

Denver Metro Domestic Violence Fatality Review**Case information Form****Definition of terms**

Murder: Murder of intimate partner (can include collaterals as well)

Murder/Suicide: Murder & suicide of intimate partner (can include collateral as well)

Suicide: Suicide of perpetrator (can include collateral as well)

Perpetrator killed/died during incident: killed by police or victim

Collateral Death Only: No intimate partner was killed or committed suicide

Underemployed: Working sporadically, employed occasionally as a temp

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A. BASIC INFORMATION

FRC Case ID # _____ PD Case # _____ DA Case # _____ Date of Incident _____

City/County Where Incident Occurred	<input type="checkbox"/> (1) Denver <input type="checkbox"/> (2) Adams <input type="checkbox"/> (3) Arapahoe <input type="checkbox"/> (4) Jefferson <input type="checkbox"/> (5) Douglas <input type="checkbox"/> (6) Broomfield	Type of Crime	<input type="checkbox"/> (1) Murder <input type="checkbox"/> (2) Murder/Suicide <input type="checkbox"/> (3) Attempted (Assault) Murder/Suicide <input type="checkbox"/> (4) Murder/Attempted Murder <input type="checkbox"/> (5) Suicide <input type="checkbox"/> (6) Perpetrator killed/died during incident <input type="checkbox"/> (7) Collateral death only death
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B. VICTIM/DEFENDANT/FAMILY INFORMATION

Name	Relationship	Gender	Age

CHILDREN

Name	Gender	Age	Witness Incident?

VICTIM DEMOGRAPHICS

Victim Sex:	Victim Ethnicity:		
<input type="checkbox"/> (1) Female <input type="checkbox"/> (2) Male	<input type="checkbox"/> (1) White <input type="checkbox"/> (2) Hispanic	<input type="checkbox"/> (3) Afro-American <input type="checkbox"/> (4) Asian	<input type="checkbox"/> (5) Native American <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown
Victim Age			
Victim Date of Birth			

County of residence at DOD:	<input type="checkbox"/> (1) Denver <input type="checkbox"/> (2) Adams <input type="checkbox"/> (3) Arapahoe <input type="checkbox"/> (4) Boulder <input type="checkbox"/> (5) Douglas <input type="checkbox"/> (6) Jefferson <input type="checkbox"/> (7) Broomfield <input type="checkbox"/> (8) Other	Relationship to Perpetrator (Check one):	<input type="checkbox"/> (1) Current spouse/ partner (currently cohabitating) <input type="checkbox"/> (2) Former spouse/ partner (ex-cohabitating) <input type="checkbox"/> (3) Dating (never co-habitated) <input type="checkbox"/> (4) Ex-dating (non co-habitating) <input type="checkbox"/> (5) No relationship/Child in common
# of children by this relationship (If none, indicate by 0)	_____	Was victim pregnant at DOD?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes # of Weeks _____
Employment status at DOD:	<input type="checkbox"/> (1) Employed <input type="checkbox"/> (2) Unemployed <input type="checkbox"/> (3) Retired <input type="checkbox"/> (4) Disabled <input type="checkbox"/> (5) Student <input type="checkbox"/> (6) Not indicated/Unknown <input type="checkbox"/> (7) Underemployed	If employed, list occupation:	_____
If victim was unemployed, what was their source of economic support?	<input type="checkbox"/> (1) AFDC/ SSI/ Public Assistance <input type="checkbox"/> (2) Perpetrator's Income <input type="checkbox"/> (3) Assistance from victim's family/ friends <input type="checkbox"/> (4) Assistance from perpetrator's family/ friends <input type="checkbox"/> (5) Unknown <input type="checkbox"/> (6) Other: <input type="checkbox"/> (7) Not applicable	Education:	<input type="checkbox"/> (1) Some high school <input type="checkbox"/> (2) High school graduate <input type="checkbox"/> (3) Some college <input type="checkbox"/> (4) College graduate <input type="checkbox"/> (5) Post graduate <input type="checkbox"/> (6) Technical school <input type="checkbox"/> (7) Not indicated/Unknown
How was this information determined? (Questions 81-85)	<input type="checkbox"/> (1) Criminal Justice Records <input type="checkbox"/> (2) Other court documents (civil, divorce) <input type="checkbox"/> (3) Medical reports (autopsy)		<input type="checkbox"/> (4) Family/acquaintance interview <input type="checkbox"/> (5) Other: <input type="checkbox"/> (15) Not applicable

