

MAIN CASE NAME _____
DATE OF DEATH(S) _____
DADRT Case Number _____

DOMESTIC ABUSE DEATH REVIEW TEAM
Fatality Review Data Collection Form

Case ID#: _____

Date Reviewed: _____

Reviewed By: _____

Chart Includes:

- | | | | |
|--|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Coroner | <input type="checkbox"/> DOC | <input type="checkbox"/> MH/SA | <input type="checkbox"/> LE Local # _____ |
| <input type="checkbox"/> Court Records | <input type="checkbox"/> Family | <input type="checkbox"/> DA Shelter | <input type="checkbox"/> DCI Rpt# _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> CVAD | <input type="checkbox"/> Med. Rec. | <input type="checkbox"/> CPA |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Other _____ | | |

I. CASE SUMMARY

Number of Homicides _____ Unknown

Time of Incident _____ Date of Incident _____

Number of Suicides _____ Unknown

Undetermined _____ Unknown

Number of Survivors
Involved with Homicide _____ Unknown

II. FACTORS RELATED TO THE HOMICIDE

- | | | |
|--|---|---|
| <input type="checkbox"/> Homicide/Suicide | <input type="checkbox"/> Dispute/Argument | <input type="checkbox"/> Financial Problems |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Gambling | <input type="checkbox"/> Gang Involvement |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> End of Relationship/
Rejection | <input type="checkbox"/> New Partner | <input type="checkbox"/> Custody Conflict |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drug _____ | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Control | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Service of Protection
Order | <input type="checkbox"/> Access to Firearms | |
| <input type="checkbox"/> Other _____ | | |

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III. CHILDREN INVOLVED IN HOMICIDE

Age	Child of DA Victim	Child of DA Perp.	Witness	Injured	Killed
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

IV. CASE SYNOPSIS

AT RISK IDENTIFIERS:

SYSTEM INTERVENTION/FAILURES:

PREVENTION ISSUES:

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V. VICTIM/PERP/SURVIVOR INFO

PRIMARY VICTIM

DEMOGRAPHICS

Perpetrator Outcome Suicide Attempted suicide Murder 1 Murder 2
 Manslaughter Acquitted No charges filed Other Unknown

Suicide Yes No

Corner ID# _____ **Child** Yes **Age** _____ No Unknown

Homicide Victim was (check one) DA Perpetrator DA Victim DA Victim & Perp
 DA Victim Child DA Perp Child Child of Both DA Victim New Partner
 DA Perp New Partner Other _____ Unknown

Full name: _____

Residence: _____

County of residence: _____ **County of death:** _____

Date of birth: _____ **Age at death:** _____

Gender: Female Male

Education Level: <8th 8th - <12th HS Graduate Some College/Tech School
 BA/BS >BA/BS Unknown

Occupation: _____ Unknown

Race: Caucasian Hispanic Native American African American
 Asian American Other: _____ Unknown

INFORMATION ABOUT THE DEATH

Pronounced Dead **Date** _____ **Time (military)** _____ Unknown

Cause of Death:

Gunshot wound to head Blunt trauma to head Multiple gunshot wounds
 Asphyxia Cranial cerebral trauma Traumatic stab wounds
 Other _____ Multiple wounds _____ Unknown

Method:

Stabbing Beating Shooting Strangulation Other _____
 Multiple weapons _____ Unknown

Weapon: Knife Hands Firearm _____

Other _____ Multiple weapons _____ Unknown

MAIN CASE NAME _____

DATE OF DEATH(S) _____

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Number of wounds _____ Unknown

Autopsy Evidence of Previous Injury Yes No Unknown List _____

Location of Incident Joint Residence Victim's residence Perp's residence

Workplace Other _____ Unknown

Where body was found _____ Unknown

Ethanol Yes No Unknown If Yes, Level _____

Other Drugs Yes No Unknown If Yes, Level _____

Was a Sexual Assault Analysis Conducted Yes No Unknown

If Yes Positive Negative Unknown

Pregnant Yes No Unknown Not Applicable

Trimester 1 2 3 Unknown Not Applicable

ABUSE HISTORY OF PARTY INVOLVED:

Is this person in the index relationship (relationship with suspected abuse):

