

# Henrico County Family Violence Fatality Review Team Case Facts

Review Date:  
 FRT Case Number:  
 Date of Death:  
 Name(s) of Decedents:

Name(s) of Suspects:

	Yes	No
Homicide/Suicide:	<input type="checkbox"/>	<input type="checkbox"/>
Multiple homicide/suicide:	<input type="checkbox"/>	<input type="checkbox"/>
Multiple homicides:	<input type="checkbox"/>	<input type="checkbox"/>
Homicide:	<input type="checkbox"/>	<input type="checkbox"/>

Charges:

Sentence(s) for homicide/murder:

Cause of Death:

Fatal Agent:

Motive(s):

Address of Death:

Location of Death:    residential    whose residence? \_\_\_\_\_  
workplace    public    name of location \_\_\_\_\_ other \_\_\_\_\_

Magisterial District:

Address/Length of time at address:

Victim:

Suspect:

Other/past locations:

Relationship of Parties: \_\_\_\_\_

Family or household member (§16.1-228)	Yes	No
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Intimate partner relationship	Yes	No
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## Demographics

Gender:	Victim:	Suspect:
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Age at Death:	Victim:	Suspect:
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Race/Ethnic:	Victim:	Suspect:
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Employment Type:	Victim:	Suspect:
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If unemployed, why?

Military (list branch):	Victim:	Suspect:
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Highest level of Education:	Victim:	Suspect:
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Income Level:	Victim:	Suspect:
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## Prior Agency History/ Perspectives

Police:

Commonwealth Attorney:

Victim Witness:

Mental Health & Developmental Services:

Social Services (APS/CPS):

YWCA:

Safe Harbor:

Community Corrections:

Public Health:

JDR Court Clerk:

Magistrate:

# Henrico County Family Violence Fatality Review Team Case Facts

Probation & Parole District 32:

Sheriff's Department:

BIP Services / CCC:

Public Schools:

Medical Examiner:

14<sup>th</sup> District Court Services Unit:

Fire:

Crisis Intervention Team:

County Attorney's Office:

Other Agencies / Individuals Specific to Case:

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## Criminal History

Juvenile criminal history

Victim:

Suspect:

Adult criminal history arrests/convictions

Victim:

Suspect:

Prior calls for service to 911:

Stalking:                      Yes                      No                      U/K

Sexual assault:              Yes                      No                      U/K

Protective Orders

Was there current PO in place:    Yes                      No                      U/K

History of Protective Orders:

## Substance Abuse / Mental Health / Health

Alcohol Abuse                      Victim:                      Suspect:  
Illegal Drug Abuse                  Victim:                      Suspect:  
Prescription Drug Abuse            Victim:                      Suspect:

Substance abuse intervention:

Were drugs or alcohol involved at death:

Mental Health Intervention / Diagnosis

Victim:

Suspect:

Threats/Attempts of Suicide

Victim:

Suspect:

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Medical History  
Victim:

Suspect:

### Awareness

Children in common (Age, Sex, living where at death):

Children of victim (Age, Sex, living where at death):

Children of suspect (Age, Sex, living where at death):

Previous violence related to children:

<b>Did children witness death:</b>	<b>Yes</b>	<b>No</b>	<b>U/K</b>	<b>N/A</b>
Were children aware of domestic violence:	Yes	No	U/K	N/A
Was family aware of domestic violence: Who?	Yes	No	U/K	N/A
Were others aware of domestic violence: Who?	Yes	No	U/K	

### Other Risk Factors

History of verbal abuse: Details:	Yes	No	U/K	
History of physical abuse: Details:	Yes	No	U/K	
V- assaults while pregnant	Yes	No	U/K	N/A
Victim pregnant at death	Yes	No	U/K	N/A
V- miscarriages or abortions	Yes	No	U/K	N/A
Was suspect permitted firearm by law: Firearm registered?	Yes	No	U/K	N/A
	Yes	No	U/K	N/A

Recent Separation in Relationship:

Major Stressors:

### Precipitating Factors to murder:

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Infidelity: Yes No U/K N/A  
 Details:  
 Declined Interventions:

Barriers/obstacles to accessing services/resources  
Victim:

Suspect:

Did any agency conduct a lethality assessment?

Victim:	Yes	No	U/K
Suspect:	Yes	No	U/K

Check the appropriate box:

Prior to the murder.....

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did the suspect used a weapon against V or threaten V with a weapon?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect abuse alcohol and/or drugs (illegal/legal)?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect threaten to kill V or V's children?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect ever harm the V's children?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did V think the suspect might try to kill them?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect have a gun or could have easily obtained one?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect ever try to strangle the V?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the suspect constantly jealous or controlling most of V's daily activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did victim leave the suspect or separate after living together or being married? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the suspected unemployed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect ever threaten or try to kill himself?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the V have children with someone other than the suspect?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect threaten to injure or injure pets?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the suspect follow or spy on the V or leave the V threatening messages?      | <input type="checkbox"/> | <input type="checkbox"/> |

Other findings:

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