D. PERPETRATORS DEMOGRAPHICS

Perpetrator Sex:	Perpetrator Ethnicity:		
<input type="checkbox"/> (1) Female <input type="checkbox"/> (2) Male	<input type="checkbox"/> (1) White <input type="checkbox"/> (2) Hispanic	<input type="checkbox"/> (3) Afro-American <input type="checkbox"/> (4) Asian	<input type="checkbox"/> (5) Native American <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown
Perpetrator Age:			
Perpetrator Date of Birth:			

County of residence at DOD:	<input type="checkbox"/> (1) Denver <input type="checkbox"/> (2) Adams <input type="checkbox"/> (3) Arapahoe <input type="checkbox"/> (4) Boulder <input type="checkbox"/> (5) Douglas <input type="checkbox"/> (6) Jefferson <input type="checkbox"/> (7) Broomfield <input type="checkbox"/> (8) Other	# of children by this relationship (If none, indicate by 0)	<hr/> <hr/>
Employment status at DOD:	<input type="checkbox"/> (1) Employed <input type="checkbox"/> (2) Unemployed <input type="checkbox"/> (3) Retired <input type="checkbox"/> (4) Disabled <input type="checkbox"/> (5) Student <input type="checkbox"/> (6) Not indicated/Unknown <input type="checkbox"/> (7) Underemployed	If employed, list occupation:	<hr/> <hr/> <hr/>
If perpetrator was unemployed, what was their source of economic support?	<input type="checkbox"/> (1) AFDC/ SSI/ Public Assistance <input type="checkbox"/> (2) Victim's Income <input type="checkbox"/> (3) Assistance from victim's family/ friends <input type="checkbox"/> (4) Assistance from perpetrator's family/ friends <input type="checkbox"/> (5) Unknown <input type="checkbox"/> (6) Other: <input type="checkbox"/> (7) Not applicable	Education:	<input type="checkbox"/> (1) Some high school <input type="checkbox"/> (2) High school graduate <input type="checkbox"/> (3) Some college <input type="checkbox"/> (4) College graduate <input type="checkbox"/> (5) Post graduate <input type="checkbox"/> (6) Technical school <input type="checkbox"/> (7) Not indicated/Unknown
How was this information determined? (Questions 81-85)	<input type="checkbox"/> (1) Criminal Justice Records <input type="checkbox"/> (2) Other court documents (civil, divorce) <input type="checkbox"/> (3) Medical reports (autopsy) <input type="checkbox"/> (4) Family/acquaintance interview <input type="checkbox"/> (5) Other: <input type="checkbox"/> (15) Not applicable		

E. CITIZENSHIP STATUS

Domestic Violence <u>Victim</u> Status	<input type="checkbox"/> (1) Citizen of the United States <input type="checkbox"/> (2) Documented Immigrant/Refugee <input type="checkbox"/> (3) Undocumented immigrant/refugee <input type="checkbox"/> (4) In the Process of attaining documented legal status <input type="checkbox"/> (5) Unknown/ No Information	Sponsor:
Domestic Violence <u>Perpetrator</u> Status	<input type="checkbox"/> (1) Citizen of the United States <input type="checkbox"/> (2) Documented Immigrant/Refugee <input type="checkbox"/> (3) Undocumented immigrant/refugee <input type="checkbox"/> (4) In the Process of attaining documented legal status <input type="checkbox"/> (5) Unknown/ No Information	Sponsor:

If the domestic violence victim was an immigrant or refugee, is there any evidence that the domestic violence perpetrator held the domestic violence victim's passport or other important legal documentation?

