

CUYAHOGA COUNTY DOMESTIC VIOLENCE HOMICIDE TASK FORCE

Data Collection Tool

1. Victim Demographic Information/History

Name: Last _____ First _____ MI _____

Date of Birth: _____ Date of Death: _____

City of Residence: _____ Zip Code: _____

Gender: Female Male

Race/Ethnicity: Afro-American Asian Caucasian
 Hispanic/Latino Native American Pacific Islander
 Other _____

Place of Residence: Own house Apartment Shelter Family's House
 Friend's House Other (specify) _____

Education Completed: less than high school high school diploma/GED
 college/technical school college graduate
 post graduate unknown

Marital Status: Single Married Separated Divorced Widowed Unknown

Pregnant at Time of Death: Yes No

Employment Status: Employed Unemployed Unemployment Benefits
 Public Assistance Disability

Active in a Faith or Community-Based Organization: Yes No Unknown

Life Issues for Victim (check all that apply):

<input type="checkbox"/> Alcohol/Drug: Drug of History _____	<input type="checkbox"/> Mental Illness: Diagnosis _____
<input type="checkbox"/> History/Treatment for Suicidal Ideation/Attempts	<input type="checkbox"/> History of Previous DV
<input type="checkbox"/> History of Physical Abuse/Neglect	<input type="checkbox"/> History of Sexual Abuse
<input type="checkbox"/> History of DCFS Reports against Victim	<input type="checkbox"/> History of DCFS Reports against Perpetrator
<input type="checkbox"/> History of APS Reports against Victim	<input type="checkbox"/> History of APS Reports against Perpetrator
<input type="checkbox"/> History of Financial Problems	<input type="checkbox"/> Hospitalization 6 months prior to homicide
<input type="checkbox"/> Disability (specify) _____	

1. Victim Demographic Information/History (Continued)

Number of hospitalizations/MD visits/ER visits 6 months prior to the homicide _____

Criminal History: Yes No

If yes, provide the following information for each offense:
(Category: 1 = DV; 2 = Other Violent Crime; 3 = Drug Offense; 4 = Property Destruction;
5 = Other Property Crime; 6 = Other Minor Offense)

Date	Arrest	Charges Filed	Conviction	Category
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Perpetrator Demographic Information/History

Name: Last _____ First _____ MI _____

Date of Birth: _____ Date of Death: _____

City of Residence: _____ Zip Code: _____

Gender: Female Male

Race/Ethnicity: Afro-American Asian Caucasian
 Hispanic/Latino Native American Pacific Islander
 Other _____

Place of Residence: Own house Apartment Shelter Family's House
 Friend's House Other (specify) _____

Education Completed: less than high school high school diploma/GED
 college/technical school college graduate
 post graduate unknown

Marital Status: Single Married Separated Divorced Widowed

Perpetrator Demographic Information/History (Continued)

Pregnant at Time of Death: Yes No Unknown

Employment Status: Employed Unemployed Unemployment Benefits
 Public Assistance Disability

Active in a Faith or Community-Based Organization: Yes No Unknown

Life Issues for Perpetrator (check all that apply):

- Alcohol/Drug: Drug of History _____ Mental Illness: Diagnosis _____
- History/Treatment for Suicidal Ideation/Attempts _____ History of Previous DV _____
- History of Physical Abuse/Neglect _____ History of Sexual Abuse _____
- History of DCFS Reports against Victim _____ History of DCFS Reports against Perpetrator _____
- History of APS Reports against Victim _____ History of APS Reports against Perpetrator _____
- History of Financial Problems _____ Hospitalization 6 months prior to homicide _____
- Disability (specify) _____

Number of hospitalizations/MD visits/ER visits 6 months prior to the homicide _____

Criminal History: Yes No

If yes, provide the following information for each offense:

(Category: 1 = DV; 2 = Other Violent Crime; 3 = Drug Offense; 4 = Property Destruction;
5 = Other Property Crime; 6 = Other Minor Offense)

