

**FRESNO COUNTY  
DOMESTIC VIOLENCE DEATH REVIEW TEAM  
DATA COLLECTION FORM  
CONFIDENTIAL – NOT FOR DISTRIBUTION**

DVDRT Case ID # \_\_\_\_\_  
Date Assigned \_\_\_\_\_  
Agency # \_\_\_\_\_

**VICTIM INFORMATION:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Alias(es) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_  
Hispanic      Black      Non-Hispanic White      Asian (specify) \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employed outside home – Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_ Not employed outside home

**Education:**

- Less than high school \_\_\_\_\_
- High School Diploma \_\_\_\_\_
- Some college/tech school \_\_\_\_\_
- College graduate \_\_\_\_\_
- Post Graduate \_\_\_\_\_
- Unknown \_\_\_\_\_

Address at time of death: Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Prior addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the fatal assault take place at victim's home?    Yes    No    Unknown

If no, where did it occur? (e.g. victim's workplace, suspect's home) \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

What weapons were used by the suspect during the fatal assault?

- Handgun \_\_\_\_\_
- Other firearm \_\_\_\_\_
- Knife/cutting instrument \_\_\_\_\_
- Blunt object \_\_\_\_\_
- Feet/Fist \_\_\_\_\_
- Other \_\_\_\_\_

Were there other injuries other than those that actually caused the death sustained by this victim?

\_\_\_\_ Yes – if so what?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ No

Were children present during fatal assault? Yes No

- If yes,
- Victim's \_\_\_\_\_
- Defendant's \_\_\_\_\_
- Relatives \_\_\_\_\_
- Friends \_\_\_\_\_
- Strangers \_\_\_\_\_

Was the victim sexually assaulted during the fatal assault?

\_\_\_\_ Yes

\_\_\_\_ No

Was the victim under the influence of alcohol at the time of the fatal assault?

\_\_\_\_ Yes – reported but not confirmed with test

\_\_\_\_ Yes – confirmed by test – BAC \_\_\_\_\_

\_\_\_\_ No

\_\_\_\_ Unknown

Was the victim under the influence of illegal drugs at the time of the fatal assault?

\_\_\_\_ Yes – reported but not confirmed with test – type of drug \_\_\_\_\_

\_\_\_\_ Yes – confirmed by test – type of drug \_\_\_\_\_

\_\_\_\_ No

\_\_\_\_ Unknown

Was the victim under the influence of prescription drugs at the time of the fatal assault?

\_\_\_\_ Yes – reported but not confirmed with test – type of drug \_\_\_\_\_

\_\_\_\_ Yes – confirmed by test – type of drug \_\_\_\_\_

\_\_\_\_ No

\_\_\_\_ Unknown

Does the victim have a history of drug or alcohol abuse?

\_\_\_\_ Yes – drugs – type \_\_\_\_\_ Learned by what source \_\_\_\_\_

\_\_\_\_ Yes – alcohol - Learned by what source \_\_\_\_\_

\_\_\_\_ Yes – alcohol and drugs - Learned by what source \_\_\_\_\_

\_\_\_\_ No

\_\_\_\_ Unknown

If yes – did victim ever receive counseling, treatment, or other assistance for the substance abuse?

\_\_\_\_ No

\_\_\_\_ AA

\_\_\_\_ NA

\_\_\_\_ Other self help group – explain \_\_\_\_\_

\_\_\_\_ Private Counseling – Name of counselor \_\_\_\_\_

\_\_\_\_ Group therapy – Name of group/therapist \_\_\_\_\_

\_\_\_\_ Court mandated treatment – Name of program \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Unknown

Did the victim ever attempt suicide prior to this incident?

\_\_\_\_ Yes – within the prior 6 months

\_\_\_\_ Yes – with the prior year

\_\_\_\_ Yes – longer than a year prior to death

\_\_\_\_ No

\_\_\_\_ Unknown

Was victim a member of a church group or other community organization?

If Yes Name of Organization \_\_\_\_\_

Did the victim have any pregnancies?