Yes No Neither

History of Abuse Behavior

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

History of Abuse by Homicide Perpetrator

Physical Yes No Unknown

If Yes, Previous Injuries? Yes No Unknown

Documentation Medical Record Law Enforcement Family Other _____

Emotional Yes No Unknown

Sexual Yes No Unknown

History of Abuse by Others

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

Length of Relationship with Perpetrator No Relationship

<1 year 1-<3 years 3-<5 years 5-<10 years 10+years Unknown

End of Relationship/Separation Yes No Unknown

If yes, How Long <1 week 1 week-1 month 2-3 months

4-6 months 7 months-1 year >1 year _____

MAIN CASE NAME _____

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Evidence of Prior Stalking Against Homicide Victim Yes No Unknown

If Yes, Who _____

Prior Homicide Threats Against Victim Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Homicide Threats Made by Victim Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Suicide Threats Yes No Unknown

Prior Suicide Attempts Yes No Unknown

Prior Police Calls Yes No Unknown

If Yes, By Victim for Domestic Abuse? Yes No Unknown

If Yes, Other Yes No Unknown If yes, specify _____

Prior DA Services/Shelter Yes No Unknown

Legal History of Victim:

Prior Arrests Yes No Unknown

Charges Burglary Substance Abuse DA Assault Sexual Crime

Juvenile Crime Other _____ Unknown

Prior Incarceration Yes No Unknown

Current Probation/Parole Yes No Unknown

Prior BEP Yes No Unknown

If Yes, Assigned Yes No Unknown

If Yes, Completed Yes No Unknown

Protection Orders Sought by Victim:

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Protection Orders Sought Against Victim:

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

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PERPETRATOR

DEMOGRAPHICS

Perpetrator Outcome Suicide Attempted suicide Murder 1 Murder 2
 Manslaughter Acquitted No charges filed Other Unknown

Suicide Yes No **Correction File #** _____ **Police ID#** _____

Corner ID# _____ **Child** Yes **Age** _____ No Unknown

Homicide Perp was (check one) DA Perpetrator DA Victim DA Victim & Perp

DA Victim Child DA Perp Child Child of Both DA Victim New Partner

DA Perp New Partner Other _____ Unknown

Full name: _____

Residence: _____

County of residence: _____

County of death: _____

Date of birth: _____

Age at death: _____

Gender: Female Male

Education Level: <8th 8th - <12th HS Graduate Some College/Tech School

BA/BS >BA/BS Unknown

Occupation: _____ Unknown

Race: Caucasian Hispanic Native American African American

Asian American Other: _____ Unknown

INFORMATION ABOUT THE DEATH

Pronounced Dead **Date** _____ **Time (military)** _____ Unknown

Cause of Death:

Gunshot wound to head Blunt trauma to head Multiple gunshot wounds

Asphyxia Cranial cerebral trauma Traumatic stab wounds

Other _____ Multiple wounds _____ Unknown

Method:

Stabbing Beating Shooting Strangulation Other _____

Multiple weapons _____ Unknown

Weapon: Knife Hands Firearm _____

Other _____ Multiple weapons _____ Unknown

Number of wounds _____ Unknown

Autopsy Evidence of Previous Injury Yes No Unknown **List** _____

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DATE OF DEATH(S) _____

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Location of Incident Joint Residence Victim's residence Perp's residence

Workplace Other _____ Unknown

Where body was found _____ Unknown

Ethanol Yes No Unknown If Yes, Level _____

Other Drugs Yes No Unknown If Yes, Level _____

Was a Sexual Assault Analysis Conducted Yes No Unknown

If Yes Positive Negative Unknown

Pregnant Yes No Unknown Not Applicable

Trimester 1 2 3 Unknown Not Applicable

ABUSE HISTORY OF PARTY INVOLVED:

Is this person in the index relationship (relationship with suspected abuse):

Yes No Neither

History of Abuse Behavior

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

History of Abuse by Homicide Victim

Physical Yes No Unknown

If Yes, Previous Injuries? Yes No Unknown

Documentation Medical Record Law Enforcement Family Other _____

Emotional Yes No Unknown

Sexual Yes No Unknown

History of Abuse by Others

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

Length of Relationship with Victim No Relationship

<1 year 1-<3 years 3-<5 years 5-<10 years 10+years Unknown

End of Relationship/Separation Yes No Unknown

If yes, How Long <1 week 1 week-1 month 2-3 months

4-6 months 7 months-1 year >1 year _____

Evidence of Prior Stalking Against Homicide Perpetrator Yes No Unknown

If Yes, Who _____

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Prior Homicide Threats Against Perp Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Homicide Threats Made by Perp Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Suicide Threats Yes No Unknown

Prior Suicide Attempts Yes No Unknown

Prior Police Calls Yes No Unknown

If Yes, By Victim for Domestic Abuse? Yes No Unknown

If Yes, Other Yes No Unknown If yes, specify _____

Prior DA Services/Shelter Yes No Unknown

Legal History of Perpetrator:

Prior Arrests Yes No Unknown

Charges Burglary Substance Abuse DA Assault Sexual Crime
 Juvenile Crime Other _____ Unknown

Prior Incarceration Yes No Unknown

Current Probation/Parole Yes No Unknown

Prior BEP Yes No Unknown

If Yes, Assigned Yes No Unknown

If Yes, Completed Yes No Unknown

Protection Orders Sought by Perpetrator:

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Protection Orders Sought Against Perpetrator:

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Under order for weapons seizure Yes No Unknown

Perpetrated Abuse Against Children Yes No Unknown

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SURVIVORS INVOLVED WITH HOMICIDE

DEMOGRAPHICS

Perpetrator Outcome Suicide Attempted suicide Murder 1 Murder 2
 Manslaughter Acquitted No charges filed Other Unknown

Were you: Witness Yes No Unknown

Injured Yes No Unknown

Child Yes Age _____ No Unknown

Survivor was (check one) DA Perpetrator DA Victim DA Victim & Perp
 DA Victim Child DA Perp Child Child of Both DA Victim New Partner
 DA Perp New Partner Other _____ Unknown

Full name: _____

Residence: _____

County of residence: _____

Date of birth: _____

Gender: Female Male

Education Level: <8th 8th - <12th HS Graduate Some College/Tech School
 BA/BS >BA/BS Unknown

Occupation: _____ Unknown

Race: Caucasian Hispanic Native American African American

Asian American Other: _____ Unknown

ABUSE HISTORY OF PARTY INVOLVED:

Is this person in the index relationship (relationship with suspected abuse):

Yes No Neither

History of Abuse Behavior

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

History of Abuse by Homicide Perpetrator/Victim (depending on party involved)

Physical Yes No Unknown

If Yes, Previous Injuries? Yes No Unknown

Documentation Medical Record Law Enforcement Family Other _____

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DATE OF DEATH(S) _____

DADRT Case Number _____

Emotional Yes No Unknown

Sexual Yes No Unknown

History of Abuse by Others

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

Length of Relationship with Perpetrator/Victim (depending on party involved)

No Relationship <1 year 1-<3 years 3-<5 years 5-<10 years 10+years

Unknown

End of Relationship/Separation Yes No Unknown

If yes, How Long <1 week 1 week-1 month 2-3 months

4-6 months 7 months-1 year >1 year _____

Evidence of Prior Stalking Against Homicide Survivor Yes No Unknown

If Yes, Who _____

Prior Homicide Threats Against Survivor Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Homicide Threats Made by Survivor Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Suicide Threats Yes No Unknown

Prior Suicide Attempts Yes No Unknown

Prior Police Calls Yes No Unknown

If Yes, By Victim for Domestic Abuse? Yes No Unknown

If Yes, Other Yes No Unknown If yes, specify _____

Prior DA Services/Shelter Yes No Unknown

Legal History of Party Involved:

Prior Arrests Yes No Unknown

Charges Burglary Substance Abuse DA Assault Sexual Crime

Juvenile Crime Other _____ Unknown

Prior Incarceration Yes No Unknown

Current Probation/Parole Yes No Unknown

Prior BEP Yes No Unknown

If Yes, Assigned Yes No Unknown

If Yes, Completed Yes No Unknown

MAIN CASE NAME _____

DATE OF DEATH(S) _____

DADRT Case Number _____

Protection Orders Sought by Survivor:

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Protection Orders Sought Against Survivor:

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Under order for weapons seizure Yes No Unknown

Perpetrated Abuse Against Children Yes No Unknown

Founded CPA by DHS Yes No Unknown

Founded CPA by Other Sources Yes No Unknown

Medical and Mental Health History:

History of Substance Abuse Yes No Unknown

Alcohol Yes No Unknown

Illegal Drugs Yes No Unknown **Specify** _____

Substance Abuse Treatment Yes No Unknown

History of Mental Health Problems Yes No Unknown

Mental Health Treatment Yes No Unknown

If Yes, Diagnosis _____

Medications Yes No Unknown

If Yes, Type _____

Medical/Physical Condition Yes No Unknown

If Yes, Type _____

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DADRT Case Number _____

OTHER HOMICIDE VICTIM NUMBER _____

DEMOGRAPHICS

Perpetrator Outcome Suicide Attempted suicide Murder 1 Murder 2
 Manslaughter Acquitted No charges filed Other Unknown

Suicide Yes No

Corner ID# _____ Child Yes Age _____ No Unknown

Homicide Victim was (check one) DA Perpetrator DA Victim DA Victim & Perp
 DA Victim Child DA Perp Child Child of Both DA Victim New Partner
 DA Perp New Partner Other _____ Unknown

Full name: _____

Residence: _____

County of residence: _____ **County of death:** _____

Date of birth: _____ **Age at death:** _____

Gender: Female Male

Education Level: <8th 8th - <12th HS Graduate Some College/Tech School
 BA/BS >BA/BS Unknown

Occupation: _____ Unknown

Race: Caucasian Hispanic Native American African American
 Asian American Other: _____ Unknown

INFORMATION ABOUT THE DEATH

Pronounced Dead Date _____ Time (military) _____ Unknown

Cause of Death:

Gunshot wound to head Blunt trauma to head Multiple gunshot wounds
 Asphyxia Cranial cerebral trauma Traumatic stab wounds
 Other _____ Multiple methods _____ Unknown

Method:

Stabbing Beating Shooting Strangulation Other _____
 Multiple weapons _____ Unknown

Weapon: Knife Hands Firearm _____
 Other _____ Multiple weapons _____ Unknown

Number of wounds _____ Unknown

Autopsy Evidence of Previous Injury Yes No Unknown **List** _____

MAIN CASE NAME _____

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Location of Incident Joint Residence Victim's residence Perp's residence

Workplace Other _____ Unknown

Where body was found _____ Unknown

Ethanol Yes No Unknown If Yes, Level _____

Other Drugs Yes No Unknown If Yes, Level _____

Was a Sexual Assault Analysis Conducted Yes No Unknown

If Yes Positive Negative Unknown

Pregnant Yes No Unknown Not Applicable

Trimester 1 2 3 Unknown Not Applicable

ABUSE HISTORY OF PARTY INVOLVED:

Is this person in the index relationship (relationship with suspected abuse):

Yes No Neither

History of Abuse Behavior

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

History of Abuse by Homicide Perpetrator/Victim (depending on party involved)

Physical Yes No Unknown

If Yes, Previous Injuries? Yes No Unknown

Documentation Medical Record Law Enforcement Family Other _____

Emotional Yes No Unknown

Sexual Yes No Unknown

History of Abuse by Others

Physical Yes No Unknown If Yes, Who _____

Emotional Yes No Unknown If Yes, Who _____

Sexual Yes No Unknown If Yes, Who _____

Length of Relationship with Perpetrator/Victim (depending on party involved)

No Relationship <1 year 1-<3 years 3-<5 years 5-<10 years 10+years

Unknown

End of Relationship/Separation Yes No Unknown

If yes, How Long <1 week 1 week-1 month 2-3 months

4-6 months 7 months-1 year >1 year _____

Evidence of Prior Stalking Against Homicide Perp/Victim Yes No Unknown

MAIN CASE NAME _____

DATE OF DEATH(S) _____

DADRT Case Number _____

If Yes, Who _____

Prior Homicide Threats Against Perp/Victim Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Homicide Threats Made by Perp/Victim Yes No Unknown

If Yes, Heard by Victim Child Other Family Friends Other _____

Prior Suicide Threats Yes No Unknown

Prior Suicide Attempts Yes No Unknown

Prior Police Calls Yes No Unknown

If Yes, By Victim for Domestic Abuse? Yes No Unknown

If Yes, Other Yes No Unknown If yes, specify _____

Prior DA Services/Shelter Yes No Unknown

Legal History of Party Involved:

Prior Arrests Yes No Unknown

Charges Burglary Substance Abuse DA Assault Sexual Crime
 Juvenile Crime Other _____ Unknown

Prior Incarceration Yes No Unknown

Current Probation/Parole Yes No Unknown

Prior BEP Yes No Unknown

If Yes, Assigned Yes No Unknown

If Yes, Completed Yes No Unknown

Protection Orders Sought by Perp/Victim (depending on party involved):

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Protection Orders Sought Against Perp/Victim (depending on party involved):

Current No Criminal Civil Unknown

DA Partner Yes No Unknown

Previous No Criminal Civil Unknown

DA Partner Yes No Unknown

Other Partner Yes No Unknown

Under order for weapons seizure Yes No Unknown

