## Miami-Dade County Domestic Violence Fatality Review Team

## **DATA COLLECTION INSTRUMENT**

Review	#	
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Team and may not be reprinted without express permission therefrom.

	GENERAL CASE INFORMATION	23.	Name:
<b>DE</b> (	CEDENT Name:	24.	Address: State: Zip:
			City: State: Zip:
2.	Address:	25.	Gender: ☐ Male ☐ Female
3.	Gender: Male Female	26.	Age: 27. Race:
4.	Age:5. Race:	28.	DOB:29. DOD:
6.	DOB:7. DOD:	30.	Religion:
8.	Religion:	31.	Ethnicity:
9.	Ethnicity:	32.	Immigration status:
10.	Immigration status:	33.	Marital status: ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed
	Marital status: ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed  Education level: ☐ unknown	34.	Education level:  unknown some college some high school graduated college
12.	☐ less than high school ☐ some college☐ some high school ☐ graduated college☐ graduated high school ☐ other	35.	graduated high school other  Employed? yes no unknown
13.	Employed? ☐ yes ☐ no ☐ unknown	36.	Occupation:
14.	Occupation:	37.	Occupational category:   N/A  professional  technician clerical
15.	Occupational category: ☐N/A ☐ professional ☐ technician ☐ clerical ☐ skilled worker ☐ laborer ☐ service worker	38.	☐ skilled worker ☐ laborer ☐ service worker  Has been in military? ☐ yes ☐ no ☐ unknown
16.	Has been in military? ☐ yes ☐ no ☐ unknown	39.	How discharged? ☐ honorable ☐ medical ☐ dishonorable ☐ unknown ☐ N/A
17.	How discharged? ☐ honorable ☐ medical ☐ dishonorable ☐ unknown ☐ N/A	40.	Disabled? ☐ yes (nature of disability:) ☐ no ☐ unknown
	Decedent had living children?  ☑ yes ☐ no ☐ unknown	41.	Has been married other than to the Decedent?  ☐ yes ☐ no ☐unknown ☐ N/A
19.	If so, names, ages, and sex of children: N/A	42.	Had child(ren) in his/her custody? ☐ yes ☐ no ☐ unknown
		43.	If so, names, ages, and sex of children: ☐ N/A
20.	Was the Perpetrator the natural parent of any of the children?: ☐ yes ☐ no ☐ unknown ☐ N/A If yes, place an asterisk (*) next to each child		
21.	Diagnosis or treatment for mental health?  ☐ yes ☐ no ☐ unknown		Diagnosis or treatment for mental health?  ☐ yes ☐ no ☐ unknown
22.	Substance abuse (alcohol/drugs) history?  ☐ yes (type:) ☐ no ☐ unknown	45.	Substance abuse (alcohol/drugs) history?  yes (type:)  no  unknown
PEI	RPETRATOR		

A.	RELATIONSHIP OF DECEDENT AND PERPETRATOR	
46.	Relationship of Perpetrator to Decedent:  spouse friend ex-spouse acquaintance estranged spouse self unmarried/intimate partner stranger ex-intimate partner caretaker parent unknown child other other	58. Date of incident:  59. Approx. time of incident:  60. Certifier: ☐ ME ☐ MD ☐ Fire Rescue  61. Autopsy performed? ☐ yes ☐ no  62. Place of incident: ☐ highway/street ☐ recreation area
47.	Did the Decedent and Perpetrator have an intimate relationship? ☐ N/A ☐ yes, at the time of incident resulting in death ☐ yes, in the past ☐ never ☐ unknown	
48.	If yes, for what length of time did the Decedent and Perpetrator have a relationship together?	63. Circumstances surrounding death:
	□ N/A	
49.	Did the Decedent ever live with Perpetrator in the same home? ☐unknown ☐ full time ☐ off and on ☐ not at all	
50.	Did Decedent live with Perpetrator in the year prior to death? ☐ unknown ☐ full time ☐ part time ☐ both ☐ not at all	
51.	At the time of death, were the Decedent and Perpetrator living together?  ☐ yes ☐ no ☐ unknown	
52.	At the time of death, were the Decedent and Perpetrator separated? ☐ N/A ☐ yes ☐ no ☐ unknown	
53.	If separated, for how long? ☐ N/A	
В.	MEDICAL EXAMINER'S OFFICE	-
54.	ME Case #:	
55.	Manner of death:  natural homicide accident unknown/pending suicide	
56.	Cause of death:	
57.	Address of incident:	
64.	HIV/AIDS? ☐ yes ☐ no ☐ unknown	
	MIAMI-DADE COUNTY	DOMESTIC VIOLENCE

