

Miami-Dade County Domestic Violence Fatality Review Team

DATA COLLECTION INSTRUMENT

Review # _____

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A. GENERAL CASE INFORMATION

DECEDENT

1. Name: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Gender: Male Female
4. Age: _____ 5. Race: _____
6. DOB: _____ 7. DOD: _____
8. Religion: _____
9. Ethnicity: _____
10. Immigration status: _____
11. Marital status: single married
 separated divorced widowed
12. Education level: unknown
 less than high school some college
 some high school graduated college
 graduated high school other _____
13. Employed? yes no unknown
14. Occupation: _____
15. Occupational category: N/A
 professional technician clerical
 skilled worker laborer service worker
16. Has been in military? yes no unknown
17. How discharged? honorable medical
 dishonorable unknown N/A
18. Decedent had living children?
 yes no unknown
19. If so, names, ages, and sex of children: N/A

20. Was the Perpetrator the natural parent of any of the children?: yes no unknown N/A
If yes, place an asterisk (*) next to each child
21. Diagnosis or treatment for mental health?
 yes no unknown
22. Substance abuse (alcohol/drugs) history?
 yes (type: _____) no unknown

PERPETRATOR

23. Name: _____
24. Address: _____
City: _____ State: _____ Zip: _____
25. Gender: Male Female
26. Age: _____ 27. Race: _____
28. DOB: _____ 29. DOD: _____
30. Religion: _____
31. Ethnicity: _____
32. Immigration status: _____
33. Marital status: single married
 separated divorced widowed
34. Education level: unknown
 less than high school some college
 some high school graduated college
 graduated high school other _____
35. Employed? yes no unknown
36. Occupation: _____
37. Occupational category: N/A
 professional technician clerical
 skilled worker laborer service worker
38. Has been in military? yes no unknown
39. How discharged? honorable medical
 dishonorable unknown N/A
40. Disabled? yes (nature of disability: _____)
 no unknown
41. Has been married other than to the Decedent?
 yes no unknown N/A
42. Had child(ren) in his/her custody?
 yes no unknown
43. If so, names, ages, and sex of children: N/A

44. Diagnosis or treatment for mental health?
 yes no unknown
45. Substance abuse (alcohol/drugs) history?
 yes (type: _____) no unknown

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88. HIV/AIDS? yes no unknown
89. History of other illness? yes no unknown
90. Toxicology investigation? yes no
91. Toxicology findings: N/A
 alcohol drugs (type: _____)
 both none
92. Pregnant at time of death? N/A
 yes (week gestation: _____) no unknown
93. Rape kit performed/smears and swabs taken?
 yes no
94. Evidence of recent sexual activity?
 yes no unknown
95. Evidence of recent sexual trauma?
 yes no unknown
96. Type of weapon used (check all that apply):
- | | |
|---|--|
| <u>Firearm</u> | <u>Non-firearm</u> |
| <input type="checkbox"/> semi-automatic handgun | <input type="checkbox"/> knife |
| <input type="checkbox"/> automatic handgun | <input type="checkbox"/> fists/hands or feet |
| <input type="checkbox"/> nonautomatic/revolver | <input type="checkbox"/> poison |
| <input type="checkbox"/> shotgun | <input type="checkbox"/> fire |
| <input type="checkbox"/> rifle | <input type="checkbox"/> belt/strangulation |
| <input type="checkbox"/> unknown gun type | <input type="checkbox"/> hanging/suffocation |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> jumping |
| | <input type="checkbox"/> moving vehicle |
| | <input type="checkbox"/> electrocution |
| | <input type="checkbox"/> drowning |
| | <input type="checkbox"/> poison by gas |
| | <input type="checkbox"/> other _____ |
97. Body part affected: head trunk
 extremities neck

C. LAW ENFORCEMENT

98. Police Case # (for homicide): _____
Police Department: _____
99. Perpetrator/suspected Perpetrator identified?
 yes no
100. Number of Perpetrators: _____
101. Perpetrator arrested for homicide of Decedent?
 yes (Case #: _____ date: _____)
 no investigation pending N/A

102. Other victims/persons injured, excluding the Perpetrator?
 yes (who: _____)
 no unknown
103. Who owned weapon?
 Decedent Perpetrator unknown
 other _____
104. If gun: legal illegal unknown N/A
105. Was Perpetrator known to carry or possess a weapon? yes (what kind: _____)
 no unknown
106. Did child(ren) witness homicide?
 yes how: _____
 no unknown
107. If Perpetrator committed suicide, did child(ren) witness it? yes (how: _____)
 no unknown N/A

