

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

1. Victim Demographic Information/History

Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ Date of Death: _____

City of Residence: _____ Zip Code: _____

Gender: Female Male

Race/Ethnicity: Afro-American Asian Caucasian
 Hispanic/Latino Native American Pacific Islander
 Other _____

Place of Residence: Own house Apartment Shelter Family's House
 Friend's House Other (specify) _____

Education Completed: less than high school high school diploma/GED
 college/technical school college graduate
 post graduate unknown

Marital Status: Single Married Separated Divorced Widowed Unknown

Pregnant at Time of Death: Yes No

Employment Status: Employed Unemployed Unemployment Benefits
 Public Assistance Disability

Active in a Faith or Community-Based Organization: Yes No Unknown

Life Issues for Victim (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alcohol/Drug: Drug of History _____ | <input type="checkbox"/> Mental Illness: Diagnosis _____ |
| <input type="checkbox"/> History/Treatment for Suicidal Ideation/Attempts | <input type="checkbox"/> History of Previous DV |
| <input type="checkbox"/> History of Physical Abuse/Neglect | <input type="checkbox"/> History of Sexual Abuse |
| <input type="checkbox"/> History of DCFS Reports against Victim | <input type="checkbox"/> History of DCFS Reports against Perpetrator |
| <input type="checkbox"/> History of APS Reports against Victim | <input type="checkbox"/> History of APS Reports against Perpetrator |
| <input type="checkbox"/> History of Financial Problems | <input type="checkbox"/> Hospitalization 6 months prior to homicide |
| <input type="checkbox"/> Disability (specify) _____ | |

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

1. Victim Demographic Information/History (Continued)

Number of hospitalizations/MD visits/ER visits 6 months prior to the homicide: _____

Criminal History: Yes No

If yes, provide the following information for each offense:
(Category: 1 = DV; 2 = Other Violent Crime; 3 = Drug Offense; 4 = Property Destruction;
5 = Other Property Crime; 6 = Other Minor Offense)

Date	Arrest	Charges Filed	Conviction	Category
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

2. Perpetrator Demographic Information/History

Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ Date of Death: _____

City of Residence: _____ Zip Code: _____

Gender: Female Male

Race/Ethnicity: Afro-American Asian Caucasian
 Hispanic/Latino Native American Pacific Islander
 Other _____

Place of Residence: Own house Apartment Shelter Family's House
 Friend's House Other (specify) _____

Education Completed: less than high school high school diploma/GED
 college/technical school college graduate
 post graduate unknown

Marital Status: Single Married Separated Divorced Widowed

Pregnant at Time of Death: Yes No Unknown

Employment Status: Employed Unemployed Unemployment Benefits
 Public Assistance Disability

Active in a Faith or Community-Based Organization: Yes No Unknown

Life Issues for Perpetrator (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alcohol/Drug: Drug of History _____ | <input type="checkbox"/> Mental Illness: Diagnosis _____ |
| <input type="checkbox"/> History/Treatment for Suicidal Ideation/Attempts | <input type="checkbox"/> History of Previous DV |
| <input type="checkbox"/> History of Physical Abuse/Neglect | <input type="checkbox"/> History of Sexual Abuse |
| <input type="checkbox"/> History of DCFs Reports against Victim | <input type="checkbox"/> History of DCFs Reports against Perpetrator |
| <input type="checkbox"/> History of APS Reports against Victim | <input type="checkbox"/> History of APS Reports against Perpetrator |
| <input type="checkbox"/> History of Financial Problems | <input type="checkbox"/> Hospitalization 6 months prior to homicide |
| <input type="checkbox"/> Disability (specify) _____ | |

Number of hospitalizations/MD visits/ER visits 6 months prior to the homicide _____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

2. Perpetrator Demographic Information/History (Continued)

Criminal History: Yes No

If yes, provide the following information for each offense:
(Category: 1 = DV; 2 = Other Violent Crime; 3 = Drug Offense; 4 = Property Destruction;
5 = Other Property Crime; 6 = Other Minor Offense)

Date	Arrest	Charges Filed	Conviction	Category
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

3. Nature Of The Relationship

Victim's Relationship to Perpetrator: Spouse Ex-Spouse
 Intimate Partners Ex-Intimate Partners
 Former Co-habitant Children in Common
 Parent Child
 Relative Acquaintance
 No relationship

Habitation Status: Living together at the time of the homicide
 Separated with divorce pending
 Separated with divorce final
 Previously living together
 Never lived together

Was Victim Leaving or Attempting to Leave the Relationship: Yes No

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

4. Homicide Information

City Where Homicide Occurred: _____

Law Enforcement Agency: _____

If Cleveland, CPD District: _____

- Site of Homicide:
- | | |
|--|---|
| <input type="checkbox"/> Shared Residence | <input type="checkbox"/> Victim's Residence |
| <input type="checkbox"/> Perpetrator's Residence | <input type="checkbox"/> Relative's Residence |
| <input type="checkbox"/> Friend's Residence | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Victim's Workplace | <input type="checkbox"/> Street |
| <input type="checkbox"/> Other (specify) _____ | |

Date of Homicide: _____

- Day of Week of Homicide:
- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