(1) Yes (2) No (3) Unknown (4) Not applicable

F. PREVIOUS RELATIONSHIPS/CHILDREN FROM PREVIOUS RELATIONSHIP

Question	Victim	Perpetrator
Any previous relationships?	<input type="checkbox"/> (0) None/NA <input type="checkbox"/> (1) Yes <input type="checkbox"/> (99) Unknown	<input type="checkbox"/> (0) None/NA <input type="checkbox"/> (1) Yes <input type="checkbox"/> (99) Unknown
Number of Children from Previous Relationship?		
Are the children under the age of 18?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (99) NA	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (99) NA
Ages of Children?		
Did the children live with the parties?	<input type="checkbox"/> (0) None/NA <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (0) None/NA <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Any indication of DV in the Previous Relationship?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (4) None/NA	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (4) None/NA

Narrative:
(if necessary)

G. CRIMINAL HISTORY

Question	Victim	Defendant
Prior Domestic Violence Convictions?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Number of Previous DV Convictions?		
Prior Domestic Violence Arrests?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Number of DV arrests in Past 5 years?		
Total Number of DV arrests <i>ever</i> ?		
Arrests for other assaults (non-DV) traffic, crimes (non drug or Alcohol)?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Number of Other arrests in last 5 years?		
Number of Other arrests <i>ever</i> ?		
Ever attend Perpetrator DV Treatment?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Ever arrested for DUI/Possession?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Ever receive substance abuse Treatment? (court ordered or voluntary)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Ever investigated for child abuse? (CPS, criminal)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Arrested for child abuse?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Have a Juvenile Record?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown

Arrested for Restraining order violations? <i>(criminal or civil)</i>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
On probation when death occurred?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Probation Revocation Requested?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
On Parole at time of incident?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Parole Revocation Requested?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown

H. RELATIONSHIP HISTORY

Length of intimate relationship in months: _____ in years: _____

Were victim and perpetrator separated at DOD?

- (1) Yes (2) No (3) Unknown (4) Separation Imminent

Length of time separated (identify by # of weeks) _____

If not separated, is there indication that separation was imminent?

- Yes No N/A

Is there a history of separations in this relationship?

- (1) Yes (2) No (3) Unknown

of previous separations: _____

Has this couple/family changed residences in the previous year?

- (1) Yes (2) No (3) Unknown

(Do not include separations that occurred between victim and perpetrator as indicated in #91)

-Reports of DV (prior to this incident) by this perpetrator identified?

Disclosure Reports

- (1) Yes (2) No (3) Unknown

DV was disclosed to...

Police? (dvrpt1)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Family Members? (dvrpt2)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Medical? (dvrpt3)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Parents? (dvrpt4)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Clergy? (dvrpt5)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Friends/Co-Workers? (dvrpt6)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Shelter/DV Program? (dvrpt7)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Victims Siblings? (dvrpt8)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Civil Court: Divorce, Custody/Protection order (dvrpt9)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Neighbors? (dvrpt10)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
Attorney/Legal Services (dvrpt11)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Social Services/ Child Protection (dvrpt12)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown
DV Report/Disclosure made to other? (dvrpt13)	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown		

Are the victim and perpetrator currently married?
 NO YES UNKNOWN

Are they married and living together?
 NO YES UNKNOWN

QUESTIONS 116-118 MISSING

RELATIONSHIP HISTORY

Was there prior medical treatment for DV related injuries?

- Yes (1)
- No (2)
- Not Applicable/No DV reported (3)
- Unknown (4)

If yes, reported to whom and when?

Did the victim express a desire to leave the relationship?

- Yes (1)
- No (2)
- Unknown (3)

If yes, to whom? (State relationship)

I. INVOLVMENT WITH DEPARTMENT OF HUMAN SERVICES

According to CPS, were there any founded or unfounded (in CPS terms) allegations of child abuse filed against the domestic violence victim?

- (1) Yes
- (2) No
- (3) Unknown

Date	Allegation	Child Involvement	Founded or unfounded?	Consequences/ Follow-up?

According to CPS, were there any founded or unfounded (in CPS terms) allegations of child abuse filed against the domestic violence perpetrator?

- (1) Yes
- (2) No
- (3) Unknown

Date	Allegation	Child Involvement	Founded or unfounded?	Consequences/ follow-up?

Did the CPS worker screen for Domestic Violence? (1) Yes (2) No (3) Unknown

Was DV victim given referrals to DV programs or legal advocacy programs? (1) Yes (2) No (3) Unknown

J. LEAVE TAKING

Steps the victims took within the previous 12 months to leave the relationship, or end the abuse...