No  
 Yes

Most Recent Pregnancy -

Name: \_\_\_\_\_  
Was this the perpetrator's child? Yes No Unknown

Date pregnancy ended: \_\_\_\_\_

Live birth  
 Miscarriage  
 Elective Abortion  
 Other \_\_\_\_\_

Any complications with pregnancy related to abuse?

Low Birth Weight  
 Premature Birth  
 Other

Next Most Recent Pregnancy

Name: \_\_\_\_\_  
Was this the perpetrator's child? Yes No Unknown

Date pregnancy ended: \_\_\_\_\_

Live birth  
 Miscarriage  
 Elective Abortion  
 Other \_\_\_\_\_

Any complications with pregnancy related to abuse?

Low Birth Weight  
 Premature Birth  
 Other

Next Most Recent Pregnancy

Name: \_\_\_\_\_  
Was this the perpetrator's child? Yes No Unknown

Date pregnancy ended: \_\_\_\_\_

Live birth  
 Miscarriage  
 Elective Abortion  
 Other \_\_\_\_\_

Any complications with pregnancy related to abuse?

Low Birth Weight  
 Premature Birth  
 Other

Next Most Recent Pregnancy

Name: \_\_\_\_\_  
Was this the perpetrator's child? Yes No Unknown

Date pregnancy ended: \_\_\_\_\_

Live birth

Miscarriage  
 Elective Abortion  
 Other \_\_\_\_\_

Any complications with pregnancy related to abuse?

Low Birth Weight  
 Premature Birth  
 Other \_\_\_\_\_

Was victim ever victim of DV by another defendant? Yes No Unknown

If yes, when \_\_\_\_\_  
Name of suspect \_\_\_\_\_  
Source of information \_\_\_\_\_

If yes, when \_\_\_\_\_  
Name of suspect \_\_\_\_\_  
Source of information \_\_\_\_\_

**SUSPECT/PERPETRATOR INFORMATION:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Alias(es) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Race/ethnicity:  
Hispanic Black Non-Hispanic White Asian (specify) \_\_\_\_\_

Employment Status:  Employed outside home – Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Not employed outside home

Education:

Less than high school \_\_\_\_\_  
High School Diploma \_\_\_\_\_  
Some college/tech school \_\_\_\_\_  
College graduate \_\_\_\_\_  
Post Graduate \_\_\_\_\_  
Unknown \_\_\_\_\_

Same address as victim? Yes No

If no: Address at time of death: Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Was the suspect under the influence of alcohol at the time of the fatal assault?

\_\_\_ Yes – reported but not confirmed with test

\_\_\_ Yes – confirmed by test – BAC \_\_\_\_\_

\_\_\_ No

\_\_\_ Unknown

Was the suspect under the influence of illegal drugs at the time of the fatal assault?

\_\_\_ Yes – reported but not confirmed with test – type of drug \_\_\_\_\_

\_\_\_ Yes – confirmed by test – type of drug \_\_\_\_\_

\_\_\_ No

\_\_\_ Unknown

Was the suspect under the influence of prescription drugs at the time of the fatal assault?

\_\_\_ Yes – reported but not confirmed with test – type of drug \_\_\_\_\_

\_\_\_ Yes – confirmed by test – type of drug \_\_\_\_\_

\_\_\_ No

\_\_\_ Unknown

Does the suspect have a history of drug or alcohol abuse?

\_\_\_ Yes – drugs – type \_\_\_\_\_ Learned by what source \_\_\_\_\_

\_\_\_ Yes – alcohol - Learned by what source \_\_\_\_\_

\_\_\_ Yes – alcohol and drugs - Learned by what source \_\_\_\_\_

\_\_\_ No

\_\_\_ Unknown

If yes – did suspect ever receive counseling, treatment, or other assistance for the substance abuse?

