

Connecticut Domestic Fatality Review

Case Report

1. Case Number _____ 2. Date Form Completed ___/___/___

Review Member's Present (Indicate membership affiliation -check all that apply)

- | | | |
|-----------------------|------------------------|----------------------|
| ~ CCADV | ~ Shelter | ~ Community Provider |
| ~ Health Professional | ~ Medical Examiner | ~ Law Enforcement |
| ~ DSS | ~ Prosecuting Attorney | ~ Mental Health |
| ~ Probation/Parole | ~ Citizen | ~ Local Health Dept |
| ~ Hospital/Physician | ~ Education/Research | ~ Advocate |
| ~ DCF | ~ EMS | ~ Survivors/Family |
| ~ DOC | ~ DOC | ~ Schools |
| ~ Religious Leaders | ~ neighbors/landlords | ~ Vets -Family Pets |
| ~ Other _____ | | |

Victim Information

Victim's Demographics

Deceased's name (first/middle/last) _____

Deceased's maiden name (if applicable) _____

Deceased's aliases (1) _____ (2) _____

Residence of deceased at time of death _____

3. Zipcode _____

Previous Residence of deceased (last 12 months)

Other prior addresses _____

4. Age at time of death _____ 5. Birthdate ___/___/___ 6. Gender _____

7. Race _____ 8. Latino Yes ___/No___ 9. Marital Status _____

10. If separated how long _____ (months)

11. If separated or divorced was it filed with the courts? Yes ___/No___

12. Any action toward divorce pending Yes ___/No___

13. If divorced, date ___/___/___ 14. If widowed date of spouse's death ___/___/___

15. Who did victim live with at time of death _____

16. Number of children _____

17. Number of dependent children residing with victim? _____

Age of Children 18. ____ 19. ____ 20. ____ 21. ____

22. Race of children _____ 23. Other race _____

24. Did victim have custody of all dependent children Yes ___/No___ If no, explain

25. Did victim have any pets at time of death? Yes ___/No___

26. If victim had pets, how many? _____

27. Military History Yes ___/No ___
28. Military Status at time of death _____

29. Type of Military Discharge _____

Circumstances of Death

30. Date of death ___/___/___ 31. Time _____ 32. Day _____
33. City of death _____ 34. Place of death _____
35. Location of death (e.g. room) _____
36. Reporting Agency _____
37. Manner of death ~ Homicide ~ Suicide ~ Undetermined ~ Pending
38. Circumstances leading up to death _____

39. Cause of Death

Inflicted Injury Use of hands/feet/body part to
~ Strike ~ Throw
~ Suffocate ~ Strangulate
~ Other _____

Inflicted Injury Use of External Agent, Non-firearm,
Type of External Agent used
~ knife ~ sharp object
~ blunt object ~ hot liquid
~ poison ~ water immersion
~ other _____

Firearm Injuries
~ handgun ~ rifle
~ shotgun ~ other _____

Asphyxial Deaths
~ suffocating mechanism
~ strangulating mechanism
~ hanging mechanism
~ confinement (room, building, auto, box, other)
~ Electrocution
~ Drugs

Fall injuries
~ stairs, steps ~ open window
~ natural elevation ~ Other _____
Height of fall _____ feet

Fire, Burns
~ Fire ~ Explosives
~ Electrical/Appliance
~ Hot Water ~Other _____

Drowning
~ swimming pool ~ bathtub
~ creek/river/pond/lake
~ Other _____

Vehicular
~ passenger in vehicle ~ pedestrian
~ Other _____

Circumstances Unknown (Describe what is known)

Victim's Family History with Violence

40. Was there any history of domestic abuse in the victim's childhood household or family?
~ Yes ~ No ~ Unknown

41. Source of Information _____

42. Who was abused? (circle)

- 1 = deceased victim 2 = children of victim 3 = other family members
4 = victim's offender 5 = housemate 6 = other person
7=pet 9 = Unknown

