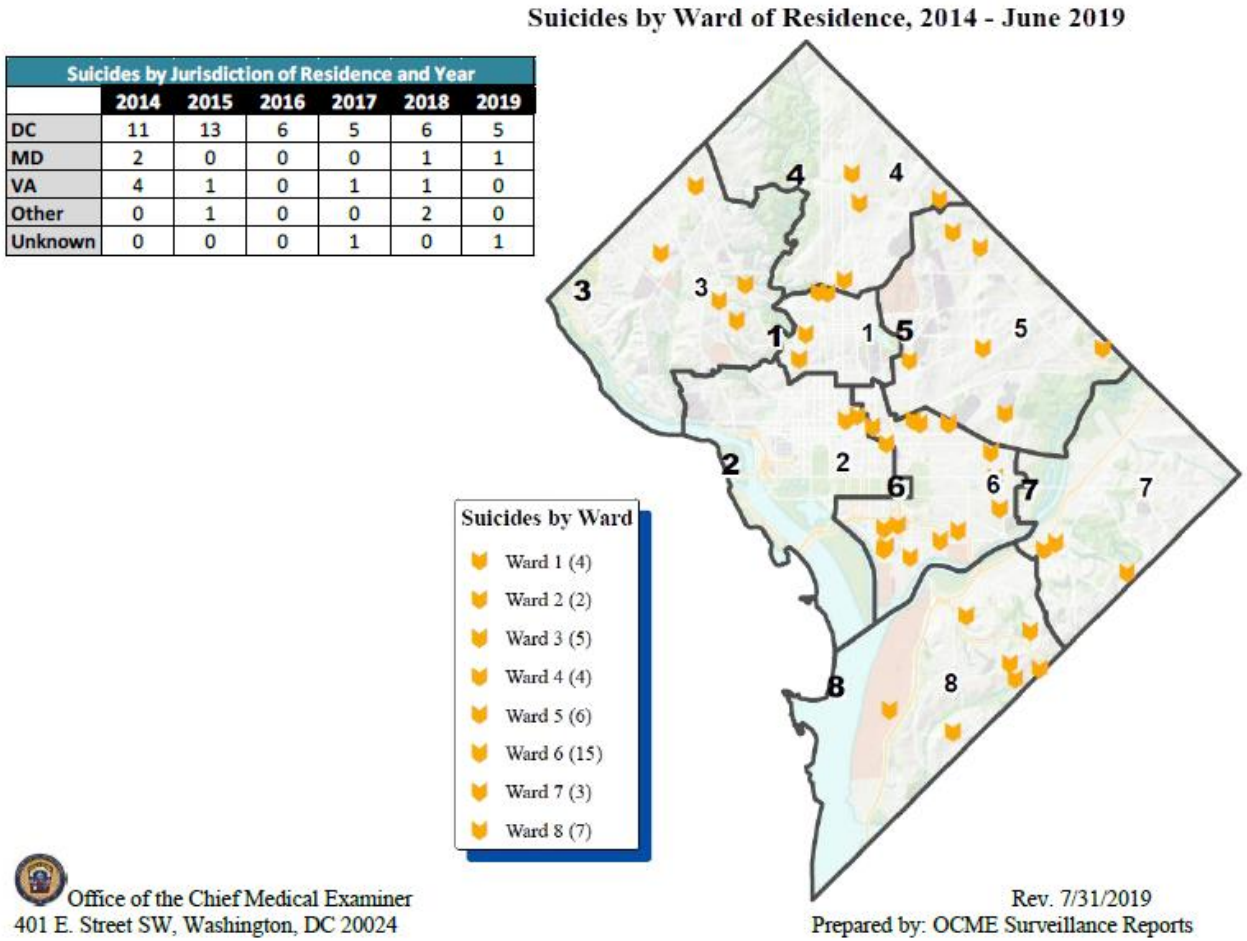


Suicides by Race/Ethnicity
(2014- June 2019)

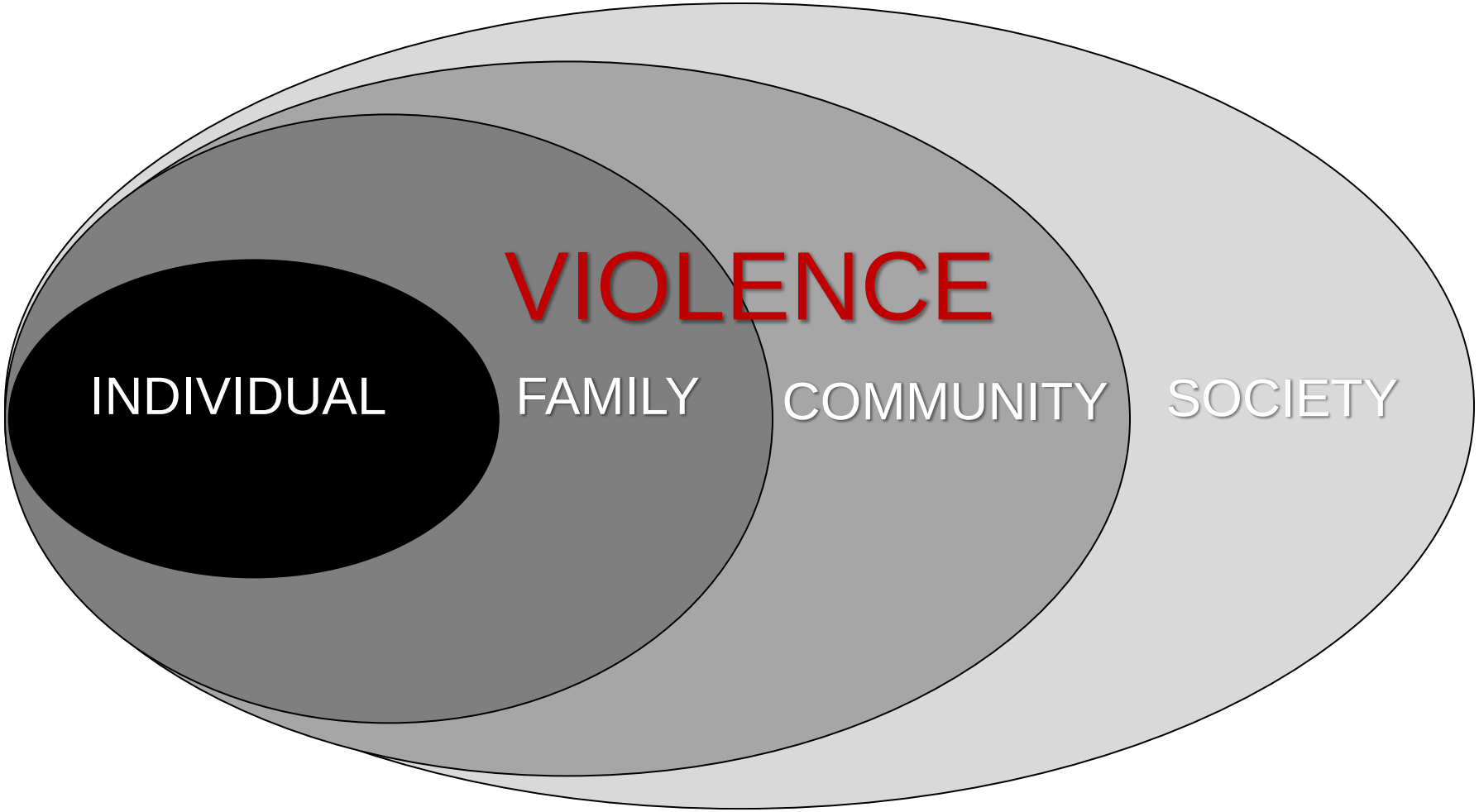


FIREARM RELATED SUICIDES

Suicides by Jurisdiction of Residence and Year						
	2014	2015	2016	2017	2018	2019
DC	11	13	6	5	6	5
MD	2	0	0	0	1	1
VA	4	1	0	1	1	0
Other	0	1	0	0	2	0
Unknown	0	0	0	1	0	1



VIOLENCE AS A PUBLIC HEALTH ISSUE

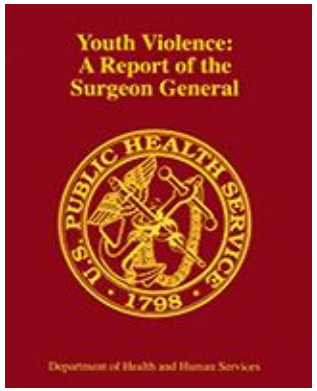


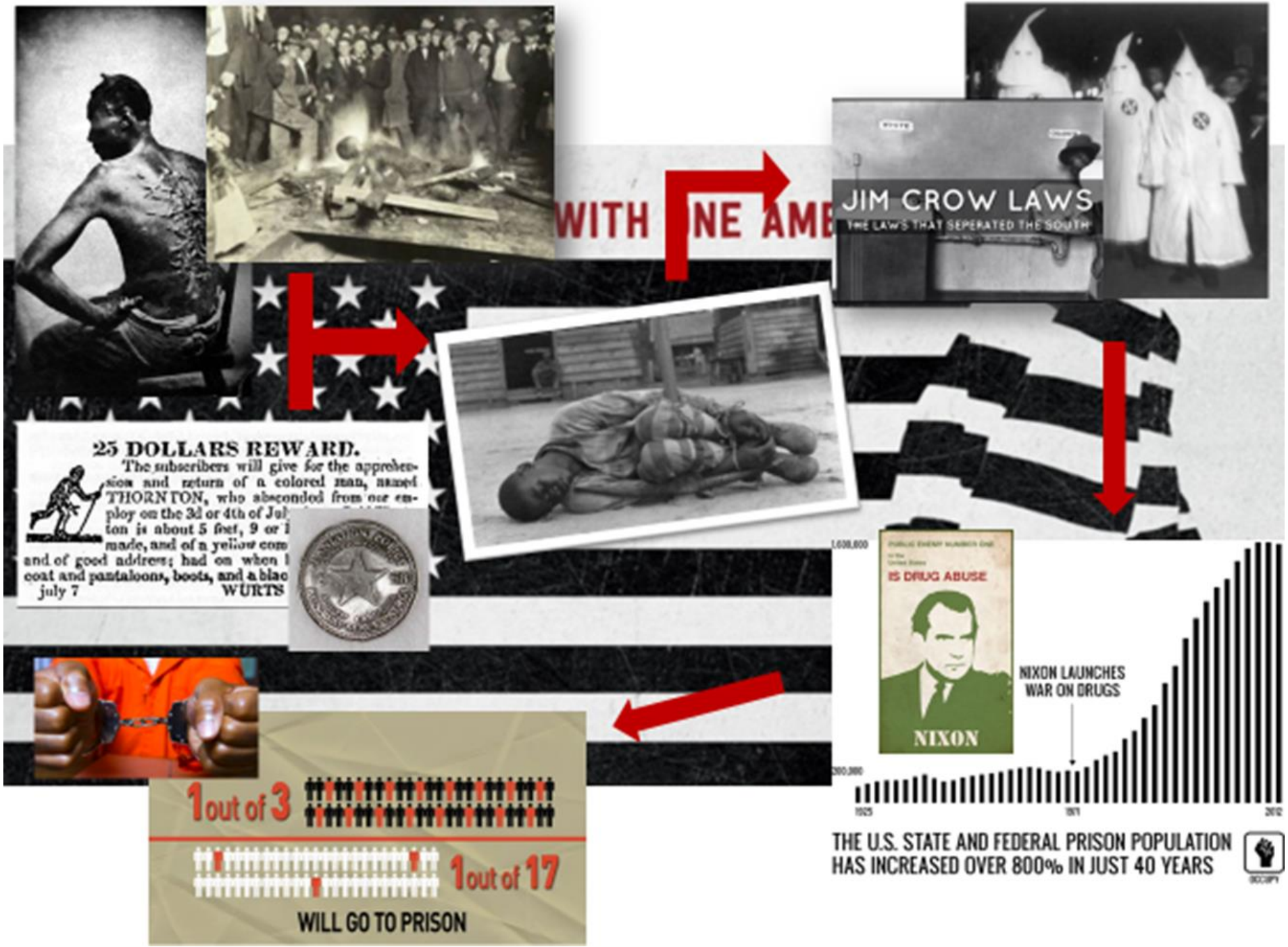
Box 4–1. Early and late risk factors for violence at age 15 to 18 and proposed protective factors, by domain

Domain	Risk Factor		Protective Factor*
	Early Onset (age 6–11)	Late Onset (age 12–14)	
Individual	General offenses Substance use Being male Aggression** Psychological condition Hyperactivity Problem (antisocial) behavior Exposure to television violence Medical, physical Low IQ Antisocial attitudes, beliefs Dishonesty**	General offenses Psychological condition Restlessness Difficulty concentrating** Risk taking Aggression** Being male Physical violence Antisocial attitudes, beliefs Crimes against persons Problem (antisocial) behavior Low IQ Substance use	Intolerant attitude toward deviance High IQ Being female Positive social orientation Perceived sanctions for transgressions
Family	Low socioeconomic status/poverty Antisocial parents Poor parent-child relations Harsh, lax, or inconsistent discipline Broken home Separation from parents Other conditions Abusive parents Neglect	Poor parent-child relations Harsh, lax discipline; poor monitoring, supervision Low parental involvement Antisocial parents Broken home Low socioeconomic status/poverty Abusive parents Other conditions Family conflict**	Warm, supportive relationships with parents or other adults Parents' positive evaluation of peers Parental monitoring
School	Poor attitude, performance	Poor attitude, performance Academic failure	Commitment to school Recognition for involvement in conventional activities
Peer Group	Weak social ties Antisocial peers	Weak social ties Antisocial, delinquent peers Gang membership	Friends who engage in conventional behavior
Community		Neighborhood crime, drugs Neighborhood disorganization	

* Age of onset not known.

** Males only.




WITH NE AME
JIM CROW LAWS
THE LAWS THAT SEPERATED THE SOUTH
25 DOLLARS REWARD.
The subscribers will give for the apprehension and return of a colored man, named THORNTON, who absconded from our employ on the 3d or 4th of Jul
ton is about 5 feet, 9 or
made, and of a yellow com
and of good address; had on when
coat and pantaloons, boots, and a blac
july 7
WURTS
IS DRUG ABUSE
NIXON
NIXON LAUNCHES WAR ON DRUGS
1,608,800
300,000
1925
1971
2012
1 out of 3
1 out of 17
WILL GO TO PRISON
THE U.S. STATE AND FEDERAL PRISON POPULATION HAS INCREASED OVER 800% IN JUST 40 YEARS
OCCUPY

Institutional Racism

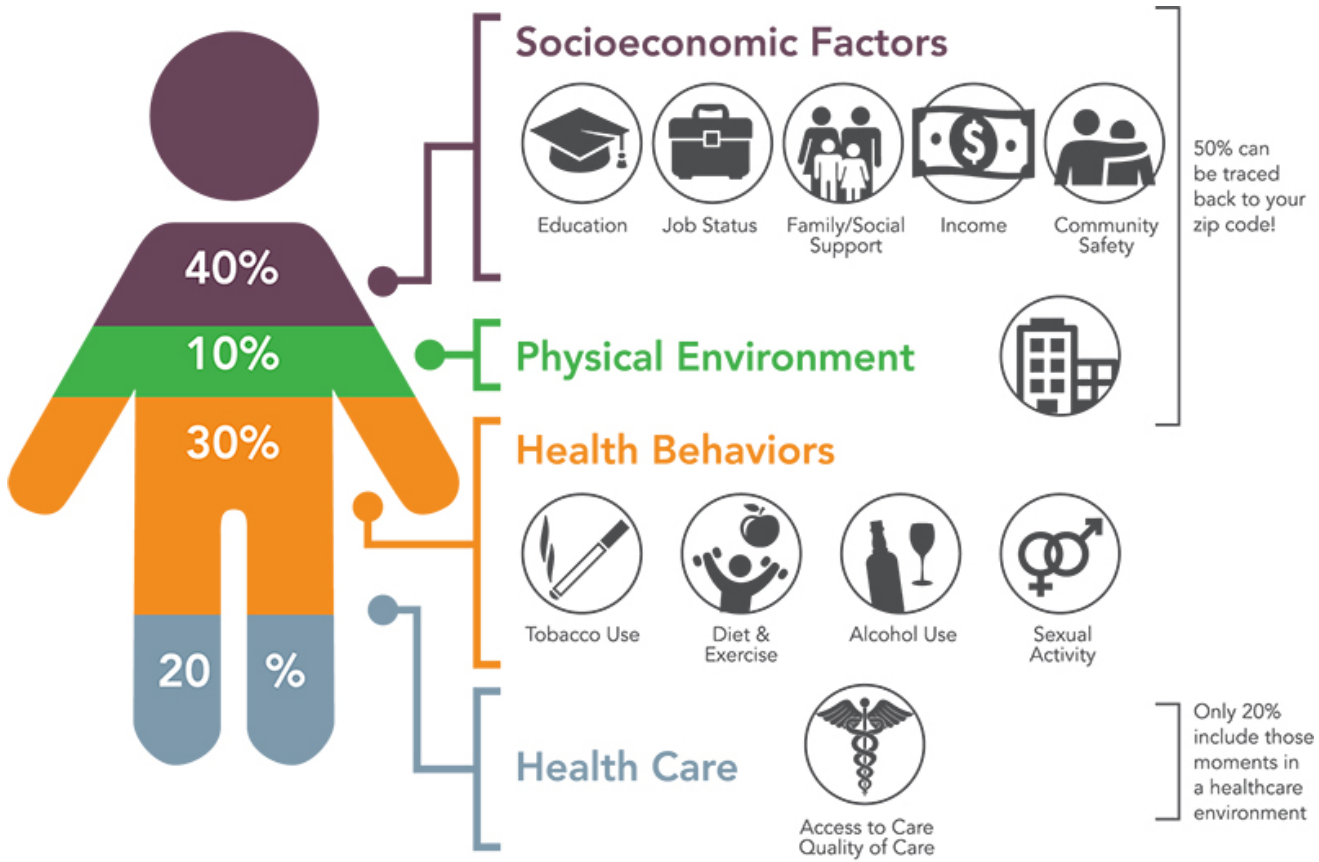
"...white terrorists bomb a black church and kill five black children that is an act of individual racism...