\_\_\_ No

\_\_\_ AA

\_\_\_ NA

\_\_\_ Other self help group – explain \_\_\_\_\_

\_\_\_ Private Counseling – Name of counselor \_\_\_\_\_

\_\_\_ Group therapy – Name of group/therapist \_\_\_\_\_

\_\_\_ Court mandated treatment – Name of program \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Unknown

Did the suspect ever attempt suicide prior to this incident?

\_\_\_\_ Yes – within the prior 6 months

\_\_\_\_ Yes – with the prior year

\_\_\_\_ Yes – longer than a year prior to killing

\_\_\_\_ No

\_\_\_\_ Unknown

Did suspect/perpetrator commit suicide subsequent to killing victim?      Yes      No

Where is the suspect/perpetrator now?

\_\_\_\_ Deceased

\_\_\_\_ Awaiting trial

\_\_\_\_ Convicted

\_\_\_\_ What charges? \_\_\_\_\_

\_\_\_\_ Acquitted

\_\_\_\_ Case dismissed/charges dropped

\_\_\_\_ Fled

\_\_\_\_ Other \_\_\_\_\_

**CRIMINAL RECORDS FOR VICTIM AND SUSPECT/PERPATRATOR:**

List all prior arrests for defendant:

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List all prior arrests for victim:

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List all convictions for defendant:

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List all prior convictions for victim:

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Did law enforcement have any contacts with the victim that did not result in arrests?

     Yes – If yes list all contacts that did not result in victim or defendant being arrested

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\_\_\_\_\_

Did law enforcement have any contacts with the suspect that did not result in arrests?

\_\_\_\_ Yes – If yes list all contacts that did not result in victim or defendant being arrested

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any of the prior arrests were for domestic violence what happened to the cases?

Was the prior DV case with the our victim \_\_\_\_\_

If No who was the victim? \_\_\_\_\_

Most recent prior - date \_\_\_\_\_

Agency and agency number: \_\_\_\_\_

Was an EPO issued? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, was one offered? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Was case sent to DA for filing? \_\_\_\_\_

\_\_\_\_ Yes – if yes what charges were requested \_\_\_\_\_

What charges were filed? \_\_\_\_\_

Who were charges filed against? \_\_\_\_\_

If no charges were filed but they were requested – why not \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ No – why not \_\_\_\_\_

If case was filed what was outcome of case?

\_\_\_\_ Suspect convicted – if yes of what \_\_\_\_\_

\_\_\_\_ If case was reduced or some charges dismissed why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Case dismissed – why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Suspect acquitted – any comments \_\_\_\_\_

\_\_\_\_\_ Our victim was prosecuted – what charges? \_\_\_\_\_

If defendant was convicted what was the sentence? \_\_\_\_\_

\_\_\_\_\_ Misdemeanor                      Felony

\_\_\_\_\_ Probation? If yes were the following ordered?

\_\_\_\_\_ Batterer's Treatment

\_\_\_\_\_ Criminal protective order

\_\_\_\_\_ Jail time – if yes how long \_\_\_\_\_

\_\_\_\_\_ Substance abuse treatment

\_\_\_\_\_ Prison – if yes how long \_\_\_\_\_

Was parole requested to notify victim of defendant's release \_\_\_\_\_

If yes did they notify \_\_\_\_\_

Was a restraining order part of defendant's parole orders? \_\_\_\_\_

Was batterer's treatment part of parole orders? \_\_\_\_\_

Was substance abuse part of parole orders? \_\_\_\_\_

Was defendant ever violated for DV that he was not convicted of? \_\_\_\_\_

Next Date: \_\_\_\_\_

Same victim?    Yes                      No

Agency and agency number: \_\_\_\_\_

Was an EPO issued? Yes                      No

If no, was one offered? Yes                      No                      Unknown

Was case sent to DA for filing? \_\_\_\_\_

\_\_\_\_\_ Yes – if yes what charges were requested \_\_\_\_\_

What charges were filed? \_\_\_\_\_

Who were charges filed against? \_\_\_\_\_

If no charges were filed but they were requested – why not \_\_\_\_\_

\_\_\_\_\_ No – why not \_\_\_\_\_

If case was filed what was outcome of case?

