



CASE REVIEW SUMMARY

Date

Time of Meeting

DVFRB #: Case Number and Initials of the Victim

VICTIM'S NAME: **DOB: M/D/Y** **DOD: M/D/Y**

CAUSE/MANNER OF DEATH: As noted in autopsy report

ADDRESS: decedent's home address **WARD:** of residence

PERPETRATOR'S NAME: **DOB: M/D/Y**

The information contained in the following case summary is based on review of records and other documents and/or interviews with staff of the following programs that were involved with this family prior to, at the time of or subsequent to the decedents death: **List the agencies where information pertaining to the cases were retrieved.** This case meets the criteria for review under several circumstances identified for homicides in DC Law 14-296. *Substantiate victim meeting DV criteria.*

PROFILE OF DECEDENT/PERPETRATOR/CHILDREN

Decedent/ Victim History- Details regarding the victim's social, medical, and psychiatric history

Perpetrator History- Details regarding the perpetrator's social, medical, and psychiatric history

Children: Note if victim and perpetrator parented children, or if the victim is survived by children

CIRCUMSTANCES SURROUNDING THE DEATH

MPD Investigation: Provide details of the MPD investigation

Autopsy/OCME Investigation:

Cause/Meaning of Death-

Contributory Cause-

Other Diagnosis-

- Manner of Death-

Toxicology Report-

Outcome of Prosecution: Note the outcome of the prosecution of the perpetrator

HISTORY OR PUBLIC/PRIVATE AGENCY INVOLVEMENT

Details regarding the victims involvement with public agencies – eg: Child and Family Services Agency, Department of Corrections, Juvenile Justice programs, etc.

Mental Health Records- Details found in the victim's and perpetrators mental health records

TIMELINE OF THE EVENTS THAT LEAD TO THE DEATH OF THE VICTIM

- **SUMMARY OF RISK/LETHALITY INDICATORS**

- **DVFRB STAFF OBSERVATIONS BASED ON RECORD REVIEWS**

Bullet your observations of issues regarding this case that may need to be addressed during the DVB meeting