D. HISTORY OF DOMESTIC VIOLENCE BETWEEN DECEDENT AND PERPETRATOR

ALLEGATIONS BY DECEDENT

108. Prior reports to the police (including 911 calls) by Decedent alleging domestic violence by the Perpetrator? yes (how many: _____)
 no unknown
109. Other reports to family, friends, coworkers, or community by Decedent alleging domestic violence by Perpetrator?
 yes (who: _____)
 no unknown
110. Did Decedent ever experience domestic violence-related injuries received from the Perpetrator? yes no unknown
111. If yes, what type of injuries? N/A

112. Was there any known history of the Perpetrator being abusive to animals?
 yes no unknown
113. Were there any known allegations of stalking by the Perpetrator? yes no unknown

114. Did the Decedent ever allege that the Perpetrator made death threats against the Decedent prior to the event?
 yes no unknown

115. Were there any known death threats by the Perpetrator against any of his/her child(ren)?
 yes no unknown N/A

116. Were there any known prior suicide threats by the Perpetrator?
 yes no unknown

ALLEGATIONS BY PERPETRATOR

117. Prior reports to the police (including 911 calls) by the Perpetrator alleging domestic violence by the Decedent? yes (how many: _____) no unknown

118. Other reports to family, friends, coworkers, or community by Perpetrator alleging domestic violence by Decedent?
 yes (who: _____) no unknown

119. Did Perpetrator ever experience domestic violence-related injuries received from the Decedent? yes no unknown

120. If yes, what type of injuries? N/A

E. COURT HISTORY

CRIMINAL CASES (STATE ATTORNEY=S OFFICE)

PERPETRATOR'S CRIMINAL RECORD

121. At time of the event, prior domestic violence-related criminal history of Perpetrator:
[Place an asterisk (*) next to all cases where victim is same person as Decedent]

Case No.	Charge	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

no criminal history on record

122. Were any Stay Away Orders entered in any of the above-listed domestic violence-related cases? yes (list Case #s below) no N/A

123. At time of the event, prior criminal history of Perpetrator for non-domestic violence-related crimes:

Case No.	Charge	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

no criminal history on record

124. If Perpetrator was arrested for homicide of Decedent, outcome of court case: N/A

DECEDENT'S CRIMINAL RECORD

125. At time of the event, prior domestic violence-related criminal history of Decedent:
[Place an asterisk (*) next to all cases where victim is same person as Perpetrator]

Case No.	Charge	Outcome
_____	_____	_____
_____	_____	_____

no criminal history on record

126. Were any Stay Away Orders entered in any of the above-listed domestic violence-related cases? yes (list Case #s below) no N/A

127. At time of the event, prior criminal history of Decedent for non-domestic violence-related crimes:

Case No.	Charge	Outcome
_____	_____	_____
_____	_____	_____

no criminal history on record

PROBATION DEPARTMENT

128. Status of any cases on record:

no criminal history on record

INJUNCTION ACTIONS

INITIATED BY DECEDENT

- 129. Did Decedent ever file for an injunction against the Perpetrator?
 yes (Case # _____) no
- 130. If yes, was a Temporary Injunction granted?
 yes (issue date: _____ /
expiration date: _____)
 no N/A
- 131. If yes, was a Permanent Injunction granted?
 yes (issue date: _____ /
expiration date: _____)
 no N/A
- 132. Were there any allegations that the injunction was violated? yes no N/A
- 133. If there were allegations of an injunction violation, was there an arrest? N/A
 yes (see Criminal History section) no
- 134. Did the Decedent allege the Perpetrator possessed weapons? yes no N/A
- 135. Was the Perpetrator ordered to surrender any weapons? yes no N/A
- 136. Final outcome of injunction case: N/A

- 137. Did anyone other than the Decedent ever file for an injunction against the Perpetrator?
 yes (Case # _____) no
- 138. If yes, relationship to Perpetrator: N/A

- 139. If yes, final outcome of injunction case: N/A

- 140. Did Decedent ever file for an injunction against someone other than the Perpetrator?
 yes (Case # _____) no
- 141. If yes, relationship to Respondent: N/A