..... Suspect convicted – if yes of what \_\_\_\_\_

    If case was reduced or some charges dismissed why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Case dismissed – why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Suspect acquitted – any comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Our victim was prosecuted – what charges? \_\_\_\_\_

    If defendant was convicted what was the sentence?

\_\_\_\_\_ Misdemeanor                      Felony

\_\_\_\_\_ Probation? If yes were the following ordered?

    \_\_\_\_\_ Batterer’s Treatment

    \_\_\_\_\_ Criminal protective order

    \_\_\_\_\_ Jail time – if yes how long \_\_\_\_\_

    \_\_\_\_\_ Substance abuse treatment

\_\_\_\_\_ Prison – if yes how long \_\_\_\_\_

    Was parole requested to notify victim of defendant’s release \_\_\_\_\_

    If yes did they notify \_\_\_\_\_

    Was a restraining order part of defendant’s parole orders? \_\_\_\_\_

    Was batterer’s treatment part of parole orders? \_\_\_\_\_

    Was substance abuse part of parole orders? \_\_\_\_\_

    Was defendant ever violated for DV that he was not convicted of? \_\_\_\_\_

Was defendant on probation or parole at the time of the killing?

\_\_\_\_\_ Yes –      Parole                      Probation

    Was it for a DV related incident? If yes explain \_\_\_\_\_

\_\_\_\_\_ No

If defendant was on probation or parole what type of contact was the defendant having with their parole agent or probation officer? \_\_\_\_\_

**RELATIONSHIP HISTORY:**

Relationship between this victim and defendant:

- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Former spouse
- \_\_\_\_\_ Cohabitant
- \_\_\_\_\_ Former cohabitant
- \_\_\_\_\_ Dating
- \_\_\_\_\_ Same sex partner
- \_\_\_\_\_ Victim is child of the intimate partners
- \_\_\_\_\_ Victim is child of defendant
- \_\_\_\_\_ Other \_\_\_\_\_

How long had suspect and victim been in relationship?

- \_\_\_\_\_ Less than one year – exact time \_\_\_\_\_
- \_\_\_\_\_ Less than two years- exact time \_\_\_\_\_
- \_\_\_\_\_ Less than five years– exact time \_\_\_\_\_
- \_\_\_\_\_ Less than 10 years– exact time \_\_\_\_\_
- \_\_\_\_\_ Over 10 years– exact time \_\_\_\_\_

What was the status of the relationship at the time of the death?

- \_\_\_\_\_ Living together, no discussion of separation
- \_\_\_\_\_ Living together, separation being discussed
- \_\_\_\_\_ Living together but in the process of separating
- \_\_\_\_\_ Separated within the past month
- \_\_\_\_\_ Separated within the past three months
- \_\_\_\_\_ Separated within the past year
- \_\_\_\_\_ Separated more than a year
- \_\_\_\_\_ Previously separated, reconciled (living together at the time of the death)
- \_\_\_\_\_ Never lived together
- \_\_\_\_\_ Other \_\_\_\_\_

Suspect and victim have children together? Yes: How many \_\_\_\_\_ No  
If Yes: Are any under 18?  
If Yes: Oldest child: Age \_\_\_\_\_ Living in household? Yes No  
                    Witness to killing? Yes No  
Second oldest child: Age \_\_\_\_\_ Living in household? Yes No  
                    Witness to killing? Yes No  
Third oldest child: Age \_\_\_\_\_ Living in household? Yes No

Witness to killing? Yes No  
Fourth oldest child: Age \_\_\_\_\_ Living in household? Yes No  
Witness to killing? Yes No

Prior to the killing, had child abuse or neglect been suspected in the household?

\_\_\_\_ Yes with victim as perpetrator  
\_\_\_\_ Yes with suspect as perpetrator  
\_\_\_\_ Yes with both victim and suspect as perpetrator  
\_\_\_\_ Yes other perpetrator \_\_\_\_\_  
\_\_\_\_ No  
\_\_\_\_ Unknown

If yes: Who suspected or reported child abuse or neglect?