But when in the same city – Birmingham, Alabama-five hundred black babies die each year because of the lack of proper food, shelter and medical facilities, and thousands more are destroyed and maimed physically, emotionally and intellectually because of conditions of poverty and discrimination in the black community that is a function of institutional racism".

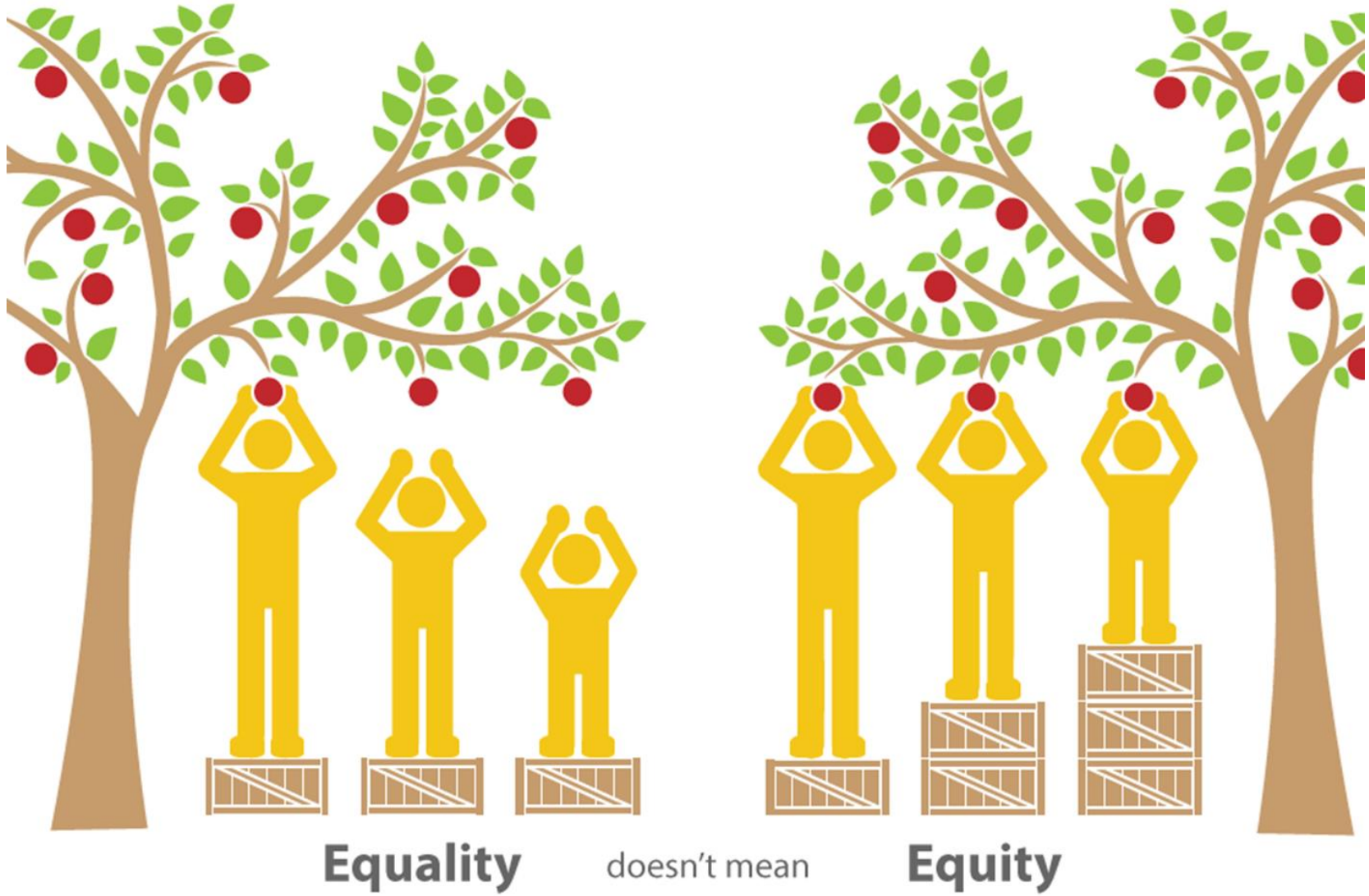
(Carmichael & Hamilton 1967:2)

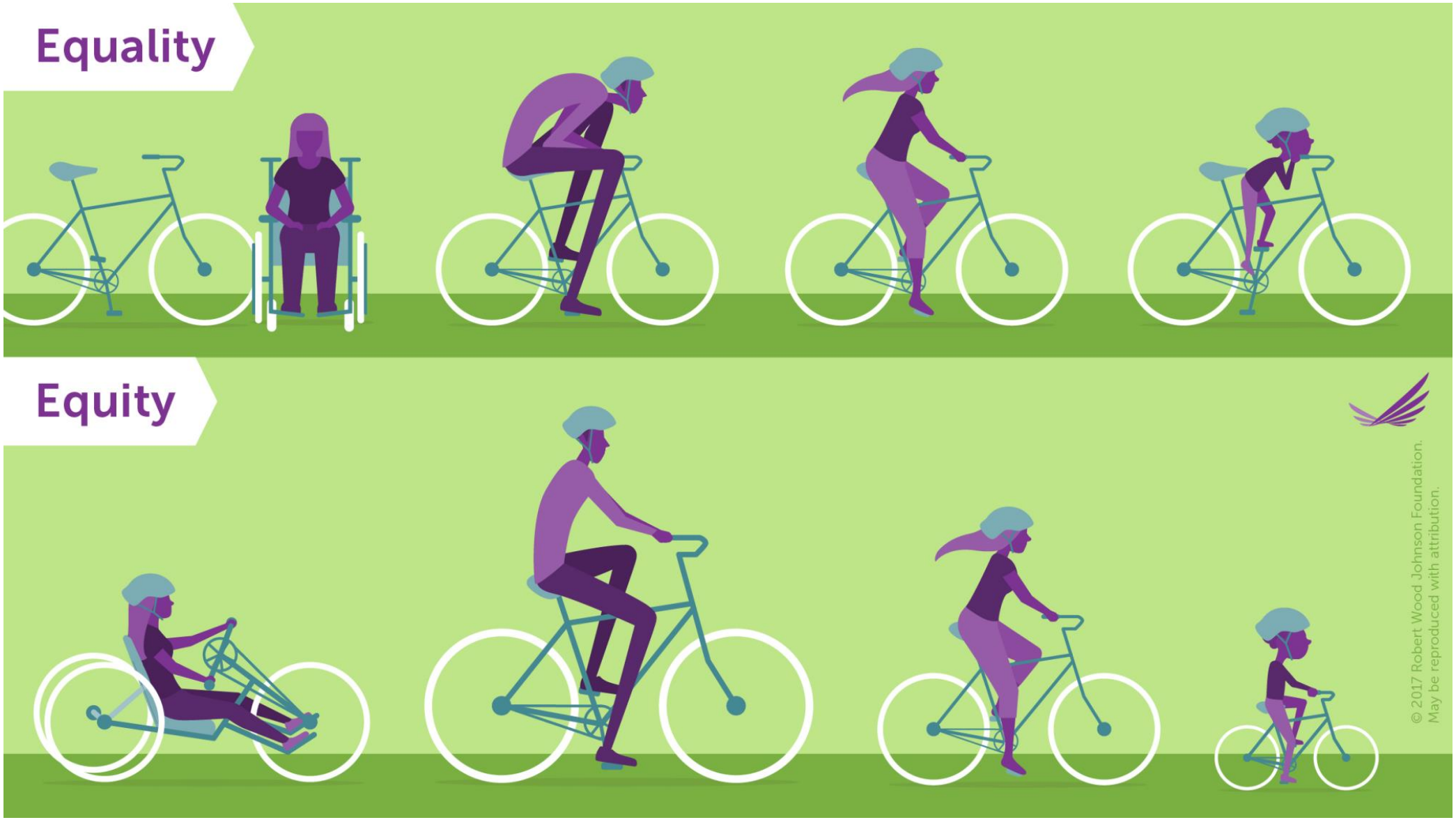
Stokely Carmichael

WHAT ARE SOCIAL DETERMINANTS?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)


Equality
doesn't mean
Equity


Equality
Equity
© 2017 Robert Wood Johnson Foundation.
May be reproduced with attribution.


FINANCIAL INSECURITY
POVERTY
HUNGER

ADVERSE CHILDHOOD EXPERIENCES – ACES

What are Adverse Childhood Experiences (ACEs)?
ACEs are potentially traumatic events that occur in a child's life:


Physical Abuse


Emotional Abuse


Sexual Abuse


Domestic Violence


Parental Substance Abuse


Mental Illness

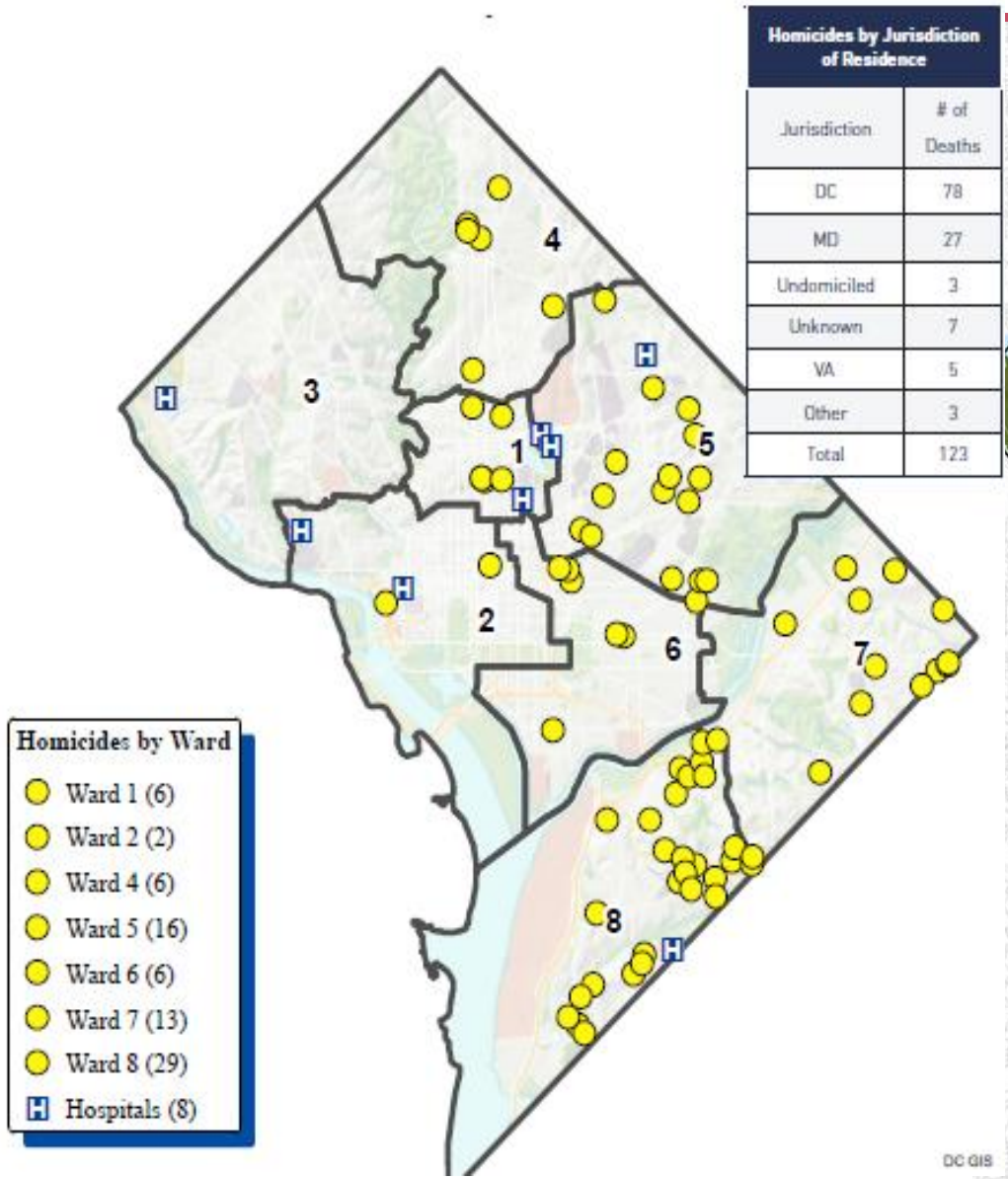
Suicide or Death


Crime or Imprisoned Family

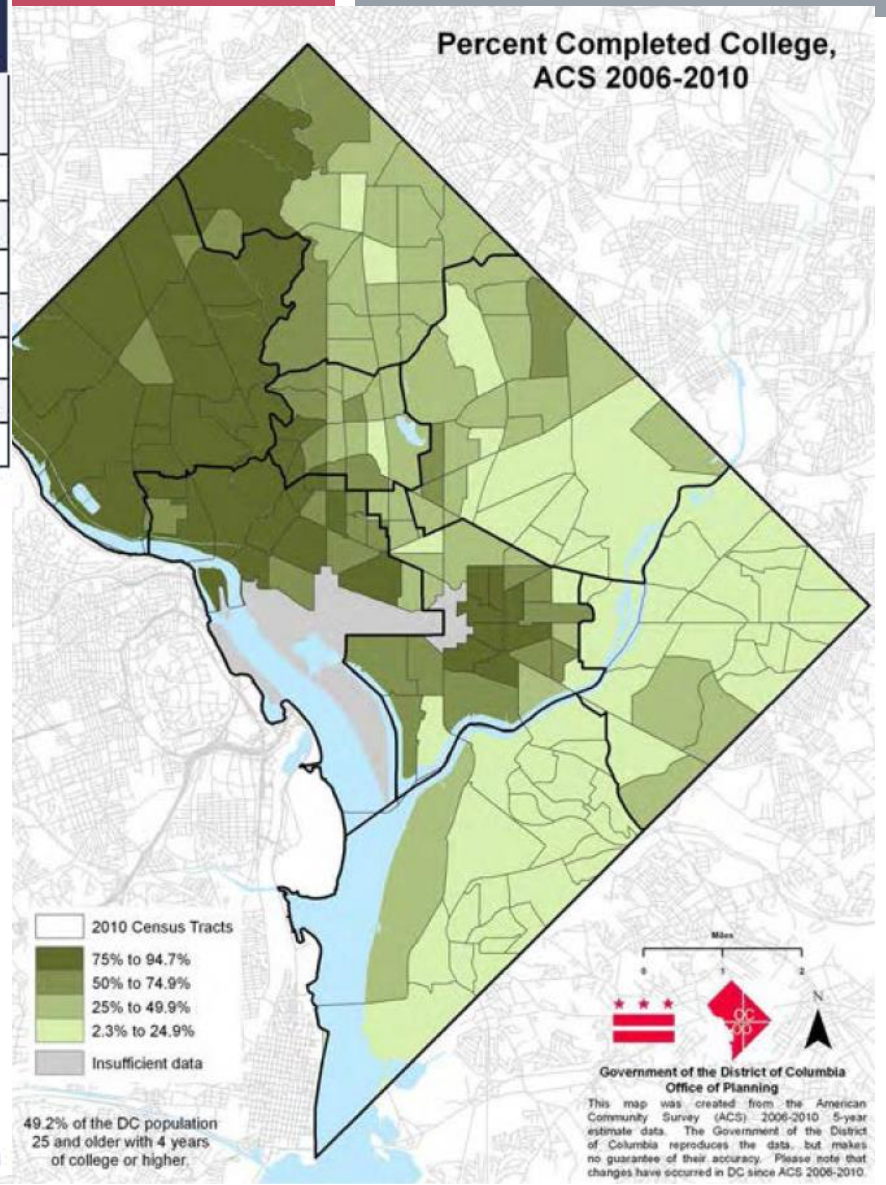
Causing lifelong medical, mental & social suffering