- 142. If yes, final outcome of injunction case: N/A

INITIATED BY PERPETRATOR

- 143. Did Perpetrator ever file for an injunction against the Decedent?
 yes (Case # _____) no
- 144. If yes, was a Temporary Injunction granted?
 yes (issue date: _____ /
expiration date: _____)
 no N/A
- 145. If yes, was a Permanent Injunction granted?
 yes (issue date: _____ /
expiration date: _____)
 no N/A
- 146. Were there any allegations that the injunction was violated? yes no N/A
- 147. If there were allegations of an injunction violation, was there an arrest? N/A
 yes (see Criminal History section) no
- 148. Did the Perpetrator allege the Decedent possessed weapons? yes no N/A
- 149. Was the Decedent ordered to surrender any weapons? yes no N/A
- 150. Final outcome of injunction case: N/A

- 151. Did anyone other than the Perpetrator ever file for an injunction against the Decedent?
 yes (Case # _____) no
- 152. If yes, relationship to Decedent: N/A

- 153. If yes, final outcome of injunction case N/A

- 154. Did Perpetrator ever file for an injunction against someone other than the Decedent?
 yes (Case # _____) no
- 155. If yes, relationship to Respondent: N/A

- 156. Final outcome of injunction case: N/A

DISSOLUTION OF MARRIAGE ACTIONS

- 157. Was a dissolution of marriage action involving the Decedent and Perpetrator ever filed?

164. Were there any juvenile records involving any of the minor child(ren) involved?
 yes (list case info below) no N/A

BATTERERS' INTERVENTION PROGRAMS

BY DECEDENT

165. Had the Decedent been ordered to attend a batterers' intervention program as the result of any court case? yes no N/A

166. If yes, case number and type of case: N/A

167. If yes, to what agency was the Decedent referred? N/A

168. If yes, how many times did the Decedent attend/miss the group sessions? N/A
attended _____ missed _____ sessions

169. Did the Decedent successfully complete the program? N/A
 yes no (was revoked/terminated)
 still enrolled at time of event

170. Comments from records: N/A

no records obtained
 records reveal no further significant comments

BY PERPETRATOR

171. Had the Perpetrator been ordered to attend a batterers' intervention program as the result of any court case? yes no N/A

172. If yes, case number and type of case: N/A

174. If yes, how many times did the Perpetrator attend/miss the group sessions? N/A
attended _____ missed _____ sessions

175. Did the Perpetrator successfully complete the program? N/A
 yes no (was revoked/terminated)
 still enrolled at time of event

176. Comments from records: N/A

no records obtained
 records reveal no further significant comments

VICTIM SUPPORT SERVICE PROVIDERS

BY DECEDENT

177. Was there any record of the Decedent attending/utilizing any victim support services?
 yes no unknown

178. If yes, which one(s)? N/A

179. Comments from records: N/A

no records obtained
 records reveal no further significant comments

173. If yes, to what agency was the Perpetrator referred? N/A

BY PERPETRATOR

180. Was there any record of the Perpetrator attending/utilizing any victim support services?

yes no unknown N/A

181. If yes, which one(s)? N/A

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182. Comments from records: N/A

