MULTIPLE VICTIM FORM								
Complete this form if the secondary a victim of domestic violence. Note	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	on to a previously submitted	d report					
	Fatality Review Qu							
	Patality Review Qu	estionnaire						
EVENT INFORMATION								
Event Type(s): □Intimate Partner □Killing the Competition □Mercy Killing	□Ex-Intimate Partner □Killing of Children by Parents □Fratricide and/orSororicide	□Familicide □Suicide Pact □Perpetrator Kills Battere	□Parricide					
2) Provide the injury that caused the	ne actual death, greatest trauma or m	nost severe damage:						
Death certified by:	□Medical Doctor □Other	(specify):						
4) Decedent activity prior to fatality ☐In transit to work ☐School activity ☐Other (specify):	n: □At work □Activity related to child card	□In transit to home □Household activities	□Leisure activity □Asleep					
5) Check the weapon type used to used to carry out the death of the comparison of th	□Rifle □Knife/Cutting Instrumen □Hands/Fist/Feet	□Shotgun						
6) Injuries sustained during fatality. Decedent □Blunt trauma □Poison Perpetrator □Blunt trauma □Poison	□Stab/Puncture wounds □Burns □Stab/Puncture wounds □Burns	□Gunshot woun □Other (specify) □Gunshot woun □Other (specify)	ds Strangulation					

□Blunt trauma □Poison Perpetrator	☐Stab/Puncture wounds ☐Burns	☐Gunshot wounds ☐Other (specify):	□Strangulation	
□Blunt trauma □Poison	□Stab/Puncture wounds □Burns	☐Gunshot wounds ☐Other (specify):	□Strangulation	
ENVIRONMENT PRIOR TO FATALIT	Υ			
Injury History of Decedent:	□No, if no skip to questions 13			
7) At time of fatality, the decedent was res □Active Injunction(s) □Prev	pondent of: vious Injunction(s) Unknown			
8) Number of previous injunctions:	Month/Year issued:			
9)Previous injunctions on decedent: None By perpetrator	Other (specify):	□Unknown		
10) Other injunction information: (check all □Injunction served on decedent □Current injunction violated by de □Unknown	□Previous injunction \	violated by decedent etrator to withdraw or remove	the injunction	
11) Conditions of injunction: □Standard conditions □Special conditions (specify) □Unknown		-		
12) Had decedent returned to previous rela □Yes □No	ationship with perpetrator while act	ive injunction on file:		

DECEDENT INFORMATION						
13) Sex: □Male □Female 14	4) DOB:	(MMD	DYYYY)	15) Age	e:Years	
16) Current Marital Status: □N/A, decedent underage □Married to perpetrator □Separated from perpetrator □Divorced from perpetrator	r □Separa	married d to Other ated from other ed from other		□Widov	wed	
17)Race: □White □Black □Unknown □Other (si		n or Alaskan Native	□As	ian or Pac	cific Islander	
DOTINIOWIT DOTTIER (S	pecify):					
18)Ethnicity: □Hispanic (Country)	□Non-Hi	ispanic	□Unknown	
19) Religious Affiliation: (specify)				None	□Unknown	
20) Education: □Decedent is a minor □Some College □Vocational/Job Training	□Elementary □Completed Colleg □Other: (specify)_	□High ge □Grad	School/GED uate School		□Unknown	
21) Occupation skill level: □Decedent is a minor □Technician □Other: (specify)	□Professional □Military	□Clerical □Skilled W □Unknowr	Vorker	□Lab □Hor	orer nemaker	
22) Employment: □Decedent is a minor □Retired	□Employed □Unknown	□Unemploy	/ed			
23) Criminal History: If criminal history, please specify: Non-violent crime arrest (s) # with guilty conviction # without conviction # with conviction with/held # without disposition Unknown	□Domestic Violence	e crime arrest(s) nviction etion n with/held	□# w □# w □# w	with guilty of the control of the co	ne arrest(s) conviction nviction tion with/held cosition	_
24) Documented police response(s) to	residence:		Yes □	No U	Jnknown	
25) Decedent victim of other offense(s): (specify)					
26) Previous incidents of domestic viol	ence with different partne	er(s):				
27) History of domestic violence known	n to other(s):					
RELATIONSHIP ISSUES 28) Relationship of decedent to perpet	rator					Jan E
□Spouse □I □Parent □: □Child □:	Ex-spouse Step-parent Step-child Ex-airlfriend	□Brother/Sister □Co-habitant □Child of girlfriend □Boyfriend	□ Chil	aw co-habitar d of boyfr coyfriend		
29) Reported prior threats made to dec	edent by perpetrator: (ch	eck all that apply)				
Threat to kill decedent Threat to kill children or family Threat to commit suicide Threat to harm animals/pets Other (specify)	member					