American SPCC
American Society for the Positive Care of Children

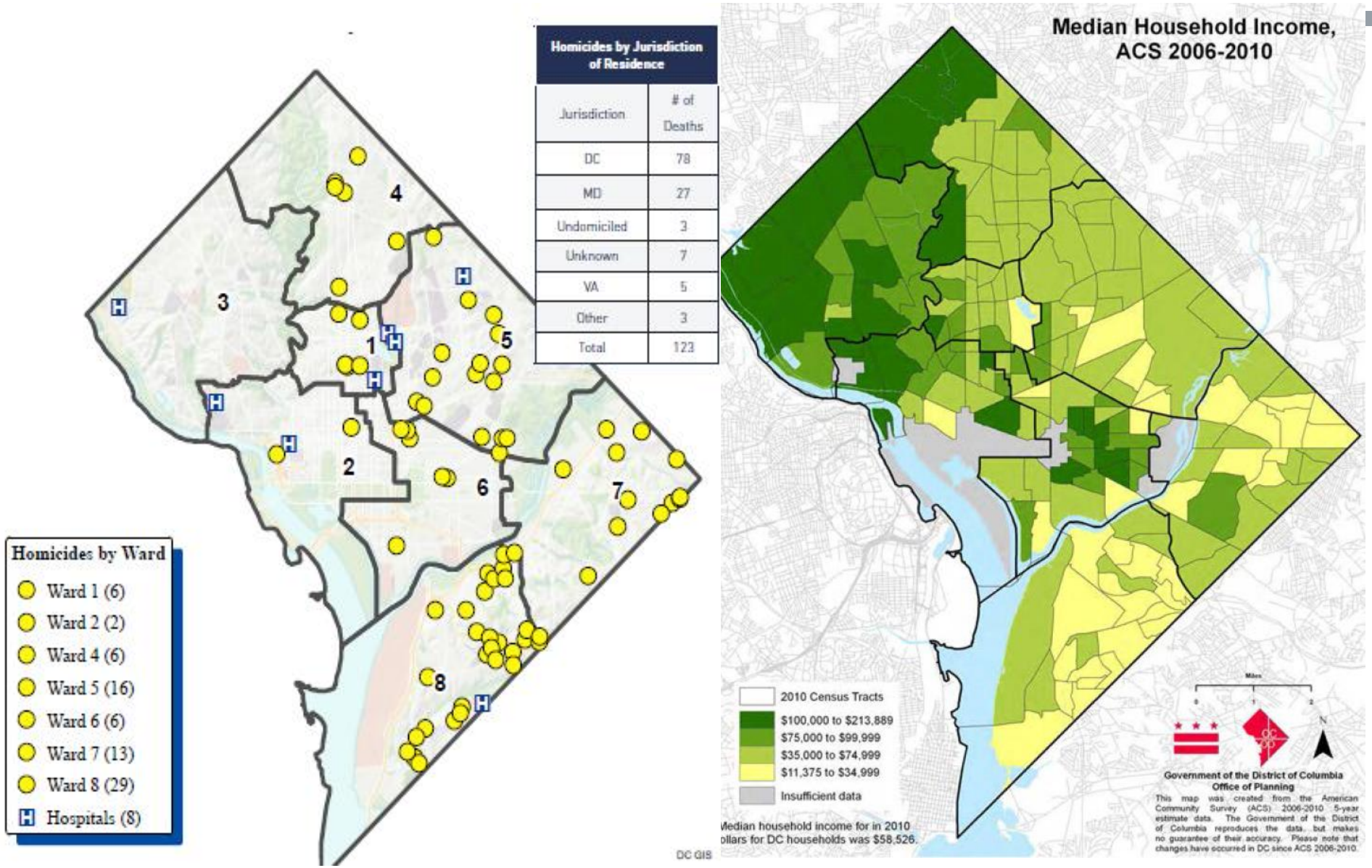
americanspcc.org
The Nation's Voice for Children
*Center for Disease Control



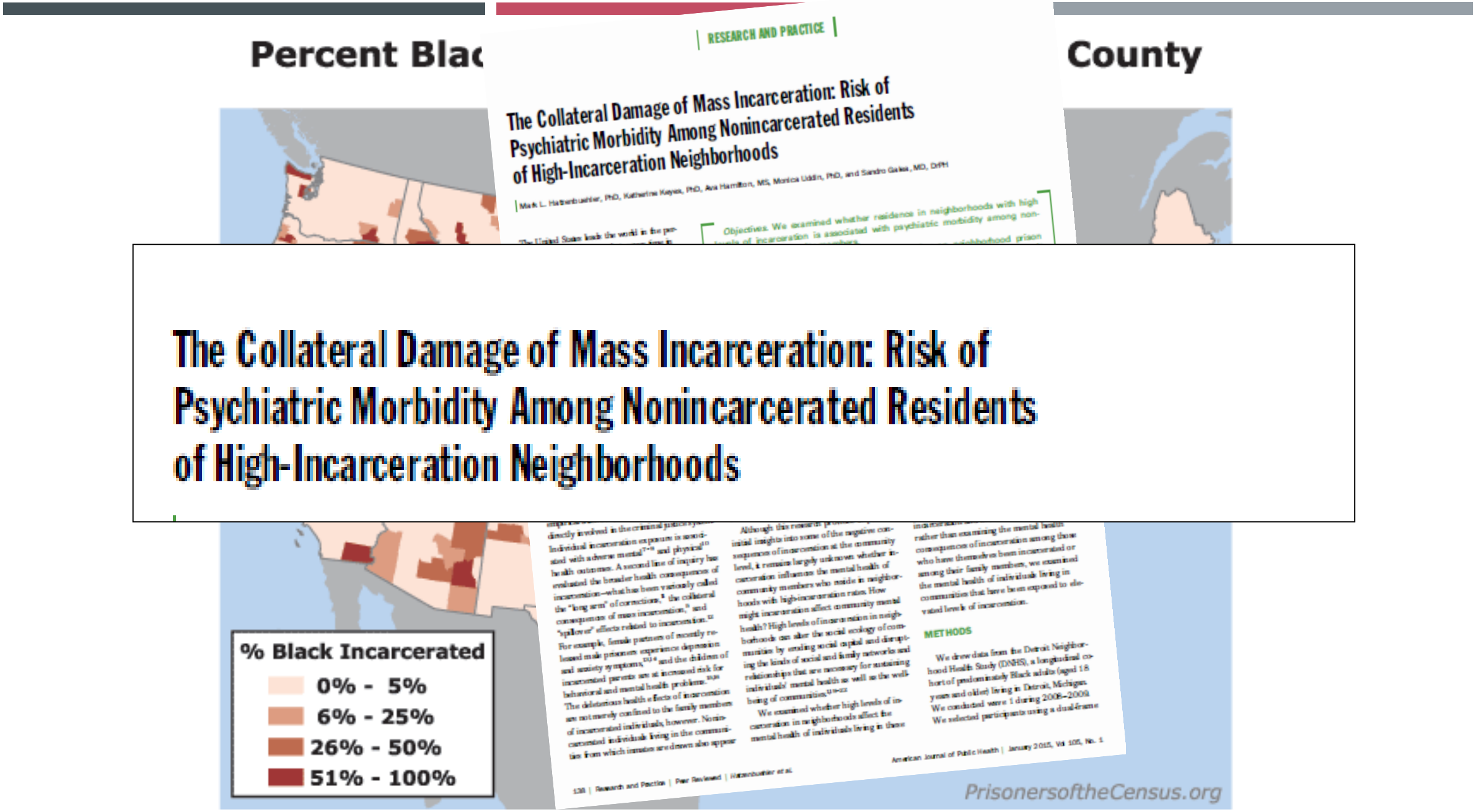
Homicides by Jurisdiction of Residence	
Jurisdiction	# of Deaths
DC	78
MD	27
Undomiciled	3
Unknown	7
VA	5
Other	3
Total	123



ACCESS TO EDUCATION



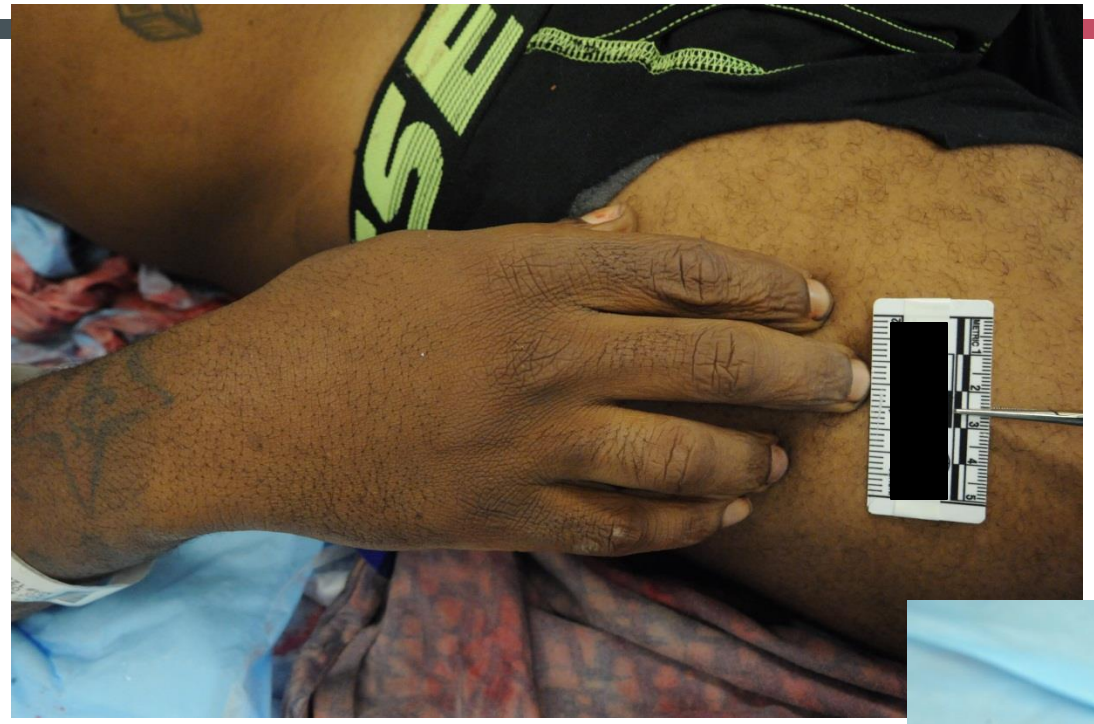
ACCESS TO GOOD PAYING JOBS

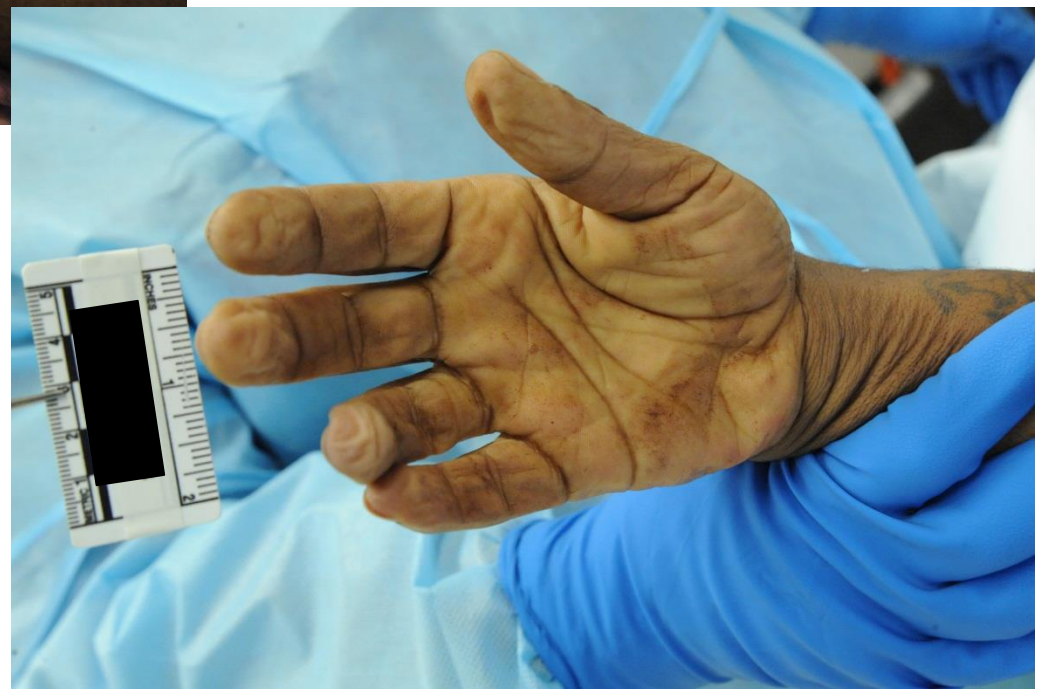

Percent Blac
County
RESEARCH AND PRACTICE
The Collateral Damage of Mass Incarceration: Risk of Psychiatric Morbidity Among Nonincarcerated Residents of High-Incarceration Neighborhoods
Mark L. Hatzenbuehler, PhD, Katherine Keyes, PhD, Ava Hamilton, MS, Monica Uddin, PhD, and Sandro Galea, MD, DrPH
Objectives. We examined whether residence in neighborhoods with high
The Collateral Damage of Mass Incarceration: Risk of Psychiatric Morbidity Among Nonincarcerated Residents of High-Incarceration Neighborhoods
% Black Incarcerated
0% - 5%
6% - 25%
26% - 50%
51% - 100%
METHODS
We drew data from the Detroit Neighborhood Health Study (DNHS), a longitudinal cohort of predominately Black adults (aged 18 years and older) living in Detroit, Michigan. We conducted waves 1 during 2008–2009. We selected participants using a dual-frame
American Journal of Public Health | January 2015, Vol 105, No. 1
PrisonersoftheCensus.org

