

**AMADOR COUNTY DOMESTIC VIOLENCE DEATH REVIEW TEAM
DEMOGRAPHIC INFORMATION SHEET**

I. DEMOGRAPHICS

Victim's full name: _____

Victim's age/Date of birth: _____

Victim's race: Anglo Hispanic Native American African American

Other

Residence Zip Code:

<input type="checkbox"/> 95221	<input type="checkbox"/> 95601	<input type="checkbox"/> 95222	<input type="checkbox"/> 95603	<input type="checkbox"/> 95709	<input type="checkbox"/> 95227
<input type="checkbox"/> 95669	<input type="checkbox"/> 95629	<input type="checkbox"/> 95640	<input type="checkbox"/> 95642	<input type="checkbox"/> 95646	<input type="checkbox"/> 95644
<input type="checkbox"/> 95237	<input type="checkbox"/> 95240	<input type="checkbox"/> 95654	<input type="checkbox"/> 95245	<input type="checkbox"/> 95656	<input type="checkbox"/> 95655
<input type="checkbox"/> 95666	<input type="checkbox"/> 95667	<input type="checkbox"/> 95669	<input type="checkbox"/> 95675	<input type="checkbox"/> 95249	<input type="checkbox"/> 95684
<input type="checkbox"/> 95370	<input type="checkbox"/> 95685	<input type="checkbox"/> 95252	<input type="checkbox"/> 95689	<input type="checkbox"/> 95255	<input type="checkbox"/> Other: _____

II. INJURIES/AUTOPSY FINDING

WHAT INJURIES DID VICTIM SUFFER? (Check all that apply)

<input type="checkbox"/> gunshots	<input type="checkbox"/> stab/incised wounds
<input type="checkbox"/> broken bones/cartilage	<input type="checkbox"/> burns
<input type="checkbox"/> bruises/contusions/hematomas	<input type="checkbox"/> strangulation
<input type="checkbox"/> cuts/abrasions	<input type="checkbox"/> asphyxiation
<input type="checkbox"/> smoke inhalation	<input type="checkbox"/> punctured/lacerated organs/vessels/muscles/nerves
<input type="checkbox"/> lacerations/slashes/gashes	<input type="checkbox"/> unknown

other _____

of wounds? _____ Time of injury? _____ unknown

ISS Score: _____ Date of injury? _____ unknown

AIS Score: _____ Date and Time pronounced dead: _____

LOCATION OF CRIME OR WHERE BODY WAS FOUND: (Check all that apply)

<input type="checkbox"/> victim's apartment/house	<input type="checkbox"/> street/sidewalk	<input type="checkbox"/> workplace	<input type="checkbox"/> bar/club
<input type="checkbox"/> park/playground	<input type="checkbox"/> schoolyard	<input type="checkbox"/> parking lot	<input type="checkbox"/> motel/hotel
<input type="checkbox"/> store/restaurant	<input type="checkbox"/> highway	<input type="checkbox"/> desert	<input type="checkbox"/> alley
<input type="checkbox"/> arroyo	<input type="checkbox"/> car	<input type="checkbox"/> other	_____

Zip Code of where body was found/located:

<input type="checkbox"/> 95221	<input type="checkbox"/> 95601	<input type="checkbox"/> 95222	<input type="checkbox"/> 95603	<input type="checkbox"/> 95709	<input type="checkbox"/> 95227
<input type="checkbox"/> 95669	<input type="checkbox"/> 95629	<input type="checkbox"/> 95640	<input type="checkbox"/> 95642	<input type="checkbox"/> 95646	<input type="checkbox"/> 95644
<input type="checkbox"/> 95237	<input type="checkbox"/> 95240	<input type="checkbox"/> 95654	<input type="checkbox"/> 95245	<input type="checkbox"/> 95656	<input type="checkbox"/> 95655
<input type="checkbox"/> 95666	<input type="checkbox"/> 95667	<input type="checkbox"/> 95669	<input type="checkbox"/> 95675	<input type="checkbox"/> 95249	<input type="checkbox"/> 95684
<input type="checkbox"/> 95370	<input type="checkbox"/> 95685	<input type="checkbox"/> 95252	<input type="checkbox"/> 95689	<input type="checkbox"/> 95255	<input type="checkbox"/> other: _____

Comments: _____

WAS VICTIM PREGNANT AT TIME OF DEATH?: yes no Trimester: 1 2 3

WAS THERE EVIDENCE OF PREVIOUS INJURY?: yes no

IF YES, NATURE OF INJURIES AND ESTIMATION OF WHEN INJURIES OCCURRED?:

Chronic Medical Conditions	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown	Type _____
Medications	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown	Type _____
Medical History	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown	Type _____

Description _____

Mental Health History yes no unknown

Description _____

CAUSE OF DEATH RECORDED IN THE AUTOPSY REPORT:

DUE TO:

A: _____

DUE TO:

B: _____

DUE TO:

C: _____

DUE TO:

D: _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE:

MANNER OF DEATH:

- natural
- accident
- pending investigation
- suicide
- homicide
- could not be determined

