# DOMESTIC VIOLENCE PACKET

# DOMESTIC VIOLENCE REPORT-AGENCY: ______ CASE #

## OFFENSE/INCIDENT INFORMATION

911 Call? ☐ Yes ☐ No
☐ 911 Tape Ordered?

VICTIM:
Email Address of Victim:
Name and Address of Caller (if different from Victim)

| Emergency Contact #1 *(2 people who will always know how to contact you/where you are)* | Name | Address | Home # | Work # | Cell # |
|---|---|---|---|---|---|
| Emergency Contact #2 | | | | | |

## OBSERVATIONS ABOUT VICTIM

**Demeanor:**
☐ Afraid ☐ Angry ☐ Apologetic ☐ Belligerent ☐ Calm ☐ Combative ☐ Crying ☐ Distraught ☐ Fearful
☐ Hysterical ☐ Indifferent ☐ Intoxicated ☐ Irrational ☐ Nervous ☐ In Shock ☐ Threatening ☐ Uncooperative ☐ Other

**Physical Condition:**
☐ Abrasion (s) ☐ Bruise (new) ☐ Bruise healing ☐ Bleeding ☐ Complaint Of Pain ☐ Concussion ☐ Fractures
☐ Laceration (s) ☐ Loose Hair ☐ Shaking ☐ Slap Marks ☐ Swelling ☐ Sweating ☐ Other

**Appearance:**
☐ Bloody Clothes ☐ Disorderly Clothing ☐ Smeared Make-up ☐ Soiled/Sweat Stained ☐ Tangled/Messy Hair ☐ Torn/Ripped Clothing ☐ Other

**Speech:**
☐ Angry ☐ Out of Breath ☐ Excited/Fast ☐ Crying/Sobbing ☐ Yelling ☐ Belligerent ☐ Other

Explain any conflicting observations:

**How Suspect hurt victim:**
☐ Striking ☐ Grabbing ☐ Pushing ☐ Pulling ☐ Throwing ☐ Biting ☐ Suffocating ☐ Strangle {(See Strangulation Supplement) ☐ Other (Explain)

**What suspect used to injure or threaten victim:**
☐ Hand ☐ Head ☐ Knife
☐ Foot ☐ Gun ☐ Other Explain

Weapon (s) Seized? ☐ Yes ☐ No
Firearm (s) impounded for safety? ☐ Yes ☐ No

**Crime Scene Observations:**
Explain:
☐ Disorderly ☐ Broken glass ☐ Broken Furniture ☐ Holes in walls ☐ Broken Phone ☐ Firearms/knives
☐ Clumps of Hair ☐ Blood on floor/wall ☐ Children Crying ☐ Phone cord yanked ☐ Other weapons ☐ Other (explain)

**Medical Treatment**
☐ None Given ☐ Basic First Aid ☐ Refused

| | | |
|---|---|---|
| ☐ Will Seek Doctor | Name | City |
| ☐ Paramedic/EMT | Name/ID | City |
| ☐ Hospital | Name | City |

**No. of Photos Taken**
**Taken By:**
☐ Digital ☐ 35mm
☐ Victim Injury ☐ Suspect Injury ☐ Lack of Injury ☐ Crime Scene ☐ Hospital ☐ Location of Weapon

| Witnesses | Interviewed | Statements |
|---|---|---|
| ☐ Children | ☐ | ☐ |
| ☐ Neighbors | ☐ | ☐ |
| ☐ Others | ☐ | ☐ |

Number of Children Present ☐
Ages of Children______

**Victims Relationship to Suspect**
☐ Spouse ☐ Ex-spouse ☐ Cohabitant ☐ Ex-cohabitant ☐ Dating/Engaged ☐ Former dating ☐ Parents of Child
☐ Parent ☐ Child (minor) ☐ Child (adult) ☐ Other (expl.)