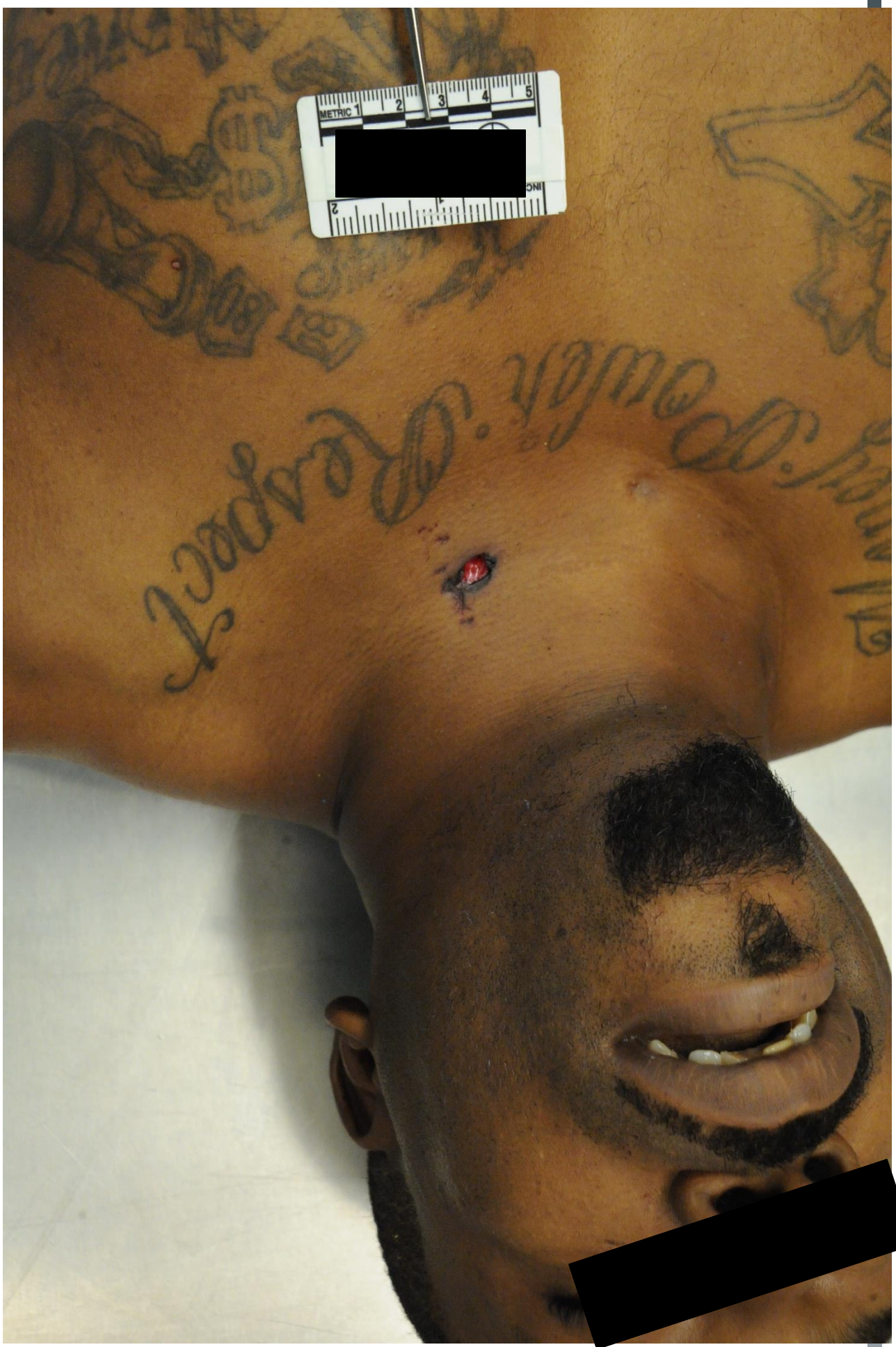
CASE EXAMPLE

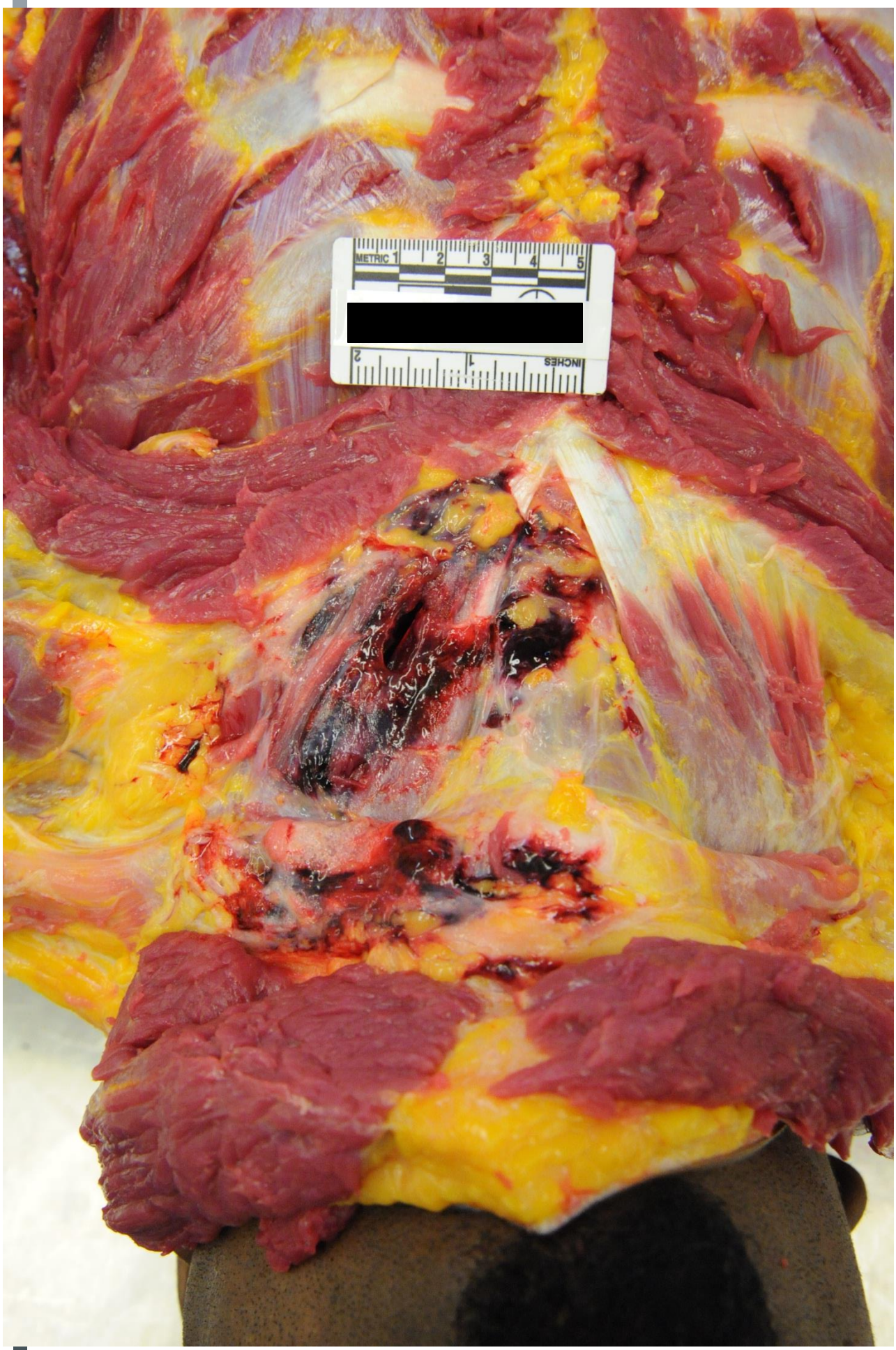
- The decedent is a 35 yo BM who sustained multiple GSW.
- He was intubated w/an ETT in the field by medics and transported to a local hospital.
- He is reported to have a GSW of the back, just medial to the left scapula, and a GSW of the left neck.
  - A left-sided thoracotomy revealed a massive hemothorax {approx. 2-3 L of blood}; no additional operative/surgical procedures done.

