

County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ()
Case Held Over () DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

INVESTIGATIVE SUMMARY

I. Victim's Information:

II. Perpetrator's Information:

III. Children's Information:

IV. Victim's Past Medical History:

V. Victim's Toxicology Report:

Risk Factors	CHARACTERISTICS OF ABUSE				Comments
	< 12 mos. ago		> 12 mos. ago		
1. Escalation of abuse prior to homicide	P	V	P	V	
2. Graphic threats to kill	P	V	P	V	
3. Threats of violence toward children by perpetrator/victim	P	V	P	V	
4. Threats to abduct the children	P	V	P	V	
5. Homicidal Ideation	P	V	P	V	
6. Prior attempts at strangulation	P	V	P	V	
7. History of forced sex	P	V	P	V	
8. Stalking history	P	V	P	V	
9. Battering during pregnancy					
10. Serious injury in prior abusive incidents. (state whether person required medical treatment from hospital/emergency room)	P	V	P	V	
11. TRO placed on perpetrator by victim					
12. TRO violation by perpetrator/victim	P	V	P	V	
13. TRO in effect at time of homicide					
14. Police involved with previous DV incidents.	P	V	P	V	

County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ()
Case Held Over () DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

Risk Factors	< 12 mos. ago	> 12 mos. ago	Comments
WEAPONS			
15. Access to firearms or other weapons	P V	P V	
16. Use of weapons in prior incidents (arson included)	P V	P V	
17. Threats with weapons	P V	P V	
RELATIONSHIP DYNAMICS/CONTROL ISSUES			
18. Controlling of daily activities	P V	P V	
19. Obsessive-possessive beliefs	P V	P V	
20. Perpetrator perceives she/he has been betrayed by partner			
21. Victim leaving relationship or telling partner she/he is leaving			
MENTAL HEALTH & SUBSTANCE ABUSE			
22. Perpetrator's drug abuse	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	
23. Victim's drug abuse	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	
24. Alcohol abuse	P V	P V	
25. Mental health problems	P V	P V	
26. History of suicide threat(s), ideation(s)	P V	P V	
27. History of suicide attempt(s)	P V	P V	
OTHER VIOLENCE/ABUSE			
28. History of committing child abuse	P V	P V	
29. History of committing other types of violence	P V	P V	
30. History/threats of violence towards pet(s)	P V	P V	
31. Destruction of property	P V	P V	

Appendix

B – Investigative Report

County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ()
Case Held Over () DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

Risk Factors	< 12 mos. ago		> 12 mos. ago		Comments
	P	V	P	V	
OTHER ISSUES					
32. Prior criminal history	P	V	P	V	
33. Previous contact with DV related services (e.g. shelters, transitional housing, mental health counseling, substance abuse treatment etc.)	P	V	P	V	
34. Perpetrator/Victim ordered to a DV mandated treatment program	P	V	P	V	
35. Perpetrator experienced significant life stressors (e.g. loss of job, financial problems, death of a family member/close friend, physical health problems)					
36. Victim experienced significant life stressors (e.g. loss of job, financial problems, death of a family member/close friend, physical health problems)					
37. Other issues:	P	V	P	V	

CHRONOLOGY

DATE	TIME	OCCURRENCE

March 2000 (Rev. January 2003) J. Serrano & D. Leshner- County of San Diego Health & Human Services Agency, Office of Violence Prevention (858/581-5805), & A. Hazen, Child and Adolescent Services Research Center, Children's Hospital and Health Center, San Diego. No part of this document to be reproduced/distributed without permission of authors.

County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ()
 Case Held Over () DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

**INVESTIGATIVE REPORT
 SYSTEMS INVOLVED**

AGENCY(S) INVOLVED	WHO SHOULD HAVE BEEN INVOLVED

INTERVENABLE/NOT INTERVENABLE/UNDETERMINED STATUS
<p>1. Intervenable at the: Individual/Family () Agency Level () Public Policy ()</p> <p>2. Not Intervenable _____ (Given similar circumstances, no opportunity existed to intervene).</p> <p>3. Undetermined _____ (Unable to determine if intervention was possible based on the limited information available to the team).</p> <p>4. General Policy _____ (While not directly related to the findings of the case, policy recommendations were determined).</p>
RECOMMENDATIONS
<p>1.</p> <p>2.</p> <p>3.</p>
ADDITIONAL INFORMATION