65.	History of other illness? ☐ yes (type:) ☐ no ☐ unknown	***	COMPLETE FOR PERPETRATOR ONLY IF***  PERPETRATOR IS ALSO DECEASED  N/A if this section is not applicable
66.	Toxicology investigation? ☐ yes ☐ no	70	ME Case #:
	Toxicology findings: ☐ N/A ☐ alcohol ☐ drugs (type:) ☐ both ☐ none		Manner of death:  natural homicide accident unknown/pending
68.	Pregnant at time of death? ☐ N/A ☐ yes (week gestation:) ☐ no ☐ unknown	80	suicide Cause of death:
69.	Rape kit performed/smears and swabs taken?  ☐ yes ☐ no		Address of incident:
70.	Evidence of recent sexual activity?  yes no unknown	82.	Date of incident:
71.	Evidence of recent sexual trauma?  ☐ yes ☐ no ☐ unknown	83.	Approx. time of incident:
72.	Type of weapon used (check all that apply):	84.	Certifier: ☐ ME ☐ MD ☐ Fire Rescue
	<u>Firearm</u> Non-firearm semi-automatic handgun knife		Autopsy performed? ☐ yes ☐ no
	□ automatic handgun □ fists/hands or feet □ nonautomatic/revolver □ shotgun □ rifle □ unknown gun type □ hanging/suffocation □ jumping □ moving vehicle □ electrocution □ drowning □ poison by gas □ other		Place of event:     highway/street    recreation area     own residence    vehicle     other residence    unknown     school property    other     decedent's workplace     bar/club  Circumstances surrounding death:
73.	Body part(s) affected:		
74.	Did Perpetrator commit suicide?  ☐ yes ☐ attempted ☐ no ☐ unknown		
75.	If yes or attempted:  N/A How? When? Where?		
	Police Case		
	#:Police Dept.:		
76.	Was a suicide note left?  ☐ yes ☐ no ☐ unknown ☐ N/A		
77.	Did Perpetrator previously attempt suicide?  ☐ yes (# of times:) ☐ no ☐unknown		

	HIV/AIDS? ☐ yes ☐ no ☐ unknown	102.	Other victims/persons injured, excluding the Perpetrator?
	History of other illness? ☐ yes ☐ no ☐ unknown		yes (who:) no unknown
91.	Toxicology investigation? ☐ yes ☐ no  Toxicology findings: ☐ N/A ☐ alcohol ☐ drugs (type:) ☐ both ☐ none		Who owned weapon?  ☐ Decedent ☐ Perpetrator ☐ unknown ☐other
	Pregnant at time of death? ☐ N/A ☐ yes (week gestation:) ☐ no ☐unknown		If gun: ☐legal ☐ illegal ☐ unknown ☐N/A  Was Perpetrator known to carry or possess a weapon? ☐ yes (what kind:)
94.	Rape kit performed/smears and swabs taken?  yes no  Evidence of recent sexual activity?  yes no unknown	106.	□ no □ unknown  Did child(ren) witness homicide? □ yes how: □ no □ unknown
	Evidence of recent sexual trauma?  ☐ yes ☐ no ☐ unknown	107.	If Perpetrator committed suicide, did child(ren) witness it? ☐ yes (how:) ☐ no ☐ unknown ☐ N/A
96.	Type of weapon used (check all that apply):  Firearm Non-firearm  semi-automatic handgun fists/hands or feet  nonautomatic/revolver poison shotgun fire rifle belt/strangulation unknown gun type hanging/suffocation		HISTORY OF DOMESTIC VIOLENCE BETWEEN DECEDENT AND PERPETRATOR  EGATIONS BY DECEDENT  Prior reports to the police (including 911 calls) by Decedent alleging domestic violence by the Perpetrator?  yes (how many:) no unknown
	other jumping moving vehicle electrocution drowning poison by gas other	109.	Other reports to family, friends, coworkers, or community by Decedent alleging domestic violence by Perpetrator?  yes (who: no unknown
97.	Body part affected:  head trunk extremities neck	110.	Did Decedent ever experience domestic violence-related injuries received from the Perpetrator? ☐ yes ☐ no ☐ unknown
C.	LAW ENFORCEMENT	111.	If yes, what type of injuries? $\square$ N/A
	Police Case # (for homicide): Police Department:		
	Perpetrator/suspected Perpetrator identified?  ☐ yes ☐ no	112.	Was there any known history of the Perpetrator being abusive to animals?  ☐ yes ☐ no ☐ unknown
	Number of Perpetrators:  Perpetrator arrested for homicide of Decedent?  ☐ yes (Case #: date:) ☐ no ☐ investigation pending ☐ N/A	113.	Were there any known allegations of stalking by the Perpetrator? ☐ yes ☐ no ☐ unknown

