

THIS FORM SHOULD BE COMPLETED FOR ANY ALLEGED CRIME OR ALLEGED PPO VIOLATION WHERE THE VICTIM AND OFFENDER HAVE A DOMESTIC RELATIONSHIP

VICTIM MEDICAL TREATMENT	SUSPECT MEDICAL TREATMENT
<input type="checkbox"/> NONE <input type="checkbox"/> WILL SEEK OWN <input type="checkbox"/> FIRST AID RENDERED <input type="checkbox"/> EMT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> CLINIC <input type="checkbox"/> REFUSED	<input type="checkbox"/> NONE <input type="checkbox"/> WILL SEEK OWN <input type="checkbox"/> FIRST AID RENDERED <input type="checkbox"/> EMT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> CLINIC <input type="checkbox"/> REFUSED
TRANSPORTED BY: (Name) _____	TRANSPORTED BY: (Name) _____
HOSPITAL _____	HOSPITAL _____
NAMES OF TREATING PHYSICIAN/NURSE _____	NAMES OF TREATING PHYSICIAN/NURSE _____
TELEPHONE OR PAGER NUMBER _____	TELEPHONE OR PAGER NUMBER _____
ADMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	ADMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PATIENT SIGNED RELEASE FOR MEDICAL RECORDS	<input type="checkbox"/> PATIENT SIGNED RELEASE FOR MEDICAL RECORDS

ALCOHOL / CONTROLLED SUBSTANCE USE AT TIME OF INCIDENT	
VICTIM	SUSPECT
<input type="checkbox"/> Alcohol <input type="checkbox"/> Controlled Substance (Detail What and How Used in Narrative)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Controlled Substance (Detail What and How Used in Narrative)

WEAPONS	DESCRIBE WEAPON USE IN NARRATIVE	WEAPON RECOVERED
		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PERSONAL (Hands, Fists, Feet) <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> FIREARM-TYPE UNKNOWN <input type="checkbox"/> POISON <input type="checkbox"/> EXPLOSIVE		<input type="checkbox"/> HANDGUN <input type="checkbox"/> LONG GUN <input type="checkbox"/> OTHER _____

EVIDENCE	
<input type="checkbox"/> PICTURES <input type="checkbox"/> Digital <input type="checkbox"/> Polaroid <input type="checkbox"/> 35mm <input type="checkbox"/> PICTURES OF <input type="checkbox"/> Scene <input type="checkbox"/> Children <input type="checkbox"/> Injuries <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Follow-up Pictures to be Taken (Date _____)	<input type="checkbox"/> PHYSICAL EVIDENCE GATHERED (Describe in Narrative) <input type="checkbox"/> PROPERTY DAMAGE (Describe in Narrative) <input type="checkbox"/> CRIME LAB CALLED <input type="checkbox"/> TELEPHONE DISCONNECTED/DAMAGED <input type="checkbox"/> 911 TAPE OTHER EVIDENCE <input type="checkbox"/> Letters <input type="checkbox"/> Answering Machine <input type="checkbox"/> Caller ID <input type="checkbox"/> Phone Records <input type="checkbox"/> Video Tapes <input type="checkbox"/> Audio Tapes <input type="checkbox"/> Other

WITNESSES				
LAST NAME		FIRST NAME		MIDDLE NAME
RACE	SEX	DATE OF BIRTH		
ADDRESS		CITY	ZIP CODE	
TELEPHONE: (Home) ()		(Work) ()	(Cellular) ()	
RELATIONSHIP TO VICTIM		RELATIONSHIP TO SUSPECT		STATEMENT TAKEN BY

LAST NAME		FIRST NAME		MIDDLE NAME
RACE	SEX	DATE OF BIRTH		
ADDRESS		CITY	ZIP CODE	
TELEPHONE: (Home) ()		(Work) ()	(Cellular) ()	
RELATIONSHIP TO VICTIM		RELATIONSHIP TO SUSPECT		STATEMENT TAKEN BY

WITNESSES (Continued)

LAST NAME		FIRST NAME	MIDDLE NAME
RACE	SEX	DATE OF BIRTH	
ADDRESS		CITY	ZIP CODE
TELEPHONE: (Home) ()		(Work) ()	(Cellular) ()
RELATIONSHIP TO VICTIM	RELATIONSHIP TO SUSPECT	STATEMENT TAKEN BY	

LAST NAME		FIRST NAME	MIDDLE NAME
RACE	SEX	DATE OF BIRTH	
ADDRESS		CITY	ZIP CODE
TELEPHONE: (Home) ()		(Work) ()	(Cellular) ()
RELATIONSHIP TO VICTIM	RELATIONSHIP TO SUSPECT	STATEMENT TAKEN BY	

RISK FACTORS / LETHALITY ASSESSMENT

DURING INVESTIGATION, ATTEMPT TO IDENTIFY THE FOLLOWING PAST OR PRESENT RISK FACTORS. (Check all that apply and give a detailed explanation in the Narrative)

- | | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Gun Present or Accessible to Suspect | <input type="checkbox"/> Increased Frequency / Severity of Violence | <input type="checkbox"/> Suspect Threatened to Kill: _____ |
| <input type="checkbox"/> Suspect Has Used or Threatened to Use a Weapon | <input type="checkbox"/> Suspect is Violent Outside the Relationship | <input type="checkbox"/> Suspect Threatened Suicide |
| <input type="checkbox"/> Recent Separation or Threatened Separation | <input type="checkbox"/> Suspect Destroyed Cherished Personal Items | <input type="checkbox"/> Suspect Violent Toward Children |
| <input type="checkbox"/> Suspect Abuses Alcohol or Other Drugs | <input type="checkbox"/> Suspect Attempts to Control Partner's Daily Activities | <input type="checkbox"/> Suspect Has Injured or Killed Pets |
| <input type="checkbox"/> Suspect Accuses Victim of Cheating | <input type="checkbox"/> Victim is Currently Pregnant | <input type="checkbox"/> Suspect has Forced Sex on Victim |

PRIOR DOMESTIC VIOLENCE HISTORY BY SUSPECT YES NO

PROVIDE DETAIL IN NARRATIVE

PREVIOUSLY KNOWN TO WITNESSES YES NO

If YES, Where and When Reported (Include Out of State) _____

- PERSONAL PROTECTION ORDER IN EFFECT
 YES NO (Court _____)
- FOREIGN PROTECTION ORDER IN EFFECT
 YES NO (Court _____)
- PROTECTIVE CONDITION OF RELEASE OR PROBATION ORDER IN EFFECT
 YES NO (Court _____)
- FOREIGN PROTECTIVE CONDITION OF RELEASE OR PROBATION ORDER IN EFFECT
 YES NO (Court _____)

VICTIM ASSISTANCE

- CRIME VICTIM RIGHTS INFORMATION PROVIDED
- DOMESTIC VIOLENCE VICTIM RIGHTS AND SERVICE INFORMATION PROVIDED

INTERPRETER SERVICES PROVIDED

VICTIM YES NO LANGUAGE _____

SUSPECT YES NO LANGUAGE _____

***LIST INTERPRETERS IN WITNESS BOX**