Length of Relationship ☐ Years ☐ Mos

**Prior History of Suspect-according to Victim**
Prior History of D/V? ☐ Yes ☐ No
Prior History Documented? ☐ Yes ☐ No
Number of Prior Incidents ☐ Minor ☐ Serious
Date of Incidents:
Agencies who have handled suspect:

**Date relationship Ended (if applicable)**

## DOMESTIC VIOLENCE - SUSPECT INFORMATION

Suspect Name ______ Last ______ First ______ Middle ______

Address ______ Phone (h) ______ (w) ______ Race/Sex ______ D.O.B. ______

☐ Arrested
☐ Not At Scene

### OBSERVATIONS ABOUT SUSPECT AT SCENE

**Demeanor:**

☐ Afraid
☐ Angry
☐ Apologetic
☐ Belligerent
☐ Calm
☐ Combative
☐ Crying
☐ Distraught
☐ Fearful
☐ Hysterical
☐ Indifferent
☐ Intoxicated
☐ Irrational
☐ Nervous
☐ In Shock
☐ Threatening
☐ Uncooperative
☐ Other

**Physical Condition:**

☐ Abrasion (s)
☐ Bruise (new)
☐ Bruise healing
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**Appearance:**

☐ Bloody Clothes
☐ Disorderly Clothing
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☐ Soiled/Sweat Stained
☐ Tangled/Messy Hair
☐ Torn/Ripped Clothing
☐ Other

**Speech:**

☐ Angry
☐ Out of Breath
☐ Excited/Fast
☐ Crying/Sobbing
☐ Yelling
☐ Belligerent
☐ Res Gestae Statement
☐ Waiver of Rights
☐ Recorded Stmt w/rights
☐ Writ. Statement w/rights
☐ Other

Explain any conflicting observations: ______

### 911

Did anyone try to prevent the victim from calling for help/911? ______

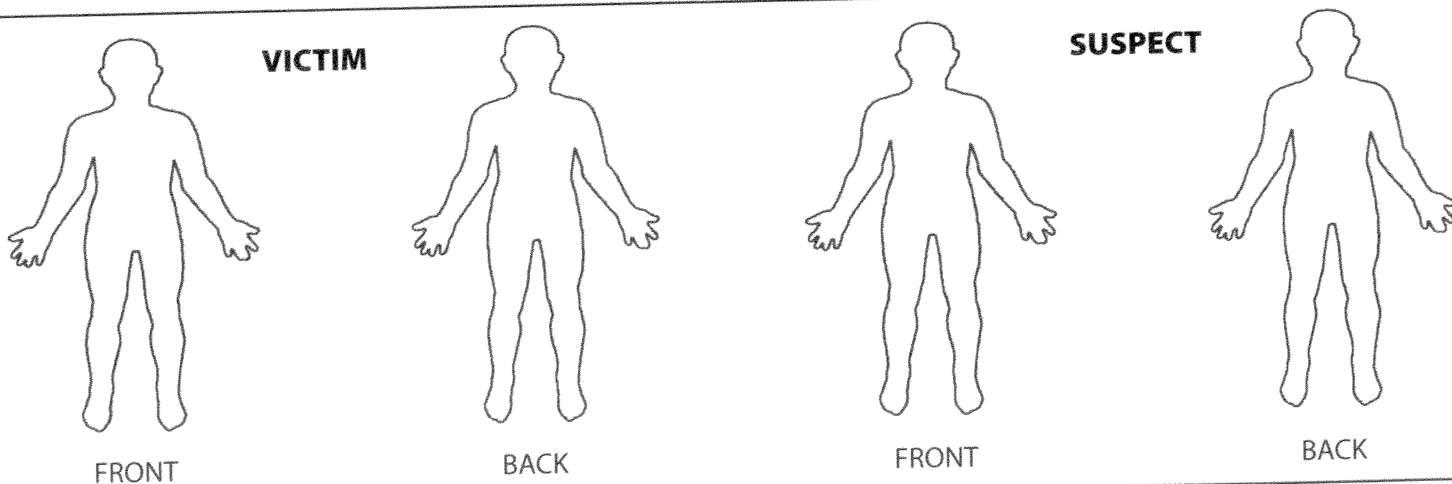
### PROTECTIVE ORDERS

Has the victim ever sought or applied for a protective order against this person? If so, when and where? ______

State and County: ______

Year: ______

### BODY INJURY DIAGRAM




Victim Resource Info Given:

☐ Policy Agency
☐ Local Resources

# DOMESTIC VIOLENCE - VICTIM STATEMENT

Victim's Name (Last, First, Middle): Date of Birth: Driver License #:
SSN #

Where are you right now?

