DOMESTIC VIOLENCE CASE INVESTIGATION FORM

(SEE NARRATIVE FOR DETAILS)

OFFICER NAME:	OFFICER #:	OFFICER AGENCY:	CR#:

PREDOMINANT AGGRESSOR: 18-6-803.6 (2)

If a peace officer received complaints of domestic violence from two or more opposing persons, the officer shall evaluate each complaint separately to determine if a crime has been committed by one or more persons. In determining whether a crime has been committed by one or more persons, the officer shall consider the following:

(a) Any prior complaints of domestic violence

(b) The relative severity of the injuries inflicted on each person

(c) The likelihood of future injury to each person

(d) The possibility that one of the persons acted in self-defense?

SELF-DEFENSE CONSIDERATIONS (see narrative)

Is there evidence to support fear of being harmed? Was the harm imminent? Does the evidence support the responding force as reasonable? What is the relative size and strength between the two parties?

Law Enforcement determined the Predominant Aggressor is (See Narrative):________________________________

THE SCENE

Evidence Collected:

Photographs:
- ☐ Suspect ☐ Victim

Weapons?
- ☐ Yes, ☐ No
- If yes, what? ________________

Voluntary Statements:
- ☐ Suspect
- ☐ Victim
- ☐ Neighbors
- ☐ Children
- ☐ Other: ________ ____________

Property:

Property Damage Present?
- ☐ Yes ☐ No
- If yes, what is the approx. value? ________________________

Property in Disarray?
- ☐ Yes ☐ No

Children:

Were Children Present? ☐ yes ☐ No

If yes, Location of children: ______________________ ______________________

☐ Involved ☐ Intervened ☐ Injured

DHS called for this incident? ☐ yes ☐ No

Prior DV Incidents with Children? ☐ Yes ☐ No

VICTIM INFORMATION

Gender: ☐ M ☐ F Race: ____________ DOB: __/__/__

Victim Behavior (as witnessed by officer):

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

Victim Injuries? ☐ Yes ☐ No — SBI Form? ☐ Yes

If yes,

☐ Complaint of Pain	☐ Minor Cuts	☐ Fractures
☐ Bruise(s)	☐ Lacerations	☐ Concussion
☐ Abrasions	☐ Other: ____________________	

Relationship to Suspect:

☐ Spouse	☐ Former Cohabitants	☐ Same Sex Partner
☐ Former Spouse	☐ Dating/Engaged	☐ Emancipated Minor
☐ Cohabitants	☐ Former Dating	☐ Parent of Child from Relationship

Length of Relationship? ____years, ____months

Description of Incident

☐ Kicking	☐ Slapping-Open Hand	☐ Throwing Objects
☐ Pushing	☐ Hitting-Closed Fist	☐ Violation of PO
☐ Grabbing	☐ Threat/Use of Weapon	☐ Other: ____________ ____________
☐ Biting	☐ Strangulation	

THREATS? ☐ Yes ☐ No

If yes, ☐ Verbally ☐ Physically

Threat:"________________________________ ________________________________"

EMERGENCY CONTACT

Name: ____

Phone: ____

AGGRAVATING CHARGING FACTORS

Pregnancy:

Was the Victim pregnant at time of incident? ☐ Yes ☐ No

If yes, did the suspect know/have reason to know? ☐ Yes ☐ No

At Risk Adults: (18-6.5-102)

Is the Victim 60 years or older? ☐ Yes ☐ No

Does the Victim have a disability? ☐ Yes ☐ No

SUSPECT INFORMATION

Suspect Behavior (as witnessed by officer):

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

Suspect Injuries? ☐ Yes ☐ No

If yes,

☐ Complaint of Pain	☐ Minor Cuts	☐ Fractures
☐ Bruise(s)	☐ Lacerations	☐ Concussion
☐ Abrasions	☐ Other: ____________________	

Prior DV Behaviors

Emotional/Verbal

☐ Isolation	☐ Coercion	☐ Threatens to take children
☐ Controls money	☐ Name calling	☐ Threatens
☐ Intimidation (looks, actions, gestures)		☐ Other: ________________

Physical

☐ Throwing Things	☐ Hitting	☐ Damage Property
☐ Grabbing	☐ Biting	☐ Other: ____________ ____________
☐ Pushing	☐ Kicking	