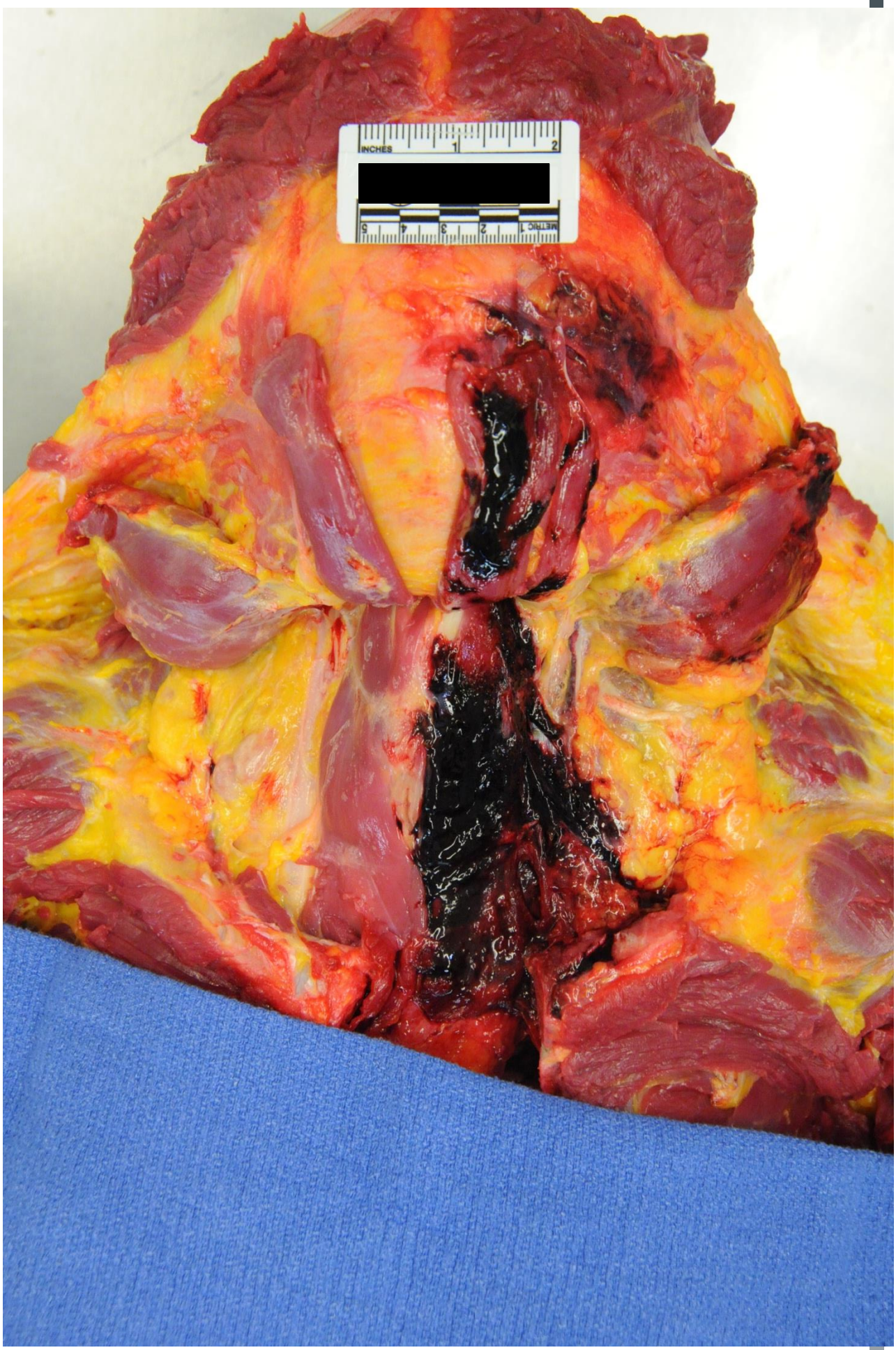
DISTRICT OF COLUMBIA
OCME
DR. RAM

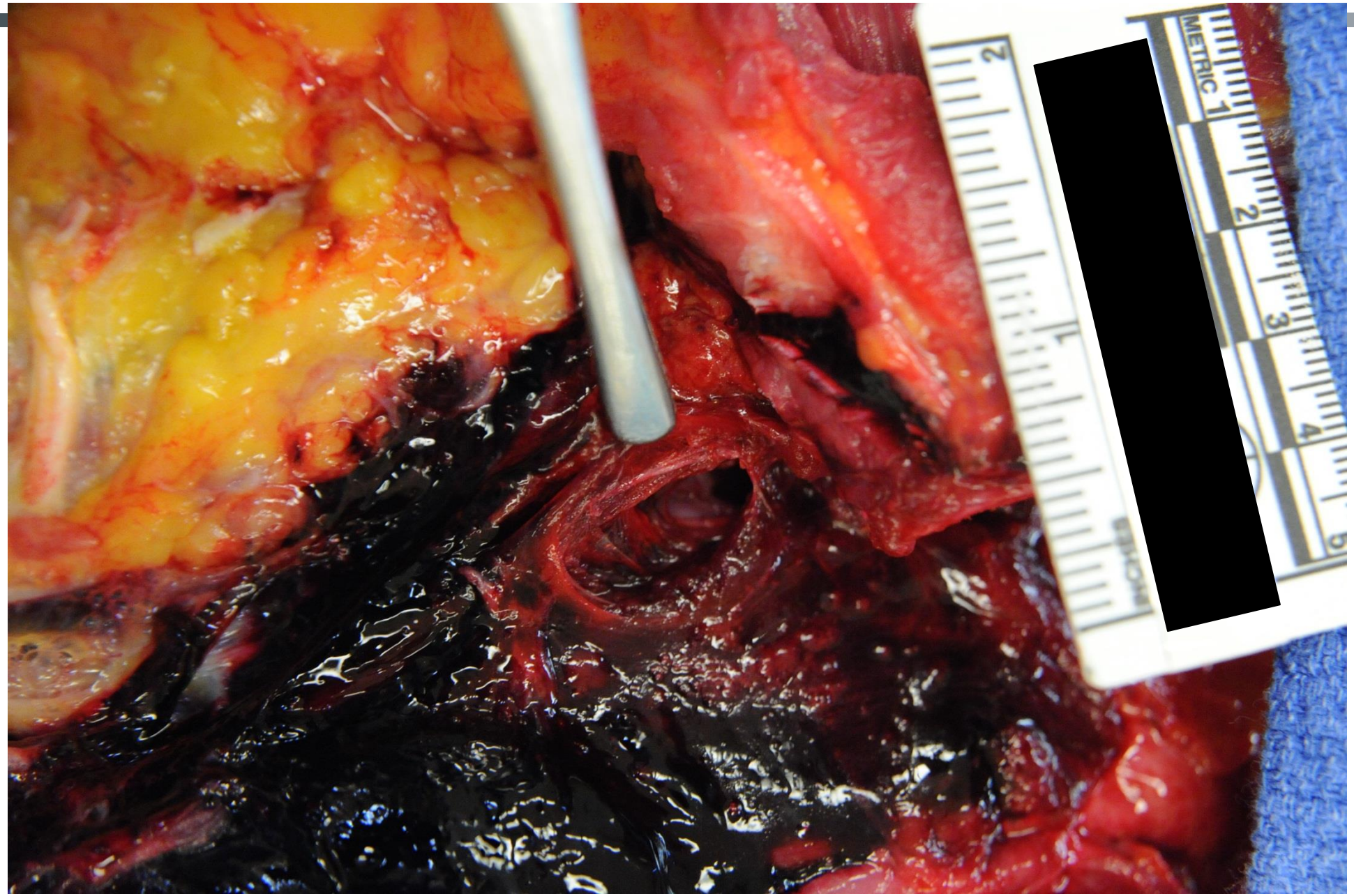


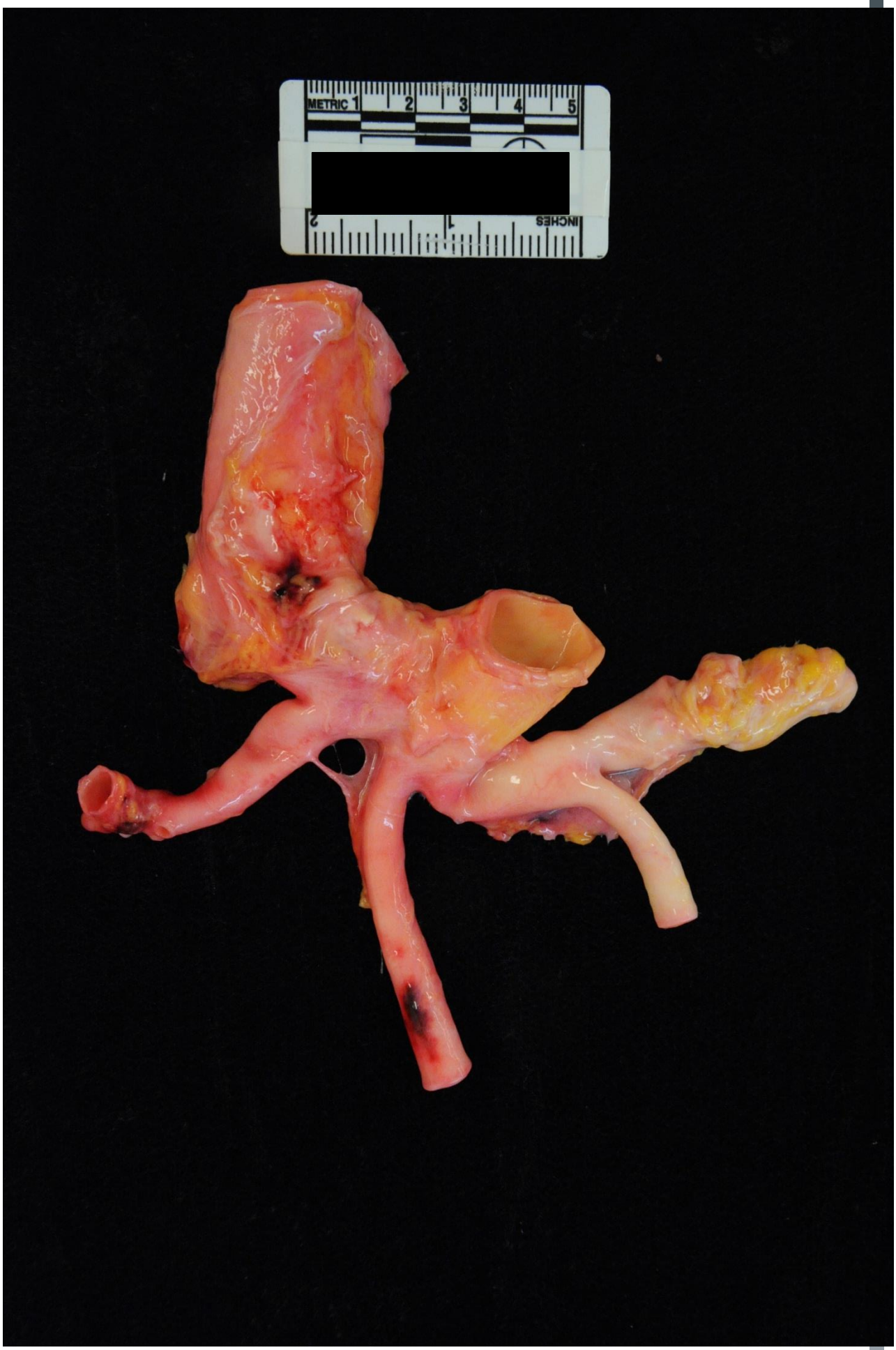


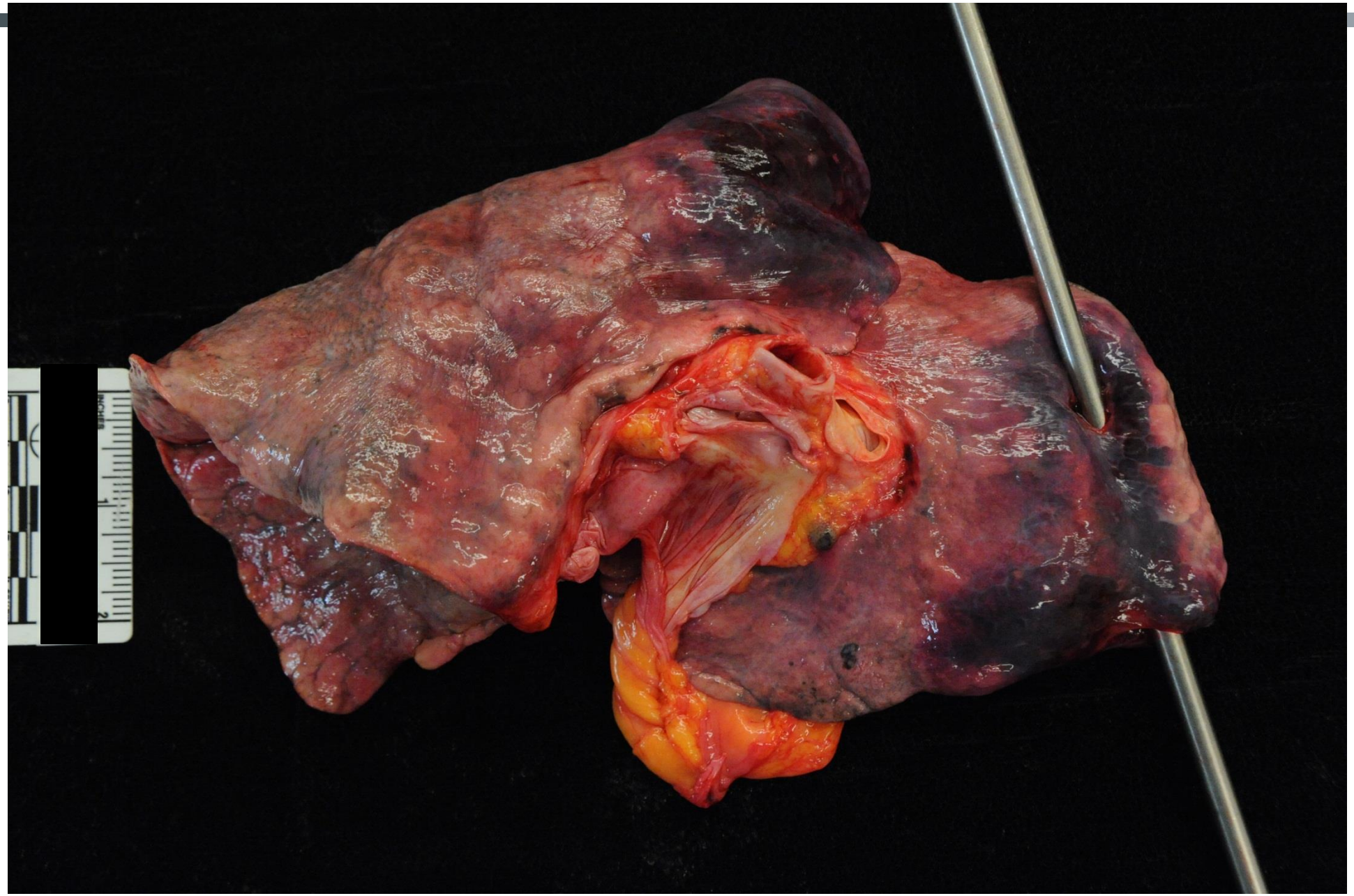

METRIC
1
2
3
4
5

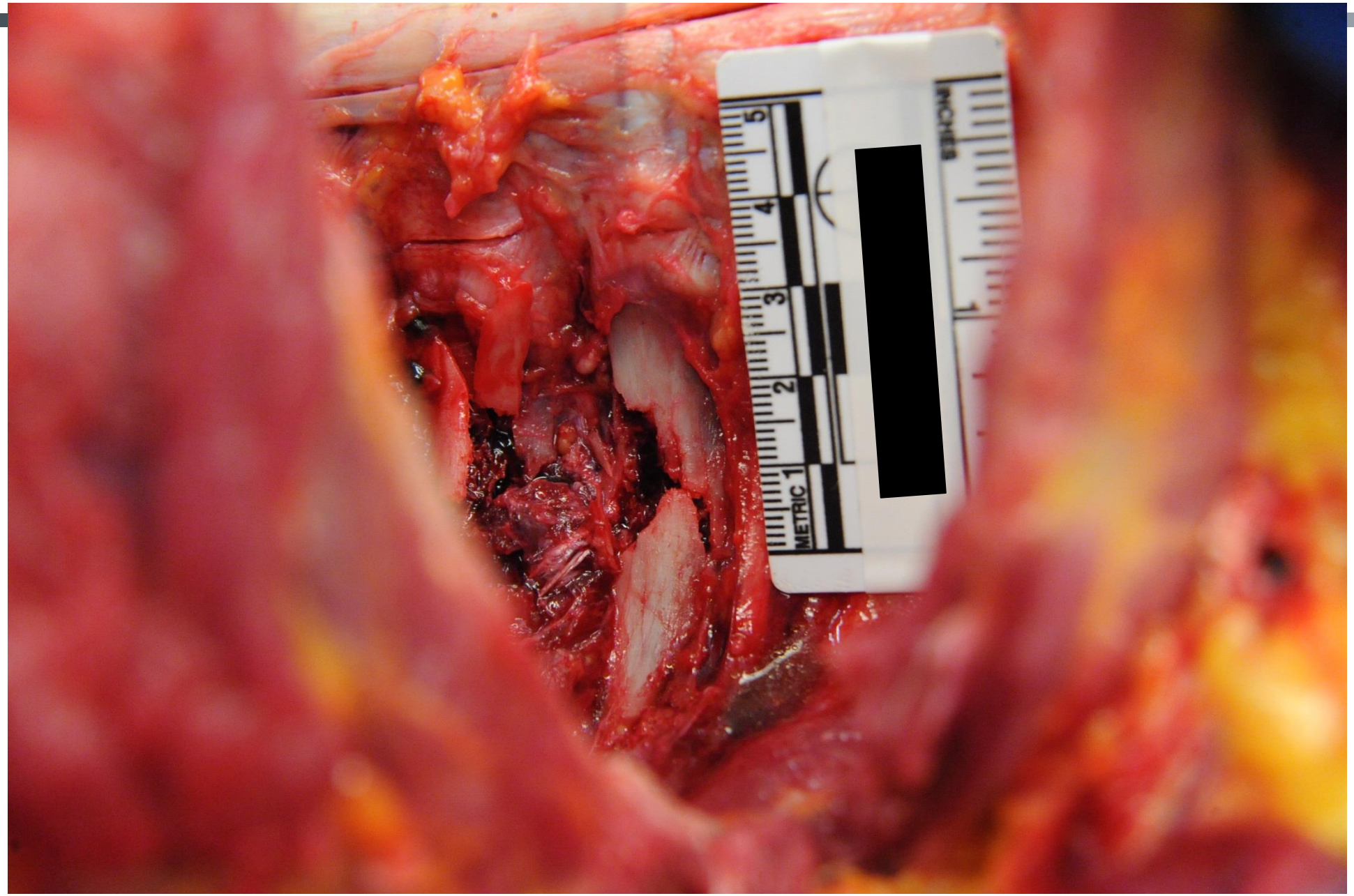

METRIC 1 2 3 4 5
[redacted]
INCHES 2 1

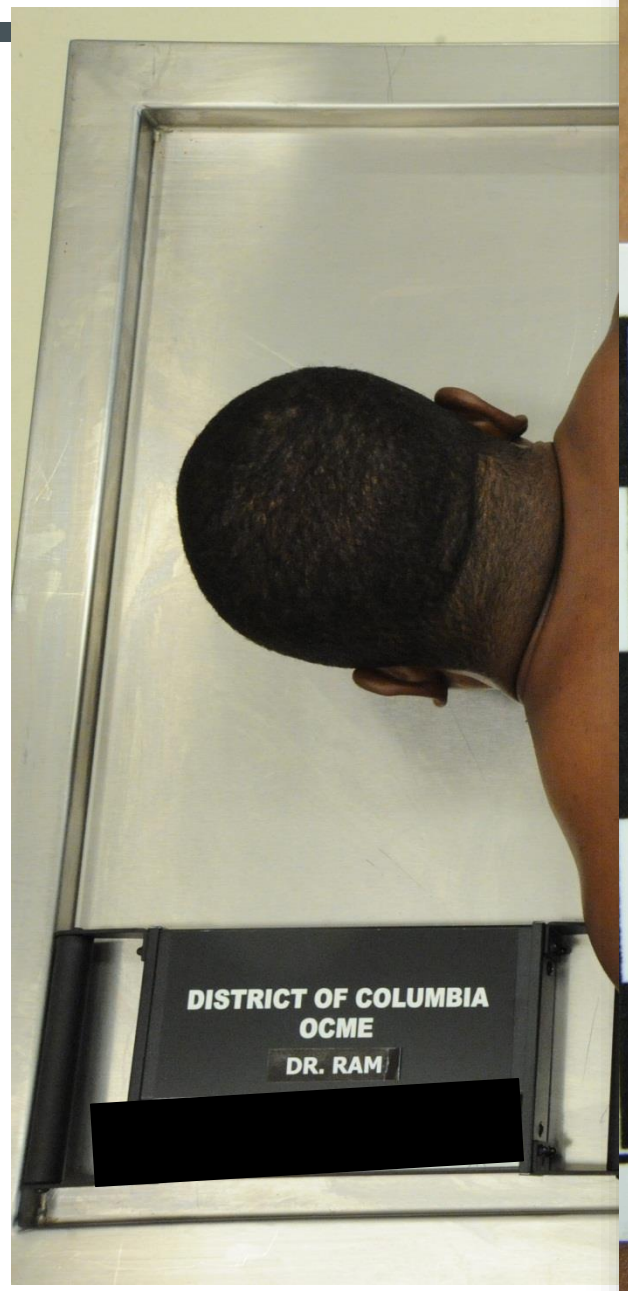

INCHES
1
2
METRIC
1
2
3
4
5

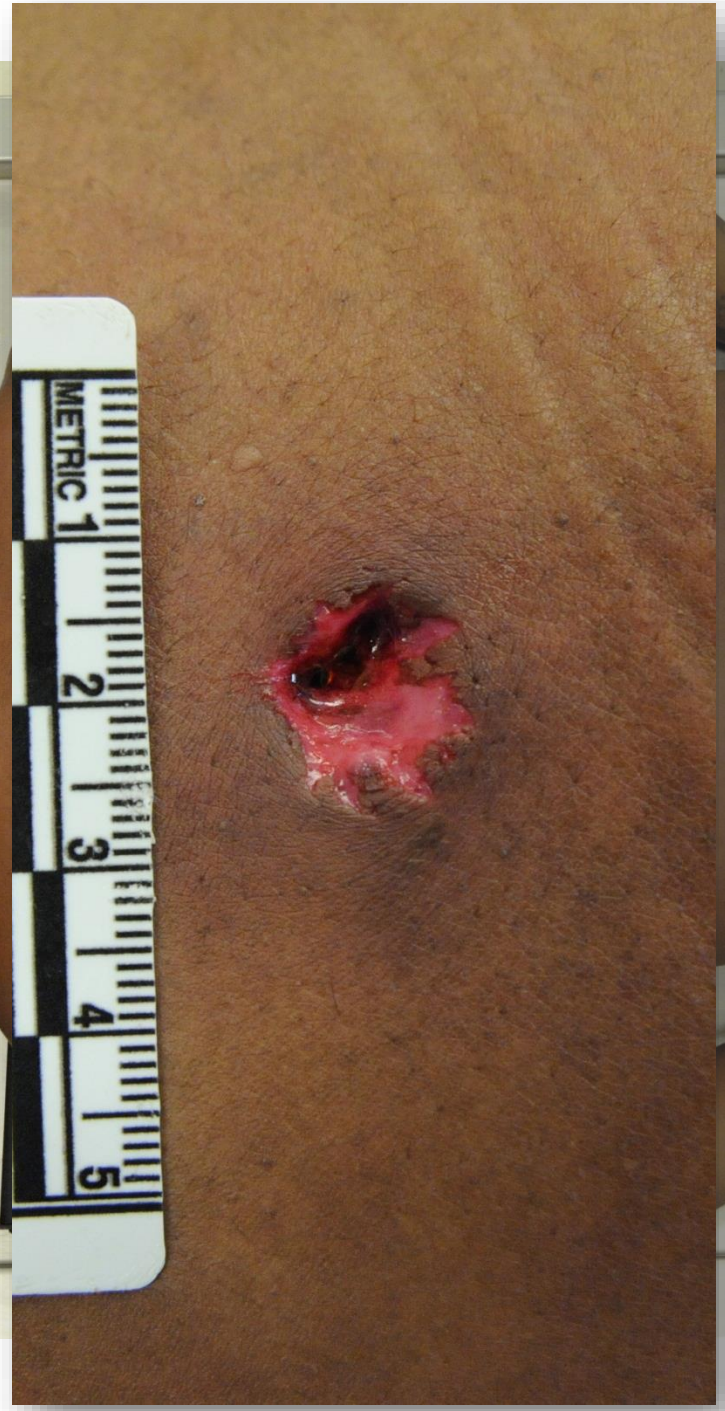

METRIC

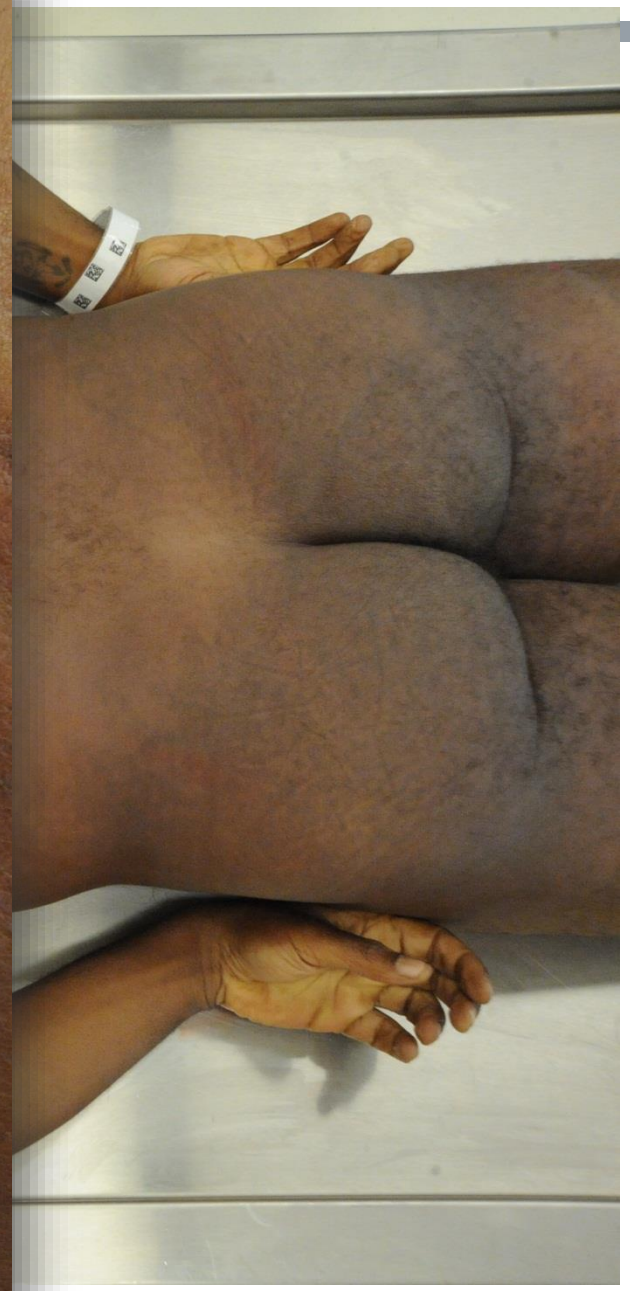

METRIC 1 2 3 4 5
INCHES

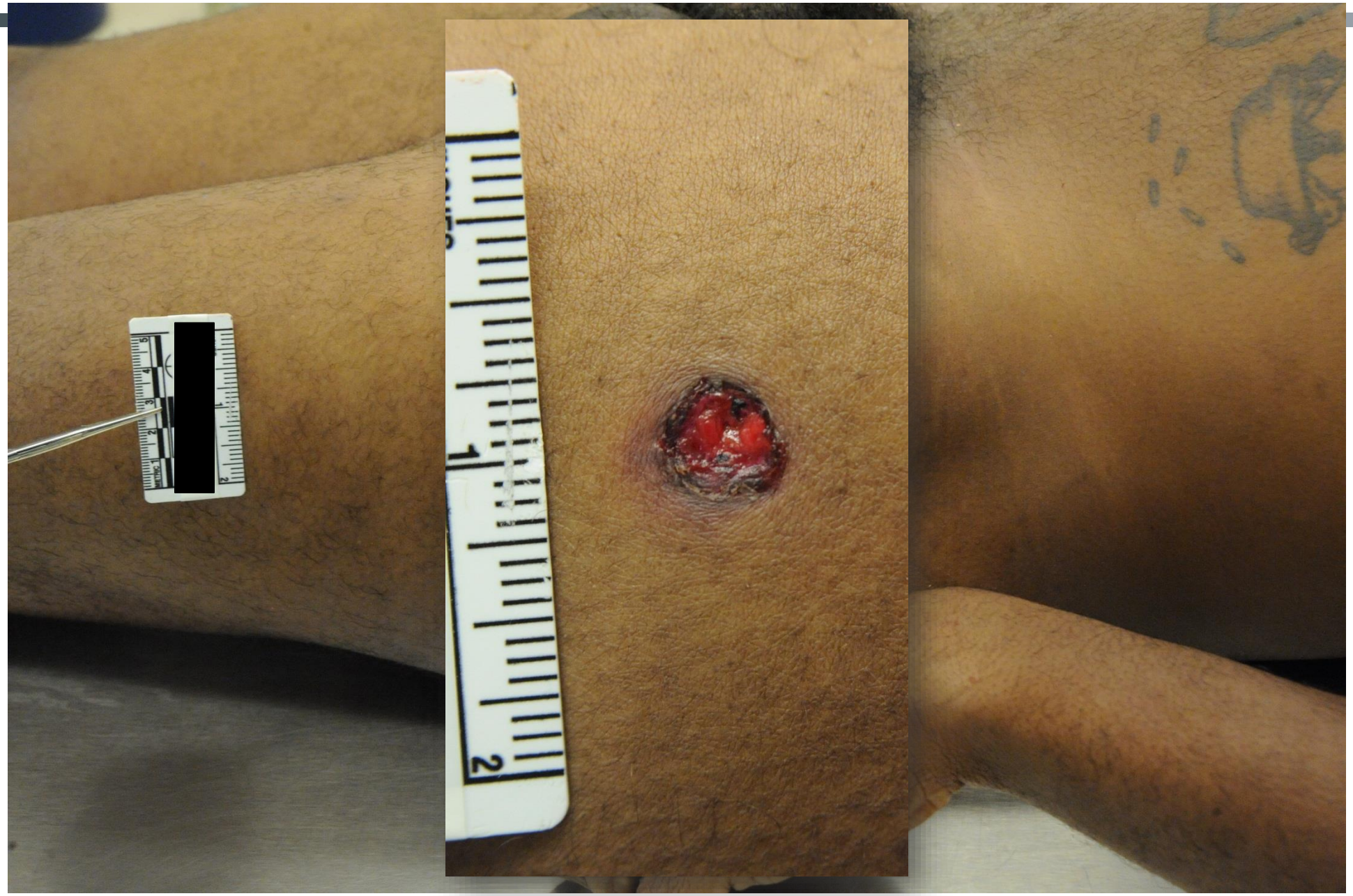


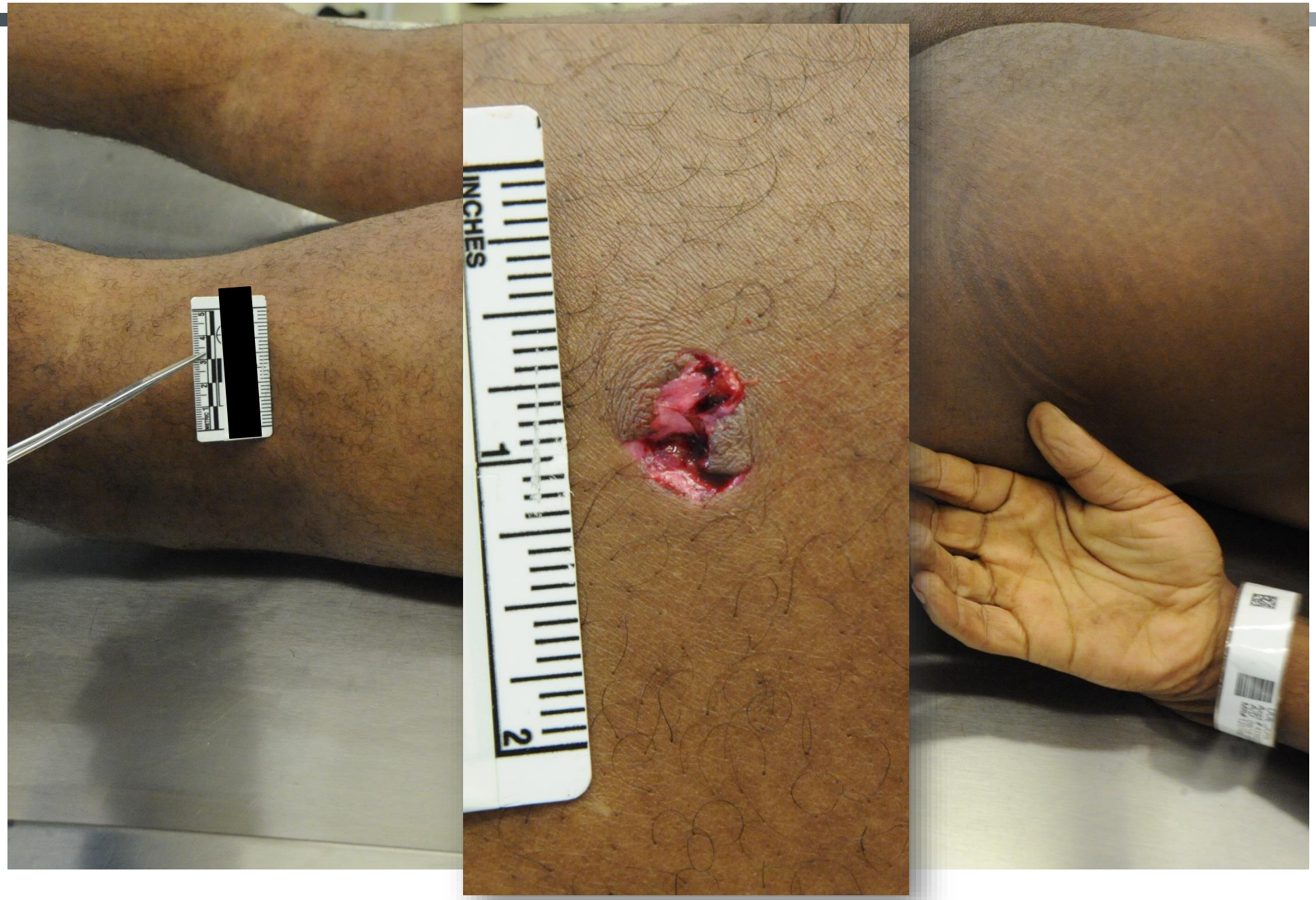

INCHES
METRIC


DISTRICT OF COLUMBIA
OCME
DR. RAM

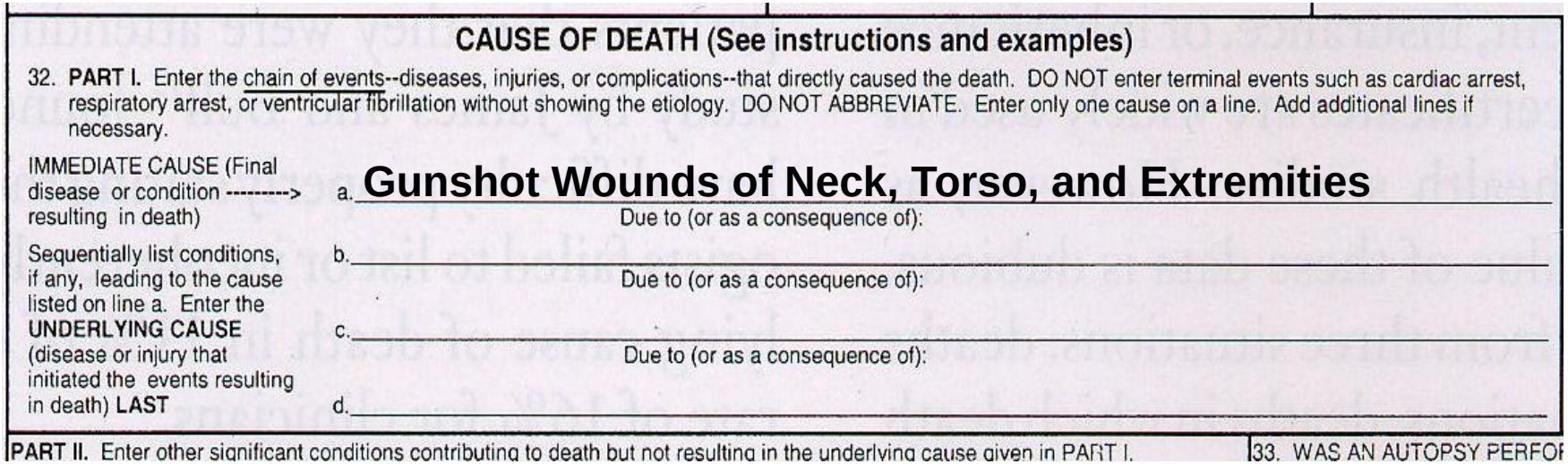

METRIC 1
2
3
4
5






INCHES
1
2

CASE EXAMPLE



CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death)

a. **Gunshot Wounds of Neck, Torso, and Extremities**

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**

b.

Due to (or as a consequence of):

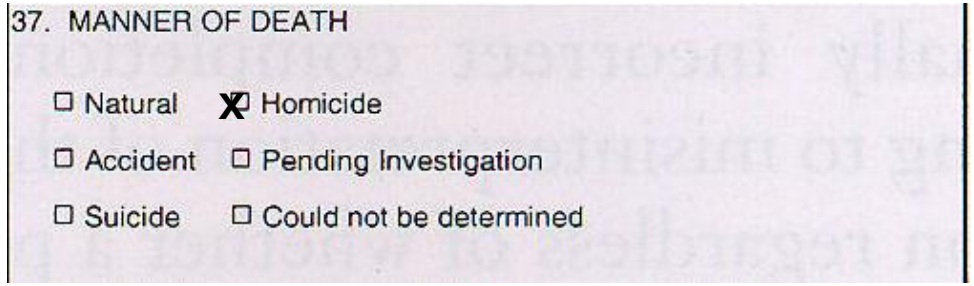
c.

Due to (or as a consequence of):

d.

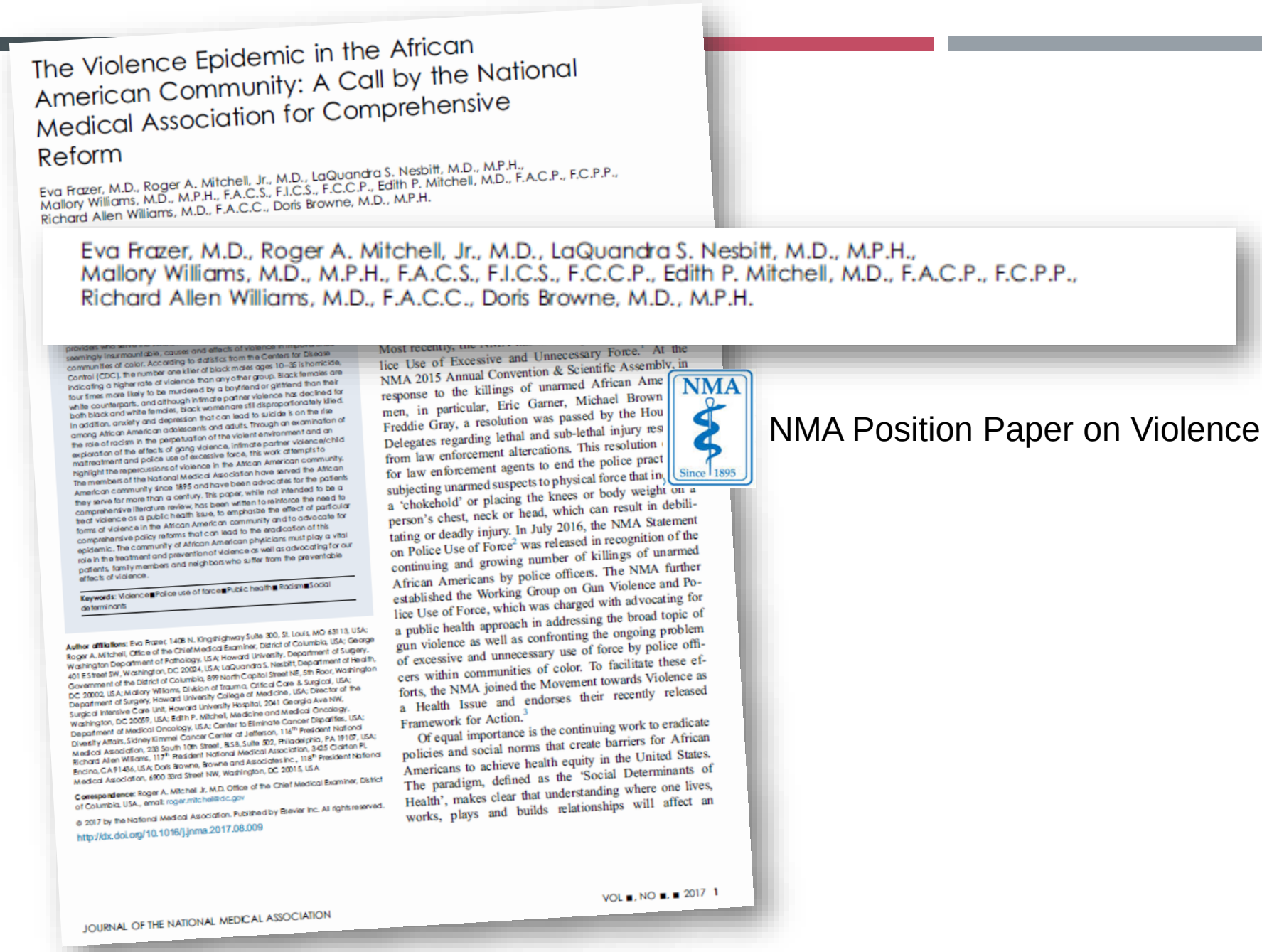
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFOR



37. MANNER OF DEATH

- ☐ Natural
- ☒ Homicide
- ☐ Accident
- ☐ Pending Investigation
- ☐ Suicide
- ☐ Could not be determined


The Violence Epidemic in the African American Community: A Call by the National Medical Association for Comprehensive Reform

Eva Frazer, M.D., Roger A. Mitchell, Jr., M.D., LaQuandra S. Nesbitt, M.D., M.P.H., Mallory Williams, M.D., M.P.H., F.A.C.S., F.I.C.S., F.C.C.P., Edith P. Mitchell, M.D., F.A.C.P., F.C.P.P., Richard Allen Williams, M.D., F.A.C.C., Doris Browne, M.D., M.P.H.

Eva Frazer, M.D., Roger A. Mitchell, Jr., M.D., LaQuandra S. Nesbitt, M.D., M.P.H., Mallory Williams, M.D., M.P.H., F.A.C.S., F.I.C.S., F.C.C.P., Edith P. Mitchell, M.D., F.A.C.P., F.C.P.P., Richard Allen Williams, M.D., F.A.C.C., Doris Browne, M.D., M.P.H.

seemingly insurmountable, causes and effects of violence in communities of color. According to statistics from the Centers for Disease Control (CDC), the number one killer of black males ages 10–35 is homicide, indicating a higher rate of violence than any other group. Black females are four times more likely to be murdered by a boyfriend or girlfriend than their white counterparts, and although intimate partner violence has declined for both black and white females, black women are still disproportionately killed. In addition, anxiety and depression that can lead to suicide is on the rise among African American adolescents and adults. Through an examination of the role of racism in the perpetuation of the violent environment and an exploration of the effects of gang violence, intimate partner violence/child maltreatment and police use of excessive force, this work attempts to highlight the repercussions of violence in the African American community. The members of the National Medical Association have served the African American community since 1895 and have been advocates for the patients they serve for more than a century. This paper, while not intended to be a comprehensive literature review, has been written to reinforce the need to treat violence as a public health issue, to emphasize the effect of particular forms of violence in the African American community and to advocate for comprehensive policy reforms that can lead to the eradication of this epidemic. The community of African American physicians must play a vital role in the treatment and prevention of violence as well as advocating for our patients, family members and neighbors who suffer from the preventable effects of violence.

