

IOWA DOMESTIC ABUSE DEATH REVIEW TEAM
Fatality Review Data Collection Form

Case ID#: _____

Date Reviewed: _____

Reviewed By: _____

I. CASE SUMMARY

Number of Homicides _____

Date of Incident _____

Number of Suicides _____

Other _____

Number of Survivors
Involved with Homicide _____

Homicide Perpetrator & DV Perpetrator same: Y N

Homicide Perpetrator Outcome: Suicide Attempted suicide Murder 1 Murder 2
 Manslaughter Acquitted No charges filed Other _____

Adults only involved in Case:

	<u>PV</u>	<u>HP</u>	<u>HV2</u>	<u>HV3</u>	<u>HV4</u>	<u>SV1</u>	<u>SV2</u>
DA Perpetrator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DA Victim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DA Vic. & Perp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DA Vic. New Partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DA Perp New Partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of Incident Joint Residence Victim's residence Perp's residence
 Workplace Other _____

Where body was found _____

Length of Relationship Perpetrator/Primary 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 _____

Under order for weapons seizure Yes No Unknown

History of Abusive Behavior

	DA Perpetrator	DA Victim
Abuse Behavior	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Previous Injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation	<input type="checkbox"/> Medical Record <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Family <input type="checkbox"/> Other _____	

	DA Perpetrator	DA Victim
Evidence of Prior Stalking	<input type="checkbox"/>	<input type="checkbox"/>
Prior Homicide Threats	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Heard by	<input type="checkbox"/> Victim <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Friends <input type="checkbox"/> Other _____	

	DA Perpetrator	DA Victim
Prior Suicide Threats	<input type="checkbox"/>	<input type="checkbox"/>
Prior Suicide Attempts	<input type="checkbox"/>	<input type="checkbox"/>
Prior Police Calls	<input type="checkbox"/>	<input type="checkbox"/>
Prior DA Services/Shelter	<input type="checkbox"/>	<input type="checkbox"/>

II. CHILDREN INVOLVED IN HOMICIDE

Gender	Age	Child of DA Victim	Child of DA Perp.	Witness	Killed
<input type="checkbox"/> M <input type="checkbox"/> F		<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"/> M <input type="checkbox"/> F		<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"/> M <input type="checkbox"/> F		<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"/> M <input type="checkbox"/> F		<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"/> M <input type="checkbox"/> F		<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

	DA Perpetrator	DA Victim
Perpetrated Abuse Against Children	<input type="checkbox"/>	<input type="checkbox"/>
Founded CPA by DHS	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III. CASE SYNOPSIS

AT RISK IDENTIFIERS:

Contributing Personality/Situational Factors:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Mental Issues | <input type="checkbox"/> Dispute/Argument | <input type="checkbox"/> Jealousy |
| <input type="checkbox"/> Controlling | <input type="checkbox"/> Isolation | <input type="checkbox"/> Gambling |

Contributing Relationship Factors:

- | | | |
|--|--|---|
| <input type="checkbox"/> Threat of Death | <input type="checkbox"/> New Partner | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> End of Relationship/
Rejection | |

Legal Factors:

- | | | |
|---|---|---|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Custody Conflict | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Violation of Protection
Order | <input type="checkbox"/> Access to Firearms | <input type="checkbox"/> Financial Problems |

Contributing Outside Factors:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drug _____ | |
| <input type="checkbox"/> Lack of Support | <input type="checkbox"/> Lack of Education | <input type="checkbox"/> Lack of Employment |
| <input type="checkbox"/> Other _____ | | |

PRIOR OPPORTUNITY FOR INTERVENTION/FAILURES:

RECOMMENDATIONS FOR SYSTEM CHANGE:

IV. VICTIM/PERP/SURVIVOR INFO

PRIMARY VICTIM

DEMOGRAPHICS

Full name: _____

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

Primary 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/Weapon:

Stabbing – Weapon _____ Beating – Weapon _____
 Shooting – Firearm _____ Strangulation – Weapon _____
 Other _____ Multiple weapons _____

Toxicology results:

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

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 _____

**PERPETRATOR
DEMOGRAPHICS**

Full name: _____

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

Primary Cause of Death: Not Applicable

Gunshot wound to head Blunt trauma to head Multiple gunshot wounds

Asphyxia Cranial cerebral trauma Traumatic stab wounds

Other _____ Multiple wounds _____ Unknown

Method/Weapon:

Stabbing – Weapon _____ Beating – Weapon _____

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Alcohol Yes No Unknown

Illegal Drugs Yes No Unknown Specify _____

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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:

SURVIVORS INVOLVED WITH HOMICIDE NUMBER _____

DEMOGRAPHICS

Present at the scene: Yes No Unknown

Injured Yes No Unknown

Full name: _____

County of residence: _____

Date of birth: _____

Age at Date of Incident: _____

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

OTHER HOMICIDE VICTIM NUMBER _____

DEMOGRAPHICS

Full name: _____

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

Primary Cause of Death: Not Applicable

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Other _____ Multiple wounds _____ Unknown

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Stabbing – Weapon _____ Beating – Weapon _____

Shooting – Firearm _____ Strangulation – Weapon _____

Other _____ Multiple weapons _____