DOMESTIC VIOLENCE CASE INVESTIGATION FORM

Officer Name:	Officer #:	Officer Agency:	CR:
Suspect name and DOB:	Victim name and DOB:		

THE SCENE

EVIDENCE

Physical evidence collected: (ex: torn clothing, broken objects) ☐ Yes ☐ No
Location collected: ☐ Crime Scene ☐ Hospital ☐ Other
Photos taken: ☐ Victim ☐ Suspect ☐ Crime Scene ☐ Physical Evidence
☐ Witness ☐ Other: _____
Property damage present? ☐ Yes ☐ No
If yes, what is the approximate value: _____
Witnesses present during incident: ☐ Yes ☐ No
Witness statements taken: ☐ Yes ☐ No
All witness identifying info in report: ☐ Yes ☐ No
Suspect identified by: ☐ Victim ☐ Witness
☐ Suspect on scene ☐ Photo ID completed/collected

CHILDREN

Were children present? ☐ Involved ☐ Intervened
☐ Yes ☐ No ☐ Injured ☐ Interviewed
How many? _____ DHS called for this incident?
☐ Yes ☐ No
Child:_____ DOB:_____
Location during incident:_____
Emotional demeanor:_____

Child:_____ DOB:_____
Location during incident:_____
Emotional demeanor:_____
Use separate sheet for additional children

RISK ASSESSMENT

PTS use only

OFFICER INSTRUCTIONS: Please ask the following questions about the current assault. If this incident was not an assault but the suspect has been physically violent toward the victim in the past, answer the questions based upon the last time the suspect was violent towards the victim.

O

Does the suspect have a prior **domestic** assault that was reported to police (against a partner or the children)? ☐ Yes ☐ No ☐ Unknown
Does the suspect have a prior **non domestic** assault that was reported to police (against any person other than a partner or the children)? ☐ Yes ☐ No ☐ Unknown
Has the suspect ever been sentenced to 30 days or more of incarceration (full 30 days need not have been served)? ☐ Yes ☐ No ☐ Unknown
Has the suspect violated a prior or current protection order, bond, parole, or probation? ☐ Yes ☐ No ☐ Unknown
Did the suspect threaten to physically harm or kill you or anyone else during this incident? ☐ Yes ☐ No ☐ Unknown
What was the threat? _____
Did the suspect do anything to prevent you from leaving during this incident? ☐ Yes ☐ No ☐ Unknown
Describe:_____
Are you concerned the suspect will assault you or the children in the future? ☐ Yes ☐ No ☐ Unknown

D

Total number of biological and adopted children (including adult children or children living out of the home):
Together _____
Suspect _____ NOT including shared children ☐ Unknown
Victim _____ NOT including shared children
(If more than 1 mark "yes") ☐ Yes ☐ No
Do you have a biological child from another relationship? ☐ Yes ☐ No
Is the suspect violent to people other than you and/or the children? ☐ Yes ☐ No ☐ Unknown

A

Did the suspect drink **alcohol** just before or during this assault? ☐ Yes ☐ No ☐ Unknown
Did the suspect use **drugs** just before or during this assault? ☐ Yes ☐ No ☐ Unknown
Did the suspect abuse alcohol or drugs in the few days or weeks before this assault? ☐ Yes ☐ No ☐ Unknown
Did the suspect abuse alcohol or drugs more than usual in the few days or weeks before the assault? ☐ Yes ☐ No ☐ Unknown
Is the suspect more angry or violent when using drugs or alcohol? ☐ Yes ☐ No ☐ Unknown
Has the suspect ever been charged for something s/he did when drinking or using drugs? ☐ Yes ☐ No ☐ Unknown
Has the suspect had an **alcoho**l problem at any time since s/he was 18 that resulted in problems in his/her life? (ex: legal, financial, work, relationships, health) ☐ Yes ☐ No ☐ Unknown
Has the suspect had a **drug** problem at any time since s/he was 18 that resulted in problems in his/her life? (ex: legal, financial, work, relationships, health) ☐ Yes ☐ No ☐ Unknown

R

Were you pregnant at the time of the incident? ☐ Yes ☐ No ☐ Unknown
If yes, did the suspect know/have reason to know? ☐ Yes ☐ No ☐ Unknown
Did the suspect ever assault you when you were pregnant? ☐ Yes ☐ No