Keywords: Violence■Police use of force■Public health■Racism■Social determinants

Author affiliations: Eva Frazer, 1408 N. Kingshighway Suite 300, St. Louis, MO 63113, USA; Roger A. Mitchell, Office of the Chief Medical Examiner, District of Columbia, USA; George Washington Department of Pathology, USA; Howard University, Department of Surgery, 401 E Street SW, Washington, DC 20024, USA; LaQuandra S. Nesbitt, Department of Health, Government of the District of Columbia, 899 North Capitol Street NE, 5th Floor, Washington DC 20002, USA; Mallory Williams, Division of Trauma, Critical Care & Surgical, USA; Department of Surgery, Howard University College of Medicine, USA; Director of the Surgical Intensive Care Unit, Howard University Hospital, 2041 Georgia Ave NW, Washington, DC 20059, USA; Edith P. Mitchell, Medicine and Medical Oncology, Department of Medical Oncology, USA; Center to Eliminate Cancer Disparities, USA; Diversity Affairs, Sidney Kimmel Cancer Center at Jefferson, 116th President National Medical Association, 238 South 10th Street, BLSB, Suite 502, Philadelphia, PA 19107, USA; Richard Allen Williams, 117th President National Medical Association, 3405 Clairton Pl, Encino, CA 91436, USA; Doris Browne, Browne and Associates Inc., 118th President National Medical Association, 6900 33rd Street NW, Washington, DC 20015, USA

Correspondence: Roger A. Mitchell Jr, M.D. Office of the Chief Medical Examiner, District of Columbia, USA., email: roger.mitchell@dc.gov

http://dx.doi.org/10.1016/j.jnma.2017.08.009

Most recently, the [illegible] lice Use of Excessive and Unnecessary Force.[1] At the NMA 2015 Annual Convention & Scientific Assembly, in response to the killings of unarmed African Ame[illegible] men, in particular, Eric Garner, Michael Brown Freddie Gray, a resolution was passed by the Hou[illegible] Delegates regarding lethal and sub-lethal injury res[illegible] from law enforcement altercations. This resolution [illegible] for law enforcement agents to end the police pract[illegible] subjecting unarmed suspects to physical force that in[illegible] a 'chokehold' or placing the knees or body weight on a person's chest, neck or head, which can result in debilitating or deadly injury. In July 2016, the NMA Statement on Police Use of Force[2] was released in recognition of the continuing and growing number of killings of unarmed African Americans by police officers. The NMA further established the Working Group on Gun Violence and Police Use of Force, which was charged with advocating for a public health approach in addressing the broad topic of gun violence as well as confronting the ongoing problem of excessive and unnecessary use of force by police officers within communities of color. To facilitate these efforts, the NMA joined the Movement towards Violence as a Health Issue and endorses their recently released Framework for Action.[3]

Of equal importance is the continuing work to eradicate policies and social norms that create barriers for African Americans to achieve health equity in the United States. The paradigm, defined as the 'Social Determinants of Health', makes clear that understanding where one lives, works, plays and builds relationships will affect an

NMA Position Paper on Violence

Incidence and Cause of Potentially Preventable Death after Civilian Public Mass Shooting in the US

Check for updates

E Reed Smith, MD, Babak Sarani, MD, FACS, FCCM, Geoff Shapiro, NREMT-P, Stephen Gondek, MD, MPH, Lisbi Rivas, MD, Tammy Ju, MD, Bryce RH Robinson, MD, FACS, Jordan M Estroff, MD, FACS, John Fudenberg, MBA, Richard Amdur, PhD, Roger Mitchell, MD

BACKGROUND: The incidence and severity of civilian public mass shooting (CPMS) events continue to rise. Understanding the wounding pattern and incidence of potentially preventable death (PPD) after CPMS is key to updating prehospital response strategy.

METHODS: A retrospective study of autopsy reports after CPMS events identified via the Federal Bureau of Investigation CPMS database from December 1999 to December 31, 2017 was per-

Incidence and Cause of Potentially Preventable Death after Civilian Public Mass Shooting in the US

Check for updates

E Reed Smith, MD, Babak Sarani, MD, FACS, FCCM, Geoff Shapiro, NREMT-P, Stephen Gondek, MD, MPH, Lisbi Rivas, MD, Tammy Ju, MD, Bryce RH Robinson, MD, FACS, Jordan M Estroff, MD, FACS, John Fudenberg, MBA, Richard Amdur, PhD, Roger Mitchell, MD

CME questions for this article available at http://jacscme.facs.org

Disclosure Information: Authors have nothing to disclose. Timothy J Eberlein, Editor-in-Chief, has nothing to disclose.

Drs Smith and Sarani contributed equally to this work.

Presented at the 2019 Annual Meeting of the Academic Surgical Congress, Houston, TX, February 2019.

Received January 5, 2019; Revised April 7, 2019; Accepted April 15, 2019.

From the Department of Emergency Medicine (Smith), Center for Trauma and Critical Care, Department of Surgery (Sarani, Gondek, Rivas, Ju, Estroff, Amdur), Emergency Medical Services Program (Shapiro), Department of Pathology (Mitchell), George Washington University, Office of Chief Medical Examiner (Mitchell), Washington, DC, Department of Surgery, Harborview Medical Center, University of Washington, Seattle, WA (Robinson), and Clark County Coroner, Las Vegas, NV (Fudenberg).

Correspondence address: Babak Sarani, MD, FACS, FCCM, Department of Emergency Medicine, George Washington University, 2150 Pennsylvania Ave NW, Suite 6B, Washington, DC 20037. email: bsarani@mfa.gwu.edu

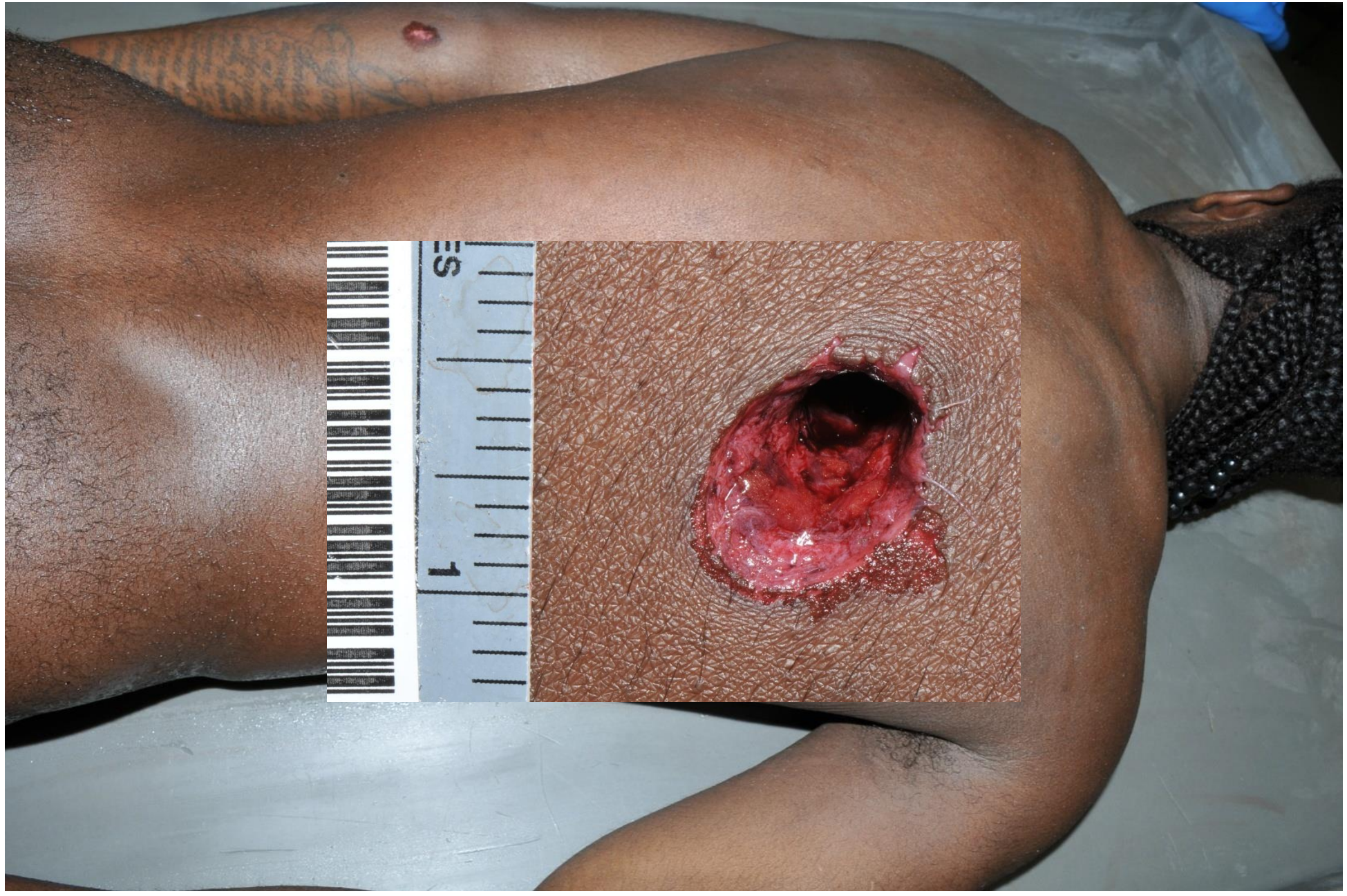
The rising frequency of civilian public mass shooting (CPMS) events is a significant public health concern across the US.[1-6] The need to revise traditional police/fire/emergency medical services response paradigms first gained significant support after the Columbine High School shooting in 1999 and was re-invigorated after events such as the Century 16 Movie Theater shooting in Aurora, CO and the Sandy Hook Elementary School shooting.[7] Guidelines and procedures aimed at decreasing civilian deaths after mass casualty events were developed based on medical strategies that had been implemented successfully by the military on the battlefield.[8] These strategies were centered on rapid care at or near the point of wounding.[9,10] The push for immediate medical care, starting with non-medical personnel, and for rapid extrication to definitive trauma care has been championed nationally by professional and volunteer organizations.[11,12] It is furthered by

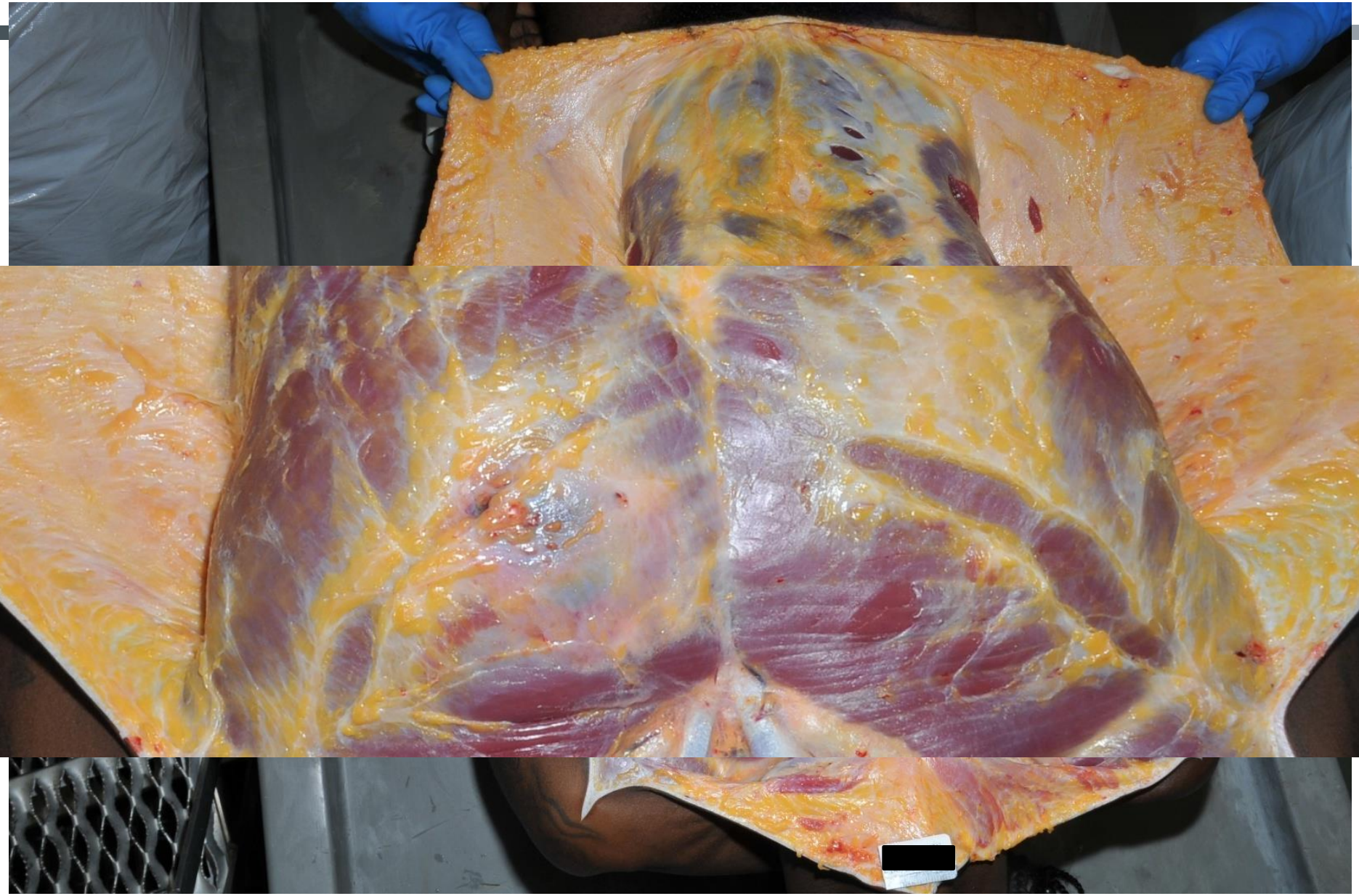
https://doi.org/10.1016/j.jamcollsurg.2019.04.016
ISSN 1072-7515/19

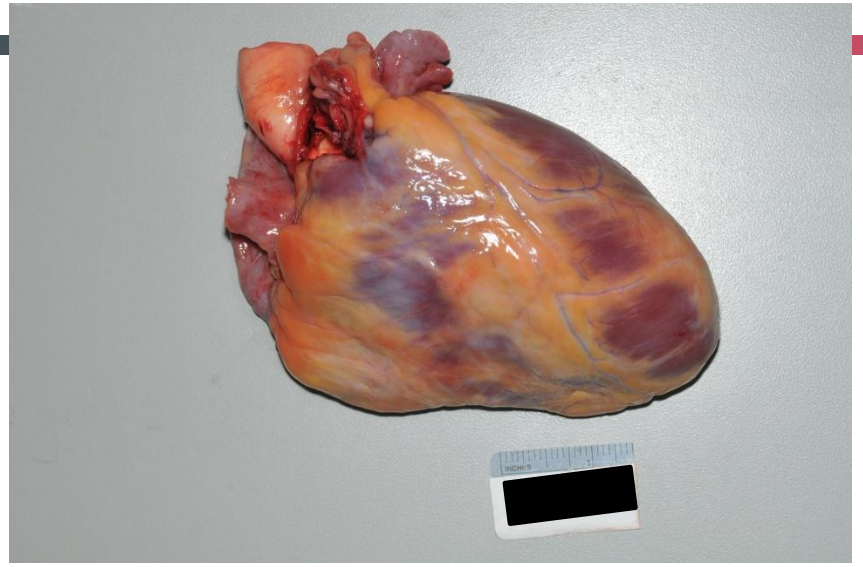
CASE EXAMPLE

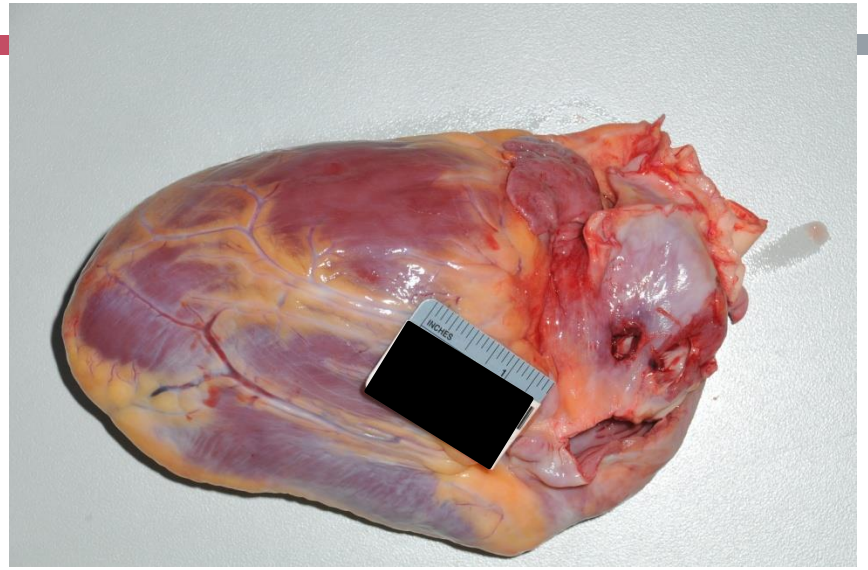
- 23 yo BM encountered police during the commission of armed robbery of a convenience store
- Witness state that he pointed a weapon at police while in pursuit.