30) Circumstances that apply to decedent's and perpetrator's relation. They lived together at some point. They lived together at the time of the fatality.	nship:	Yes	No I	Ur	nknown			
There were intimate prior to the fatality There were intimate prior to the fatality								
They had a child(ren) in common								
They had child(ren) in household, but not in common They always maintained separate dwellings								
They had previous reported incidents of domestic violence								
They had a significant change in relationship								
CONTRIBUTING FACTORS TO INCIDENT								
Please prioritize all factors in which an indication of <u>yes</u> is reflected	for the cate	gory of c	ontribu	ted to fa	tality	Fach f	actor sh	ould be
given a numerical rating with the rating of one being the major contr	ibuting facto	or: the ar	eater the	e numer	ical ratir	g the	less the	factor
contributed to the fatality. Do not assign the same priority to diffe	rent factor	S.						
					Contri	buted to	o Fatal-	
	000000000000000000000000000000000000000					ity		
Relationship Factors:	N/A Not Intimate	Yes	No	Unk	Yes	No	Unk	Priority
31a) Signs of recent sexual intercourse with decedent by perpetrator:								
31b) Signs of recent sexual intercourse with decedent by other party:								
32) Decedent and perpetrator in process of separation at time of fatality:								
33a) Decedent and perpetrator had separated, within a week of the fatality:								
33b) Decedent and perpetrator had separated, prior to the fatality:								
34a) Decedent served with divorce papers, within a week of the fatality:								
34b) Decedent served with divorce papers, prior to the fatality:								
35a) Decedent and perpetrator had divorce finalized, within a week of the fatality:								
35b) Decedent and perpetrator had divorce finalized, prior to the fatality:								
36a) Decedent pregnant at time of fatality (perpetrator the father):								
36b) Decedent pregnant at time of fatality (other party the father):								
36c) Decedent pregnant at time of fatality (unknown father):								
37a) Decedent had started a new relationship, within a week of the fatality:								
37b) Decedent had started a new relationship, prior to the fatality:								
Criminal Justice Interaction Factors								
38a) Decedent filed an injunction on the perpetrator, within a week of the faity:	atal-							
38b) Decedent filed an injunction on the perpetrator, prior to the fatality:								
39a) Decedent abused drugs, within a week of the fatality:								
39b) Decedent abused drugs, prior to the fatality:								
40a) Decedent abused alcohol, within a week of the fatality:								
40b) Decedent abused alcohol, prior to the fatality:								

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 Deced	dent:							
47b) Immigration Status was in question pertaining to the Perpe	trator:							
48) Other factor(s): (specify)								
ESCALATING CIRCUMSTANCES					1000			
If N/A is selected; a brief explanation MUST be provided.								
	T							7
Did the Decedent	Yes	No	Unk	N/A		S	ource	
49) Express fear of physical danger to themselves and/or								7
50) Express fear of losing custody of children:								-

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:					

Domestic Violence Services 32) Domestic Violence counseling services: 33) Domestic Violence center: 34) Religious community/church: 35) Children services: 36) Supervised visitation center: 37) Other (specify) Criminal Justice/Legal Assistance 38) Law Enforcement: 39) Legal assistance/attorney: 40) State Attorney/Prosecutor: 41) Court/Judges: 42) Family court: 43) Probation/Parole: 44) Other: 44) Other: 45 Ambulance service: 77 Emergency room: 88) Physician: 99 Mental health clinic: 90 Mental health program: 11) Other: 45 Children Services 22) Dept Children & Family Involvement:		Re	quested		Received		
Domestic Violence Services 62) Domestic Violence counseling services: 83) Domestic Violence center: 84) Religious community/church: 85) Children services: 86) Supervised visitation center: 87) Other (specify) Criminal Justice/Legal Assistance 88) Law Enforcement: 89) Legal assistance/attorney: 70) State Attorney/Prosecutor: 71) Court/Judges: 72) Family court: 73) Probation/Parole: 74) Other: 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 88) Physician: 99) Mental health clinic: 10) Mental health program: 11) Other: Children Services 22) Dept.Children & Family involvement:		Yes	No	Unk	Yes	No	Unk
63) Domestic Violence center: 64) Religious community/church: 65) Children services: 66) Supervised visitation center: 67) Other (specify) Criminal Justice/Legal Assistance 68) Law Enforcement: 69) Legal assistance/attorney: 70) State Attorney/Prosecutor: 71) Court/Judges: 72) Family court: 73) Probation/Parole: 74) Other: 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 79) Mental health program: 79) Mental health program: 79) Other: 71) Other: 71) Other: 72) Dept.Children & Family involvement:	Domestic Violence Services						
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Criminal Justice/Legal Assistance 68) Law Enforcement: 69) Legal assistance/attorney: 70) State Attorney/Prosecutor: 71) Court/Judges: 72) Family court: 73) Probation/Parole: 74) Other: Health Care Provider 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 80) Mental health program: 81) Other: Children Services 82) Dept.Children & Family involvement:	65) Children services:						
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68) Law Enforcement: 69) Legal assistance/attorney: 70) State Attorney/Prosecutor: 71) Court/Judges: 72) Family court: 73) Probation/Parole: 74) Other: 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 80) Mental health program: 81) Other: Children Services 82) Dept.Children & Family involvement:	67) Other (specify)						
68) Law Enforcement: 69) Legal assistance/attorney: 70) State Attorney/Prosecutor: 71) Court/Judges: 72) Family court: 73) Probation/Parole: 74) Other: 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 80) Mental health program: 81) Other: Children Services 82) Dept.Children & Family involvement:	Criminal Justice/Legal Assistance						
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71) Court/Judges: 72) Family court: 73) Probation/Parole: 74) Other:	69) Legal assistance/attorney:						
72) Family court: 73) Probation/Parole: 74) Other:	70) State Attorney/Prosecutor:						
73) Probation/Parole: 74) Other:	71) Court/Judges:						
Health Care Provider 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 30) Mental health program: 31) Other:	72) Family court:						
Health Care Provider 75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 80) Mental health program: 81) Other: Children Services 82) Dept.Children & Family involvement:	73) Probation/Parole:						-
75) EMT/Paramedics: 76) Ambulance service: 77) Emergency room: 78) Physician: 79) Mental health clinic: 80) Mental health program: 81) Other: Children Services 82) Dept.Children & Family involvement:	74) Other:						
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78) Physician: 79) Mental health clinic: 30) Mental health program: 31) Other: Children Services 32) Dept.Children & Family involvement:	76) Ambulance service:		+				
79) Mental health clinic: 80) Mental health program: 81) Other:	77) Emergency room:		+				
80) Mental health program: 81) Other: Children Services 32) Dept.Children & Family involvement:	78) Physician:					-	
S1) Other: Children Services S2) Dept.Children & Family involvement:	79) Mental health clinic:				-	-	
Children Services 32) Dept.Children & Family involvement:	80) Mental health program:					_	_
Children Services 32) Dept.Children & Family involvement:	81) Other:		+-+			-	_
82) Dept.Children & Family involvement: 83) School involvement:							
34) Other:	34) Other:		-				

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

					Received		
		Requeste	eu l		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:							
93) Provide the number of times Batterer's Intervention Program 94) Provide the number of times Substance Abuse Program was							
LETHALITY INDICATORS							
This section should reflect if the decedent and/or perpetra ship, prior to the fatality.	ator displayed ar	ny of the	followin	g factor	s during	the rela	
95) Emotional/Mental Deterioration							
□Suicidal □Loss of day to day function	□Homici		niatria august	blassa			
□Poor compliance with taking medication	□History □Depres		natric pro	biems			
□Economic loss	□Loss of		upport				
96) Ownership/Centrality of Decedent to Perpetrator							
Obsessiveness about partner or family	□Extrem	e iealous	SV				
□Access to victim and/or family members	□Rage a	nd/or de	pression				
□Perceived betrayal	□Perceiv	ed rejec	tion after	attempt	to reconc	ile	
7) Antisocial Behavior							
☐ History of domestic violence ☐ History of criminal activity	☐History of assaults on others ☐History of stalking						
☐History of cuminal activity	□Posses	of stalkii	ng				
☐History of abusing children (physically and/or sexually	y) □History	of childh	nood abus	se or witr	nessing vi	iolence	
8) Failure of Community Control					9		
□Violation(s) of restraining order	□Violation(s) of probation □Failure to complete Batterer's Intervention Program						
□Arrest(s) for domestic violence						ram	
□Failure to complete Substance Abuse Treatment	□Failure to co	mplete A	nger Mai	nagemer	t Program	n	
9) Severity of Violence					-0.50		
□Used a weapon	□Death t	hreat					
□Unwanted sexual contact	□Strangu						
☐Hurt pet ☐Sadistic/Threatening act	□Severe						
Libadistic/ i freatening act	□Expres	sed cond	cerns that	she/he	would be	killed	

MULTIPLE VICTIM FORM (BY-STANDER)

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						
EVENT INFORMATION						
1) Event Type(s): □Intimate Partner	□Ex-Intimate Partner □Killing of Children by Pare □Fratricide and/orSororicide	□Familicide ents □Suicide Pact de □Perpetrator Kills Batte	□Parricide			
2) Provide the injury that caused th	ne actual death, greatest traur	ma or most severe damage:				
3) Death certified by: ☐Medical Examiner	□Medical Doctor	□Other (specify):				
4) Check the weapon type used to used to carry out the death of the carry out the death of the carry out the carry out the death of the carry out the carry	decedent). □Rifle	□Shotgun □Shrument □Fire/Incendia				
5) Injuries sustained during fatality: □Blunt trauma □Strangulation □Other (specify):	□Stab/Puncture wounds □Poison	□Gunshot wounds □Burns				
DECEDENT INFORMATION						
6) Sex: Male Female	7) DOB:	(MMDDYYYY)	8) Age:Years			
9)Race: Unknown Black	□American Indian	or Alaskan Native □Asia	n or Pacific Islander			
10)Ethnicity:			□Unknown			
11) Decedent activity prior to fatality ☐In transit to work ☐School activity ☐Other (specify):	y: □At work □Activity related to child car	□In transit to home rd □Household activities	□Leisure activity □Asleep			
13) Relationship of decedent to per Spouse Step-parent Step-parent Step-called	ouse Brother/Sparent DCo-habit Child DChild DChild	tant DEx-co-habitant girlfriend DChild of boyfrie				