

LPD DOMESTIC RELATIONSHIP INCIDENT REPORT FORM #1 of 2

Complaint # _____

RESPONSE INFORMATION/PERSONS INVOLVED:

For CARE Use Only - No Report

Date: _____ Dispatch Time: _____ Time Cleared: _____ Victim's Address: _____
 Address of Crime: _____ Precinct N S 911 Single Call 911 Multiple Calls Other
 Officer(s): _____ Badge #s: _____

SECTION A

Names Involved	Race/Sex	Date of Birth	Role (V, A, W)	Home/Cell TX#

ALTERNATE CONTACT PERSON: _____ Address: _____
 Phone # Home: _____ Work: _____ Cell: _____

INITIAL CONTACT/OBSERVATIONS:

Name of Calling Person: _____ Address: _____
 Other Reason for Call: _____

OFFICER'S OBSERVATIONS:

Fighting Upon Arrival Furniture Broken/Moved Torn Clothing Pets In Residence (if injured, include details in supplemental.)

VICTIM RELATIONSHIP WITH OFFENDER:

Length of relationship with accused: _____ Years _____ Months
 Has Had Child(ren) in Common (How Many? _____) Names and DOBs if not a Witness to Crime: _____
 Dating relationship Former dating relationship Resident of the same household as intimate partner Former resident of the same household as intimate partner Spouse Former Spouse
 If Victim is Resident or Former Resident but **not** as an Intimate Partner Child Grandchild Grandparent Parent Roommate
 Sibling Other _____

VICTIM'S STATEMENT/INJURIES/BEHAVIOR: (Describe how injuries occurred in the narrative)

Height: _____ Weight: _____ Prior History of Assaults? Y N Unknown
 Previous Domestic Assault Reports Taken? Y N Number of Prior Incidents: _____
 How Often Does Abuse Occur? _____
 Is there a (Conditional Bond Release Injunctive Order Foreign Protection Order P.P.O. Probation Order) in effect? Y N (Court _____)
Type of Abuse Today: Physical Physical With Weapons (Type of Weapon _____) Verbal
Injuries: Abrasion Bruising Burns Complaint of Pain Concussion Fatal Gunshot Wounds(s) Laceration Loss of Consciousness Possible Fractures Possible Pregnancy/Miscarriage Sprain/Strain(s) Stab Wounds(s) Teeth Broken/Loose None
 Complaint of Strangulation: Difficult Swallowing Involuntary Urination or Defecation Neck Pain Neck Swelling Raspy Voice
 Red Linear Marks or Bruising Rope or Cord Burn Scratch Marks Sore Throat Other: _____
Location of Injuries: Arms Face Head Legs Upper Body Other: _____
 Treatment: None Needed Refused Seeking Own Dr. Name/Phone: _____
 Transported to ER/DR by: _____ Admitted Y N Hospital Name: _____
 Dr. Name/Phone: (First Name and Last Name) _____
Actions/Behaviors: Alcohol Use Argumentative Assaultive Cooperative Crying Drug Use Expressed Fear of Accused
 Remorseful Threatening Yelling Other _____

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION: (NOTE: This Section is Voluntary - Victim Does Not Have to Sign)

Patient signed release for medical records: Y N
 I hereby authorize any representative of the Lansing Police Department, bearing this Authorization to obtain information from your files, or other sources, pertaining to my medical records or files. I hereby Authorize you to release such information upon the request of the representative. This Authorization is executed with full knowledge and understanding the information is for official use by the Lansing Police Department or appropriate Prosecuting Authority. I hereby release you, the instruction or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates, because of compliance with this Authorization for the Release of medical information, or any attempt to comply with it. This Authorization shall continue in effect until revoked by me in writing. A photostat copy of this Authorization shall have the same force and effect as the original.

Victim's Signature (Optional): _____ Date: _____

LPD DOMESTIC RELATIONSHIP INCIDENT REPORT FORM #2 of 2

ACCUSED'S STATEMENT/INJURIES/BEHAVIOR:

Injuries: Abrasion Bruising Burns Complaint of Pain Concussion Fatal Gunshot Wounds(s) Laceration Loss of Consciousness Possible Fractures Possible Pregnancy/Miscarriage Sprain/Strain(s) Stab Wounds(s) Teeth Broken/Loose None
Complaint of Strangulation: Neck Pain Sore Throat Difficult Swallowing Raspy Voice Scratch Marks Rope or Cord burn
Red Linear Marks or Bruising Neck Swelling Involuntary Urination or Defecation Other: _____
Location of Injuries: Arms Face Head Legs Upper Body Other: _____
Treatment: None Needed Refused Seeking Own Dr. Name/Phone: _____
Transported to ER/DR by: _____ Admitted Y N Hospital Name: _____
Dr. Name/Phone: (First Name and Last Name) _____
Actions/Behaviors: Alcohol Use Argumentative Assaultive Cooperative Crying Drug Use Expressed Fear of Accused
Remorseful Threatening Yelling Other _____
Driver's license number: _____ Social Security # _____

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION: (NOTE: This Section is Voluntary - Accused Does Not Have to Sign)

Patient signed release for medical records: Y N
I hereby authorize any representative of the Lansing Police Department, bearing this Authorization to obtain information from your files, or other sources, pertaining to my medical records or files. I hereby Authorize you to release such information upon the request of the representative. This Authorization is executed with full knowledge and understanding the information is for official use by the Lansing Police Department or appropriate Prosecuting Authority. I hereby release you, the instruction or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates, because of compliance with this Authorization for the Release of medical information, or any attempt to comply with it. This Authorization shall continue in effect until revoked by me in writing. A photostat copy of this Authorization shall have the same force and effect as the original.

Accused's Signature (Optional): _____ Date: _____

EVIDENCE:

Photos: Y N Type: Digital Polaroid Of: Victim Injuries Accused Injuries Children Condition of Residence
Follow-up Pictures To Be Taken (Date: _____)
Weapons Used: Blunt Object Cutting Instrument Explosive Handgun Long Gun Other Firearm (type unknown)
Personal (Hands, Fists, Feet) Poison Other: _____
Weapon Recovered? Y N Tagged Evidence? Y N Tagged for Safekeeping? Y N
Property Damage? Y N CSI called? Y N 911 Tape? Y N
TX Disconnected? Y N If yes, list phone service provider: _____
Other Evidence: Answering Machine Audio Tapes Caller ID Letters Phone Records Video Tapes Other _____

ACTION TAKEN:

Accused Arrested - CARE Called
Accused Gone Upon Arrival
Both Victim and Accused Arrested
Checked for Accused at Other Location: _____
Protective Services Contacted (Did PS/FIA Respond to Scene?) Y N Why: _____ Name of Worker: _____
Victim Transported to: _____
Victims' Rights Form Provided By: _____
If CARE was not called after an arrest, explain why/other actions: Victim Too Intoxicated Victim Leaving Lansing Area After Hours (between 3:00 a.m. and 8:00 a.m.) _____
Other Referrals: _____

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

INTERPRETER SERVICES PROVIDED:

Victim: Y N Language: _____ Suspect: Y N Language: _____