43. If yes, what type of abuse _____

44. Was there any history of child abuse or neglect in the victim's childhood household?
~ Yes ~ No ~ Unknown

45. Source of Information _____

46. Who was abused? (circle)

- 1 = deceased victim 2 = children of victim 3 = other family members
4 = victim's offender 5 = housemate 6 = other person
7=pet 9 = Unknown

47. If yes, what type of abuse or Neglect _____

Victim's History with Violence

48. Did the victim experience any prior domestic abuse
~ No ~ Yes ~ Unknown

49. If yes, how many times _____

50. Source of Information _____

Incident 1.

51. If yes, Type of violence _____

52. Date of incident ___/___/___ 53. Same Suspect Yes ___/No ___

54. Relationship with Suspect _____

55. Outcome _____

56. Did Victim Seek Assistance ~ No ~ Yes ~ Unknown

57. If yes what type _____

58. Incident 2 Type of violence _____

59. Date of incident ___/___/___ 60. Same Suspect Yes ___/No ___

61. Relationship with Suspect _____

62. Outcome _____

63. Did Victim Seek Assistance ~ No ~ Yes ~ Unknown

64. If yes what type _____

65. Incident 3 Type of violence _____

66. Date of incident ___/___/___ 67. Same Suspect Yes ___/No ___

68. Relationship with Suspect _____

69. Outcome _____

70. Did Victim Seek Assistance ~ No ~ Yes ~ Unknown

71. If yes what type _____

72. Incident 4 Type of violence _____
73. Date of incident ___/___/___
74. Same Suspect Yes___/No___ 75. Relationship with Suspect _____
76. Outcome _____
77. Did Victim Seek Assistance ~ No ~ Yes ~ Unknown
78. If yes what type _____

79 Incident 5 Type of violence _____
80. Date of incident ___/___/___
81. Same Suspect Yes___/No___ 82. Relationship with Suspect _____
83. Outcome _____
84. Did Victim Seek Assistance ~ No ~ Yes ~ Unknown
85. If yes what type _____

86. Incident 6 Type of violence _____
87. Date of incident ___/___/___
88. Same Suspect Yes___/No___ 89. Relationship with Suspect _____
90. Outcome _____
91. Did Victim Seek Assistance? ~ No ~ Yes ~ Unknown
92. If yes what type _____

93. Did victim experience any childhood history of abuse or neglect?
~ No ~ Unknown
~ Yes
94. Source of Information _____
95. If yes, what type of abuse or Neglect _____

Victim's History with Suspect who caused death

96. Did the victim try to separate from the abuser?
~ No ~ Unknown
97. If yes, how many times _____
98. Source of Information _____
If yes, explain _____

99. Had the victim left the abuser?
~ Yes ~ No ~ Unknown
100. If yes, how many times _____
101. Source of Information _____
102. Dates Victim Left Abuser ___/___/___ 103. Date ___/___/___ 104. Date ___/___/___
105. Date ___/___/___ 106. Date ___/___/___ 107. Date ___/___/___ 108. Date ___/___/___ 109.
Date ___/___/___ 110. Date ___/___/___ 111. Date ___/___/___
112. If not, had she threatened to leave?

~ Yes ~ No ~ Unknown
 113. If yes, how many times _____
 114. Source of Information _____
 115. Was there a protective order in place?
 ~ Yes ~ No ~ Unknown
 116. What type of order? _____
 117. Start Date of Order ___/___/___ 118. Expiration Date ___/___/___
 119. City _____
 120. Was there a history of orders of protection?
 ~ Yes ~ No ~ Unknown
 121. If yes, how many _____
Provide chronological history of most recent 4 protective orders
 122. Type Order _____ 123. Date ___/___/___
 124. Same Suspect Yes___/No___ Suspect's Name _____
 125. City _____
 126. Type Order _____ 127. Date ___/___/___
 128. Same Suspect Yes___ No___ Suspect's Name _____
 129. City _____
 130. Type Order _____ 131. Date ___/___/___
 132. Same Suspect Yes___/No___ Suspect's Name _____
 133. City _____
 134. Type Order _____ 135. Date ___/___/___
 136. Same Suspect Yes___/No___ Suspect's Name _____
 137. City _____
 138. Was victim ever stalked by suspect who caused death?
 ~ Yes ~ No ~ Unknown
 139. If yes, how many times _____
 140. Source of Information _____
 141. Where _____
 Explain _____

