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:

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<thead>
<tr>
<th></th>
<th>PV</th>
<th>HP</th>
<th>HV2</th>
<th>HV3</th>
<th>HV4</th>
<th>SV1</th>
<th>SV2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA Perpetrator:</td>
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<td>DA Victim:</td>
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<td>DA Vic. &amp; Perp:</td>
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<td>DA Vic. New Partner:</td>
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<td>DA Perp New Partner:</td>
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<td>Other __________:</td>
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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
II. CHILDREN INVOLVED IN HOMICIDE

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Child of DA Victim</th>
<th>Child of DA Perp.</th>
<th>Witness</th>
<th>Killed</th>
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</thead>
<tbody>
<tr>
<td>☐ M ☑ F</td>
<td>☐ Y ☑ N</td>
<td>☐ Y ☑ N</td>
<td>☐ Y ☑ N</td>
<td>☐ Y ☑ N</td>
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<tr>
<td>☐ M ☑ F</td>
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DA Perpetrator  DA Victim

Perpetrated Abuse Against Children ☐

Founded CPA by DHS ☐ Yes ☐ No
III. CASE SYNOPSIS

AT RISK IDENTIFIERS:

Contributing Personality/Situational Factors:
- Mental Issues
- Controlling
- Jealousy
- Dispute/Argument
- Isolation
- Gambling

Contributing Relationship Factors:
- Threat of Death
- Pregnancy
- Sexual Assault
- New Partner
- End of Relationship/Rejection

Legal Factors:
- Divorce
- Violation of Protection Order
- Custody Conflict
- Access to Firearms
- Stalking
- Financial Problems

Contributing Outside Factors:
- Alcohol
- Drug
- Lack of Support
- Lack of Education
- Lack of Employment
- 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

[ ] Asphyxiation  [ ] Cranial cerebral trauma  [ ] Traumatic stab wounds

[ ] Other __________________________ [ ] Multiple wounds __________________________ [ ] Unknown

Method/Weapon:

[ ] Stabbing – Weapon __________________________ [ ] Beating – Weapon __________________________

[ ] Shooting – Firearm __________________________ [ ] Strangulation – Weapon __________________________

[ ] Other __________________________ [ ] Multiple weapons __________________________ [ ] Unknown

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
**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: ____________________

☐ 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_____________________________________________________

NOTES:
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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

□ 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 ______________________