114.	Perpetrator made death threats against the Decedent prior to the event?		Perpetra crimes:	of the event, prior of ator for non-domes	tic violence-related
	☐ yes ☐ no ☐ unknown	Case	No.	Charge	Outcome
115.	Were there any known death threats by the Perpetrator against any of his/her child(ren)?  ☐ yes ☐ no ☐ unknown ☐ N/A				
116.	Were there any known prior suicide threats by the Perpetrator?  ☐ yes ☐ no ☐ unknown				
A 1 1	EGATIONS BY PERPETRATOR	☐ no	o criminal	history on record	
	Prior reports to the police (including 911 calls) by the Perpetrator alleging domestic violence by the Decedent?  yes (how many:)  no  unknown	124.		trator was arrested nt, outcome of cou	
118.	Other reports to family, friends, coworkers, or community by Perpetrator alleging domestic violence by Decedent?  yes (who:)		EDENT'S	S CRIMINAL REC	OPD.
	no unknown	_	At time of	of the event, prior of	domestic violence-
119.	Did Perpetrator ever experience domestic violence-related injuries received from the Decedent? ☐ yes ☐ no ☐ unknown	same	e an aste	criminal history of E erisk (*) next to all o as Perpetrator] Charge	Decedent: cases where victim is Outcome
120.	If yes, what type of injuries? ☐ N/A				
		□ no	o criminal	history on record	
E.	COURT HISTORY  MINAL CASES (STATE ATTORNEY=S OFFICE)	126.	the abov	e-listed domestic	rs entered in any of violence-related  s below)  no
	PETRATOR'S CRIMINAL RECORD				
121. [Plac	At time of the event, prior domestic violence- related criminal history of Perpetrator: te an asterisk (*) next to all cases where victim is te person as Decedent] to No. Charge Outcome		At time of Deceder crimes:	of the event, prior on the for non-domestic Charge	criminal history of c violence-related Outcome
		□no	criminal	history on record	
□ no	o criminal history on record		<u>P</u>	ROBATION DEPA	RTMENT
122.	Were any Stay Away Orders entered in any of the above-listed domestic violence-related	128.	Status o	f any cases on rec	ord:
	cases?  ☐yes (list Case #s below)  ☐ no  ☐N/A				
	<del></del>				
		∐ no	o criminal	history on record	