 142. Did victim report any prior homicidal threats
 ~ Yes ~ No ~ Unknown
 143. If yes, how many times _____
 144. Source of Information _____
 If yes, explain _____

 145. Are there any medical records indicating prior abuse?
 ~ Yes ~ No ~ Unknown
 146. If yes, how many medical visits _____
 147. Source of Information _____
 148. First Date ___/___/___
 149. Type of Injury _____

150. Hospital _____
151. Type of Treatment Received _____

152. Second Date ___/___/___ 153. Type of Injury _____
154. Hospital _____
155. Type of Treatment Received _____

156. Third Date ___/___/___ 157. Type of Injury _____
158. Hospital _____
159. Type of Treatment Received _____

160. Fourth Date ___/___/___ 161. Type of Injury _____
162. Hospital _____
163. Type of Treatment Received _____

164. Fifth Date ___/___/___ 165. Type of Injury _____
166. Hospital _____
167. Type of Treatment Received _____

168. Did victim share any medical problems that may have been indirectly related to abuse?
~ Yes ~ No ~ Unknown

169. If yes, how many medical problems _____

170. Source of Information _____

171. Type of problem _____

172. Type of problem _____

173. Type of problem _____

174. Type of problem _____

Explain _____

Victim's Employment Status

175. Education level completed in years _____

176. Employed at time of death
~ Yes ~ No ~ Unknown

177. Source of Information _____

178. Employment status

1 = employed full-time (35 hrs per week, or would have been)

2 = employment part-time 3 = unemployed, looking for work 4 = unemployed, disabled

5 = unemployed, volunteer work 6 = unemployed, retired 7 = other (specify)

99 = missing

Last Occupation (title) _____

179. How long worked there? _____

180. How many days paid in last 30 days prior to death _____

181. How many days worked in last 30 days before death _____

Employer _____

Address _____

How much income earned in last 30 days

- 182. ~ Employment \$ _____
 - 183. ~ Unemployment compensation \$ _____
 - 184. ~ Public Assistance/Welfare \$ _____
 - 185. ~ Pensions, benefits, social security \$ _____
 - 186. ~ Mate, family, or friends \$ _____
 - 187. ~ Disability \$ _____
 - 188. ~ Illegal \$ _____
 - 189. ~ Other \$ _____
 - 190. Identify Other source of Income _____
 - 191. How many dependents relied on victim's income? _____
- Explain relationships _____
- _____

Victim's Criminal Justice History

- 192. Was victim ever a perpetrator of child abuse or neglect?
~ Yes ~ No ~ Unknown
- 193. If yes, how many times _____
- 194. Source of Information _____
- If yes, explain _____

- 195. Was victim ever a perpetrator of domestic abuse?
~ Yes ~ No ~ Unknown
- 196. If yes, how many times _____
- 197. Source of Information _____
- If yes, explain _____

- 198. Was victim ever arrested?
~ Yes ~ No ~ Unknown
- 199. If yes, how many times _____
- 200. Source of Evidence _____
- Prior arrests

201. Type of offense _____	202. ~ Known ~ Suspected ~ None ~ Unknown
203. _____	204. ~ Known ~ Suspected ~ None ~ Unknown
205. _____	206. ~ Known ~ Suspected ~ None ~ Unknown
207. _____	208. ~ Known ~ Suspected ~ None ~ Unknown
209. _____	210. ~ Known ~ Suspected ~ None ~ Unknown
Unknown Type XXXX	211. ~ Known ~ Suspected ~ None ~ Unknown