- no records obtained
- records reveal no further significant comments

CHILDREN'S SERVICE PROVIDERS

183. Was there any record of the child(ren) attending/utilizing any children's services?
 yes no unknown

184. If yes, which one(s)? N/A

185. Comments from records: N/A

- no records obtained
- records reveal no further significant comments

attending/utilizing any psychological services?
 yes no unknown

187. If yes, which one(s)? N/A

188. If yes, was there ever a diagnosis made?
 yes (what: _____) no
 unknown N/A

189. If yes, was medication(s) prescribed?
 yes (what kind(s): _____) no
 unknown N/A

190. If yes, was Decedent known to comply with taking medication(s)?
 yes no unknown N/A

191. Comments from records: N/A

- no records obtained
- records reveal no further significant comments

BY PERPETRATOR

192. Was there any record of the Perpetrator attending/utilizing any psychological services?
 yes no unknown

193. If yes, which one(s)? N/A

PSYCHOLOGICAL SERVICE PROVIDERS

BY DECEDENT

186. Was there any record of the Decedent

194. If yes, was there ever a diagnosis made?
 yes (what: _____) no
 unknown N/A

195. If yes, was medication(s) prescribed?
 yes (what kind(s): _____) no

unknown N/A

196. If yes, was Decedent known to comply with taking medication(s)?
 yes no unknown N/A

197. Comments from records: N/A

no records obtained
 records reveal no further significant comments

SUBSTANCE ABUSE SERVICE PROVIDERS

BY DECEDENT

198. Was there any record of the Decedent attending/utilizing any substance abuse services? yes no unknown

199. If yes, which one(s)? N/A

200. Comments from records: N/A

no records obtained
 records reveal no further significant comments

BY PERPETRATOR

201. Was there any record of the Perpetrator attending/utilizing any substance abuse services? yes no unknown

209. Comments from records: N/A

202. If yes, which one(s)? N/A

203. Comments from records N/A

no records obtained
 records reveal no further significant comments

DOMESTIC VIOLENCE SHELTER

BY DECEDENT

204. Was there any record of the Decedent at Domestic Violence Shelter? yes no

205. If yes, during what time frame? N/A

206. Comments from records: N/A

no records obtained
 records reveal no further significant comments

BY PERPETRATOR

207. Was there any record of the Perpetrator at Domestic Violence Shelter?
 yes no N/A

208. If yes, during what time frame? N/A

- no records obtained
 records reveal no further significant comments

SCHOOL SYSTEM RESPONSE

210. Had the Perpetrator harassed, threatened, or battered the Decedent at school or on the way to school? yes no unknown N/A
211. Were school officials notified of the existence of domestic violence?
 yes no unknown N/A
212. Comments from records: N/A

- no records obtained
 records reveal no further significant comments

HEALTH CARE/MEDICAL FACILITIES

213. Did Decedent ever seek medical attention for any domestic violence-related injuries received by the Perpetrator? yes no unknown
214. If yes, what type of injuries and when? N/A
215. If yes, what medical facility did the Decedent go to for medical attention?: N/A

216. Comments from records: N/A

G. WORKPLACE INVOLVEMENT

- no records obtained
 records reveal no further significant comments

OTHER SOCIAL SERVICE AGENCIES

217. Is there any record of the Decedent or Perpetrator accessing any other social service agencies?
 Decedent: yes no unknown
 Perpetrator: yes no unknown
218. Comments from records: N/A

- no records obtained
 records reveal no further significant comments

CHURCHES/SYNAGOGUES (CLERGY)

219. Is there any record of the Decedent or Perpetrator involving their church/synagogue (clergy) with any incidence of domestic violence? N/A
 Decedent: yes no unknown
 Perpetrator: yes no unknown
220. If yes, name and location of religious institution:
221. If yes, is there any record of a response by the clergy? N/A

unknown N/A

222. Had the Perpetrator harassed, threatened, or battered the Decedent at or on the way to the workplace? yes no unknown N/A

223. Were supervisors aware of the existence of domestic violence?

yes no unknown N/A

224. Name and address of workplace: N/A

225. Comments from records: N/A

no records obtained

records reveal no further significant comments

I. INVOLVEMENT OF FAMILY/FRIENDS

226. Were family or friends aware of any prior incidents or threats of domestic violence between the Decedent and Perpetrator?
 yes no unknown

227. If yes, who (explain relationship)? N/A

228. If yes, what was their involvement? N/A

229. Were family members or friends interviewed as part of this review? yes no
 contact attempted via letter
 participation refused upon contact

243. Was there any known history of the aggressor being abusive to animals? N/A
 yes no unknown

J. HISTORY OF SIGNIFICANT FAMILY MEMBERS/FRIENDS

OF DECEDENT

N/A if this section is not applicable

230. Name: _____

231. Relationship: _____

232. Address: _____
City: _____ State: _____ Zip: _____

233. Gender: Male Female

234. Age: _____ 235. Race: _____

236. DOB: _____

237. Were there any prior reports to the police (including 911 calls) involving the Decedent and this family member or friend alleging domestic violence?

yes (how many: _____)
 no unknown

238. If yes, who was the aggressor?: N/A
 Decedent the family member or friend
 both

239. Were there other reports to family, friends, coworkers, or community involving the Decedent and this family member or friend alleging domestic violence?

yes (who: _____)
 no unknown

240. If yes, who was the aggressor?: N/A
 Decedent the family member or friend
 both

241. Were any domestic violence-related injuries ever inflicted?
 yes (what type: _____)
 no unknown

242. If yes, who was the aggressor?: N/A
 Decedent the family member or friend
 both

244. Were there any known allegations of stalking by the aggressor? N/A
 yes no unknown

