Attachment 3

Contra Costa Country DVIDRT
Data Collection Form
Contra Costa County Domestic Violence Death Review Team
Data Collection Form

CONFIDENTIALITY
All information contained herein is collected and documented pursuant to California Penal Code Sections 11163.3-11163.6, the legislation that allowed for the creation of Domestic Violence Death Review Teams. This information is confidential, and to be shared among team members only.

Circumstances of Death

1. Decedent: ________________________________ AKA: ________________________________

2. Responsible for death: ________________________________ AKA: ________________________________
   Referred to as “Responsible” throughout the remainder of form

3. Coroner Case #: ________________________________

4. Police Jurisdiction: ________________________________ Report #: ________________________________

5. Location of DV Incident—Address: ________________________________
   Description (decedent’s residence, public, etc): ________________________________

6. Location of Death—Address: ________________________________
   Description: ________________________________

7. Manner: ☐ suicide ☐ homicide ☐ accident ☐ undetermined

8. Method: ☐ Weapon: ________________________________ ☐ Other: ________________________________

9. Decedent intoxicated at time of death? ☐ Y ☐ N ☐ Unknown
   Toxicology Screen Results: ________________________________ ☐ Not Tested

10. Responsible intoxicated at time of death? ☐ Y ☐ N ☐ Unknown
    Toxicology Screen Results: ________________________________ ☐ Not Tested

11. Adults present at incident
    Name | Relationship to Decedent? | Relationship to Responsible? | Witness?
    1. ________________________________ | ________________________________ | ________________________________
    2. ________________________________ | ________________________________ | ________________________________
    3. ________________________________ | ________________________________ | ________________________________
    4. ________________________________ | ________________________________ | ________________________________

12. Children present at incident
    Name | Relationship to Decedent? | Relationship to Responsible? | Witness?
    1. ________________________________ | ________________________________ | ________________________________
    2. ________________________________ | ________________________________ | ________________________________
    3. ________________________________ | ________________________________ | ________________________________
    4. ________________________________ | ________________________________ | ________________________________
Decedent Information

1. Name: AKA:

2. Date of Birth: / / Date of Death: / / Age at Death:

3. Gender: ☐ M ☐ F ☐ Trans

4. Pregnant: ☐ Y ☐ N Expected Date of Delivery: / / 

5. Race/Ethnicity (check all that apply):
   ☐ African American ☐ Asian ☐ Black ☐ Caucasian ☐ East Indian ☐ Filipino
   ☐ Latin American ☐ Native American ☐ Pacific Islander ☐ Other

6. English speaker: ☐ Y ☐ N ☐ Unknown Primary Language:

7. Home Address: ☐ location of incident ☐ location of death
   ☐ Other:

   Others living at this address: Name Relationship to Decedent? Relationship to Responsible?
   1. 
   2. 
   3. 
   4. 

8. Current Intimate Partner(s):

9. Past Intimate Partner(s):

10. Dependents/Parents:

   Name Relationship to Decedent Birth Date Living with Decedent?
   1. 
   2. 
   3. 
   4. 
   5. 

11. Employed: ☐ Y ☐ N ☐ Unknown 

12. Occupation: ☐ Retired ☐ Disabled, unable to work

13. Abuse History: ☐ None ☐ Unknown (check all that apply)

   As a Victim As a Perpetrator ☐ Family Violence in childhood home
   ☐ DV-current partner(s) ☐ DV-current partner(s) 
   ☐ DV-past partner(s) ☐ DV-past partner(s) 
   ☐ DV-Childhood home ☐ Child sexual abuse 
   ☐ Childhood sexual abuse ☐ Child physical abuse 
   ☐ Childhood physical abuse ☐ Adult physical abuse 
   ☐ Adult Physical Abuse ☐ Adult Sexual Abuse/Rape 
   ☐ Adult Sexual Abuse/Rape ☐ Abuse of animals/pets 

Dates/Details: 

14. Mental Health History (check all that apply):

   ☐ None ☐ Unknown ☐ Affective Disorder-Bipolar ☐ Aggressive Behavior/Impulse Disorder
   ☐ Anxiety Disorder ☐ Attention Deficit Disorder ☐ Depression ☐ Developmental Disorder
   ☐ Eating Disorder ☐ Organic Mental Disorder ☐ Psychosis ☐ Suicide Attempt(s)

Dates/Details: 

2
15. Substance Use History (check all that apply):
☐ None ☐ Unknown ☐ Alcohol ☐ Amphetamine ☐ Cocaine ☐ Heroin ☐ IVDU
☐ Marijuana ☐ Prescription medications ☐ Tobacco ☐ Other

Abuse/Addiction Issues: ☐ Y ☐ N ☐ Unknown
Dates/Details:

16. Stressors (check all that apply):
☐ None ☐ Unknown ☐ Chronic disease/disability ☐ Death of loved one ☐ Divorce/Break-up
☐ Family ☐ Financial ☐ Immigration ☐ Legal ☐ Major changes in social environment
☐ Onset of psychiatric illness ☐ Recent illness/injury ☐ Recent move ☐ Un/underemployment
☐ Other

Dates/Details:

17. Counseling/Treatment: Was treatment voluntary? ☐ Yes ☐ No ☐ Unknown
Length of time in treatment: ____________________________
Agencies: ____________________________________________
Dates/Details: _______________________________________

18. Known contact with:
☐ Children & Family Services ☐ Court Services ☐ DV Services ☐ Hospitals & Health Centers
☐ Law Enforcement ☐ Mental Health ☐ Probation ☐ Work Force Services
☐ Substance Abuse Treatment ☐ Other

Was contact voluntary? ☐ Y ☐ N ☐ Unknown
Dates/Details: _______________________________________

19. History of criminal record? ☐ Y ☐ N ☐ Unknown
Dates/Details: _______________________________________

Additional comments (use back if further space needed):

____________________________________________________________________________
____________________________________________________________________________
**Intimate Partner Information**

Responsible? □ Y □ No (Use this space for parent if decedent is child)

Relationship to decedent: □ Current partner □ Past partner □ Parent □ Other: __________________________

1. Name: __________________________  AKA: __________________________

2. Date of Birth: ___ / ___ / ______ Age at time of decedent's death: ______________

3. Gender: □ M □ F □ Trans

4. Pregnant: □ Y □ N Expected Date of Delivery: ___ / ___ / ___

5. Race/Ethnicity (check all that apply):
   - □ African American □ Asian □ Black □ Caucasian □ East Indian □ Filipino □ Latin American □ Native American □ Pacific Islander □ Other __________________________

6. English speaker: □ Y □ N □ Unknown Primary Language: __________________________

7. Home Address: □ location of incident □ location of death □ decedent's home address □ other: __________________________

   Others living at this address:
   
   Name | Relationship to Decedent | Relationship to Suspect?
   --------------------------------- | --------------------------- | ---------------------
   1. ____________________________________________ | __________________________ | __________________________
   2. ____________________________________________ | __________________________ | __________________________
   3. ____________________________________________ | __________________________ | __________________________
   4. ____________________________________________ | __________________________ | __________________________

8. Current Intimate Partner(s):

9. Past Intimate Partner(s):

10. Dependents:

   Name | Relationship to Decedent | Birth Date | Living with Intimate Partner?
   --------------------------------- | --------------------------- | ------------ | ---------------------
   1. ____________________________________________ | __________________________ | ___ / ___ | □ Y □ N |
   2. ____________________________________________ | __________________________ | ___ / ___ | □ Y □ N |
   3. ____________________________________________ | __________________________ | ___ / ___ | □ Y □ N |
   4. ____________________________________________ | __________________________ | ___ / ___ | □ Y □ N |
   5. ____________________________________________ | __________________________ | ___ / ___ | □ Y □ N |

11. Employed: □ Y □ N □ Unknown

12. Occupation: □ Retired □ Disabled, unable to work

13. Abuse History: □ None □ Unknown (check all that apply)

   As a Victim | As a Perpetrator | □ Family Violence in childhood home
   --------------------------------- | --------------------------- | ---------------------
   □ DV-current partner(s) | □ DV-current partner(s) |
   □ DV-past partner(s) | □ DV-past partner(s) |
   □ DV-Childhood home | □ Child sexual abuse |
   □ Childhood sexual abuse | □ Child physical abuse |
   □ Childhood physical abuse | □ Adult physical abuse |
   □ Adult Physical Abuse | □ Adult Sexual Abuse/Rape |
   □ Adult Sexual Abuse/Rape | □ Abuse of animals/pets |

Dates/Details: ____________________________________________

Additional Information (use back if necessary): ____________________________________________

_________________________________________________________________________________
14. Mental Health History (check all that apply):

- None
- Unknown
- Affective Disorder-Bipolar
- Anxiety Disorder
- Attention Deficit Disorder
- Eating Disorder
- Organic Mental Disorder
- Aggressive Behavior/Impulse Disorder
- Depression
- Developmental Disorder
- Psychosis
- Suicide Attempt(s)

Dates/Details:

15. Substance Use History (check all that apply):

- None
- IVDU
- Unknown
- Alcohol
- Marijuana
- Amphetamine
- Cocaine
- Prescription medications
- Other
- Other

Abuse/Addiction Issues:  

- Y  
- N  
- Unknown

Dates/Details:

16. Stressors (check all that apply):

- None
- Unknown
- Chronic disease/disability
- Death of loved one
- Divorce/Break-up
- Financial
- Immigration
- Major changes in social environment
- Onset of psychiatric illness
- Recent illness/injury
- Recent move
- Un/underemployment
- Other

Dates/Details:

17. Counseling/Treatment: Was treatment voluntary?  

- Yes
- No
- Unknown

Length of time in treatment:

Agencies:

Dates/Details:

18. Known contact with:

- Children & Family Services
- Court Services
- DV Services
- Hospitals & Health Centers
- Law Enforcement
- Mental Health
- Probation
- Work Force Services
- Substance Abuse Treatment
- Other

Was contact voluntary?  