## **INJUNCTION ACTIONS**

## INITIATED BY DECEDENT 129. Did Decedent ever file for an injunction against INITIATED BY PERPETRATOR the Perpetrator? 143. Did Perpetrator ever file for an injunction yes (Case #\_\_\_\_\_) □no against the Decedent? ☐ yes (Case #\_\_\_\_\_) ☐ no 130. If yes, was a Temporary Injunction granted? yes (issue date:\_\_\_\_\_expiration date:\_\_\_\_\_ 144. If yes, was a Temporary Injunction granted? yes (issue date: \_\_\_\_\_expiration date: \_\_\_\_\_ □ no □ N/A □ no □ N/A 131. If yes, was a Permanent Injunction granted? yes (issue date: \_\_\_\_\_expiration date: \_\_\_\_\_ 145. If yes, was a Permanent Injunction granted? yes (issue date: \_\_\_\_\_expiration date: \_\_\_\_\_ □ no □ N/A □ no □ N/A 132. Were there any allegations that the injunction was violated? ☐ yes ☐ no ☐ N/A 146. Were there any allegations that the injunction was violated? ☐ yes ☐ no ☐ N/A 133. If there were allegations of an injunction 147. If there were allegations of an injunction violation, was there an arrest? ☐ N/A ☐ yes (see Criminal History section) ☐ no violation, was there an arrest? \(\bar{\cap}\) N/A ☐ yes (see Criminal History section) ☐ no 134. Did the Decedent allege the Perpetrator possessed weapons? yes no N/A 148. Did the Perpetrator allege the Decedent possessed weapons? yes no N/A 135. Was the Perpetrator ordered to surrender any weapons? ☐ yes ☐ no ☐ N/A 149. Was the Decedent ordered to surrender any weapons? ☐ yes ☐ no ☐ N/A 136. Final outcome of injunction case: ☐ N/A 150. Final outcome of injunction case: ☐ N/A 137. Did anyone other than the Decedent ever file for an injunction against the Perpetrator? 151. Did anyone other than the Perpetrator ever file ☐ yes (Case #\_\_\_\_\_) ☐ no for an injunction against the Decedent? ☐ yes (Case #\_\_\_\_\_) ☐ no 138. If yes, relationship to Perpetrator: ☐ N/A 152. If yes, relationship to Decedent: ☐ N/A 139. If ves. final outcome of injunction case: ☐ N/A 153. If yes, final outcome of injunction case ☐ N/A 140. Did Decedent ever file for an injunction against someone other than the Perpetrator? 154. Did Perpetrator ever file for an injunction ☐ yes (Case # ) ☐no against someone other than the Decedent? ☐ yes (Case #\_\_\_\_\_) ☐ no 141. If yes, relationship to Respondent: N/A 155. If yes, relationship to Respondent: N/A 142. If yes, final outcome of injunction case: \Bigcup N/A 156. Final outcome of injunction case: ☐ N/A 157. Was a dissolution of marriage action involving **DISSOLUTION OF MARRIAGE ACTIONS** the Decedent and Perpetrator ever filed?

158. If		t was the	status of t	) □ no □ N// the case at the	A	Date of Referral	Chldrn, Parents or Family	Name of Service Provider or Agency	Type of Services Provided	Succ. Cpltd? Y/N	Date of Cpltn.
			E ACTIO	Ne .	-						
159. W			SE ACTIO								
D	ecedent a	and Perpe	etrator eve	r filed?							
160. If	yes, wha	t was the	status of t	he case at the							
		event: [			-						
					-						
					-						
				LVEMENT  AND FAMILIES							
	yes, com Abuse	plete the	☐ yes [ following: Alleged	N/A  Mal- Find-	]						
	Report #	(s)	Perp(s)	trtmt ings Type							
					-						
					-						
					-						
163. C	ourt invol	ved with	Services P children or t of this de	other family		□ y	es 🗌 no	unkn	own		
			MIAI	MI-DADE COU	JNTY DO	MESTIC	VIOLE	NCE			

**FATALITY REVIEW TEAM** 

the minor child(ren) involved?	·
yes (list case info below)  no N/A	174. If yes, how many times did the Perpetrator attend/miss the group sessions? ☐ N/A attended missed sessions
BATTERERS' INTERVENTION PROGRAMS	175. Did the Perpetrator successfully complete the program? ☐ N/A ☐ yes ☐ no (was revoked/terminated) ☐ still enrolled at time of event
BY DECEDENT  165. Had the Decedent been ordered to attend a batterers' intervention program as the result of any court case? ☐ yes ☐ no ☐ N/A	176. Comments from records:   N/A
166. If yes, case number and type of case: N/A	
167. If yes, to what agency was the Decedent referred? ☐ N/A	no records obtained records reveal no further significant comments
<ul> <li>168. If yes, how many times did the Decedent attend/miss the group sessions? ☐ N/A attended missed sessions</li> <li>169. Did the Decedent successfully complete the program? ☐ N/A ☐ yes ☐ no (was revoked/terminated)</li> </ul>	VICTIM SUPPORT SERVICE PROVIDERS  BY DECEDENT  177. Was there any record of the Decedent attending/utilizing any victim support services?  ☐ yes ☐ no ☐ unknown
still enrolled at time of event	178. If yes, which one(s)? ☐ N/A
170. Comments from records: N/A	
no records obtained records reveal no further significant comments	179. Comments from records: □N/A
BY PERPETRATOR  171. Had the Perpetrator been ordered to attend a batterers' intervention program as the result of any court case? ☐ yes ☐ no ☐ N/A	
172. If yes, case number and type of case: □N/A	no records obtained records reveal no further significant comments
173. If yes, to what agency was the Perpetrator referred? ☐ N/A	
<ul><li>BY PERPETRATOR</li><li>180. Was there any record of the Perpetrator attending/utilizing any victim support services?</li></ul>	☐ yes ☐ no ☐ unknown ☐ N/A  181. If yes, which one(s)? ☐ N/A
MIAMI-DADE COUNTY	