Reporting party \_\_\_\_\_

Was CPS in contact with the household? Yes No Unknown

Outcome of CPS contact \_\_\_\_\_

Were other victims injured or killed during the fatal assault? Yes No Unknown  
Number of other victims? \_\_\_\_\_

How were the victims related to the perpetrator?

\_\_\_\_ Spouse  
\_\_\_\_ Former spouse  
\_\_\_\_ Cohabitant  
\_\_\_\_ Co-parent  
\_\_\_\_ Boyfriend/girlfriend/dating partner  
\_\_\_\_ Same sex lover  
\_\_\_\_ Suspect is parent of victim  
\_\_\_\_ Victim was parent of child  
\_\_\_\_ Romantically involved with the victim  
\_\_\_\_ Other \_\_\_\_\_

Was a restraining order involving the victim or suspect in effect at the time of killing?

\_\_\_\_ EPO  
\_\_\_\_ TRO  
\_\_\_\_ Permanent restraining order  
\_\_\_\_ No order  
\_\_\_\_ Other \_\_\_\_\_

If yes: Who was the protected person?

Victim Suspect Other \_\_\_\_\_

Had the defendant previously violated the order? Yes No Unknown

If yes: Most recent violation

Date of violation \_\_\_\_\_

Did victim report the violation? Yes No Unknown

Was there an incident report or a crime report for the violation?  
Yes No Unknown

Was the suspect arrested for the violation? Yes No Unknown

If yes: What was the outcome of the arrest?

\_\_\_\_ Charges dismissed

\_\_\_\_ Convicted - what sentence \_\_\_\_\_

\_\_\_\_ Acquitted

\_\_\_\_ Other \_\_\_\_\_

Next most recent violation

Date of violation \_\_\_\_\_

Did victim report the violation? Yes No Unknown

Was there an incident report or a crime report for the violation?

Yes No Unknown

Was the suspect arrested for the violation? Yes No Unknown

If yes: What was the outcome of the arrest?

\_\_\_\_ Charges dismissed

\_\_\_\_ Convicted - what sentence \_\_\_\_\_

\_\_\_\_ Acquitted

\_\_\_\_ Other \_\_\_\_\_

Next most recent violation

Date of violation \_\_\_\_\_

Did victim report the violation? Yes No Unknown

Was there an incident report or a crime report for the violation?

Yes No Unknown

Was the suspect arrested for the violation? Yes No Unknown

If yes: What was the outcome of the arrest?

\_\_\_\_ Charges dismissed

\_\_\_\_ Convicted - what sentence \_\_\_\_\_

\_\_\_\_ Acquitted

\_\_\_\_ Other \_\_\_\_\_

Had a previous restraining order ever been issued? Yes No Unknown

If yes: Dates \_\_\_\_\_

Had suspect ever physically assaulted the victim prior to killing?

Yes No Unknown

If yes: Most recent assault - date: \_\_\_\_\_

What weapons were involved?

Feet/fists Handgun Firearm Knife/cutting instrument

Blunt object Other \_\_\_\_\_

What were the injuries sustained by the victim? \_\_\_\_\_

Did the victim receive medical treatment for the injuries? Yes No Unknown

If yes where? Hospital Urgent care Private doctor Other \_\_\_\_\_

If yes did the medical practitioner report abuse to law enforcement? Yes No Unknown

Was victim sexually assaulted? Yes No Unknown

Was a crime report taken? Yes No Unknown

Was case sent to DA for filing? Yes No Unknown  
If yes what charges requested? \_\_\_\_\_

Was case filed? Yes No Unknown  
If yes what charges were filed?

What was the disposition of the case?  
\_\_\_\_ Conviction – what charges? \_\_\_\_\_  
If yes, what sentence? \_\_\_\_\_  
\_\_\_\_ Acquitted by jury  
\_\_\_\_ Dismissed – why? \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

Next most recent assault – date: \_\_\_\_\_

What weapons were involved?

