

DOMESTIC VIOLENCE VICTIM STATEMENT

Case #: _____ Date: _____

Completed by: _____ # _____

Incident Date/Time: _____ Location: _____

VICTIM

Name: _____ R/S: _____ DOB: _____

Home Address: _____ Email: _____

DL: _____ State: _____ Phone: _____ Alt Phone: _____

Employer: _____ Employer Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Home address: _____ Email: _____

Are you planning to relocate? ☐ No ☐ Confidential ☐ Yes – Address: _____

SUSPECT

Name: _____ R/S: _____ DOB: _____

Home Address: _____ Email: _____

DL: _____ State: _____ Phone: _____ Alt Phone: _____

Employer: _____ Employer Address: _____

Vehicle Year: _____ Color: _____ Make: _____ Model: _____ LP: _____

Military? ☐ N/A ☐ Branch: _____ Active: ☐ Y ☐ N

Rank: _____ Duty Station: _____

Probation/Parole: ☐ Y ☐ N Probation Officer: _____ Location: _____

☐ Arrested ☐ Not On Scene ☐ Photo Obtained ☐ Scars/Marks/Tattoos: _____

RELATIONSHIP

(check all that apply)

☐ Married: _____ years _____ months ☐ Blood Relative ☐ Household Members

☐ Engaged: _____ years _____ months ☐ Dating: _____ years _____ months

☐ Biological Parents of Same Child (# of children: _____) ☐ Former Household Members

Date relationship ended:

VICTIM PHYSICAL CONDITION

- ☐ Abrasion(s) ☐ New ☐ Old
☐ Swelling
☐ Bruise(s) ☐ New ☐ Old
☐ Cut(s) ☐ New ☐ Old
☐ Scratch(es) ☐ New ☐ Old
☐ Bite Mark(s) ☐ New ☐ Old
☐ Bleeding
☐ Loose Hair
☐ Complaint of Pain: ____ (1=minimal / 10=most)
☐ Other: _____
☐ Pregnant: ____ weeks
☐ Does the suspect know? ☐ Y ☐ N

SUSPECT ACTIONS

- ☐ Striking – Open Hand ☐ Water – Face placed in
☐ Striking – Closed Hand ☐ Water – Poured on face
☐ Grabbing ☐ Threatening
☐ Pushing ☐ Intimidating
☐ Pulling ☐ Alcohol
☐ Throwing ☐ Drugs
☐ Biting ☐ Other: _____
☐ Strangling
☐ Suffocating
☐ Sexual Violence
Within 120 hours ☐ Y ☐ N
Do you want this investigated? ☐ Y ☐ N

WEAPONS

- ☐ Hand(s) ☐ Foot (Feet) ☐ Head ☐ Knife ☐ Gun ☐ Other: _____

VICTIM MEDICAL TREATMENT

- ☐ None ☐ Declined ☐ Self-Basic First Aid

- ☐ EMS --- Personnel: _____
☐ Transported --- Hospital: _____
☐ Sought/Will Seek own doctor --- Physician: _____ Location: _____

SUSPECT PHYSICAL CONDITION

- ☐ Abrasion(s) ☐ New ☐ Old
☐ Swelling
☐ Bruise(s) ☐ New ☐ Old
☐ Cut(s) ☐ New ☐ Old
☐ Scratch(es) ☐ New ☐ Old
☐ Bite Mark(s) ☐ New ☐ Old
☐ Bleeding
☐ Loose Hair
☐ Complaint of Pain: ____ (1=minimal / 10=most)
☐ Other: _____

SUSPECT MEDICAL TREATMENT

- ☐ None ☐ Declined ☐ Self-Basic First Aid

- ☐ EMS ---
Personnel: _____
☐ Transported ----
Hospital: _____
☐ Sought/Will Seek own doctor ---
Physician: _____
Location: _____

How did injury occur? _____

Has s/he ever threatened you if you call the police? ☐ No ☐ No Answer ☐ Yes (describe more)

Were you prohibited from making an emergency call? ☐ No ☐ No Answer ☐ Yes (describe more)

Has s/he ever harmed/threatened to harm household pets? ☐ No ☐ No Answer ☐ Yes (describe more)

Has s/he ever hurt you before? ☐ No ☐ No Answer ☐ Yes (describe more)

