

Mobile Police Department
Domestic Violence Supplemental Report

PRINT LEGIBLY

VICTIM'S NAME (L,F,M)

D.O.B.

RACE

SEX

CASE NUMBER

ADDRESS OF VICTIM

ALTERNATE CONTACT (NAME, ADDRESS, PHONE)

LOCATION OF OCCURANCE

NAME OF SUSPECT

THE VICTIM / SUSPECT DISPLAYED THE FOLLOWING EMOTIONAL AND PHYSICAL

VICTIM

SUSPECT

- ANGRY
APOLOGETIC
CRYING
FEARFUL
HYSTERICAL
CALM
AFRAID
IRRATIONAL
THREATENING

- COMP OF PAIN
BRUISE(S)
ABRASION(S)
MINOR CUT(S)
LACERATION(S)
FRACTURE(S)
CONCUSSION(S)
NERVOUS
OTHER, EXPLAIN

- ANGRY
APOLOGETIC
CRYING
FEARFUL
HYSTERICAL
CALM
AFFRAID
IRRATIONAL
THREATENING

- COMP OF PAIN
BRUISE(S)
ABRASION(S)
MINOR CUT(S)
LACERATION(S)
FRACTURE(S)
CONCUSSION(S)
NERVOUS
OTHER, EXPLAIN

ALWAYS EXPLAIN OPPOSITES IN NARRATIVE

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PRIOR HISTORY OF DOMESTIC VIOLENCE RELATED INCIDENTS

YES NO

PHOTOS TAKEN:

YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE DOCUMENTED

YES NO

IF YES - ATTACH PHOTOS TO FORM

NUMBER OF PRIOR CALLS AT LOCATION

MINOR

MAJOR

PHOTOGRAPHER NAME

RELATIONSHIP OF VICTIM AND SUSPECT (CHECK ALL THAT APPLY)

- SPOUSE
COHABITANTS
DATING
FORMER DATING
EMANCI MINOR
FORMER SPOUSE
FORMER COHABITANTS
ENGAGED
SAME SEX
PARENT OF CHILD FROM RELATIONSHIP

LENGTH OF RELATIONSHIP: YEARS MONTHS

IF APPLICABLE - DATE RELATIONSHIP ENDED:

ALCOHOL OR DRUGS INVOLVED: YES NO

IF YES, INDICATE TYPE:

MEDICAL TREATMENT

- NONE
PARAMEDICS
HOSPITAL
SELF-ADMINISTERED
WILL SEEK OWN DOCTOR
REFUSED MEDICAL AID

PARAMEDICS AT SCENE:

YES NO

NAME(S):

ATTENDING PHYSICIAN(S):

INVOLVEMENT OF WEAPONS:

YES NO

TYPE WEAPON USED:

WEAPONS CONFISCATED:

YES NO

FIREARMS CONFISCATED:

YES NO

REPORTING OFFICER

BADGE:

EMPNO:

DATE:

SUPERVISOR'S SIGNATURE

BADGE:

EMPNO:

DATE:

ALL 14 SECTIONS ARE TO BE COMPLETED IN THEIR ENTIRETY. IF A SECTION DOES NOT APPLY ENTER 'NA' IN THAT SECTION.

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CHILDREN PRESENT DURING DOMESTIC VIOLENCE INCIDENT:  YES  NO

STATEMENTS TAKEN?  YES  NO

NAMES

AGES / DOB



RESTRAINING ORDERS:  YES  NO  CURRENT  EXPIRED

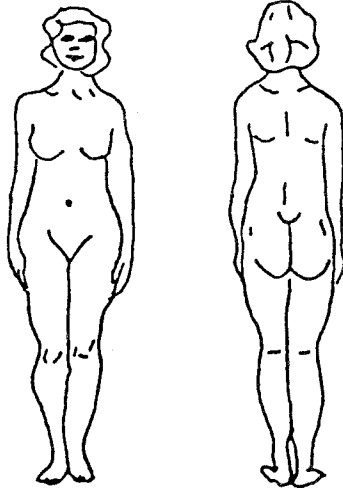
TYPE:  EX PARTE  ORDER OF PROTECTION ISSUING COURT: \_\_\_\_\_

PROPERTY DAMAGE  YES  NO ESTIMATED VALUE: \_\_\_\_\_

TO BE COMPLETED BY THE VICTIM: MARK AND INITIAL IN THE DIAGRAM BELOW THE AREAS WHERE YOU WERE STRUCK.

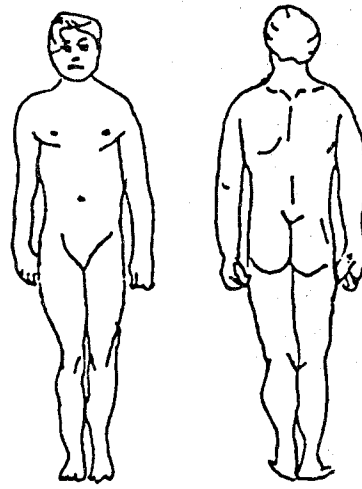
HT: \_\_\_\_\_

WT: \_\_\_\_\_



HT: \_\_\_\_\_

WT: \_\_\_\_\_



I, THE VICTIM, HAVE PHYSICALLY POINTED OUT TO THE OFFICER:

ON THE DIAGRAM WHERE I WAS STRUCK  YES  NO

ON MY PERSON WHERE I WAS STRUCK  YES  NO

THE PERSON WHO STRUCK ME  YES  NO

THE OBJECT USED TO STRIKE ME  YES  NO

I, THE VICTIM, UNDERSTAND ALL OF THE QUESTIONS:  YES  NO

I AFFIRM THAT THE INFORMATION THAT I HAVE GIVEN IS TRUE AND CORRECT. I HEREBY GRANT RELEASE OF MY MEDICAL RECORDS CONCERNING THIS OR OTHER DOMESTIC VIOLENCE CASES TO LAW ENFORCEMENT AGENCIES INVESTIGATING THIS INCIDENT.

SIGNED: \_\_\_\_\_

ACTION TAKEN:  ARREST  NO ARREST

IF NO ARREST, GIVE REASON(S): \_\_\_\_\_

ACTION TAKEN TO PROTECT VICTIM: : \_\_\_\_\_

I, THE VICTIM, HEREBY REFUSE TO ACCEPT ANY ASSISTANCE FROM THE MOBILE POLICE DEPARTMENT TO BE RELOCATED TO A SAFE HOUSE AT THIS TIME.

SIGNED: \_\_\_\_\_ DATE / TIME: \_\_\_\_\_