212. Was victim ever convicted of a crime?
 ~ Yes ~ No ~ Unknown

213. If yes, how many times _____

214. Source of Conviction Information _____

Type of Prior convictions

215. _____

216. _____

217. _____

218. _____

219. _____

220. Was victim ever incarcerated?
 ~ Yes No ~ Unknown

221. How many times _____

222. Where _____

223. Was victim ever under supervision of the courts (probation, parole, community corrections, etc.)
 ~ Yes ~ No ~ Unknown

224. How many times? _____

225. Where? _____

Explain (dates, places, type of sanctions) _____

Victim's Substance Abuse History

226. Did victim experience an alcohol or drug abuse problem?
 ~ Yes No ~ Unknown

227. Source of Information _____

228. Age victim began using alcohol ___/___/___

229. Age victim began using drugs ___/___/___

230. Any alcohol or substance abuse treatment received?
 ~ Yes No ~ Unknown

231. Type of treatment (1) _____
 Describe – if successful completion, where _____

232. Type of Treatment (2) _____
 Describe – if successful completion, where _____

233. Type of Treatment (3) _____
 Describe – if successful completion, where _____

234. Type of Treatment (4) _____
 Describe – if successful completion, where _____

Victim's AOD problems

235. alcohol abuse interfere with ability to perform daily tasks

Yes__ No__ N/A__ Unknown__
 236. substance abuse interfere with ability to perform daily tasks
 Yes___ No___ N/A___ Unknown___
 List type of drugs abused_____

Victim's Mental Health History

237. Did victim receive a psychological evaluation?
 ~ Yes ~ No ~ Unknown
 238. If yes, how many times_____
 239. Source of Evidence_____
 If yes, explain_____

240. Was victim ever treated for mental health problems?
 ~ Yes No ~ Unknown
 241. If yes, how many times_____
 242. Type of treatment (1)_____
 Describe – if successful completion, where_____

243. Type of Treatment (2)_____
 Describe – if successful completion, where_____

244. Type of Treatment (3)_____
 Describe – if successful completion, where_____

245. Type of Treatment (4)_____
 Describe – if successful completion, where_____

Victim's History with Community-based Services

246. Did victim receive any type of community-based services? Yes__No__ Unknown__
 What community-based services (type) did the victim attempt to receive?
 247. _____ Date___/___/___
 248. _____ Date___/___/___
 249. _____ Date___/___/___
 250. _____ Date___/___/___

Suspect Information

Suspect's Demographics

Suspect's first/middle/last name_____

Suspect's aliases (1)_____ (2)_____

(3)_____ (4)_____

Residence of Suspect (at time of victim's death)

_____ (street)

_____ (city, state, zip)

Previous residence (last 12 months) _____ (street)
 _____ (city, state)

251. Suspect's Zipcode _____

252. Age _____ 253. Birthdate ___/___/___ 254. Gender _____

255. Race _____ 256. Latino Yes ___ No ___ 257. Marital Status _____

258. Number of children _____ 259. Who did suspect live with _____

260. Number of dependent children residing with suspect? _____

261. Military History Yes ___ No ___

262. Military Status _____

263. Type of Discharge _____

264. Relationship with victim

~ Husband/Wife	~ Parent's Paramour
~ Live-in Boyfriend/Girlfriend	~ Son/Daughter
~ Non-Live-in Boyfriend/Girlfriend	~ Other relative _____
~ House Mate	~ Other relation _____
~ Natural/Adoptive parent	
~ Step/Foster parent	