Was this reported? ☐ No ☐ No Answer ☐ Yes

Agency: _____ Date: _____ Status: _____

Agency: _____ Date: _____ Status: _____

Agency: _____ Date: _____ Status: _____

Charges filed? ☐ No ☐ No Answer ☐ Yes --- Status: _____

Current/Prior Protective Order? ☐ No ☐ No Answer ☐ Yes --- Expiration: _____

Do you want an Emergency Protective Order? ☐ No ☐ No Answer ☐ Yes

LETHALITY SCREENING

1. Has s/he ever threatened you with a weapon? ☐ No ☐ No Answer ☐ Yes (describe more)

2. Has s/he ever used a weapon against you? ☐ No ☐ No Answer ☐ Yes (describe more)

3. Has s/he ever threatened to kill you? ☐ No ☐ No Answer ☐ Yes (describe more)

4. Has s/he ever threatened to kill your child/children? ☐ No ☐ No Answer ☐ Yes (describe more)

5. Do you think s/he might try to kill you? ☐ No ☐ No Answer ☐ Yes (describe more)

6. Does s/he have a gun? ☐ No ☐ No Answer ☐ Yes --- # of pistols: _____ # of shotguns: _____ # of rifles: _____

Location where kept: _____

7. Can s/he get a gun easily? ☐ No ☐ No Answer ☐ Yes (describe more)

8. Has s/he ever applied pressure to your neck or throat? ☐ No ☐ No Answer ☐ Yes

Last time: _____ Reported? ☐ No ☐ Yes ☐ Does not want it investigated

9. Has s/he ever covered your nose or mouth? ☐ No ☐ No Answer ☐ Yes

Last time: _____ Reported? ☐ No ☐ Yes ☐ Does not want it investigated

10. Has s/he ever poured water on your face or placed your face in water? ☐ No ☐ No Answer ☐ Yes

Last time: _____ Reported? ☐ No ☐ Yes ☐ Does not want it investigated

11. Is s/he violently or constantly jealous? ☐ No ☐ No Answer ☐ Yes (describe more)

12. Does s/he control most of your daily activities? ☐ No ☐ No Answer ☐ Yes (describe more)

13. Has s/he ever forced you to have sex when you did not want to? ☐ No ☐ No Answer ☐ Yes (describe more)

14. Have you ever left or separated after living together or being married? ☐ No ☐ No Answer ☐ Yes (describe more)

15. Is s/he unemployed? ☐ No ☐ No Answer ☐ Yes (describe more)

16. Has s/he ever threatened to kill himself? ☐ No ☐ No Answer ☐ Yes (describe more)

17. Has s/he ever tried to kill himself? ☐ No ☐ No Answer ☐ Yes (describe more)

18. Do you have a child s/he knows is not his/hers? ☐ No ☐ No Answer ☐ Yes

19. Have you ever been beaten by him/her while pregnant? ☐ No ☐ No Answer ☐ Yes (describe more)

20. Does s/he follow you? ☐ No ☐ No Answer ☐ Yes (describe more)

21. Does s/he spy on you? ☐ No ☐ No Answer ☐ Yes (describe more)

22. Does s/he leave you threatening messages? ☐ No ☐ No Answer ☐ Yes (describe more)

23. Is there anything that worries you about your safety? ☐ No ☐ No Answer ☐ Yes (describe more)

WITNESS

1 - Name: _____ R/S: _____ DOB: _____

Home Address: _____ Phone: _____

Email: _____ DL: _____ State: _____

2 - Name: _____ R/S: _____ DOB: _____

Home Address: _____ Phone: _____

Email: _____ DL: _____ State: _____

3 - Name: _____ R/S: _____ DOB: _____

Home Address: _____ Phone: _____

Email: _____ DL: _____ State: _____

CHILDREN

1 - Name: _____ R/S: _____ DOB: _____

School/Daycare: _____ Address: _____

2 - Name: _____ R/S: _____ DOB: _____

School/Daycare: _____ Address: _____

3 - Name: _____ R/S: _____ DOB: _____

School/Daycare: _____ Address: _____

4 - Name: _____ R/S: _____ DOB: _____

School/Daycare: _____ Address: _____

SCENE OBSERVATIONS

(photograph & detail in report)

- ☐ Blood
- ☐ Broken Glass
- ☐ Broken furniture
- ☐ Broken Phone
- ☐ Child Crying
- ☐ Clump(s) of hair
- ☐ Hole(s) in wall
- ☐ Signs of disturbance
- ☐ Weapon(s)
- ☐ Other: _____

EVIDENCE

Photos by: _____ # taken: _____

Photos taken of:

- ☐ Victim
- ☐ Suspect
- ☐ Weapons
- ☐ Other evidence: _____

Evidence collected? ☐ No ☐ Yes

List: _____

List: _____

List: _____

List: _____

VICTIM DEMEANOR

- ☐ Afraid
- ☐ Angry
- ☐ Apologizing
- ☐ Calm
- ☐ Crying
- ☐ Fearful
- ☐ Hysterical
- ☐ Intimidating
- ☐ Nervous
- ☐ Physically Combative
- ☐ Other: _____