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HIGH RISK AND POTENTIAL FOR FUTURE HARM (please check all that apply):

Per interview(s) with: ________________________________

Severity of Violence:

☐ Suspect has escalated violence or control
☐ Suspect has used severe violence
☐ The suspect possesses or has access to weapons.
☐ Guns ☐ Knives ☐ Other ________

Severity Markers

☐ Separation (recent or past) (Stalking?)
☐ Weapons (threats with, use of)
☐ Hostage Taking
☐ Strangulation
☐ History of Sexual Assault on Victim
☐ Broken Bones
☐ Hospitalization or ER
☐ Alcohol or Drug Abuse
☐ Death Threats

Anti-Social Behavior:

☐ Suspect has prior criminal history
☐ Arrest for DV
☐ Other Assault
☐ Other Crime
☐ Child Abuse
☐ Pet abuse

Ownership:

☐ The suspect is jealous or obsessive about victim
☐ The suspect is enraged or feels betrayed by victims efforts to leave
☐ The suspect states he will not let victim go

Failure of Community Control:

☐ Suspect has violated a Protection Order (Stalking?) # ______
☐ Suspect has violated probation or parole
☐ Suspect has in past been restrained from contacting victim or children.
If so, where? _____________________ when? _________________

Loss of Function:

Suspect Not:
☐ Sleeping ☐ Eating ☐ Working
☐ Suspect suffers from mental/emotional conditions (i.e.. Depression)
☐ Is taking medications ☐ Has taken medication
☐ Suspect has threatened suicide. If so, when? __________________
☐ Suspect has made death threats.
☐ Victim ☐ Others ☐ Pets

STALKING

Is there a current Protection Order? ☐ Yes ☐ No

(1) Repeated communication, repeatedly following, approaching, contacting or surveying PLUS either

A. Resulting in serious emotional distress OR
B. Credible threat (credible threat = threat, physical action or repeated conduct causing fear)

If so, investigate for felony stalking

TIP: *Document evidence of serious emotional distress. i.e. Has the victim changed their phone, address, normal routines?*

STRANGULATION

Strangulation Method:

☐ One Hand
☐ Both Hands
☐ Forearm
☐ Another Body Part: __________________
☐ Object: ____________________________

Approximate length of Strangulation: __________

Pressure of Strangulation: (on a scale of 1-10, 10 being the most pressure, how hard was the suspect's grip?) __________

Location of Strangulation Incident: ____

Strangulation Injuries:

TIP: *Have the victim assess any swelling by looking in a mirror and gently feel swelling with fingers.*
TIP: *Look for tiny red marks (petechiae) under eyelids, behind ears and inside lips*

Location:

☐ Face
☐ Eyelids
☐ Jaw
☐ Chin
☐ Neck
☐ Shoulder
☐ Behind Ears
☐ Scalp
☐ Above hairline
☐ Chest
☐ Hidden by clothing
☐ Other: ____

Description:

☐ Redness
☐ Scrapes
☐ Scratch marks
☐ Bruising
☐ Thumb-print bruising
☐ Finger-print marks
☐ Ligature marks
☐ Tiny red marks (petechiae)
☐ Swelling on neck
☐ Lumps on Neck
☐ Other: ____

The Victim experienced:

☐ Physical pain
☐ Thrown against the wall/floor/ground
☐ Shaken by suspect
☐ Trouble breathing
☐ Trouble catching breath
☐ Hyperventilation
☐ Pain to the Throat
☐ Trouble Swallowing
☐ Pain when swallowing
☐ Coughing
☐ Need to clear throat
☐ Changing pitch of voice
☐ Raspy voice
☐ Hoarseness
☐ Dizziness
☐ Faintness
☐ Loss of Consciousness
☐ "Saw Stars"
☐ Nausea
☐ Vomiting
☐ Involuntary Urination
☐ Involuntary Defecation

Investigating Motive and Intent: (describe in narrative)

TIP: *Ask the Victim:*
What did the suspect say? What was the suspect's facial expression and demeanor? If an object was used, was the object brought to the crime scene from another location? What caused the suspect to stop? What did you think was going to happen? What did you say? What did you do?