Time of Homicide: _____ AM/PM

Day of Death: _____

Time of Death: _____ AM/PM

- Cause of Death:
- | | |
|---|---|
| <input type="checkbox"/> Gunshot(s) | <input type="checkbox"/> Laceration/slashes/gashes |
| <input type="checkbox"/> Stab/incised wounds | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Broken Bones/cartilage | <input type="checkbox"/> Smoke inhalation |
| <input type="checkbox"/> Cuts/abrasions | <input type="checkbox"/> Bruises/contusions/hematomas |
| <input type="checkbox"/> Strangulation | <input type="checkbox"/> Other _____ |

Victim Toxicology Findings (check all that apply):

- None; Alcohol; Illicit drugs (specify) _____
 Prescription drugs (specify) _____

Perpetrator Toxicology Findings (check all that apply):

- Unknown; None; Alcohol; Illicit drugs (specify) _____
 Prescription drugs (specify) _____

DV Incident Initiated By: Victim Perpetrator Mutual Other _____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

4. Homicide Information (Continued)

Homicide Incident Initiated By: Victim Perpetrator Mutual Other _____

Weapon/Method Used: Handgun Shotgun Rifle Knife
 Blunt Object Drowning Hanging
 Other (specify) _____

Sexual Assault Evaluation Conducted: Yes No; If yes: Findings Yes No

Was Victim Pregnant at the Time of Death: Yes No

Injuries Suffered by Victim (check all that apply):

Was another party other than the victim/perpetrator injured: Yes No

Murder-Suicide: Yes No

Murder-Attempted Suicide: Yes No

Others Injured: Yes (specify) _____ No

Law Enforcement Agency: _____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

5. Criminal Justice Outcome

Charges Filed: Yes
 No

Specify Charges: _____

Criminal Conviction: Yes
 No

Specify convictions: _____

If convicted, sentence: _____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

6. Intimate Partner Violence

Documented Prior Domestic Violence between Victim and Perpetrator: Yes No

Prior DV Reports between Victim and Perpetrator:

Number of Reports: _____

Dates: _____; _____; _____;
_____; _____; _____;

Other Documented Domestic Violence Incidents Involving the Victim: Yes No

Other DV Reports involving the Victim:

Number of Reports: _____

Dates: _____; _____; _____;
_____; _____; _____;

Other Documented Domestic Violence Incidents Involving the Perpetrator: Yes No

Other DV Reports involving the Perpetrator:

Number of Reports: _____

Dates: _____; _____; _____;
_____; _____; _____;

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

7. Presence Of Children

Where Minor Children Present at the Homicide: Yes No

If yes, complete the following for each child present:

Age Relationship to Victim/Perpetrator

Biological child of Victim Perpetrator
Relative of Victim Perpetrator
Friend of Victim Perpetrator
 Other, specify _____

Age Relationship to Victim/Perpetrator

Biological child of Victim Perpetrator
Relative of Victim Perpetrator
Friend of Victim Perpetrator
 Other, specify _____

Age Relationship to Victim/Perpetrator

Biological child of Victim Perpetrator
Relative of Victim Perpetrator
Friend of Victim Perpetrator
 Other, specify _____

Age Relationship to Victim/Perpetrator

Biological child of Victim Perpetrator
Relative of Victim Perpetrator
Friend of Victim Perpetrator
 Other, specify _____

Homicide Occurred During the Exchange of Children: Yes No

Homicide Occurred During Court-Ordered Visitation: Yes No

Custody of Children Following Homicide (check all that apply):
 Children's Protective Services Relative of Victim
 Relative of Perpetrator Other (specify) _____

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ **Agency Representative:** _____

8. Resource Utilization By Victim

Domestic Violence Services Sought by Victim Due to DV (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> DV Shelter |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Crime Victim's Compensation |
| <input type="checkbox"/> Court Advocate | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Batterer's Intervention | <input type="checkbox"/> Other (specify) _____ |

Status of DV Service(s) at Time of Homicide:

- Intake
 Receiving Services
 Refused Services
 No Follow Through/Compliance

DV-Related Referrals:

<u>System/Service</u>	<u>Outcome</u>
_____	_____
_____	_____
_____	_____
_____	_____

Other Systems Involved with the Victim Prior to the Homicide (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Criminal Court |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Domestic Relations Court |
| <input type="checkbox"/> DCFS | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Health Care Contacts | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> Other Social Services (specify) _____ | |

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

9. Resource Utilization By Perpetrator

Domestic Violence Services Sought by Perpetrator Due to DV (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> DV Shelter |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Crime Victim's Compensation |
| <input type="checkbox"/> Court Advocate | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Batterer's Intervention | <input type="checkbox"/> Other (specify) _____ |

Status of DV Service(s) at Time of Homicide:

- Intake Receiving Services Refused Services
 No Follow Through/Compliance

DV-Related Referrals:

<u>System/Service</u>	<u>Outcome</u>
_____	_____
_____	_____
_____	_____
_____	_____

Other Systems Involved with the Perpetrator Prior to the Homicide (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Outstanding Warrants | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Divorce/Pending Divorce |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Child Custody |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Hospital Contacts | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> Other Social Services (specify) _____ | _____ |

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ Agency Representative: _____

10. Protective Orders

Order of Protection against Perpetrator at the Time of Homicide: Yes No

Order of Protection against Victim at the Time of Homicide: Yes No

Any Pending Order of Protection against Perpetrator at Time of Homicide: Yes No

Any Pending Order of Protection against Victim at Time of Homicide: Yes No

Prior Order of Protection against Perpetrator: Yes No

Prior Order of Protection against Victim: Yes No

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE
TASK FORCE

Data Collection Tool

Case Number _____

Agency: _____ **Agency Representative:** _____

CASE SUMMARY