Suspect's History with Violence

265. Was there any evidence of previous domestic abuse in suspect's household or family
 ~ Yes ~ No ~ Unknown

266. Source of Information _____

267. Who was the victim _____

268. What type of abuse _____

Explain the circumstances of Abuse _____

269. Was there any history of child abuse or neglect in the suspect's childhood household?
 ~ Yes ~ No ~ Unknown

270. Source of Information _____

271. Who was the victim _____

272. What type of CAN _____

Explain the circumstances of CAN _____

273. Did suspect experience any childhood history of abuse or neglect?
 ~ Yes ~ No ~ Unknown

274. Source of Evidence _____

275. What type of abuse or neglect _____

276. Did the suspect commit any prior domestic abuse or child or neglect?
 ~ Yes ~ No ~ Unknown

277. If yes, how many times _____

278. Source of Information _____

Explain circumstances of abuse _____

279. Incident 1 Type of violence _____

280. Date of violence incident ___/___/___ 281. Relationship with Victim _____

282. Outcome _____

283. Incident 2 Type of violence _____

284. Date of violence incident ___/___/___ 285. Relationship with Victim _____

286. Outcome _____

287. Incident 3 Type of violence _____

288. Date of violence incident ___/___/___ 289. Relationship with Victim _____

290. Outcome _____

291. Incident 4 Type of violence _____

292. Date of violence incident ___/___/___ 293. Relationship with Victim _____

294. Outcome _____

295. Incident 5 Type of violence _____

296. Date of violence incident ___/___/___ 297. Relationship with Victim _____

298. Outcome _____

299. Incident 6 Type of violence _____

300. Date of violence incident ___/___/___ 301. Relationship with Victim _____

302. Outcome _____

303. Did suspect ever commit child abuse or neglect?
 ~ Yes ~ No ~ Unknown

304. If yes, how many times _____

305. Source of Information _____

306. Type of child or neglect _____

Explain circumstances of abuse _____

307. Did suspect have a history of using Weapons
 ~ Yes No ~ Unknown

308. Source of Information _____

If yes, explain _____

309. What type of weapons _____

310. Were weapons confiscated by authorities?

~ Yes	~ No	~ Unknown
311. Source of Information _____		
If yes, explain _____		
312. Does suspect have a history of threatening to hurt or kill children		
~ Yes	~ No	~ Unknown
313. Source of Information _____		
If yes, explain _____		
314. Does suspect have a history of threatening to hurt or kill animals/pets		
~ Yes	~ No	~ Unknown
315. Source of Information _____		
If yes, explain _____		

Suspect's Employment Status

316. Education level completed in years _____

317. Employed at time of incident

~ Yes ~ No ~ Unknown

318. Source of Information _____

319. Employment status

1 = employed full-time (35 hrs per week, or would have been)
 2 = employment part-time 3 = unemployed, looking for work 4 = unemployed, disabled
 5 = unemployed, volunteer work 6 = unemployed, retired 7 = other (specify)
 99 = missing

Last Occupation (title) _____

320. How long worked there? _____

321. How many days paid in last 30 days _____

322. How many days worked in last 30 days _____

How much income earned in last 30 days

323. ~ Employment \$ _____

324. ~ Unemployment compensation \$ _____

325. ~ Public Assistance/Welfare \$ _____

326. ~ Pensions, benefits, social security \$ _____

327. ~ Mate, family, or friends \$ _____

328. ~ Disability

329. ~ Illegal \$ _____

330. ~ Other \$ _____

331. Define Other type of income _____

332. How many dependents rely on suspect's income? _____

Explain relationships _____

Suspect's Criminal Justice History

333. Was suspect ever arrested?
 ~ Yes ~ No ~ Unknown
334. If yes, how many times _____
335. Source of Information _____
- Prior arrests
- | | |
|-----------------------------|---|
| 336. Type of offense _____ | 337. ~ Known ~ Suspected ~ None ~ Unknown |
| 338. _____ | 339. ~ Known ~ Suspected ~ None ~ Unknown |
| 340. _____ | 341. ~ Known ~ Suspected ~ None ~ Unknown |
| 342.. _____ | 343. ~ Known ~ Suspected ~ None ~ Unknown |
| 344. _____ | 345. ~ Known ~ Suspected ~ None ~ Unknown |
| Unknown Type XXXX | 346. ~ Known ~ Suspected ~ None ~ Unknown |