Steps Taken	Yes/No	If Yes, Time Frame
Victim moved out of joint residence?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
Victim asked the perpetrator to move out of the joint residence?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
The victim contacts/consulted an attorney?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
The victim initiated legal action? <i>(civil or criminal)</i>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
The victim told the perpetrator of a desire to end the relationship?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
The victim told others of the desire to end the relationship?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
The victim entered DV counseling?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time
The victim took other steps to leave the relationship?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (3) No <input type="checkbox"/> (4) Unknown Time

The above are not applicable; victim ended the relationship prior to 12 months?

(1) Yes (2) No (3) Unknown

Had victim initiated or participated in any legal action 6 months prior to the homicide?

		Comments
Victim filed for divorce and/or custody?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	
Victim filed for TPO/PPO?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	
Criminal charges filed against the perpetrator?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	
Victim initiated a child abuse report/investigation?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	

Not applicable, Victim did not initiate any legal action in the past six months?

(1) Yes (2) No (3) Unknown

The victim initiated legal action prior to 6 months?

(1) Yes (2) No (3) Unknown

K. ABUSE HISTORY

Abuse	Yes/No	Time Frame	Reported by?
Name calling, verbal harassment, humiliation? <i>(abuse1)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Grabbing, pushing, shoving, slapping? <i>(abuse2)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Destruction of property/throwing things by perpetrator? <i>(abuse3)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Punching, kicking, biting by the perpetrator? <i>(abuse4)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Strangulation? <i>(abuse5)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Forced sex/obsessive sexual behaviors? <i>(abuse6)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Cruelty/injury to pets? <i>(abuse7)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Isolating behavior by perpetrator; controlling \$, social contacts, ability to work, etc. <i>(abuse8)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Alcohol abuse by perpetrator? <i>(abuse9)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Drug abuse by perpetrator? <i>(abuse10)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Threats of suicide by perpetrator? <i>(abuse11)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Threats to kill victim? (increased talk of homicide) <i>(abuse12)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Threats to kill others? (victim's family, friends, co-workers) <i>(abuse13)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Threats to use a weapon on the victim? <i>(abuse14)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)

Make threats to use a weapon on the victim? <i>(abuse14)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Perp. Make threats with/use a weapon toward the victim? <i>(abuse15)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Tracking, following, talking, obsessive? <i>(abuse16)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Use Other methods of abuse? <i>(abuse 17)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Gambling addiction? (increased gambling)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)
Were there threats of homicide?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (1) Within Last Year <input type="checkbox"/> (2) Any time in Relationship <input type="checkbox"/> (3) Unknown	Law Enforcement Protection Order Narrative Advocacy Program Family/Friends (reported)

L. SIGNIFICANT CHANGES

Were there significant changes in the status of:	How did this change?	
Relationship with Victim? (chgstat1)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Perpetrator's physical health? (chgstat2)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Perpetrator's mental health? (chgstat3)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Perpetrator's employment/finances? (chgstat4)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Perpetrator's residence? (chgstat5)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Victim's residence? (Did the victim move to a location unknown by perpetrator?) (chgstat6)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Other losses in perpetrator's life? (chgstat7)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	
Other.... (chgstat8)	<input type="checkbox"/> (1) Yes	
	<input type="checkbox"/> (2) No	
	<input type="checkbox"/> (3) Unknown	

M. AUTOPSY REPORT

Official Cause of Death:		
Date of Autopsy:	Time of Autopsy:	
Coroner who performed autopsy?		
Alcohol abuse by Perpetrator at DOI:	<input type="checkbox"/> (1) BAC Positive <input type="checkbox"/> (2) BAC Negative <input type="checkbox"/> (3) BAC Unknown (not tested/not indicated)	Concentration:
Drug Abuse by Perpetrator at DOI:	<input type="checkbox"/> (1) Drug Metabolites Positive <input type="checkbox"/> (2) Drug Metabolites Negative <input type="checkbox"/> (3) Drug Metabolites Unknown (not tested/not indicated)	
Alcohol abuse by Victim at DOI:	<input type="checkbox"/> (1) BAC Positive <input type="checkbox"/> (2) BAC Negative <input type="checkbox"/> (3) BAC Unknown (not tested/not indicated)	Concentration:
Drug Abuse by Victim at DOI:	<input type="checkbox"/> (1) Drug Metabolites Positive <input type="checkbox"/> (2) Drug Metabolites Negative <input type="checkbox"/> (3) Drug Metabolites Unknown (not tested/not indicated)	