Feet/fists Handgun Firearm Knife/cutting instrument

Blunt object Other \_\_\_\_\_

What were the injuries sustained by the victim? \_\_\_\_\_

Did the victim receive medical treatment for the injuries? Yes No Unknown

If yes where? Hospital Urgent care Private doctor Other \_\_\_\_\_

If yes did the medical practitioner report abuse to law enforcement? Yes No Unknown

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Was case sent to DA for filing? Yes No Unknown  
If yes what charges requested? \_\_\_\_\_

Was case filed? Yes No Unknown  
If yes what charges were filed?

What was the disposition of the case?  
\_\_\_\_ Conviction – what charges? \_\_\_\_\_  
If yes, what sentence? \_\_\_\_\_  
\_\_\_\_ Acquitted by jury  
\_\_\_\_ Dismissed – why? \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

Next most recent assault -- date: \_\_\_\_\_

What weapons were involved?

Feet/fists      Handgun      Firearm      Knife/cutting instrument

Blunt object      Other \_\_\_\_\_

What were the injuries sustained by the victim? \_\_\_\_\_

Did the victim receive medical treatment for the injuries?    Yes    No    Unknown

If yes where?    Hospital      Urgent care      Private doctor      Other \_\_\_\_\_

If yes did the medical practitioner report abuse to law enforcement? Yes    No    Unknown

Was victim sexually assaulted?    Yes    No    Unknown

Was a crime report taken?    Yes    No    Unknown

Was case sent to DA for filing?    Yes    No    Unknown  
If yes what charges requested? \_\_\_\_\_

Was case filed?    Yes    No    Unknown  
If yes what charges were filed? \_\_\_\_\_

What was the disposition of the case?  
\_\_\_\_ Conviction -- what charges? \_\_\_\_\_  
          If yes, what sentence? \_\_\_\_\_  
\_\_\_\_ Acquitted by jury  
\_\_\_\_ Dismissed -- why? \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

Were any of the assaults listed above serious attempts to kill the victim?

Yes                  No                  Unknown

If yes, which incident -- date \_\_\_\_\_

Other than the assaults listed above, were there previous calls for assistance to this household because of domestic violence?

Yes                  No                  Unknown

If yes, what happened during the most recent call? Date \_\_\_\_\_

\_\_\_\_ Incident report  
\_\_\_\_ Crime report  
\_\_\_\_ Suspect arrested  
\_\_\_\_ Charged with \_\_\_\_\_  
\_\_\_\_ Disposition \_\_\_\_\_

Did suspect ever make threats against the victim's life prior to the killing?

Yes                  No                  Unknown

Did the victim or others consider the threats to be serious?

Yes                  No                  Unknown



Did the suspect engage in stalking behaviors?

Yes                      No                      Unknown

Was the victim romantically involved with someone other than the suspect?

Yes                      No                      Suspected (by whom \_\_\_\_\_)

Unknown

Were there financial difficulties or disagreements over finances in the household?

Yes                      No                      Unknown

Did the victim or suspect possess any firearm?

\_\_\_\_ Victim  
\_\_\_\_ Suspect  
\_\_\_\_ Both  
\_\_\_\_ Unknown

Who initiated the violence that led to the killing?

\_\_\_\_ Victim  
\_\_\_\_ Suspect  
\_\_\_\_ Both  
\_\_\_\_ Unknown

Did any of the following agencies have contact with victim or the suspect prior to the fatal assault?

\_\_\_\_ Marjaree Mason Center

    If yes, did the victim or suspect receive shelter services?      Yes      No      Unknown

    Did the victim or suspect receive counseling services?      Yes      No      Unknown

\_\_\_\_ FPD

\_\_\_\_ FSO

\_\_\_\_ CPD

\_\_\_\_ Other law enforcement – who \_\_\_\_\_

\_\_\_\_ District Attorney's office

\_\_\_\_ CPS

\_\_\_\_ Mental health

\_\_\_\_ Victim Services