

DOMESTIC VIOLENCE INVESTIGATION PACKET

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CASE INFORMATION			
Date:		Time:	
Case #		Arrival Time:	
Scene Location:			
Crime Location:	<input type="radio"/> Same as above		
Date of Crime:		Time of Crime:	
Officer Securing Scene:			
EMS Unit Number:		EMS Report Number:	
Victim Witness Called?	Yes No	VWC Call Time?	
Victim Given Domestic Violence Packet?	Yes No	Photographs Taken?	Yes No
Domestic Violence Supplement Completed?	Yes No		
CALLING PARTY			
People present on arrival:			
Calling Party:		DOB:	
Relationship to Victim:		Phone:	
Home Address:			
Work Address:			
Notes / Additional Information:			

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VICTIM			
Name:		DOB:	
Relationship to Suspect:		Phone:	
Home Address:			
Work Address:			
Overall Demeanor:			
Injuries?	Yes No	Medica Treatment Offered:	Accepted Declined
Torn / Disheveled Clothing?	Yes No	What?	
Children Under 16 Present?	Yes No	Names:	
Prior DV Incidents?	Yes No	How Many?	
When?			
Weapons / Instruments Used?	Yes No	What?	
Where Specifically did the Incident occur?			
Has The Suspect EVER Threatened to Kill Victim?	Yes No	Does the Victim Fear the Suspect May Kill Them?	Yes No
Describe Either Yes Answer Above:			
Weapon Used? (current or past incidents)	Yes No	Does Suspect Have Access to a Gun?	Yes No
Describe Either Yes Answer Above:			
Notes / Additional Information:			

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WITNESS 1

Name:		DOB:	
Relationship to Victim:		Phone:	
Home Address:			
Work Address:			
Where did they observe the incident?			
Witness Statement Completed?	Yes No	Interview Time:	
Interview location:			

WITNESS 2

Name:		DOB:	
Relationship to Victim:		Phone:	
Home Address:			
Work Address:			
Where did they observe the incident?			
Witness Statement Completed?	Yes No	Interview Time:	
Interview location:			

WITNESS 3

Name:		DOB:	
Relationship to Victim:		Phone:	
Home Address:			
Work Address:			
Where did they observe the incident?			
Witness Statement Completed?	Yes No	Interview Time:	
Interview location:			

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SUSPECT

Name:		DOB:	
Home Address:			
Work Address:			
Relationship to victim:		Phone:	
Gender:		Ethnicity:	
Hair Color:		Hair Length:	
Eye Color:		Facial Hair:	
Deformities:		Scars:	
Tattoos:			
Clothing Description:			
Miranda Date /Time:		Other Features:	
Known Affiliations: (i.e. gangs)			
Known Associates:			
Social Media Usernames:			

SUSPECT VEHICLE

License Plate:		State:	
Make:		Model:	
Color:		Damage:	
Distinguishing features:			
Registered owner:			

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ATTEMPTED STRANGULATION			
Was the Victim Strangled?	Yes No	How Many Times?	
How Did the Strangulation Occur? Describe EACH Time. (One hand, Two Hands, Forearm, Object, etc)			
Position of Victim when Strangled:			
Was Pressure Applied?	Yes No	Estimate of Pressure? (1 = weak thru 10 = strong)	
Was Pressure Constant or Intermittent?		Duration of Pressure:	
Were They Shaken Simultaneously?	Yes No	Hit Head on Surface or Object?	Yes No
Held Against Anything? (Wall, Floor, Furniture, etc)	Yes No	If Yes, What?	
Was Pressure Applied to Torso / Chest?	Yes No	How?	
What Did the Suspect Say Before?			
What Did the Suspect Say During?			
What Did the Suspect Say After?			
Does the Victim Remember Hearing Anything? (during or after)			
How Do Ears Feel?			
Any Tastes or Smells Victim Can Remember?			
What Did the Victim Feel on Their Body During?			
What Was the Victim Doing During the Strangulation if Anything?			
What Were the Victim's Hand Doing?			
What Did the Victim Think Was Going to Happen During the Strangulation?			