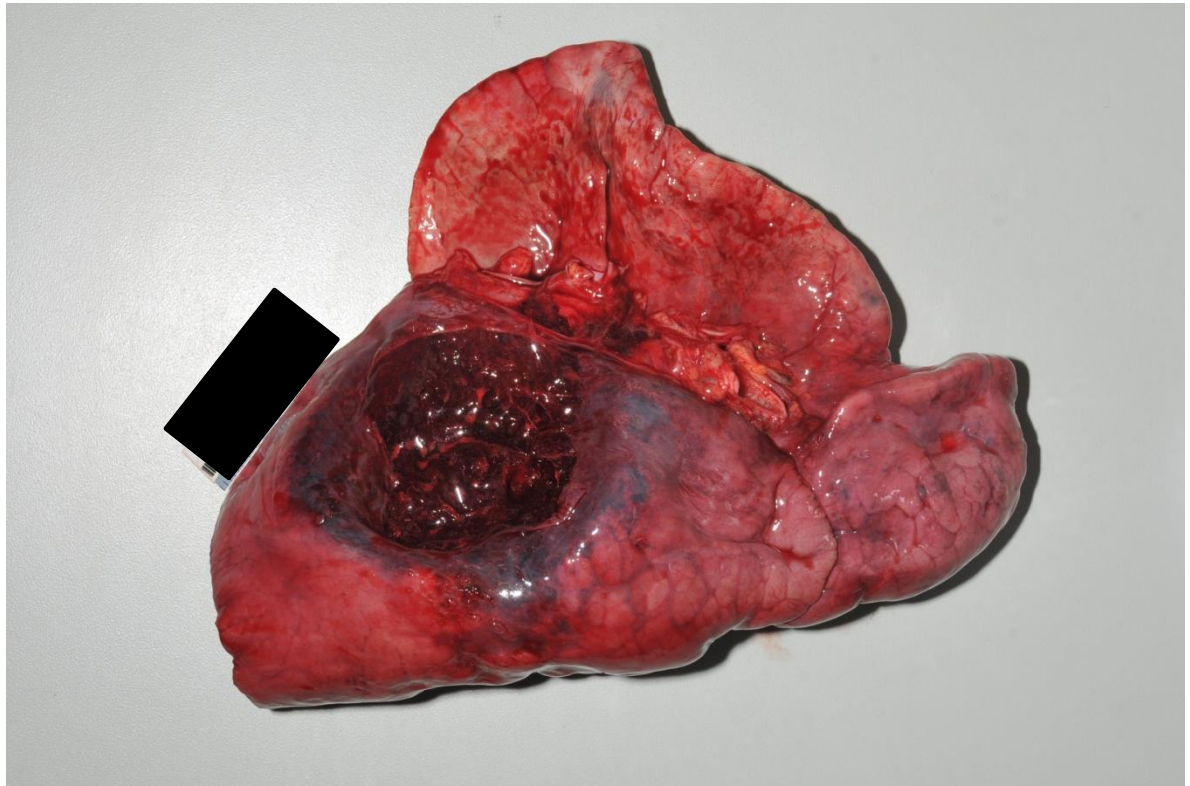

13
14
17
6

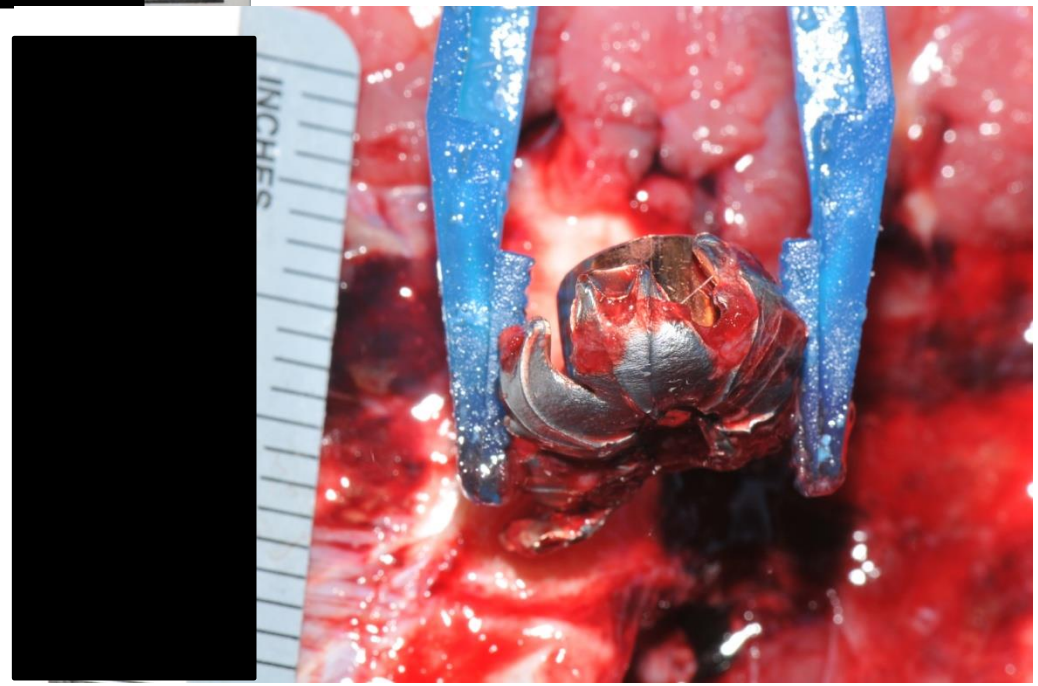




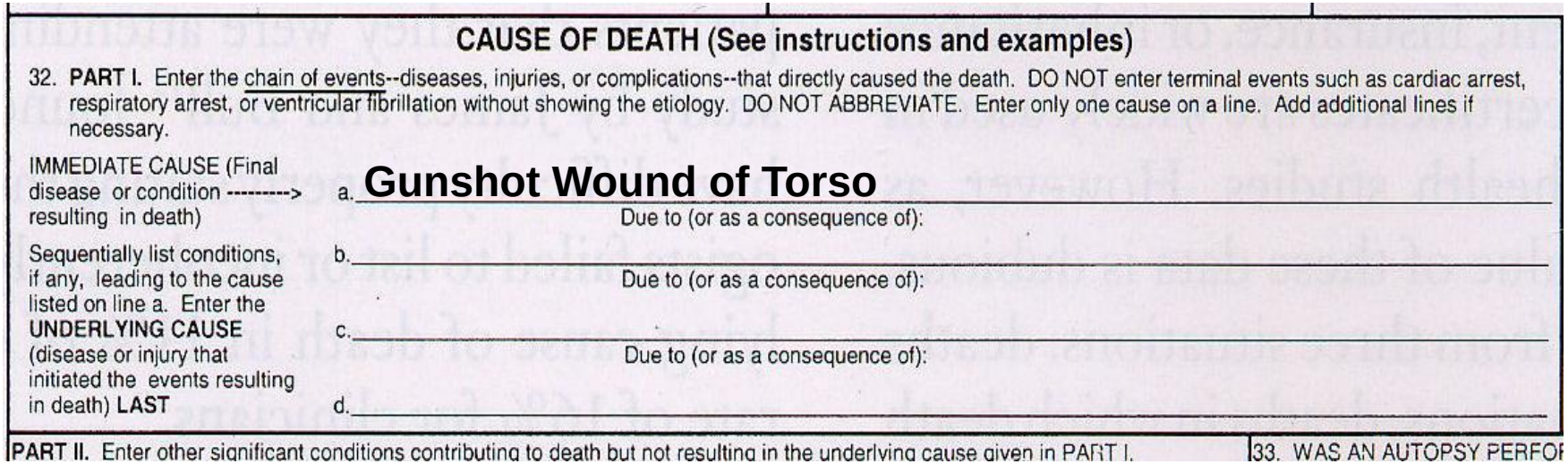







INCHES

CASE EXAMPLE



CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death)

a. **Gunshot Wound of Torso**

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**

b.

Due to (or as a consequence of):

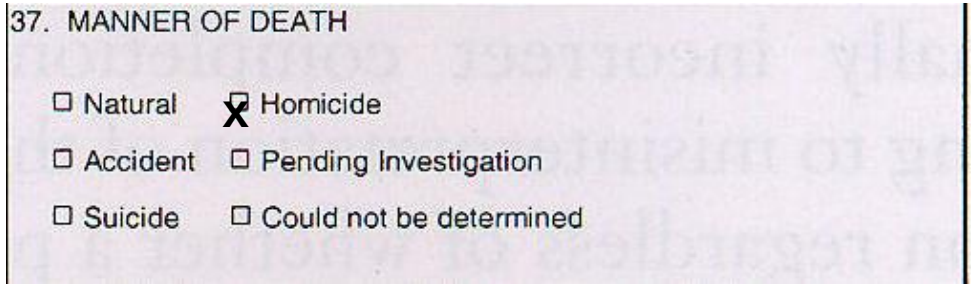
c.

Due to (or as a consequence of):

d.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFOR

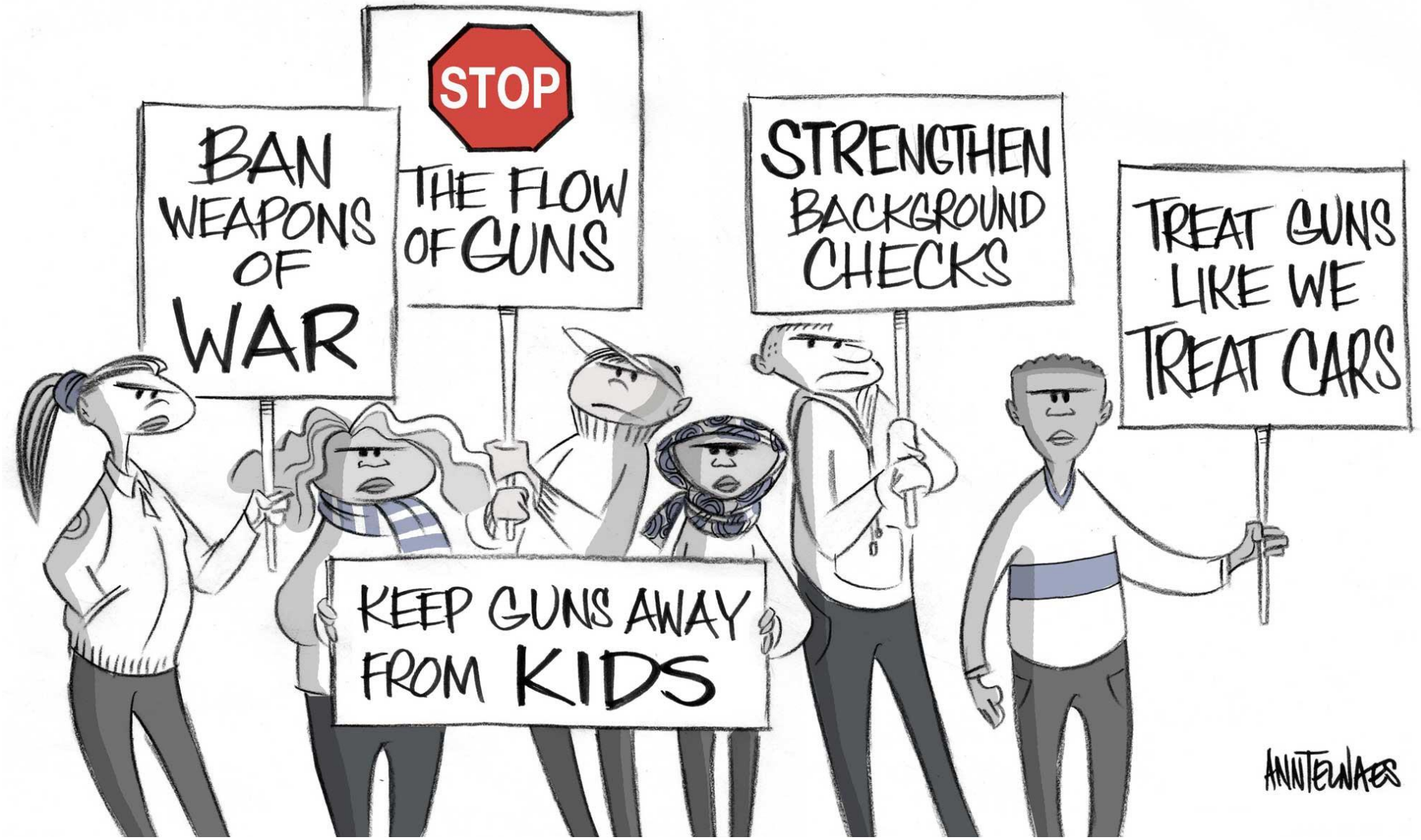


37. MANNER OF DEATH

- ☐ Natural
- ☒ Homicide (X)
- ☐ Accident
- ☐ Pending Investigation
- ☐ Suicide
- ☐ Could not be determined

What In-Custody Phase did this Death Occur?


END GUN
VIOLENCE


STOP
BAN WEAPONS OF WAR
THE FLOW OF GUNS
STRENGTHEN BACKGROUND CHECKS
TREAT GUNS LIKE WE TREAT CARS
KEEP GUNS AWAY FROM KIDS
ANNTELNAES

BE AN ADVOCATE

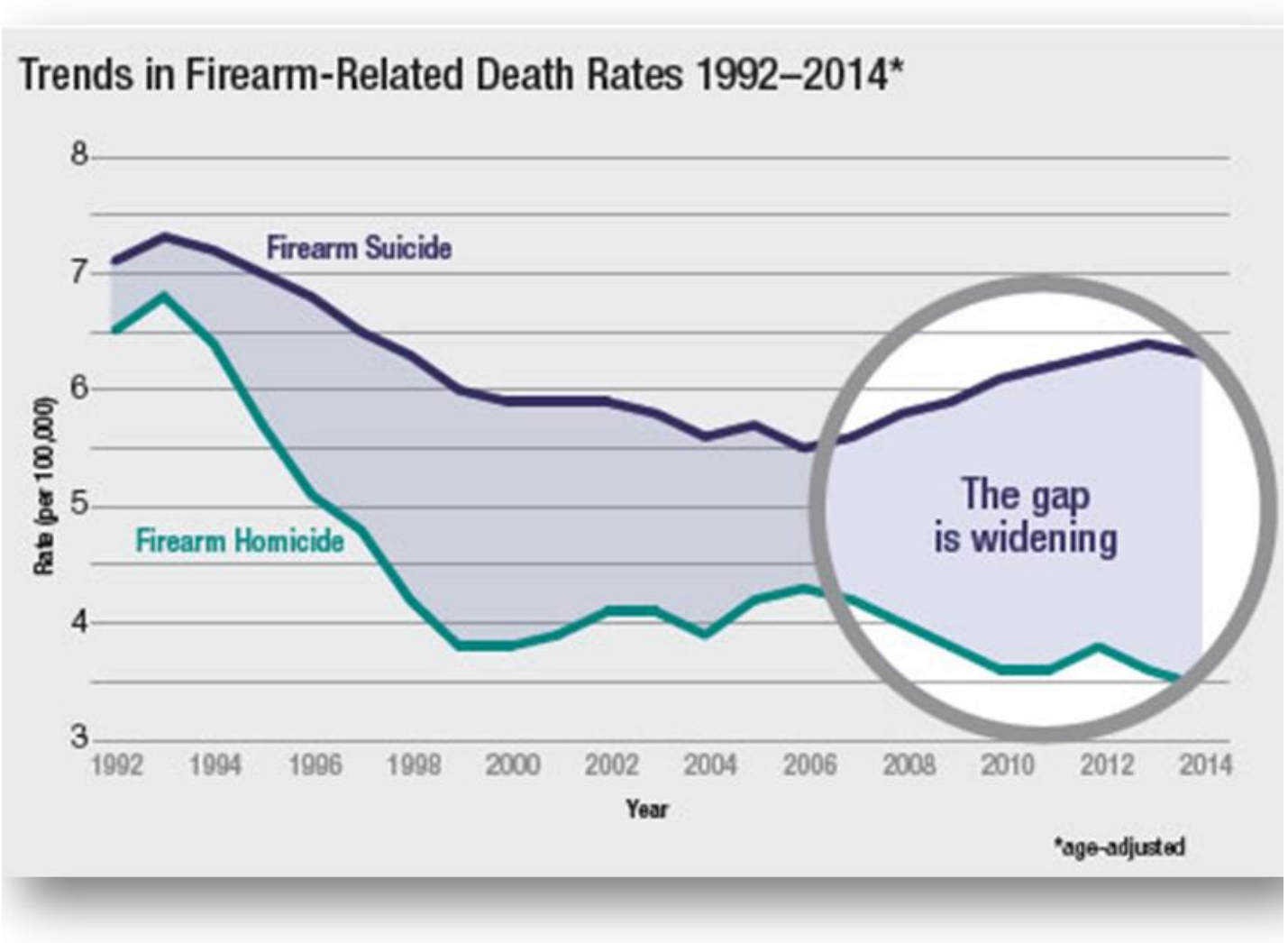
Message

- Specific federal appropriations **MUST be reinstated** to the Centers for Disease Control and Prevention for basic research into the public health effects of gun violence.


DICKEY
AMENDMENT

BE AN ADVOCATE

THERE ARE MORE FIREARM SUICIDES THAN FIREARM HOMICIDES



BE AN ADVOCATE

- 40% of all guns in the US are sold by private sellers and require no background check
- 30% of illegal guns are connected to gun shows

Message

- Close Gun show loopholes
  - Require Mandatory Universal Background Checks w/ improved Mental Health exclusions criteria
    - Require Biannual Check

BE AN ADVOCATE

Message

- Require individuals to be 21 and older to purchase a firearm of any sort
- Require individuals to obtain a license or permit to purchase and possess a firearm
- Require mandatory training on handling and storage of the firearm
- Require Federal, State, and Local oversight of licensed and regulated gun dealers
- Ban high capacity magazines, assault rifles, and bump stocks


RED FLAG
LAWS
MGN

BE AN ADVOCATE

- Make Violence Prevention a priority in your school
- Learn about Violence Prevention
- Become well versed in Social Determinants of Health
- Incorporate violence prevention concepts into your school projects
- Speak to your peers about the risk and protective factors of violence
- Ask your leadership representatives to convene a program/assembly on Violence Prevention
- Post Anti-Violence messaging on Social Media