A

Do you have any children at home ages 18 or younger? ☐ Yes ☐ No
Do you **lack** access to a telephone? ☐ Yes ☐ No
Do you **lack** access to transportation? ☐ Yes ☐ No
Do you **lack** neighbors nearby? ☐ Yes ☐ No
Were you using alcohol or drugs when this incident occurred? ☐ Yes ☐ No
Have alcohol or drugs ever caused any problems in your life? ☐ Yes ☐ No

☐ Suspect possesses or has access to weapons
☐ Guns ☐ Knives ☐ Other:_____
Describe: _____
☐ Weapon used during incident
Describe Weapon:_____
☐ Threats with weapons
Describe:_____
☐ Suspect has threatened or attempted suicide
If so, when? _____
☐ Suspect has made death threats in the past
☐ Victim ☐ Pets ☐ Others
When?_____

☐ Separation (recent or past)
If yes, when?_____
☐ Suspect is jealous or obsessive about victim
☐ Suspect states he will not let victim go
☐ Suspect has in the past been restrained from contacting victim or children
☐ Suspect is enraged or feels betrayed by victim efforts to leave
☐ Abuse has become more frequent
☐ Suspect controls victim's daily activities
☐ Victim broken bones (prior)
☐ Victim hospitalization/ER (prior)
☐ Pet Abuse (prior)
☐ Child Abuse (prior)

Suspect not:
☐ Sleeping ☐ Eating ☐ Working
Suspect loss of:
☐ Housing ☐ Job ☐ Loved one
☐ Other: _____
☐ Suspect suffers from mental/emotional conditions (ex: depression)
☐ Is taking medication
☐ Has taken medication
☐ Compliant with prescription

Diagnosis:_____

SCORE

Suspect:	Victim:	CR:	Agency:

VICTIM INFORMATION

VICTIM BEHAVIOR (as witnessed by officer):

☐ Calm ☐ Crying ☐ Minimizing ☐ Agitated
☐ Numb ☐ Nervous ☐ Afraid ☐ Angry
☐ Apologetic ☐ Distraught ☐ Reluctant ☐ Flat affect
☐ Threatening ☐ Other:_____

Involved? ☐ Alcohol ☐ Drugs

VICTIM INJURIES? ☐ Yes ☐ No **SBI Form?** ☐ Yes

If yes,
☐ Complaint of Pain ☐ Minor Cuts ☐ Fractures
☐ Bruise(s) ☐ Lacerations ☐ Concussion
☐ Abrasions ☐ Other:_____
Medical Evaluation ☐ EMS ☐ Hospital ☐ Declined
☐ Medical Release signed by victim ☐ Medical witness info in report

RELATIONSHIP TO SUSPECT

☐ Spouse ☐ Former cohabitants ☐ Same sex partner
☐ Former spouse ☐ Dating/Engaged ☐ Emancipated minor
☐ Cohabitants ☐ Former dating ☐ Child in common

Length of Relationship: _____ Years _____Months
If applicable, date relationship ended:_____

☐ Victim has pets:_____

DESCRIPTION OF INCIDENT

☐ Kicking ☐ Slapping-open hand
☐ Throwing objects ☐ Pushing
☐ Grabbing ☐ Hitting-closed fist
☐ Violation of PO ☐ Biting
☐ Strangulation ☐ Suffocation/Restricted Breathing
☐ Stalking ☐ Non consent sex
☐ Fear for Life ☐ Weapons
☐ Other_____
Suspect Demeanor: _____

EMERGENCY CONTACT: Tell victim info NOT confidential

Name: _____
Phone: _____
Email: _____

AT RISK ADULTS: (18-6.5-102)

Is the victim 70 years or older? ☐ Yes ☐ No
Does the victim have a disability? ☐ Yes ☐ No
If yes, describe:_____

SUSPECT INFORMATION

Suspect Behavior (as witnessed by officer)

☐ Calm ☐ Crying ☐ Minimizing ☐ Agitated
☐ Numb ☐ Nervous ☐ Afraid ☐ Angry
☐ Apologetic ☐ Distraught ☐ Reluctant ☐ Flat affect
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Involved? ☐ Alcohol ☐ Drugs

SUSPECT INJURIES? ☐ Yes ☐ No

If yes,
☐ Complaint of Pain ☐ Minor Cuts ☐ Fractures
☐ Bruise(s) ☐ Lacerations ☐ Concussion
☐ Abrasions ☐ Other:_____
Medical Evaluation ☐ EMS ☐ Hospital ☐ Declined