MIAMI-DADE COUNTY DOMESTIC VIOLENCE FATALITY REVIEW TEAM					
BY DECEDENT  186. Was there any record of the Decedent  194. If yes, was there ever a diagnosis made?  yes (what:) no unknown N/A	195. If yes, was medication(s) prescribed?  ☐ yes (what kind(s):) ☐ no				
PSYCHOLOGICAL SERVICE PROVIDERS					
no records obtained records reveal no further significant comments					
	□yes □ no □ unknown  193. If yes, which one(s)? □ N/A				
185. Comments from records:  \[ \sum N/A \]	BY PERPETRATOR  192. Was there any record of the Perpetrator attending/utilizing any psychological services?				
	☐ no records obtained ☐ records reveal no further significant comments				
184. If yes, which one(s)? ☐ N/A					
183. Was there any record of the child(ren) attending/utilizing any children's services?  ☐ yes ☐ no ☐unknown	taking medication(s)? ☐ yes ☐ no G unknown ☐ N/A  191. Comments from records: ☐ N/A				
☐ no records obtained ☐ records reveal no further significant comments  CHILDREN'S SERVICE PROVIDERS	☐ yes (what kind(s):) ☐ no☐ unknown ☐ N/A  190. If yes, was Decedent known to comply with				
	☐ unknown ☐ N/A  189. If yes, was medication(s) prescribed?				
	188. If yes, was there ever a diagnosis made?  ☐ yes (what:) ☐ no				
182. Comments from records: N/A					
	attending/utilizing any psychological services?  ☐yes ☐ no ☐ unknown  187. If yes, which one(s)? ☐ N/A				

☐ unknown ☐ N/A	202 If you which are (a)2 TAVA
196. If yes, was Decedent known to comply with	202. If yes, which one(s)? ☐ N/A
taking medication(s)?	
☐ yes ☐ no ☐ unknown ☐ N/A	
407. Comments from monado	
197. Comments from records: ☐ N/A	
	203. Comments from records N/A
☐ no records obtained ☐ records reveal no further significant comments	-
records reveal no further significant confinents	
SUBSTANCE ABUSE SERVICE PROVIDERS	
	no records obtained
BY DECEDENT  109 Was there any record of the Decedent	records reveal no further significant comments
198. Was there any record of the Decedent attending/utilizing any substance abuse	DOMESTIC VIOLENCE SHELTER
services?  yes  no unknown	
·	BY DECEDENT
199. If yes, which one(s)? ☐ N/A	204. Was there any record of the Decedent at Domestic Violence Shelter? ☐ yes ☐ no
<u> </u>	Domestic violence Shelter:
	205. If yes, during what time frame? ☐ N/A
	206. Comments from records: ☐ N/A
	200. Commente nom recorde. 14/70
200. Comments from records: ☐N/A	
	-
	no records obtained
<del></del>	☐ records obtained ☐ records reveal no further significant comments
no records obtained	BY PERPETRATOR
records reveal no further significant comments	207. Was there any record of the Perpetrator at Domestic Violence Shelter?
	□ yes □ no □ N/A
	•
	208. If yes, during what time frame? ☐ N/A
BY DEDDETRATOR	
<b>BY PERPETRATOR</b> 201. Was there any record of the Perpetrator	
attending/utilizing any substance abuse	
services? ☐ yes ☐ no ☐ unknown	
209. Comments from records: ☐ N/A	
MIAMI_DADE COUNTS	DOMESTIC VIOLENCE