III. HOMICIDE METHODS/WEAPONS

What method(s) was/were used? (check all that apply)

- gunshot
- strangling
- smoke inhalation
- unknown
- stabbing
- burning
- asphyxiating
- other _____
- bludgeoning
- beaten
- pushed/jumped from height

What weapon(s) was/were used? (check all that apply)

- gag
- machete/ax
- handgun
- unknown
- other _____
- knife or other pierce/cut instrument
- ligature
- shotgun
- blunt instrument
- arson
- machine gun
- rifle
- hands
- feet

- Bullet/Caliber/MM.: .22 .25 .32 .357
- .38/gm mac 10 12ga. small

Range: close (contact with body; soot present) medium large unknown
 intermediate (stippling)
 distant (2-3 feet or greater; absence of soot)
 unknown

IV. SEXUAL ASSAULT

Was a sexual assault analysis performed? yes no unknown
If yes: negative positive

IV. LAW ENFORCEMENT AGENCY INFORMATION

- Amador County Sheriff's Office
- Ione Police Department
- Jackson Police Department
- Sutter Creek Police Department
- Other: _____

FULL NAME OF OFFICER/DEPUTY ASSIGNED TO CASE: _____

RESTRAINING ORDERS: yes no unknown How recent: _____

Comments: _____

WERE THERE VIOLATIONS OF ORDER: yes no How many: _____

BY WHOM: perpetrator victim

WHAT WAS THE RESULT OF VIOLATION: _____

STALKING: yes no unknown conviction

V. OTHER SERVICES

- None used
 - Domestic Violence Shelter Used
- How many times? _____
- What time frame? _____
- Comments: _____

Victim Witness Assistance Program

How many times? _____

What time frame? _____

Comments: _____

VII. MORE DEMOGRAPHICS/INFORMATION

WHO REPORTED DEATH:

- Stranger
- Intimate Partner-Relationship _____
- Family Member-Relationship _____
- Unknown

WITH WHOM DID THE VICTIM? (Include foster/adopted/step/half; check all that apply)

- husband (including common-law)
- intimate partner
- roommate/friend
- unknown
- other family member
- child(ren) under 18
- child(ren) over 18
- parents
- alone
- other (specify) _____

IF VICTIM LIVE WITH CHILDREN UNDER AGE 18, HOW MANY? _____

IS ALLEGED PERPETRATOR FATHER OF CHILDREN UNDER 18? yes How many _____

no unknown

VICTIM'S COUNTY OF RESIDENCE: _____

VICTIM'S TRIBAL AFFILIATION: NOT APPLICABLE

DID VICTIM LIVE ON RESERVATION/RANCHERIA: yes no unknown

IF YES, INDICATE: _____

IF OTHERS DIED WITH VICTIM, INDICATE RELATIONSHIP (Exclude alleged perpetrator suicides)

- intimate partner
- roommate/friend
- other family member
- child(Ren) under 18
- child(Ren) over 18
- parents
- other (specify) _____

WHAT WERE CIRCUMSTANCES SURROUNDING DEATH: _____

DID THE VICTIM HAVE A PRIOR POLICE RECORD: yes no unknown

Nature if yes: _____

VIII. THE ALLEGED PERPETRATOR

WHAT IS THE ALLEGED PERPETRATOR'S RELATIONSHIP TO THE VICTIM

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> husband (including common-law) | <input type="checkbox"/> ex-husband | <input type="checkbox"/> boyfriend/partner |
| <input type="checkbox"/> ex-boyfriend/partner | <input type="checkbox"/> friend | <input type="checkbox"/> family member |
| <input type="checkbox"/> neighbor | <input type="checkbox"/> stranger | <input type="checkbox"/> employment related |
| <input type="checkbox"/> other (specify) | | |

Length of relationship: _____ Length of separation: _____

WHAT WAS MOTIVE FOR HOMICIDE? (Check all that applies)

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> alcohol | <input type="checkbox"/> drug related | <input type="checkbox"/> gang | <input type="checkbox"/> dispute/argument |
| <input type="checkbox"/> robbery | <input type="checkbox"/> burglary | <input type="checkbox"/> sexual assault | <input type="checkbox"/> self-defense |
| <input type="checkbox"/> homicide/suicide | <input type="checkbox"/> separation | <input type="checkbox"/> unknown | <input type="checkbox"/> anger |
| <input type="checkbox"/> rejection | <input type="checkbox"/> other | | |

DID PERPETRATOR HAVE A PRIOR POLICE RECORD? yes no unknown

Nature _____

IF ALLEGED PERPETRATOR(S) IS/ARE DEAD, WHY?

suicide killed by police killed by other not applicable

ALLEGED PERPETRATOR GENDER(S): male female

ALLEGED PERPETRATOR RACE: Anglo Hispanic
 Native American African American
 Other

ALLEGED PERPETRATOR AGE: _____

CASE DISPOSITION: _____

IX. SUMMARY

AT RISK IDENTIFIERS: _____

PRIOR SYSTEM INTERVENTIONS: _____

PREVENTION ISSUES: _____

