

**WOOD COUNTY DV FATALITY REVIEW TEAM
CASE REVIEW SHEET**

Review Begin Date: _____

Case Name: _____

IDENTIFYING INFORMATION:

Victim's Name: _____ Perpetrator Name: _____

Relationship of Victim / Perpetrator: _____

Address of Victim: _____ Rural _____ Urban _____

Address of Perpetrator: _____ Rural _____ Urban _____

Children(s) Names (if any):

CIRCUMSTANCES OF DEATH:

Date of Death: _____ Day of the Week: _____

Murder / Suicide: Yes _____ No _____ Location of Homicide: _____

Weapon(s) used: Yes _____ No _____ Type of Weapon(s): _____

Premeditation: Yes _____ No _____ Contact Previous to offense: Yes _____ No _____

Alcohol use by defendant at the time of the offense: Yes _____ No _____

Bystander Present: Yes _____ No _____ If yes, children _____ other _____

If yes, was bystander: injured _____ killed _____

Was the victim injured in any other non-lethal manner: Yes _____ No _____

If yes, please describe: _____

Was the victim sexually assaulted during the offense: Yes _____ No _____

Known Motive: Yes _____ No _____

If yes: Describe: _____

VICTIM INFORMATION:

Victim's Age / DOB: _____ Victim's Race / Culture: _____

Victim Employed: Yes _____ No _____ Previous DV victim: Yes _____ No _____

History Of Substance abuse: Yes _____ No _____ Type(s): _____

Intoxicated at time of crime: Yes _____ No _____ BAC: _____

Toxicology done on victim: Yes _____ No _____

Victim Support: Yes _____ No _____

If Yes, who? Family _____ Social Services _____ Other _____

Please describe Social Services and other: _____

Did Victim have a criminal history? Yes _____ No _____

If yes, Violent _____ Non-violent _____

please describe: _____

PERPETRATOR INFORMATION:

Perpetrator's Age / DOB: _____ Perpetrator's Race/ Culture: _____

Perpetrator Employed: Yes _____ No _____ Length of Employment: _____

History of substance abuse: Yes _____ No _____ Type(s): _____

Intoxicated at time of crime: Yes _____ No _____ BAC: _____

Toxicology done on perpetrator: Yes _____ No _____

History of previous DV or violent crime: Yes _____ No _____ Non-reported: _____

1.) When: _____ Jurisdiction: _____

Victim info: _____ pled down _____ dismissed _____ ?

2.) When: _____

Jurisdiction: _____

Victim info: _____

pled down ___ dismissed ___ ?

3.) When: _____

Jurisdiction: _____

Victim info: _____

pled down ___ dismissed ___ ?

DV Intervention Programming: Yes _____ No _____ How many X's: _____

If Yes, with who? _____ When? _____

Programming completed: Yes _____ No _____

Did Perpetrator have a criminal history (non-violent)? Yes _____ No _____

_____ pled down ___ dismissed ___ ?

_____ pled down ___ dismissed ___ ?

_____ pled down ___ dismissed ___ ?

Known abuse of Animals: Yes _____ No _____

RELATIONSHIP HISTORY:

Were Victim and Perpetrator residing together? Yes _____ No _____

Known Previous Physical Violence: Yes _____ No _____ Unk _____

Known Previous Verbal Abuse: Yes _____ No _____ Unk _____

Known Previous Sexual Abuse: Yes _____ No _____ Unk _____

Describe Previous Abuse: _____

Perpetrator Exhibited Behaviors:

Extreme jealousy _____ Stalking _____ Controlling _____

Length of Relationship: _____

Previous relationship terminations (these parties): Yes _____ No _____

Victim in the process of ending relationship at time of offense: Yes _____ No _____ Unk _____

Who was in control of household finances: _____

Protection Order Info Available: Yes _____ No _____

Protection Order Active at time of offense: Yes _____ No _____ Date: _____

Previous protection orders in place: Yes _____ No _____ Date: _____

Previous protection order denied: Yes _____ No _____ Date: _____

Previous protection order dismissed by victim: Yes _____ No _____

Previous protection order against victim past or present: Yes _____ No _____

Discuss protection orders (past and present in detail): _____

How many police reports were filed involving this victim / perpetrator: _____

CHILDREN

First child: Age: _____ Living in household: Yes _____ No _____

Relationship to victim: _____ Relationship to Perpetrator: _____

Offense occurred during exchange of children: Yes _____ No _____

Offense occurred during court ordered visitation: Yes _____ No _____

Second child: Age: _____ Living in household: Yes _____ No _____

Relationship to victim: _____ Relationship to Perpetrator: _____

Offense occurred during exchange of children: Yes _____ No _____

Offense occurred during court ordered visitation: Yes _____ No _____

Third child: Age: _____ **Living in household: Yes** _____ **No** _____

Relationship to victim: _____ **Relationship to Perpetrator:** _____

Offense occurred during exchange of children: Yes _____ **No** _____

Offense occurred during court ordered visitation: Yes _____ **No** _____

Were any of the children present during the offense: Yes _____ **No** _____

If yes, name those present _____

Were any of the children actual witness to the offense: Yes _____ **No** _____

If yes, name those who witnessed _____

Was Victim pregnant at time of offense: Yes _____ **No** _____

Has Perpetrator ever threatened to harm the children: Yes _____ **No** _____

Had Perpetrator ever physically harmed the children: Yes _____ **No** _____