N. INCIDENT INFORMATION

Primary Detective: _____

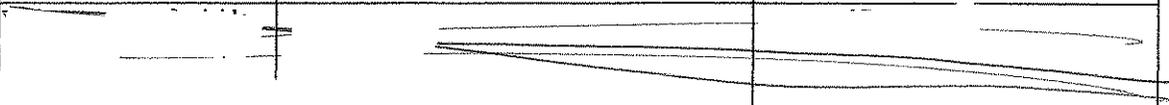
Phone Number: _____

Were there witnesses? (1) Yes (2) No

(If yes, complete Witness contact sheet)

Date of Victim's Death		<input type="checkbox"/> Not Applicable, Victim Survived
Cause of Victim's death?	<input type="checkbox"/> (1) Gunshot <input type="checkbox"/> (2) Stabbing <input type="checkbox"/> (3) Asphyxiation <input type="checkbox"/> (4) Beating <input type="checkbox"/> (5) Strangulation <input type="checkbox"/> (6) Other	<input type="checkbox"/> (15) NA, Victim Survived
Victim's place of Injury/Fatality?	<input type="checkbox"/> (1) Victim's residence <input type="checkbox"/> (2) Perpetrator's Residence <input type="checkbox"/> (3) Victim/Perp. Joint Home <input type="checkbox"/> (4) Other home/Private Resid. <input type="checkbox"/> (5) Residential Institution <small>(Jail, Hospital, Dorm, reform School)</small> <input type="checkbox"/> (6) Victim's Worksite <input type="checkbox"/> (7) Perpetrator's Worksite	<input type="checkbox"/> (8) Public Building <input type="checkbox"/> (9) Street, Highway <input type="checkbox"/> (10) Sports, athletic, nature area <input type="checkbox"/> (11) Parking lot or parking garage <input type="checkbox"/> (12) Other <input type="checkbox"/> (13) Not indicated/Unknown <input type="checkbox"/> (14) Not applicable (survived)
Weapon used?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
Type of Weapon used?	<input type="checkbox"/> (1) Firearm <input type="checkbox"/> (2) Knife or Sharp Object <input type="checkbox"/> (3) Bat, Board, or blunt object <input type="checkbox"/> (4) Car, Vehicle <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) NA	
If Firearm, what type	<input type="checkbox"/> (1) Handgun <input type="checkbox"/> (2) Rifle <input type="checkbox"/> (3) Shotgun <input type="checkbox"/> (4) Firearm, Not specified <input type="checkbox"/> (15) NA	Automatic <input type="checkbox"/> Semi Automatic <input type="checkbox"/> Revolver <input type="checkbox"/>
Date Purchased: How was firearm acquired?		
Did perpetrator have other weapons besides the murder weapon?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (15) NA	

O. PERPETRATOR SUICIDE

Date of Perpetrators Death		<input type="checkbox"/> Not Applicable, Perpetrator Survived
Perpetrators place of Injury/Fatality?	<input type="checkbox"/> (1) Victim's residence <input type="checkbox"/> (2) Perpetrator's Residence <input type="checkbox"/> (3) Victim/Perp. Joint Home <input type="checkbox"/> (4) Other home/Private Resid. <input type="checkbox"/> (5) Residential Institution (Jail, Hospital, Dorm, reform School) <input type="checkbox"/> (6) Victim's Worksite <input type="checkbox"/> (7) Perpetrator's Worksite	<input type="checkbox"/> (8) Public Building <input type="checkbox"/> (9) Street, Highway <input type="checkbox"/> (10) Sports, athletic, nature area <input type="checkbox"/> (11) Parking lot or parking garage <input type="checkbox"/> (12) Other <input type="checkbox"/> (13) Not indicated/Unknown <input type="checkbox"/> (14) Not applicable (survived)
Cause of Perpetrators death?	<input type="checkbox"/> (0) Other <input type="checkbox"/> (1) Suicide: Gunshot <input type="checkbox"/> (2) Suicide: stabbing <input type="checkbox"/> (3) Suicide: strangulation/hanging <input type="checkbox"/> (4) Suicide by drug overdose <input type="checkbox"/> (5) Perp killed in incident by police	<input type="checkbox"/> (6) Perp killed in incident by victim <input type="checkbox"/> (7) Perp killed in incident by other <input type="checkbox"/> (8) Suicide by other <input type="checkbox"/> (9) NA, Victim Survived
Weapon used?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
Type of Weapon used?	<input type="checkbox"/> (1) Firearm <input type="checkbox"/> (2) Knife or Sharp Object <input type="checkbox"/> (3) Bat, Board, or blunt object <input type="checkbox"/> (4) Car, Vehicle <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) NA	
If Firearm, what type	<input type="checkbox"/> (1) Handgun <input type="checkbox"/> (2) Rifle <input type="checkbox"/> (3) Shotgun <input type="checkbox"/> (4) Firearm, Not specified <input type="checkbox"/> (15) NA	Automatic <input type="checkbox"/> Semi Automatic <input type="checkbox"/> Revolver <input type="checkbox"/>
Prior threats of Suicide identified?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unknown	Reported By Whom:
		