SUSPECT PRIOR DV BEHAVIORS

☐ Isolation ☐ Coercion ☐ Threatens to take children ☐ Controls money ☐ Name calling ☐ Intimidation
☐ Throwing things ☐ Hitting ☐ Damage property ☐ Biting ☐ Kicking ☐ Pushing/grabbing
☐ Strangulation ☐ Stalking ☐ Non Consent Sex ☐ Violation of PO ☐ Prior DV witnessed by children ☐ Prevented report
☐ Other:_____

Approximate number of prior incidents (reported and unreported)_____ Number of prior incidents reported to Law Enforcement: _____

STALKING

Is there a current Protection Order protecting victim from suspect: ☐ Yes ☐ No If yes: ☐ Civil ☐ Criminal

☐ Repeated communication, repeatedly following, approaching, contacting or surveying **plus** at least one of the following:
- ☐ Resulting in serious emotional distress **and/or**
- ☐ Credible threat (credible threat = threat, physical action or repeated conduct causing fear)

The victim has changed his/her phone, address, job, normal routine, etc.: ☐ Yes ☐ No

STRANGULATION/SUFFOCATION

STRANGULATION METHOD:

☐ One hand: Circle Right or Left ☐ Both Hands ☐ Forearm ☐ Knee/Foot ☐ Choke-hold ☐ Object: _____
☐ Suffocation/Restricted Breathing using: _____ ☐ Other _____
Did the suspect put anything on your face, neck or chest to prevent your breathing? ☐ Yes ☐ No ☐ Unknown Describe:_____
How many times do you remember being strangled (this incident only)? _____
Pressure of strangulation (on a scale of 1-10, 10 being the most pressure, how hard was the suspect's grip?): _____
Approximate length of strangulation: _____ What did you think was going to happen? _____
What caused the suspect to stop? _____
Position of the suspect in relation to the victim (ex: face to face, from behind, on the ground, sat on chest, etc.): _____
Position of the victim during the strangulation (ex: on the ground, standing up, against a wall, etc.): _____
Words spoken by suspect **before** strangulation:_____
Words spoken by suspect **during** strangulation: _____
Words spoken by suspect **after** strangulation: _____
Suspect facial expression and demeanor during strangulation: _____
What else did the suspect do while strangling you? _____
Were you able to speak during the strangulation? ☐ Yes ☐ No If yes, what did you say? _____
Were you able to do anything physical to stop the strangulation? ☐ Yes ☐ No If yes, what? _____

LOCATION OF INJURIES:

☐ Scalp ☐ Behind ears ☐ Jaw ☐ Face
☐ Eyelids ☐ Eyes ☐ Nose ☐ Lips
☐ In mouth/throat ☐ Chin ☐ Under Chin ☐ Neck
☐ Shoulder ☐ Chest ☐ Other:_____

DESCRIPTION OF INJURIES:

☐ Redness ☐ Swelling on neck ☐ Scrapes
☐ Finger/hand marks ☐ Lumps on neck ☐ Scratch marks
☐ Ligature marks ☐ Bruising ☐ Hair missing
☐ Blood in eyeball ☐ Eyelid droop ☐ Other: _____
☐ Tiny red marks (petechiae) Where? _____

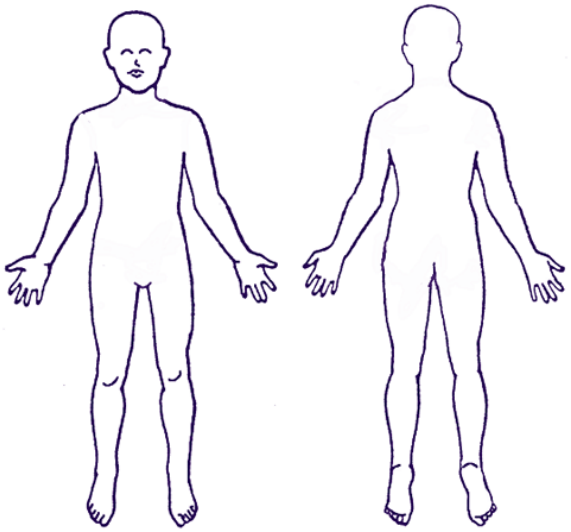
THE VICTIM EXPERIENCED:

