DOMESTIC ABUSE DEATH REVIEW TEAM
Fatality Review Data Collection Form

Case ID#: ______________________  Date Reviewed: _____________________
Reviewed By:    _____________________

Chart Includes:
☐ Coroner  ☐ DOC  ☐ MH/SA  ☐ LE Local #
☐ Court Records  ☐ Family  ☐ DA Shelter  ☐ DCI Rpt#
☐ Newspaper  ☐ CVAD  ☐ Med. Rec.  ☐ CPA
☐ Death Certificate  ☐ 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

☐ Homicide/Suicide  ☐ Dispute/Argument  ☐ Financial Problems
☐ Divorce  ☐ Gambling  ☐ Gang Involvement
☐ Burglary  ☐ Sexual Assault  ☐ Robbery
☐ End of Relationship/  ☐ New Partner  ☐ Custody Conflict
    Rejection
☐ Alcohol  ☐ Drug
☐ Jealousy  ☐ Control
☐ Service of Protection  ☐ Access to Firearms
    Order
☐ Other

☐ Unknown
## III. CHILDREN INVOLVED IN HOMICIDE

<table>
<thead>
<tr>
<th>Age</th>
<th>Child of DA Victim</th>
<th>Child of DA Perp.</th>
<th>Witness</th>
<th>Injured</th>
<th>Killed</th>
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<tr>
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</tbody>
</table>

## IV. CASE SYNOPSIS

**AT RISK IDENTIFIERS:**

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

**SYSTEM INTERVENTION/FAILURES:**

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

**PREVENTION ISSUES:**

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
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: _____________________________________________________________

Identification: _______________________________________________________

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) __________________________________________
DADRT Case Number _________________________________________

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 ______________
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
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_______________________________________________________

NOTES:
______________________________________________________________________________
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______________________________________________________________________________
______________________________________________________________________________
MAIN CASE NAME
DATE OF DEATH(S)
DADRT Case Number

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 ____________________
**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 ____________
MAIN CASE NAME ____________________________________________
DATE OF DEATH(S)____________________________________________
DADRT Case Number __________________________________________
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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<th>Category</th>
<th>Yes</th>
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**NOTES:**

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

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 □ Yes, Who __________________________

Emotional □ Yes □ No □ Unknown □ Yes, Who __________________________

Sexual □ Yes □ No □ Unknown □ 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 ________
MAIN CASE NAME _____________________________
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
Protection Orders Sought by Survivor:

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<th>Criminal</th>
<th>Civil</th>
<th>Unknown</th>
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</thead>
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<tr>
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<td>No</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Previous</td>
<td>No</td>
<td>Criminal</td>
<td>Civil</td>
<td>Unknown</td>
</tr>
<tr>
<td>DA Partner</td>
<td>Yes</td>
<td>No</td>
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<td>No</td>
<td>Unknown</td>
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Protection Orders Sought Against Survivor:

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<td>No</td>
<td>Unknown</td>
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<tr>
<td>Other Partner</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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 | | | |
MAIN CASE NAME __________________________________________
DATE OF DEATH(S)________________________________________
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 ________________
<table>
<thead>
<tr>
<th>Location of Incident</th>
<th>Joint Residence</th>
<th>Victim’s residence</th>
<th>Perp’s residence</th>
<th>Workplace</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where body was found</th>
<th></th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethanol</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was a Sexual Assault Analysis Conducted</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnant</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Trimester</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Unknown</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**ABUSE HISTORY OF PARTY INVOLVED:**

<table>
<thead>
<tr>
<th>Is this person in the index relationship (relationship with suspected abuse):</th>
<th>Yes</th>
<th>No</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Abuse Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Emotional</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sexual</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Abuse by Homicide Perpetrator/Victim (depending on party involved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>If Yes, Previous Injuries?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Documentation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Emotional</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sexual</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Abuse by Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Emotional</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sexual</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Relationship with Perpetrator/Victim (depending on party involved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Relationship</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>End of Relationship/Separation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>If yes, How Long</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of Prior Stalking Against Homicide Perp/Victim</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>---------</td>
</tr>
<tr>
<td>Prior Homicide Threats Against Perp/Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, Heard by</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prior Homicide Threats Made by Perp/Victim</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If Yes, Heard by</td>
<td></td>
<td></td>
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<tr>
<td>Prior Suicide Threats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Suicide Attempts</td>
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<tr>
<td>Prior Police Calls</td>
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<td></td>
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<tr>
<td>If Yes, By Victim for Domestic Abuse?</td>
<td></td>
<td></td>
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<tr>
<td>If Yes, Other</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prior DA Services/Shelter</td>
<td></td>
<td></td>
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<tr>
<td>Legal History of Party Involved:</td>
<td></td>
<td></td>
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<tr>
<td>Prior Arrests</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Charges</td>
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<tr>
<td>Prior Incarceration</td>
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<tr>
<td>Current Probation/Parole</td>
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<tr>
<td>Prior BEP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If Yes, Assigned</td>
<td></td>
<td></td>
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<tr>
<td>If Yes, Completed</td>
<td></td>
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<tr>
<td>Protection Orders Sought by Perp/Victim (depending on party involved):</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DA Partner</td>
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<tr>
<td>Previous</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DA Partner</td>
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<tr>
<td>Other Partner</td>
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<td>Protection Orders Sought Against Perp/Victim (depending on party involved):</td>
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<tr>
<td>DA Partner</td>
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<tr>
<td>Previous</td>
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<tr>
<td>DA Partner</td>
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<td></td>
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<tr>
<td>Other Partner</td>
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<tr>
<td>Under order for weapons seizure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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_______________________________________________________

NOTES:
______________________________________________________________________________
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