Narrative:

P. CHILDREN

Number of Minor children Present during incident?		
Did the Children witness the incident?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Unable to determine	# that witnessed?
Were children directly involved?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (15) NA	How?
Did intervention occur with children as a result of incident (regardless if they witnessed)?	<input type="checkbox"/> (1) None indicated <input type="checkbox"/> (2) Yes <input type="checkbox"/> (15) NA	What?
Name & Relationship of people providing care to minor children		

CHILDREN PRESENT (DURING THE INCIDENT)

If children were present, please fill out the following boxes

Fill in

Name of Child	Gender/Sex	Age

Q. COLLATERAL VICTIMS

Number of collateral fatalities: _____

Name of Collateral Victim: Age: Gender	<input type="checkbox"/> (1) Unknown to victim or Perpetrator <input type="checkbox"/> (2) Law Enforcement <input type="checkbox"/> (3) Relative of Victim <input type="checkbox"/> (4) Relative of Perpetrator <input type="checkbox"/> (5) Acquaintance/Friend <input type="checkbox"/> (6) Employer/Employee	<input type="checkbox"/> (7) Joint Child <input type="checkbox"/> (8) Victim's Child (not perpetrators) <input type="checkbox"/> (9) Perpetrator's Child (not victims) <input type="checkbox"/> (10) New Partner/Spouse/Date of Victim <input type="checkbox"/> (70) Other <input type="checkbox"/> (88) Not applicable
Name of Collateral Victim: Age: Gender	<input type="checkbox"/> (1) Unknown to victim or Perpetrator <input type="checkbox"/> (2) Law Enforcement <input type="checkbox"/> (3) Relative of Victim <input type="checkbox"/> (4) Relative of Perpetrator <input type="checkbox"/> (5) Acquaintance/Friend <input type="checkbox"/> (6) Employer/Employee	<input type="checkbox"/> (7) Joint Child <input type="checkbox"/> (8) Victim's Child (not perpetrators) <input type="checkbox"/> (9) Perpetrator's Child (not victims) <input type="checkbox"/> (10) New Partner/Spouse/Date of Victim <input type="checkbox"/> (70) Other <input type="checkbox"/> (88) Not applicable
Name of Collateral Victim: Age: Gender	<input type="checkbox"/> (1) Unknown to victim or Perpetrator <input type="checkbox"/> (2) Law Enforcement <input type="checkbox"/> (3) Relative of Victim <input type="checkbox"/> (4) Relative of Perpetrator <input type="checkbox"/> (5) Acquaintance/Friend <input type="checkbox"/> (6) Employer/Employee	<input type="checkbox"/> (7) Joint Child <input type="checkbox"/> (8) Victim's Child (not perpetrators) <input type="checkbox"/> (9) Perpetrator's Child (not victims) <input type="checkbox"/> (10) New Partner/Spouse/Date of Victim <input type="checkbox"/> (70) Other <input type="checkbox"/> (88) Not applicable
Name of Collateral Victim: Age: Gender	<input type="checkbox"/> (1) Unknown to victim or Perpetrator <input type="checkbox"/> (2) Law Enforcement <input type="checkbox"/> (3) Relative of Victim <input type="checkbox"/> (4) Relative of Perpetrator <input type="checkbox"/> (5) Acquaintance/Friend <input type="checkbox"/> (6) Employer/Employee	<input type="checkbox"/> (7) Joint Child <input type="checkbox"/> (8) Victim's Child (not perpetrators) <input type="checkbox"/> (9) Perpetrator's Child (not victims) <input type="checkbox"/> (10) New Partner/Spouse/Date of Victim <input type="checkbox"/> (70) Other <input type="checkbox"/> (88) Not applicable
Name of Collateral Victim: Age: Gender	<input type="checkbox"/> (1) Unknown to victim or Perpetrator <input type="checkbox"/> (2) Law Enforcement <input type="checkbox"/> (3) Relative of Victim <input type="checkbox"/> (4) Relative of Perpetrator <input type="checkbox"/> (5) Acquaintance/Friend <input type="checkbox"/> (6) Employer/Employee	<input type="checkbox"/> (7) Joint Child <input type="checkbox"/> (8) Victim's Child (not perpetrators) <input type="checkbox"/> (9) Perpetrator's Child (not victims) <input type="checkbox"/> (10) New Partner/Spouse/Date of Victim <input type="checkbox"/> (70) Other <input type="checkbox"/> (88) Not applicable
Name of Collateral Victim: Age: Gender	<input type="checkbox"/> (1) Unknown to victim or Perpetrator <input type="checkbox"/> (2) Law Enforcement <input type="checkbox"/> (3) Relative of Victim <input type="checkbox"/> (4) Relative of Perpetrator <input type="checkbox"/> (5) Acquaintance/Friend <input type="checkbox"/> (6) Employer/Employee	<input type="checkbox"/> (7) Joint Child <input type="checkbox"/> (8) Victim's Child (not perpetrators) <input type="checkbox"/> (9) Perpetrator's Child (not victims) <input type="checkbox"/> (10) New Partner/Spouse/Date of Victim <input type="checkbox"/> (70) Other <input type="checkbox"/> (88) Not applicable