Home address: Home phone #:

Name and Address of Work/School: Work Phone #:

Email Address: Cell Phone:

WHO ASSAULTED YOU? (Please list full name and the person's relationship to you)

WHAT INJURIES DO YOU HAVE AS A RESULT OF THE ASSAULT?

HOW DID THIS PERSON ASSAULT YOU? (Example: "strike with fist on head", etc)

DID THIS PERSON USE ANYTHING OTHER THAN THEIR HAND TO ASSAULT YOU/ WHAT? HOW?

DID THIS PERSON USE OR THREATEN TO USE A WEAPON AGAINST YOU? WHAT? HOW?

WAS THERE ANYONE AROUND WHO SAW OR HEARD THE ASSAULT? (Children, relatives, neighbors, etc)

Name: Address and Phone Number:

Name: Address and Phone Number:

Name: Address and Phone Number:

WHAT WERE THE CIRCUMSTANCES THAT LED UP TO THE ASSAULT?

WAS THERE DAMAGE TO ANY PROPERTY? (Walls, phone, furniture, etc)

HAS THIS PERSON ASSAULTED YOU BEFORE? WHEN? WHERE? HOW?

I affirm that this statement is true and correct and in my own words.

Signature:__________ Date:__________ Time:__________

Officer Witness:__________ Badge #:__________ Case #__________

## DOMESTIC VIOLENCE - NARRATIVE VICTIM STATEMENT

Case # ____________________

Victim Statement (page 1)

My name is ______________________________ My date of birth is ________________. I do hereby make the following information known to Officer____________, Badge # ______and prosecutors for whatever purpose it may serve. Further, I affirm that the facts contained in this statement are true and correct to the best of my knowledge.

Date of this statement: ____________________ Time statement given: ______________

Signature: ____________________ Printed Name: ____________________

Officer Witness: ____________________ Badge #: __________ Page _____ of _____

## Strangulation Supplement

Use this form when a victim reports being "choked" or strangled

**Method and/or Manner:**

How was the victim strangled?

☐ One hand (R or L) ☐ Two hands ☐ Forearm (R or L) ☐ Knee/Foot

Brief description of how committed: ______________________________

______________________________

☐ Ligature (Describe): ______________________________

☐ How long? ______seconds______minutes

☐ Also smothered/suffocated?

☐ If so, how?______________________________

☐ From 1 to 10, how hard was the suspect's grip? (Low) 1,2,3,4,5,6,7,8,9,10 (High)

☐ Multiple attempts: ____________ ☐ Multiple methods: ______________

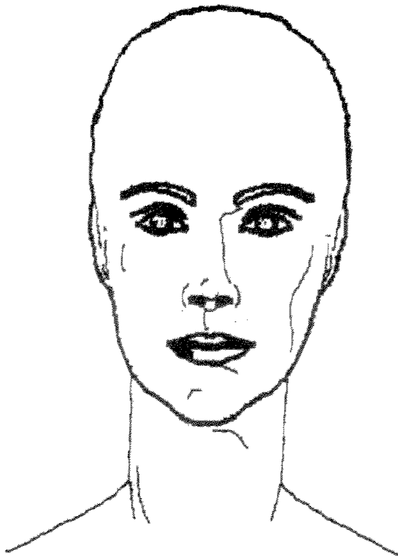
Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