216. ——	Comments from records:   N/A		Had the Perpetrator harassed, threatened, or
040			
			If yes, is there any record of a response by the clergy? ☐ N/A
215.	If yes, what medical facility did the Decedent go to for medical attention?: ☐ N/A		☐ unknown ☐ N/A
		220.	Perpetrator:  yes no unknown  If yes, name and location of religious institution:
214.	any domestic violence-related injuries received by the Perpetrator? ☐ yes ☐ no ☐unknown  If yes, what type of injuries and when? ☐ N/A		Perpetrator involving their church/synagogue (clergy) with any incidence of domestic violence?   N/A  Decedent:   yes   no   unknown
213.	Did Decedent ever seek medical attention for	219.	CHURCHES/SYNAGOGUES (CLERGY)  Is there any record of the Decedent or Perpetrator involving their church(synagogue)
	o records obtained cords reveal no further significant comments		o records obtained cords reveal no further significant comments
212.	Comments from records: ☐ N/A	218.	Comments from records: ☐ N/A
211.	Were school officials notified of the existence of domestic violence?  ☐ yes ☐ no ☐ unknown ☐ N/A		Perpetrator accessing any other social service agencies?  Decedent:
210.	Had the Perpetrator harassed, threatened, or battered the Decedent at school or on the way to school? ☐ yes ☐ no ☐ unknown ☐ N/A	217.	OTHER SOCIAL SERVICE AGENCIES  Is there any record of the Decedent or
	SCHOOL SYSTEM RESPONSE		o records obtained cords reveal no further significant comments
_	o records obtained ecords reveal no further significant comments		

this family member or friend alleging domestic violence?  226. Were family or friends aware of any prior incidents or threats of domestic violence between the Decedent and Perpetrator?    yes   no   unknown     Decedent G the family member or friend     both     239. Were there other reports to family, friends, coworkers, or community involving the Decedent and this family member or friend alleging domestic violence?   yes (who:   no   unknown     240. If yes, who was the aggressor?:   N/A     Decedent G the family member or friend both     241. Were any domestic violence-related injuries ever inflicted?	223.	Were supervisors aware of the existence of domestic violence?  ☐ yes ☐ no ☐ unknown ☐ N/A	J.	HISTORY OF SIGNIFICANT FAMILY MEMBERS/FRIENDS
232. Address:	224.	Name and address of workplace:   N/A		☐ N/A if this section is not applicable
232. Address:			231.	Relationship:
234. Age:	225.	Comments from records: N/A	232.	Address:
			233.	Gender: Male Female
no records obtained   records reveal no further significant comments			234.	Age: 235. Race:
records reveal no further significant comments   I.   INVOLVEMENT OF FAMILY/FRIENDS     226. Were family or friends aware of any prior incidents or threats of domestic violence between the Decedent and Perpetrator?   yes   no   unknown     227. If yes, who (explain relationship)?   N/A     228. If yes, who (explain relationship)?   N/A     229. Were there other experts to family member or friend alleging domestic violence?   yes (how many:   no   unknown     239. Were there other reports to family, friends, coworkers, or community involving the Decedent and this family member or friend     both     239. Were there other reports to family, friends, coworkers, or community involving the Decedent and this family member or friend     both     240. If yes, who was the aggressor?:   N/A   Decedent and this family member or friend     both     241. Were any domestic violence-related injuries ever inflicted?   yes (what type:   no   unknown     242. If yes, who was the aggressor?:   N/A   Decedent and this family member or friend     both     241. Were any domestic violence-related injuries ever inflicted?   yes (what type:   no   unknown     242. If yes, who was the aggressor?:   N/A   Decedent and this family member or friend     both     243. Were there any known allegations of stalking by the aggressor?   N/A     Decedent and this family member or friend     both     244. Were there any known allegations of stalking by the aggressor?   N/A     Were there any known allegations of stalking by the aggressor?   N/A     245. If yes, who was the aggressor   N/A     Decedent and this family prior lepton of friends interviewed as part of this review?   yes   no   no   no   no   no   no   no   n			236.	DOB:
between the Decedent and Perpetrator?    yes   no   unknown	☐ re	INVOLVEMENT OF FAMILY/FRIENDS  Were family or friends aware of any prior	237.	(including 911 calls) involving the Decedent and this family member or friend alleging domestic violence?  ☐ yes (how many:)
239. Were there other reports to family, friends, coworkers, or community involving the Decedent and this family member or friend alleging domestic violence?   yes (who:   no   unknown	007	between the Decedent and Perpetrator?  ☐yes ☐no ☐unknown	238.	☐ Decedent G the family member or friend
240. If yes, who was the aggressor?: ☐ N/A ☐ Decedent G the family member or friend ☐ both  241. Were any domestic violence-related injuries ever inflicted? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			239.	coworkers, or community involving the Decedent and this family member or friend alleging domestic violence?  yes (who:
ever inflicted?  yes (what type:  no unknown  242. If yes, who was the aggressor?: N/A  Decedent G the family member or friend  both  229. Were family members or friends interviewed as part of this review? yes no  contact attempted via letter  participation refused upon contact  243. Was there any known history of the aggressor being abusive to animals? N/A  ever inflicted?  yes (what type:  no unknown  Decedent G the family member or friend  both	220.		240.	Decedent G the family member or friend
□ Decedent G the family member or friend □ both  229. Were family members or friends interviewed as part of this review? □ yes □ no □ contact attempted via letter □ participation refused upon contact  243. Was there any known history of the aggressor being abusive to animals? □ N/A  □ Decedent G the family member or friend both  244. Were there any known allegations of stalking by the aggressor? □ N/A			241.	ever inflicted ?
part of this review? ☐ yes ☐ no ☐ contact attempted via letter ☐ participation refused upon contact  243. Was there any known history of the aggressor being abusive to animals? ☐ N/A  244. Were there any known allegations of stalking by the aggressor? ☐ N/A			242.	Decedent G the family member or friend
yes ☐ no ☐ unknown		part of this review?  yes no contact attempted via letter participation refused upon contact  Was there any known history of the aggressor being abusive to animals?  N/A	244.	the aggressor?   N/A
MIAMI-DADE COUNTY DOMESTIC VIOLENCE		·		<u> </u>