357. Was victim ever convicted of a crime?
 ~ Yes ~ No ~ Unknown
348. If yes, how many times _____
349. Source of Information _____
- Type of Prior convictions
350. _____
351. _____
352. _____
353. _____
354. _____

355. Was suspect ever incarcerated?
 ~ Yes ~ No ~ Unknown
356. How many times _____
357. Where _____
358. Was victim ever under supervision of the courts (probation, parole, etc.)
 ~ Yes ~ No ~ Unknown
359. How many times _____
360. Where _____

Explain (dates, places, type of sanctions) _____

Suspect's Substance Abuse History

361. Did suspect experience an alcohol or drug abuse problem?
 ~ Yes No ~ Unknown
362. Source of Information _____
363. Age suspect began using alcohol ___/___/___
364. Age suspect began using drugs ___/___/___

365. Any alcohol or substance abuse treatment received?
 ~ Yes No ~ Unknown

366. Type of treatment (1) _____
 Describe – if successful completion, where _____

367. Type of Treatment (2) _____
 Describe – if successful completion, where _____

368. Type of Treatment (3) _____
 Describe – if successful completion, where _____

369. Type of Treatment (4) _____
 Describe – if successful completion, where _____

Suspect's AOD problems

370. Alcohol abuse interfere with ability to perform daily tasks
 Yes__ No__ N/A__ Unknown__

371. Substance abuse interfere with ability to perform daily tasks
 Yes____ No____ N/A____ Unknown____

List type of drugs abused _____

Suspect's Mental Health History

372. Did suspect ever receive a psychological evaluation
 ~ Yes ~ No ~ Unknown

373. If yes, how many times _____

374. Source of Information _____
 If yes, explain _____

375. Was suspect ever treated for mental health problems?
 ~ Yes No ~ Unknown

376. If yes, how many times _____

377. Type of treatment (1) _____
 Describe – if successful completion, where _____

378. Type of Treatment (2) _____
 Describe – if successful completion, where _____

379. Type of Treatment (3) _____
 Describe – if successful completion, where _____

380. Type of Treatment (4) _____
 Describe – if successful completion, where _____

Suspects History with Community-based Services

381. Did suspect receive any type of community-based services? Yes___No___ Unknown___

What community-based services (type) did the suspect attempt to receive?

382. _____ Date___/___/___

383. _____ Date___/___/___

384. _____ Date___/___/___

385. _____ Date___/___/___

386. Was family or friends aware of a domestic violence problem prior to the death?

~ Yes ~ No ~ Unknown

387. Source of Information _____

388. Were any 9-1-1 calls made?

~ Yes ~ No ~ Unknown

389. Source of Information _____

390. If yes, by whom? _____

391. Were any children at the scene of the death?

~ Yes No ~ Unknown

392. Source of Information _____

If yes, explain _____

393. Are the children who were at the scene involved in any treatment or receiving services?

~ Yes ~ No ~ Unknown

394. Source of Information _____

If yes, explain _____

395. Are there any pending civil court matters involving either the victim or suspect? E.g. divorce, custody, child support

~ Yes ~ No ~ Unknown

396. Source of Information _____

Explain _____

Additional Information

What was the quality of the relationship between the suspect and victim as perceived by family and friends? _____

What support or advice did family and friends give to the victim/offender?

Did either of the families (victim's or suspect's) receive services? Explain.

Victim's

Suspect's

What was the police response?

Describe the details of any system involvement with the victim (not included above)

Describe the details of any system involvement with the suspect (not included above)

Describe the details of any system involvement with children of victim or suspect (not included above)

Additional Comments from Reviewers

Recommendations for Change

Final Legal Status of Case (explain in detail)