1. What did the suspect say while the suspect was strangling the victim?

2. Describe what suspect's face looked like during strangulation.

3. What was the suspect's demeanor?

4. Was victim shaken simultaneously while being strangled?



5. Was victim's head or body pounded against any object? Example: Wall, floor or ground?

6. What did the victim think was going to happen?

______________________________

7. How or why did the suspect stop strangling the victim?

______________________________

8. Describe prior incidents of strangulation or suffocation.

______________________________

______________________________

______________________________

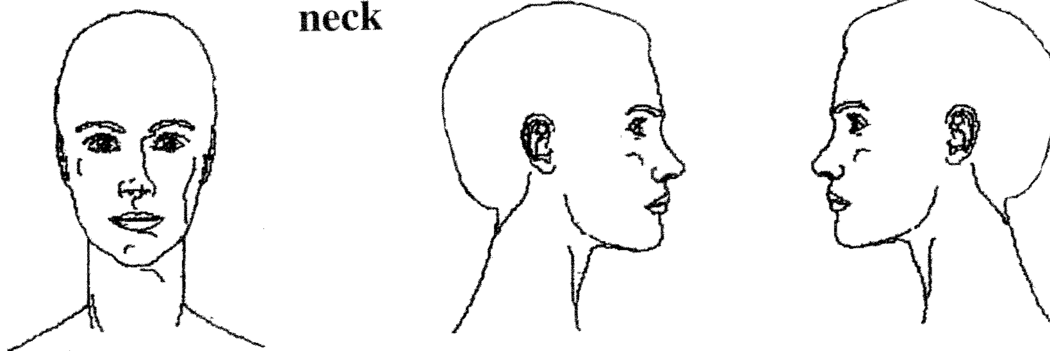
# Documentation of Strangulation Cases

Use this chart when a victim reports being "choked" or strangled

## Symptoms and/or Internal Injury

| Breathing Changes | Voice Changes | Swallowing Changes | OTHER |
|---|---|---|---|
| ☐ Difficulty Breathing<br>☐ Hyperventilation<br>☐ Unable to breathe<br>Other: | ☐ Raspy voice<br>☐ Hoarse voice<br>☐ Coughing<br>☐ Unable to speak | ☐ Trouble swallowing<br>☐ Painful to swallow<br>☐ Neck pain<br>☐ Nausea<br>☐ Vomiting | ☐ Dizzy<br>☐ Headaches<br>☐ Fainted<br>☐ Urination<br>☐ Defecation |

## Use face neck & diagrams to mark visible injuries:



| Face | Eyes & Eyelids | Nose | Ear | Mouth |
|---|---|---|---|---|
| ☐ Red or flushed<br>☐ Pinpoint red spots (petechiae)<br>☐ Scratch marks<br>☐ Bruising | ☐ Petechiae to R and/or L eyeball (circle one)<br>☐ Petechiae to R and/or L eyelid (circle one)<br>☐ Bloody red eyeball (s) | ☐ Bloody nose<br>☐ Broken nose<br>Petechiae<br>☐ Scratch or abrasion | ☐ Petechiae (external and/or ear canal)<br>☐ Bleeding from ear canal | ☐ Bruising<br>☐ Swollen tongue<br>☐ Swollen lips<br>☐ Cuts/abrasions (ancillary finding) |

| Under Chin | Chest | Shoulders | Neck | Head |
|---|---|---|---|---|
| ☐ Redness<br>☐ Scratch/abrasions<br>☐ Laceration<br>☐ Bruise (s) | ☐ Redness<br>☐ Scratch/abrasions<br>☐ Laceration<br>☐ Bruise (s) | ☐ Redness<br>☐ Scratch/abrasions<br>☐ Laceration<br>☐ Bruise (s) | ☐ Redness<br>☐ Scratch marks<br>☐ Finger nail impressions<br>☐ Bruise (s)<br>☐ Swelling<br>☐ Ligature | ☐ Petechiae (on scalp or face)<br>**Ancillary findings:**<br>☐ Hair pulled<br>☐ Bump<br>☐ Skull fracture |

**Please take photos!**