245.	Did this family member or friend have a criminal record?	250.	Relationship:
Case	[Place an asterisk (*) next to all cases where victim is same person as Decedent]	251.	Address:
	TNO. Charge Outcome	252.	Gender: ☐Male ☐ Female
		253.	Age: 254. Race:
		255.	DOB:
	o criminal history on record  Were any Stay Away Orders entered in any of the above-listed domestic violence-related cases? ☐yes (list Case #s below) ☐ no ☐ N/A	256.	Were there any prior reports to the police (including 911 calls) involving the Perpetrator and this family member or friend alleging domestic violence?  yes (how many:)  no unknown
247.	If the person is a former spouse, provide case number of dissolution of marriage action and	257.	If yes, who was the aggressor?: ☐ N/A ☐ Perpetrator ☐ the family member or friend ☐ both
  N	status of case at time of event:	258.	Were there other reports to family, friends, coworkers, or community involving the Perpetrator and this family member or friend alleging domestic violence?  yes (who:)  no unknown
248.	Other relevant information:	259.	If yes, who was the aggressor?: ☐ N/A ☐ Perpetrator ☐ the family member or friend ☐ both
		260.	Were any domestic violence-related injuries every inflicted ?  ☐ yes (what type:) ☐ no ☐ unknown
		261.	If yes, who was the aggressor?: ☐ N/A ☐ Perpetrator ☐ the family member or friend ☐ both
		262.	Was there any known history of the aggressor being abusive to animals? ☐ N/A ☐ yes ☐ no ☐unknown
		263.	Were there any known allegations of stalking by the aggressor? ☐N/A ☐yes ☐ no ☐ unknown
	PERPETRATOR  N/A if this section is not applicable  Name:		
264.	Did this family member or friend have a criminal record? [Place an asterisk (*) next to all cases where victim is same person as Perpetrator] No. Charge Outcome		

□no criminal history on record  265. Were any Stay Away Orders entered in any of the above-listed domestic violence-related cases? □yes (list Case #s below) □ no □ N/A  266. If the person is a former spouse, provide case	<ul> <li>history of psychiatric problems</li> <li>poor compliance with taking medication</li> <li>depression</li> <li>economic loss</li> <li>loss of family support</li> </ul> Ownership/Centrality of Victim to Perpetrator <ul> <li>obsessiveness about partner or family</li> <li>extreme jealousy</li> </ul>
number of dissolution of marriage action and status of case at time of event:	<ul> <li>□ access to victim and/or family members</li> <li>□ rage and/or depression over separation</li> <li>□ perceived betrayal</li> </ul> Antisocial Behavior
□N/A  267. Other relevant information:	history of domestic violence history of assaults on others history of criminal activity history of stalking history of substance abuse
	Failure of Community Control  violation(s) of restraining order violation(s) of probation arrest(s) for domestic violence failure to complete BIP failure to complete substance abuse treatment
	Severity of violence used a weapon death threat unwanted sexual contact strangulation hurt pet severe injury sadistic/terrorist acts
	Other factors
K. <u>LETHALITY INDICATORS</u>	
Decompensation  ☐ suicidal ☐ homicidal ☐ loss of function (not eating, sleeping, working)  L. CASE SPECIFIC FINDINGS:	
MIAMI-DADE COUNTY I	

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