- Y
- N
- Unknown

Dates/Details:

19. History of criminal record?  

- Y
- N
- Unknown

Details:
<table>
<thead>
<tr>
<th>Issue</th>
<th>Responsible Agency</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Characteristics Of Abuse

This section refers to (check all that apply):  □ decedent  
□ intimate partner  □ responsible  □ parents  
Names of two people in relationship referred to in this sections:

<table>
<thead>
<tr>
<th>Question</th>
<th>During year prior to death</th>
<th>More than 1 year prior to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the abuse occur more frequently?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>2. Did the abuse become more severe?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>3. Did the responsible threaten to kill the decedent?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>4. Did the decedent threaten to kill the responsible?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>5. Did the responsible threaten to hurt the decedent's children or other family members?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>6. Did the decedent threaten to hurt the responsible's children or other family members?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>7. Did the responsible threaten to &amp;/or actually abduct the decedent's children?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>8. Did the decedent threaten to &amp;/or actually abduct the responsible's children?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>9. Did the responsible have homicidal ideation?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>10. Did the decedent have homicidal ideation?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>11. Did the responsible force sex on the decedent?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>12. Did the responsible force sex on the responsible?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>13. Did the responsible stalk the decedent?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>14. Did the decedent stalk the responsible?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>15. Was there physical &amp;/or sexual abuse during pregnancy?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>16. Was the decedent seriously injured so as to require medical treatment during prior events?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>17. Was the responsible seriously injured so as to require medical treatment during prior events?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>18. Did the decedent apply for a restraining order against the responsible?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>A. Was the restraining order in effect at the time of death?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>B. Had the restraining order been violated?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>19. Did the responsible apply for a restraining order against the decedent?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>A. Was the restraining order in effect at the time of death?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>B. Had the restraining order been violated?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>20. Did the responsible threaten the decedent regarding immigration issues?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>21. Did the decedent threaten the responsible regarding immigration issues?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>22. Did the responsible threaten &amp;/or injure or kill family pets?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>23. Did the decedent threaten &amp;/or injure or kill family pets?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>24. Did the responsible destroy personal property?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>25. Did the decedent destroy personal property?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>26. Did the responsible have a history of committing other types of violence?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>27. Did the decedent have a history of committing other types of violence?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>
### Characteristics of Relationship Dynamics and Control

- **This section refers to (check all that apply):**  
  - ☐ decedent  
  - ☐ intimate partner  
  - ☐ responsible  
  - ☐ parents  

Names of two people in relationship referred to in this sections:

<table>
<thead>
<tr>
<th>Question</th>
<th>During year prior to death</th>
<th>More than 1 year prior to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Did the responsible try to control the decedent's daily activities?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>29. Did the decedent try to control the responsible's daily activities?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>30. Did the responsible exhibit obsessive, possessive beliefs/behaviors?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>31. Did the decedent exhibit obsessive, possessive beliefs/behaviors?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>32. Did the responsible perceive that he/she had been betrayed by the decedent?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>33. Did the decedent perceive that he/she had been betrayed by the responsible?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>34. Was the decedent in the process of leaving the responsible &amp;/or had he/she left the relationship?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>35. Was the responsible in the process of leaving the decedent &amp;/or had he/she left the relationship?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>36. Did the responsible control the decedent's finances &amp;/or access to income?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>37. Did the decedent control the responsible's finances &amp;/or access to income?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

### Weapons

- **This section refers to (check all that apply):**  
  - ☐ decedent  
  - ☐ intimate partner  
  - ☐ responsible  
  - ☐ parents  

Names of two people in relationship referred to in this sections:

<table>
<thead>
<tr>
<th>Question</th>
<th>During year prior to death</th>
<th>More than 1 year prior to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. Did the responsible possess and/or have firearms in the home?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>39. Did the decedent possess and/or have firearms in the home?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>40. Did the responsible threaten the decedent with weapons?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>41. Did the decedent threaten the responsible with weapons?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>42. Did the responsible use weapons during prior DV incidents?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
<tr>
<td>43. Did the decedent use weapons during prior DV incidents?</td>
<td>Yes  No  Unknown</td>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

---

_DVDRT Data Collection Form 11/2000_

eveloped by DVDRT 10/2000
Produced by Dawn Marie Wadle, DVDRT Co-Chair