R. CASE DISPOSITION

Total number of fatalities (including collateral fatalities and suicides): _____

What charges were filed against the perpetrator at the time of arrest?	<input type="checkbox"/> (1) 1 st degree murder <input type="checkbox"/> (2) 2 nd degree murder <input type="checkbox"/> (3) Manslaughter <input type="checkbox"/> (4) Conspiracy to commit murder	<input type="checkbox"/> (5) Other <input type="checkbox"/> (6) No charges filed; self defending victim <input type="checkbox"/> (7) Not applicable; perpetrator suicided
Did the defendant... (Process of the case)	<input type="checkbox"/> (1) Accept a plea bargain <input type="checkbox"/> (2) Go to trial <input type="checkbox"/> (3) Other <input type="checkbox"/> (4) Not applicable; perpetrator suicided	Explain any inconsistency:
What was the defendant convicted of?	<input type="checkbox"/> (1) 1 st degree murder <input type="checkbox"/> (2) 2 nd degree murder <input type="checkbox"/> (3) conspiracy to commit murder <input type="checkbox"/> (4) Manslaughter	<input type="checkbox"/> (5) Other <input type="checkbox"/> (6) None; Acquitted of charges <input type="checkbox"/> (7) None; Charges dropped; self defending victim <input type="checkbox"/> (8) Not applicable; perpetrator suicided
What was the exact sentence?	<input type="checkbox"/> (1) Life, No Parole <input type="checkbox"/> (2) Probation <input type="checkbox"/> (3) 1-10 years <input type="checkbox"/> (4) 11-20 years <input type="checkbox"/> (5) 21-30 years <input type="checkbox"/> (6) 31-40 years	<input type="checkbox"/> (7) 41+ years <input type="checkbox"/> (8) n/a: Perpetrator suicided before sentence <input type="checkbox"/> (9) n/a: Perpetrator suicided before trial <input type="checkbox"/> (10) n/a Perpetrator suicide before charges <input type="checkbox"/> (11) n/a: No sentence, not guilty or charges dropped
Who was presiding over the case?		
Who prosecuted the case?		
Who defended the perpetrator?		

What amount was bail set at?

Did the suspect make bail?

Was the suspect offered a plea deal?

What factors informed the decisions to offer a plea bargain?

If the defendant did not plea, was the case tried before a jury?

Trial date:

Length of trial:

Sentencing date: