

### MULTIPLE VICTIM FORM

Complete this form if the secondary victim is involved in the domestic violence incident in a capacity which renders him and/or her as a victim of domestic violence. Note: this form should be used to record both juvenile and adult victims.

Victim # \_\_\_\_\_ of \_\_\_\_\_

Reference Fatality Review Control Number: \_\_\_\_\_  Check if revision to a previously submitted report.

#### Fatality Review Questionnaire

<b>EVENT INFORMATION</b>			
1) Event Type(s):			
<input type="checkbox"/> Intimate Partner	<input type="checkbox"/> Ex-Intimate Partner	<input type="checkbox"/> Familicide	<input type="checkbox"/> Parricide
<input type="checkbox"/> Killing the Competition	<input type="checkbox"/> Killing of Children by Parents	<input type="checkbox"/> Suicide Pact	
<input type="checkbox"/> Mercy Killing	<input type="checkbox"/> Fratricide and/or Sororicide	<input type="checkbox"/> Perpetrator Kills Batterer	
2) Provide the injury that caused the actual death, greatest trauma or most severe damage:			
3) Death certified by:			
<input type="checkbox"/> Medical Examiner	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Other (specify): _____	
4) Decedent activity prior to fatality:			
<input type="checkbox"/> In transit to work	<input type="checkbox"/> At work	<input type="checkbox"/> In transit to home	<input type="checkbox"/> Leisure activity
<input type="checkbox"/> School activity	<input type="checkbox"/> Activity related to child care	<input type="checkbox"/> Household activities	<input type="checkbox"/> Asleep
<input type="checkbox"/> Other (specify): _____			
5) Check the weapon type used to commit fatality of primary decedent. (If multiple weapons were involved check only the weapon used to carry out the death of the decedent).			
<input type="checkbox"/> Handgun	<input type="checkbox"/> Rifle	<input type="checkbox"/> Shotgun	
<input type="checkbox"/> Firearm (other/unknown)	<input type="checkbox"/> Knife/Cutting Instrument	<input type="checkbox"/> Fire/Incendiary	
<input type="checkbox"/> Blunt Object	<input type="checkbox"/> Hands/Fist/Feet	<input type="checkbox"/> Drugs	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Unknown	
6) Injuries sustained during fatality:			
Decedent			
<input type="checkbox"/> Blunt trauma	<input type="checkbox"/> Stab/Puncture wounds	<input type="checkbox"/> Gunshot wounds	<input type="checkbox"/> Strangulation
<input type="checkbox"/> Poison	<input type="checkbox"/> Burns	<input type="checkbox"/> Other (specify): _____	
Perpetrator			
<input type="checkbox"/> Blunt trauma	<input type="checkbox"/> Stab/Puncture wounds	<input type="checkbox"/> Gunshot wounds	<input type="checkbox"/> Strangulation
<input type="checkbox"/> Poison	<input type="checkbox"/> Burns	<input type="checkbox"/> Other (specify): _____	
<b>ENVIRONMENT PRIOR TO FATALITY</b>			
Injury History of Decedent: <input type="checkbox"/> Yes <input type="checkbox"/> No, if no skip to questions 13.			
7) At time of fatality, the decedent was respondent of:			
<input type="checkbox"/> Active Injunction(s) <input type="checkbox"/> Previous Injunction(s) <input type="checkbox"/> Unknown			
8) Number of previous injunctions: _____ Month/Year issued: _____			
9) Previous injunctions on decedent:			
<input type="checkbox"/> None <input type="checkbox"/> By perpetrator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown			
10) Other injunction information: (check all that apply)			
<input type="checkbox"/> Injunction served on decedent		<input type="checkbox"/> Previous injunction violated by decedent	
<input type="checkbox"/> Current injunction violated by decedent		<input type="checkbox"/> Effort made by perpetrator to withdraw or remove the injunction	
<input type="checkbox"/> Unknown			
11) Conditions of injunction:			
<input type="checkbox"/> Standard conditions _____			
<input type="checkbox"/> Special conditions (specify) _____			
<input type="checkbox"/> Unknown			
12) Had decedent returned to previous relationship with perpetrator while active injunction on file:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

**DECEDENT INFORMATION**

13) Sex:  Male  Female      14) DOB: \_\_\_\_\_ (MMDDYYYY)      15) Age: \_\_\_\_\_ Years

16) Current Marital Status:  
 N/A, decedent underage       Never married       Widowed  
 Married to perpetrator       Married to Other  
 Separated from perpetrator       Separated from other  
 Divorced from perpetrator       Divorced from other

17) Race:  
 White       Black       American Indian or Alaskan Native       Asian or Pacific Islander  
 Unknown       Other (specify): \_\_\_\_\_

18) Ethnicity:  
 Hispanic (Country \_\_\_\_\_ )       Non-Hispanic       Unknown

19) Religious Affiliation: (specify) \_\_\_\_\_  None       Unknown

20) Education:  
 Decedent is a minor       Elementary       High School/GED  
 Some College       Completed College       Graduate School  
 Vocational/Job Training       Other: (specify) \_\_\_\_\_       Unknown

21) Occupation skill level:  
 Decedent is a minor       Professional       Clerical       Laborer  
 Technician       Military       Skilled Worker       Homemaker  
 Other: (specify) \_\_\_\_\_       Unknown

22) Employment:  
 Decedent is a minor       Employed       Unemployed  
 Retired       Unknown

23) Criminal History:       Decedent is a minor       No arrests recorded       Unknown

If criminal history, please specify:

<input type="checkbox"/> Non-violent crime arrest (s)	<input type="checkbox"/> Domestic Violence crime arrest(s)	<input type="checkbox"/> Other Violent crime arrest(s)
<input type="checkbox"/> # with guilty conviction _____	<input type="checkbox"/> # with guilty conviction _____	<input type="checkbox"/> # with guilty conviction _____
<input type="checkbox"/> # without conviction _____	<input type="checkbox"/> # without conviction _____	<input type="checkbox"/> # without conviction _____
<input type="checkbox"/> # with conviction with/held _____	<input type="checkbox"/> # with conviction with/held _____	<input type="checkbox"/> # with conviction with/held _____
<input type="checkbox"/> # without disposition _____	<input type="checkbox"/> # without disposition _____	<input type="checkbox"/> # without disposition _____
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

24) Documented police response(s) to residence:	Yes	No	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Decedent victim of other offense(s): (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Previous incidents of domestic violence with different partner(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) History of domestic violence known to other(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RELATIONSHIP ISSUES**

28) Relationship of decedent to perpetrator:  
 Spouse       Ex-spouse       Brother/Sister       In-law  
 Parent       Step-parent       Co-habitant       Ex-co-habitant  
 Child       Step-child       Child of girlfriend       Child of boyfriend  
 Girlfriend       Ex-girlfriend       Boyfriend       Ex-boyfriend  
 Other: (specify) \_\_\_\_\_

29) Reported prior threats made to decedent by perpetrator: (check all that apply)

Threat to kill decedent	Source _____
Threat to kill children or family member	_____
Threat to commit suicide	_____
Threat to harm animals/pets	_____
Other (specify) _____	_____



**Health / Mental Health Factors**

41) Decedent taking a nonprescription medication at the time of the fatality:							
42) medication prescribed for decedent at time of fatality:							
43) Decedent taking prescribed medication at time of fatality:							
44) Decedent taking psychiatric medication at time of fatality:							
45) Decedent had/has mental health problems:							
46) Decedent attempted to commit suicide prior to fatality:							

**Other Factors**

47a) Immigration Status was in question pertaining to the Decedent:							
47b) Immigration Status was in question pertaining to the Perpetrator:							
48) Other factor(s): (specify) _____							

**ESCALATING CIRCUMSTANCES**

If N/A is selected; a brief explanation MUST be provided.

Did the Decedent	Yes	No	Unk	N/A	Source
49) Express fear of physical danger to themselves and/or					
50) Express fear of losing custody of children:					
51) Isolate themselves from family and friends:					
52) Have evidence of physical injury:					
53) Exhibit signs of:					
Depression					
Anger					
Low self esteem					
Suicidal thoughts					
54) Express fear of involvement in the criminal justice system					
55) Show or express signs of sleeping difficulties:					
56) Express guilty feelings about the failed relationship:					
57) Show or express history of familial abuse:					
58) Express fear of being alone:					
59) Express fear of making a great life change:					
60) Express belief that partner would change and/or stop					
61) Prior contact/confrontation with perpetrator:					

**SERVICES REQUESTED, ORDERED, OR OBTAINED**

Indicate only services requested, ordered, or obtained that are related to incidents of domestic violence.

	Requested			Received		
	Yes	No	Unk	Yes	No	Unk
<b>Domestic Violence Services</b>						
62) Domestic Violence counseling services:						
63) Domestic Violence center:						
64) Religious community/church:						
65) Children services:						
66) Supervised visitation center:						
67) Other (specify) _____						
<b>Criminal Justice/Legal Assistance</b>						
68) Law Enforcement:						
69) Legal assistance/attorney:						
70) State Attorney/Prosecutor:						
71) Court/Judges:						
72) Family court:						
73) Probation/Parole:						
74) Other: _____						
<b>Health Care Provider</b>						
75) EMT/Paramedics:						
76) Ambulance service:						
77) Emergency room:						
78) Physician:						
79) Mental health clinic:						
80) Mental health program:						
81) Other: _____						
<b>Children Services</b>						
82) Dept. Children & Family involvement:						
83) School involvement:						
84) Other: _____						