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What Caused the Suspect to Stop?			
How Does the Victim Feel Now?			
Visual Changes During the Incident?			
Was the Suspect Injured?	Yes No		
Was the Suspect Wearing Jewelry During the Incident?	Yes No	Any Marks Matching the Jewelry?	Yes No
SIGNS (circle all that apply)			
<p><u>SCALP</u></p> <ul style="list-style-type: none"> Abrasions Bumps Concussion Fracture Hair pulled Petechiae along hairline 	<p><u>FACE</u></p> <ul style="list-style-type: none"> Abrasions Bruises Flushed or Redness Scratch marks 	<p><u>EYES</u></p> <ul style="list-style-type: none"> Blood shot eyes Petechiae (eyes, nose, under lip, in ear, on ear) 	<p><u>EARS</u></p> <ul style="list-style-type: none"> Abrasions Bleeding from ear canal Bruises Redness Scratch marks
<p><u>NOSE</u></p> <ul style="list-style-type: none"> Abrasions Bloody nose Broken nose Redness Scratches 	<p><u>MOUTH</u></p> <ul style="list-style-type: none"> Abrasions Bruising Swollen lips Swollen tongue 	<p><u>UNDER CHIN</u></p> <ul style="list-style-type: none"> Abrasions Bruises Redness Scratch marks 	<p><u>NECK</u></p> <ul style="list-style-type: none"> Abrasions Bruises Fingernail impressions Ligature marks Scratches Swelling
<p><u>SHOULDERS</u></p> <ul style="list-style-type: none"> Abrasions Bruises Redness Scratch marks 	<p><u>CHEST</u></p> <ul style="list-style-type: none"> Abrasions Bruises Redness Scratch marks 	<p><u>FINGERTIPS</u></p> <ul style="list-style-type: none"> Abrasions Bruises Circle / oval light bruising Scratches Swelling 	
<p><u>NOTES:</u></p> 			

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SYMPTOMS (circle all that apply)

Agitation	Coughing	Difficulty breathing	Dizziness
Droping	Hallucinations	Headaches	Hoarse voice
Hyperventilation	Involuntary defecation	Involuntary urination	Loss of consciousness*
Loss of voice	Nausea	Neck pain	Painful to swallow
PTSD	Raspy voice	Restlessness or combativeness	Trouble swallowing
Unable to breath	Unable to speak	Vomiting	

Other:

INDICATORS OF LOSS OF CONSCIOSNESS

Loss of Memory:	Yes No	Standing Prior, but Waking Pp On the Floor:	Yes No
Unexplained Bump(s) On Head:	Yes No	Where?	
Bladder Incontinence:	Yes No	Bowel Incontinence:	Yes No

SUSPECT: CONTROLLING BEHAVIORS & ACTIONS

Is the suspect violent or constantly jealous?	Yes No	If yes, how?	
Suspect Control the Victim's Daily Activities?	Yes No	If yes, how?	
Has the Suspect Tried to Kill Themselves?	Yes No	If yes, when?	
Does the Suspect Follow the Victim?	Yes No	Does the Suspect Leave Threatening Messages?	Yes No
Protection Order / No Contact Order?	Yes No		
Recent Escalation of Violence?	Yes No	How?	
Prior Unwanted Physical Contact?	Yes No	What / When?	
Is There A Threat of Future Harm by the Suspect?	Yes No	Threatened or Actual Abuse to animals?	Yes No
Stalking Behaviors?	Yes No	Forced Victim to Have Sex?	Yes No
Monitoring by Suspect? (GPS, Cell Phone, Social Media?)	Yes No	Explain:	

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Recent of Imminent Loss of Employment?	Yes No	Drug / Alcohol Abuse by Suspect?	Yes No
Isolation or Possessive Actions by Suspect?	Yes No	If yes, what?	
Written Rules Imposed by Suspect?	Yes No	If yes, what?	
Prior Partner Abuse by Suspect?	Yes No	Previous Documentation of Abuse?	Yes No
Anything else that worries the victim about their safety or the safety of their children?			
NOTES:			
CONTACT WITH SUSPECT AFTER THE INCIDENT			
Personal Contact:		Digital Contact:	
Admissions by Suspect:		Apologies by Suspect:	
What was discussed?			
Additional Information / Notes:			

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24-HOUR FOLLOW-UP

How Does the Victim Feel Now?			
Any New Injuries Appearing?	Yes No	What / Where?	
Photographs of New Injuries?	Yes No	Does Victim's Voice Sound the Same? <small>(Attempted Strangulation)</small>	Yes No
Does the Victim Feel Pain Anywhere Now? <small>(Attempted Strangulation)</small>	Yes No	What / Where?	
When the Victim Eats Does It Feel Different? <small>(Attempted Strangulation)</small>	Yes No	How?	
When the Victim Swallow's Does It Feel Different?	Yes No	How?	
What is Different Than Before the Incident?			
Have they Heard from the Suspect?	Yes No	Describe:	
What Do They Remember from the Incident? <small>(looking for new details)</small>			
Additional Information or Notes Not Already Discussed:			