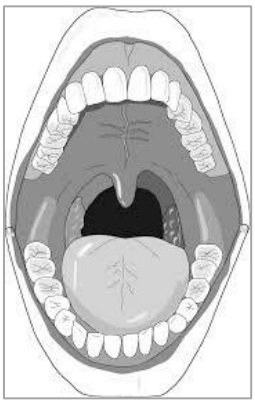
☐ Thrown against the wall/floor/etc.
☐ Shaken by suspect
☐ Physical pain
☐ Pain/tender throat/neck
☐ Headache/head throb
☐ Pain/trouble when swallowing
☐ Trouble breathing
☐ Trouble catching breath
☐ Hyperventilation
☐ Need to clear throat
☐ Changing pitch of voice
☐ Raspy voice
☐ Hoarseness
☐ Coughing
☐ Loss of consciousness/blackout
☐ "Saw Stars"
☐ Dizziness
☐ Faintness
☐ Blurry vision
☐ Balance/coordination changes
☐ Memory Loss
☐ Felt limp
☐ Hearing changes
☐ Disoriented
☐ Numbness
☐ Tingling in lips, arms or legs
☐ Nausea
☐ Vomiting/dry heaving
☐ Involuntary urination
☐ Involuntary defecation
☐ Other :_____
_____

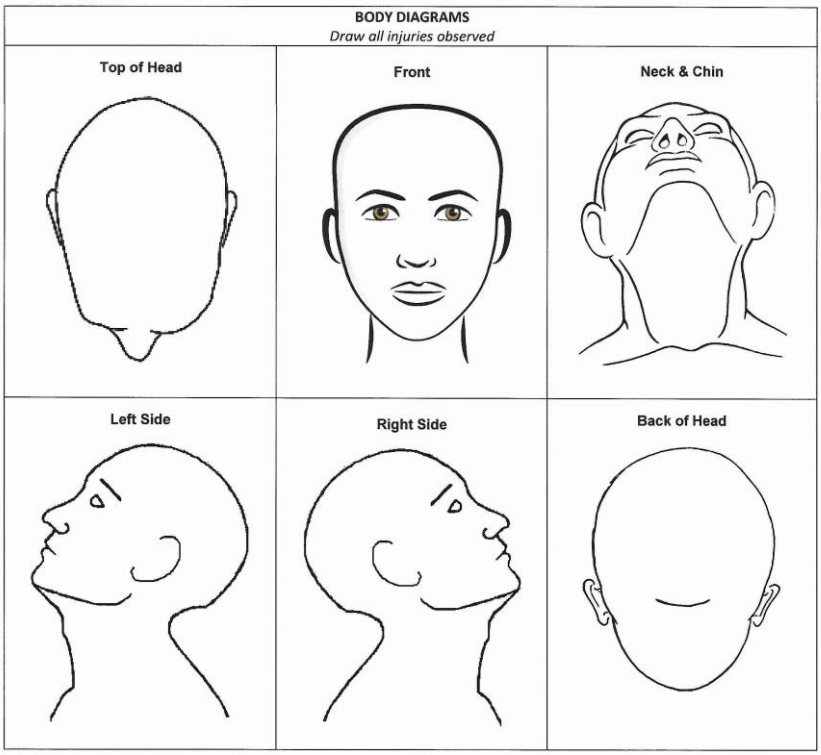
Suspect:	Victim:	CR:	Agency:

INJURIES – THIS PAGE TO BE COMPLETED BY THE VICTIM

1. I have physically pointed out to the officer where I was injured ☐ Yes ☐ No
2. I have also indicated on the diagram where I was injured ☐ Yes ☐ No
3. I was able to physically point out to the officer who injured me ☐ Yes ☐ No
   a. If no, I have shown a photo of the suspect to the officer ☐ Yes ☐ No
4. I have physically pointed out to the officer the object used to injure me ☐ Yes ☐ No
5. Do you understand all of the questions? ☐ Yes ☐ No







Victim Signature:_____ Date:_____ Time:_____am/pm

Officer: _____ Badge #:_____Date: _____ Time:_____

☐ Officer indicated victim's responses because victim unable to mark this portion

Suspect:	Victim:	CR:	Agency:

VICTIM/WITNESS STATEMENT

(If you need more paper please ask the Officer)

I have provided this statement voluntarily and swear that the information is true.

Victim/Witness Signature:_____ Date:_____ Time:_____am/pm

Victim/Witness Printed Name: _____

Officer Witness:_____ Badge #:_____Date:_____