85) Provide the number of prior calls for service to Domestic Violence Centers: \_\_\_\_\_

86) Provide the number of prior calls for service to Law Enforcement: \_\_\_\_\_

87) Provide the number of prior calls for service concerning Child Abuse: \_\_\_\_\_

	Requested			Received		
	Yes	No	Unk	Yes	No	Unk
88) Anger Management Program: Decedent completed:						
89) Batterer's Intervention Program: Decedent completed:						
90) Substance Abuse Program: Decedent completed:						
91) Other Court Ordered Program(s): Decedent completed:						

92) Provide the number of times Anger Management Program was attended: \_\_\_\_\_

93) Provide the number of times Batterer's Intervention Program was attended: \_\_\_\_\_

94) Provide the number of times Substance Abuse Program was attended: \_\_\_\_\_

### LETHALITY INDICATORS

*This section should reflect if the decedent and/or perpetrator displayed any of the following factors during the relationship, prior to the fatality.*

95) Emotional/Mental Deterioration

- |   |  |
|---|--|
| <input type="checkbox"/> Suicidal                               | <input type="checkbox"/> Homicidal                       |
| <input type="checkbox"/> Loss of day to day function            | <input type="checkbox"/> History of psychiatric problems |
| <input type="checkbox"/> Poor compliance with taking medication | <input type="checkbox"/> Depression                      |
| <input type="checkbox"/> Economic loss                          | <input type="checkbox"/> Loss of family support          |

96) Ownership/Centrality of Decedent to Perpetrator

- |   |   |
|---|---|
| <input type="checkbox"/> Obsessiveness about partner or family  | <input type="checkbox"/> Extreme jealousy                               |
| <input type="checkbox"/> Access to victim and/or family members | <input type="checkbox"/> Rage and/or depression over separation         |
| <input type="checkbox"/> Perceived betrayal                     | <input type="checkbox"/> Perceived rejection after attempt to reconcile |

97) Antisocial Behavior

- |   |  |
|---|--|
| <input type="checkbox"/> History of domestic violence                             | <input type="checkbox"/> History of assaults on others                     |
| <input type="checkbox"/> History of criminal activity                             | <input type="checkbox"/> History of stalking                               |
| <input type="checkbox"/> History of substance abuse                               | <input type="checkbox"/> Possession of weapons                             |
| <input type="checkbox"/> History of abusing children (physically and/or sexually) | <input type="checkbox"/> History of childhood abuse or witnessing violence |

98) Failure of Community Control

- |  |  |
|--|--|
| <input type="checkbox"/> Violation(s) of restraining order             | <input type="checkbox"/> Violation(s) of probation                           |
| <input type="checkbox"/> Arrest(s) for domestic violence               | <input type="checkbox"/> Failure to complete Batterer's Intervention Program |
| <input type="checkbox"/> Failure to complete Substance Abuse Treatment | <input type="checkbox"/> Failure to complete Anger Management Program        |

99) Severity of Violence

- |   |   |
|---|---|
| <input type="checkbox"/> Used a weapon            | <input type="checkbox"/> Death threat                                   |
| <input type="checkbox"/> Unwanted sexual contact  | <input type="checkbox"/> Strangulation                                  |
| <input type="checkbox"/> Hurt pet                 | <input type="checkbox"/> Severe injury                                  |
| <input type="checkbox"/> Sadistic/Threatening act | <input type="checkbox"/> Expressed concerns that she/he would be killed |

**MULTIPLE VICTIM FORM  
(BY-STANDER)**

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<input type="checkbox"/> Strangulation	<input type="checkbox"/> Poison	<input type="checkbox"/> Burns	
<input type="checkbox"/> Other (specify): _____			
<b>DECEDENT INFORMATION</b>			
6) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		7) DOB: _____ (MMDDYYYY)	8) Age: _____ Years
9) Race:			
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____			
10) Ethnicity:			
<input type="checkbox"/> Hispanic (Country _____)		<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown
11) Decedent activity prior to fatality:			
<input type="checkbox"/> In transit to work	<input type="checkbox"/> At work	<input type="checkbox"/> In transit to home	<input type="checkbox"/> Leisure activity
<input type="checkbox"/> School activity	<input type="checkbox"/> Activity related to child care	<input type="checkbox"/> Household activities	<input type="checkbox"/> Asleep
<input type="checkbox"/> Other (specify): _____			
13) Relationship of decedent to perpetrator:			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Ex-spouse	<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> In-law
<input type="checkbox"/> Parent	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Co-habitant	<input type="checkbox"/> Ex-co-habitant
<input type="checkbox"/> Child	<input type="checkbox"/> Step-child	<input type="checkbox"/> Child of girlfriend	<input type="checkbox"/> Child of boyfriend
<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Ex-girlfriend	<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Ex-boyfriend
<input type="checkbox"/> Other: (specify) _____			