SUSPECT DEMEANOR

- ☐ Afraid
- ☐ Angry
- ☐ Apologizing
- ☐ Calm
- ☐ Crying
- ☐ Fearful
- ☐ Hysterical
- ☐ Intimidating
- ☐ Nervous
- ☐ Physically Combative
- ☐ Other: _____

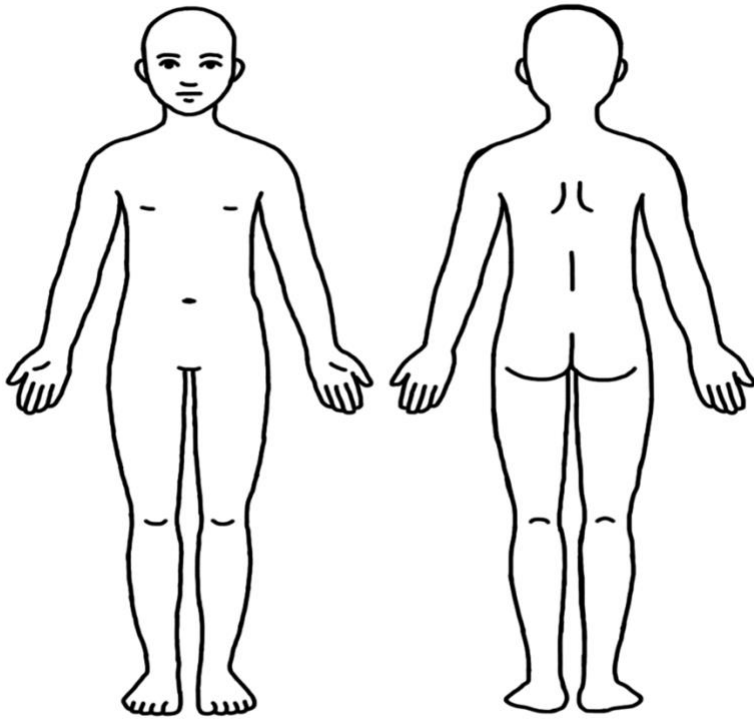
OTHER NOTES

- ☐ See Victim's written statement
- ☐ Victim declined to write a statement
- ☐ See Suspect's written statement
- ☐ Suspect declined to write a statement

Additional Notes: _____

INJURIES

VICTIM

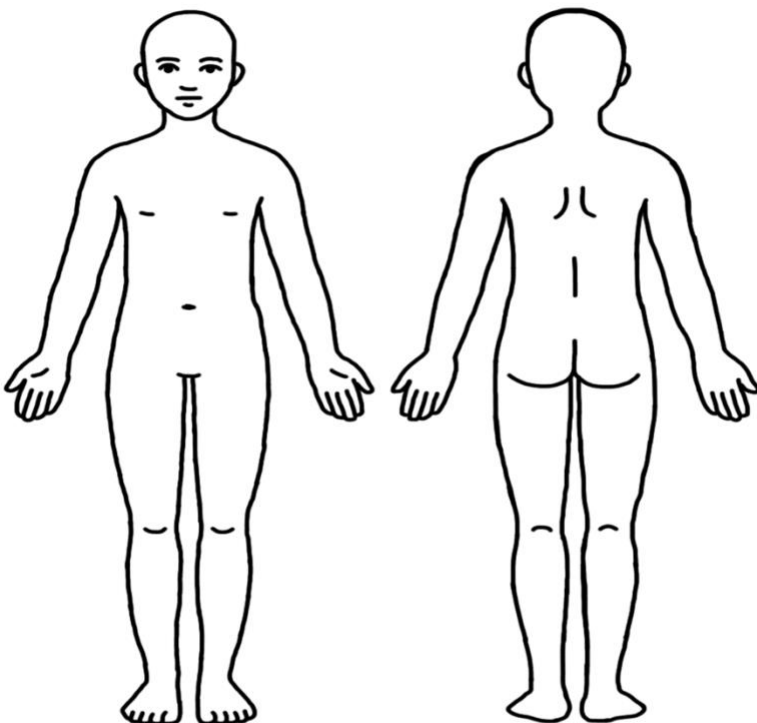


Height: ____ Weight: ____

(List number on body & describe)

- 1 - _____
- 2 - _____
- 3 - _____
- 4 - _____
- 5 - _____
- 6 - _____
- 7 - _____
- 8 - _____
- 9 - _____
- 10 - _____

SUSPECT



Height: ____ Weight: ____

(List number on body & describe)

- 1 - _____
- 2 - _____
- 3 - _____
- 4 - _____
- 5 - _____
- 6 - _____
- 7 - _____
- 8 - _____
- 9 - _____
- 10 - _____