

BILLINGS POLICE DEPARTMENT DOMESTIC VIOLENCE SUPPLEMENT

VICTIM'S NAME (L, F, M)	DATE OF BIRTH	PD CASE NUMBER
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ORIGIN / CRIME DESCRIPTION	I responded to a call of _____ at _____	
	I found the victim _____ The victim displayed the following emotional and physical conditions:	
	VICTIM	DESCRIBE ALL CONDITIONS OBSERVED
	<input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CRYING <input type="checkbox"/> FEARFUL <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> CALM <input type="checkbox"/> AFRAID <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> THREATENING <input type="checkbox"/> OTHER: EXPLAIN	<input type="checkbox"/> COMP OF PAIN <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> ABRASION(S) <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> LACERATION(S) <input type="checkbox"/> FRACTURE(S) <input type="checkbox"/> CONCUSSION(S) <input type="checkbox"/> OTHER: EXPLAIN
	PHYSICAL:	
	EMOTIONAL:	
	CRIME SCENE:	
	<input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CRYING <input type="checkbox"/> FEARFUL <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> CALM <input type="checkbox"/> AFRAID <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> THREATENING <input type="checkbox"/> OTHER: EXPLAIN	<input type="checkbox"/> COMP OF PAIN <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> ABRASION(S) <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> LACERATION(S) <input type="checkbox"/> FRACTURE(S) <input type="checkbox"/> CONCUSSION(S) <input type="checkbox"/> OTHER: EXPLAIN
	CRIME SCENE:	
	Always explain OPPOSITES in narrative.	

RELATIONSHIP BETWEEN VICTIM AND SUSPECT		PRIOR HISTORY OF DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MARK ALL THAT APPLY		PRIOR HISTORY OF VIOLENCE DOCUMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> COHABITANTS <input type="checkbox"/> FORMER COHABITANTS <input type="checkbox"/> DATING / ENGAGED <input type="checkbox"/> FORMER DATING <input type="checkbox"/> SAME SEX <input type="checkbox"/> EMANCIPATED MINOR <input type="checkbox"/> PARENT OF CHILD FROM RELATIONSHIP	LENGTH OF RELATIONSHIP ____ YEAR(S) ____ MONTH(S)	NUMBER OF PRIOR INCIDENTS: <input type="text"/> <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS	
IF APPLICABLE, DATE RELATIONSHIP ENDED: _____		CASE NUMBER(S): _____	
		INVESTIGATING AGENCY: _____	
MEDICAL TREATMENT		PARAMEDICS AT SCENE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NONE <input type="checkbox"/> WILL SEEK OWN DOCTOR <input type="checkbox"/> FIRST AID <input type="checkbox"/> PARAMEDICS <input type="checkbox"/> HOSPITAL <input type="checkbox"/> REFUSED MEDICAL AID	UNIT NUMBER: _____ NAME(S) ID#: _____		HOSPITAL: _____ ATTENDING PHYSICIAN(S): _____
		SUSPECT UNDER THE INFLUENCE OF: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> N/A	

EVIDENCE	EVIDENCE COLLECTED:		DESCRIBE ALL EVIDENCE AND DISPOSITION	
	FROM: <input type="checkbox"/> Crime Scene <input type="checkbox"/> Hospital <input type="checkbox"/> Other: Explain			
	PHOTOS: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____			
	TYPE: <input type="checkbox"/> 35mm <input type="checkbox"/> Polaroid			
	TAKEN BY: _____			
	DESCRIBE ALL PHOTOGRAPHS			
	Photos of victim's injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Photos of suspect's injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Weapon used during incident: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Type of weapon used: _____			
Weapon(s) impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Firearm(s) impounded for safety: <input type="checkbox"/> Yes <input type="checkbox"/> No				
PROPERTY TAG NUMBER: _____		CONTINUED		

REPORTING OFFICER	ID NUMBER	DATE & TIME	APPROVED BY: NAME & ID
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WITNESS

WITNESSES PRESENT DURING DOMESTIC VIOLENCE? YES NO

STATEMENT(S) TAKEN? YES NO

CHILDREN PRESENT DURING DOMESTIC VIOLENCE? YES NO

Names, ages, and DOB of ALL children present: _____

STATEMENT(S) TAKEN? YES NO

RESTRAINING ORDERS: YES NO
 CURRENT EXPIRED

TYPE: TEMPORARY PERMANENT

ISSUING COURT: _____

ORDER OR DOCKET NUMBER: _____

VICTIM GIVEN:

DOMESTIC VIOLENCE INFORMATION SHEET

CRIME CASE NUMBER

VICTIM WILL BE AT TEMPORARY ADDRESS? YES,

WITNESSES / CHILDREN

W1. _____

- _____ Apologies
- _____ Afraid
- _____ Angry
- _____ Calm
- _____ Calmed Down
- _____ Tearful / Crying
- _____ Hysterical
- _____ Irrational
- _____ Nervous
- _____ Upset
- _____ Threatening
- _____ Other: Explain

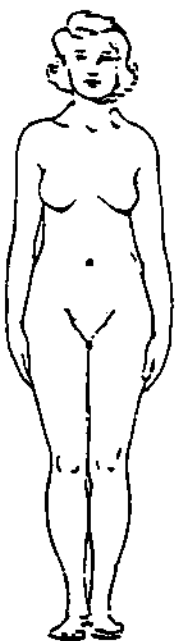
W2. _____

- _____ Apologies
- _____ Afraid
- _____ Angry
- _____ Calm
- _____ Calmed Down
- _____ Tearful / Crying
- _____ Hysterical
- _____ Irrational
- _____ Nervous
- _____ Upset
- _____ Threatening
- _____ Other: Explain

W3. _____

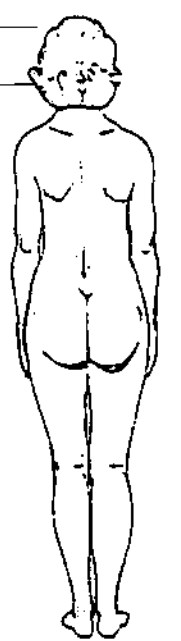
- _____ Apologies
- _____ Afraid
- _____ Angry
- _____ Calm
- _____ Calmed Down
- _____ Tearful / Crying
- _____ Hysterical
- _____ Irrational
- _____ Nervous
- _____ Upset
- _____ Threatening
- _____ Other: Explain

V. S.?



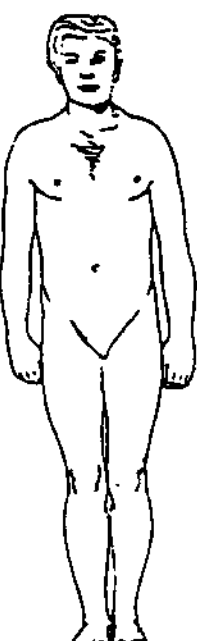
HT. _____

WT. _____



PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES

V. S.?



HT. _____

WT. _____

