

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

COMPLAINT OR INCIDENT NUMBER

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 TRANSPORTED BY: (Name) _____ HOSPITAL _____ NAMES OF TREATING PHYSICIAN/NURSE _____ TELEPHONE OR PAGER NUMBER _____ ADMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PATIENT SIGNED RELEASE FOR MEDICAL RECORDS	<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) _____ HOSPITAL _____ NAMES OF TREATING PHYSICIAN/NURSE _____ TELEPHONE OR PAGER NUMBER _____ ADMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <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"/> HANDGUN <input type="checkbox"/> LONG GUN <input type="checkbox"/> FIREARM-TYPE UNKNOWN <input type="checkbox"/> POISON <input type="checkbox"/> EXPLOSIVE <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 <input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE DETAIL IN NARRATIVE PREVIOUSLY KNOWN TO WITNESSES <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Where and When Reported (Include Out of State) _____ _____ _____
PERSONAL PROTECTION ORDER IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO (Court _____)
FOREIGN PROTECTION ORDER IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO (Court _____)
PROTECTIVE CONDITION OF RELEASE OR PROBATION ORDER IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO (Court _____)
FOREIGN PROTECTIVE CONDITION OF RELEASE OR PROBATION ORDER IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO (Court _____)

VICTIM ASSISTANCE
<input type="checkbox"/> CRIME VICTIM RIGHTS INFORMATION PROVIDED <input type="checkbox"/> DOMESTIC VIOLENCE VICTIM RIGHTS AND SERVICE INFORMATION PROVIDED

INTERPRETER SERVICES PROVIDED
VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE _____
SUSPECT <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE _____ *LIST INTERPRETERS IN WITNESS BOX