

**(CASE REVIEW FINAL REPORT/FINDINGS AND RECOMMENDATIONS [to be completed within 7 working days after the review meeting])**

***DISTRICT OF COLUMBIA DOMESTIC VIOLENCE  
FATALITY REVIEW BOARD***



**CASE REVIEW FINAL REPORT  
(List All Meeting Dates)**

**DVFRB #:                      DOB:                      DOD:**  
**CAUSE/MANNER OF DEATH:** (include cause/manner as stated on death certificate)

**SUMMARY OF DVFRB CASE REVIEW MEETING(S):**  
(Briefly bullet relevant/important facts and discussion shared during case review meeting.  
Don't include information included in the initial case summary)