Date	Arrest	Charges Filed	Conviction	Category
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Nature Of The Relationship

Victim's Relationship to Perpetrator: Spouse Ex-Spouse
 Intimate Partners Ex-Intimate Partners
 Former Co-habitant Children in Common
 Parent Child
 Relative Acquaintance
 No relationship

Habitation Status: Living together at the time of the homicide
 Separated with divorce pending
 Separated with divorce final
 Previously living together
 Never lived together

Was Victim Leaving or Attempting to Leave the Relationship: Yes No

4. Homicide Information

City Where Homicide Occurred: _____

Law Enforcement Agency _____ If Cleveland, CPD District _____

Site of Homicide: Shared Residence Victim's Residence
 Perpetrator's Residence Relative's Residence
 Friend's Residence Shelter
 Victim's Workplace Street
 Other (specify) _____

Date of Homicide: _____

Day of Week of Homicide: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Time of Homicide: _____ AM/PM

Day of Death: _____ Time of Death _____AM/PM

Cause of Death: Gunshot(s) Laceration/slashes/gashes
 Stab/incised wounds Burns
 Broken Bones/cartilage Smoke inhalation
 Cuts/abrasions Bruises/contusions/hematomas
 Strangulation Other _____

Victim Toxicology Findings (check all that apply):
 None; Alcohol; Illicit drugs (specify) _____
 Prescription drugs (specify) _____

Perpetrator Toxicology Findings (check all that apply):
 Unknown; None; Alcohol; Illicit drugs (specify) _____
 Prescription drugs (specify) _____

DV Incident Initiated By: Victim Perpetrator Mutual Other _____

Homicide Incident Initiated By: Victim Perpetrator Mutual Other _____

Weapon/Method Used: Handgun Shotgun Rifle Knife
 Blunt Object Drowning Hanging
 Other (specify) _____

Homicide Information (Continued)

Sexual Assault Evaluation Conducted: ___ Yes ___ No; If yes: Findings ___ Yes ___ No

Was Victim Pregnant at the Time of Death: ___ Yes ___ No

Injuries Suffered by Victim (check all that apply):

Was another party other than the victim/perpetrator injured: ___ Yes ___ No

Murder-Suicide: ___ Yes ___ No

Murder-Attempted Suicide: ___ Yes ___ No

Others Injured: ___ Yes (specify)_____ ___ No

Law Enforcement Agency: _____

5. Intimate Partner Violence

Documented Prior Domestic Violence between Victim and Perpetrator: ___ Yes ___ No

Prior DV Reports between Victim and Perpetrator:

Number of Reports: _____

Dates: ___/___/___; ___/___/___; ___/___/___;
___/___/___; ___/___/___; ___/___/___;

Other Documented Domestic Violence Incidents Involving the Victim: ___ Yes ___ No

Other DV Reports involving the Victim:

Number of Reports: _____

Dates: ___/___/___; ___/___/___; ___/___/___;
___/___/___; ___/___/___; ___/___/___;

5. Intimate Partner Violence (cont)

Other Documented Domestic Violence Incidents Involving the Perpetrator: ___ Yes ___ No

Other DV Reports involving the Perpetrator:

Number of Reports: _____

Dates: ___/___/___; ___/___/___; ___/___/___;
___/___/___; ___/___/___; ___/___/___;

6. Presence Of Children

Were Minor Children Present at the Homicide: ___ Yes ___ No

If Yes specify:

Age Relationship to Victim/Perpetrator
____ Biological child of ___ Victim ___ Perpetrator
 Relative of ___Victim ___ Perpetrator
 Friend of ___ Victim ___ Perpetrator
 ___ Other, specify _____

Age Relationship to Victim/Perpetrator
____ Biological child of ___ Victim ___ Perpetrator
 Relative of ___Victim ___ Perpetrator
 Friend of ___ Victim ___ Perpetrator
 ___ Other, specify _____

Age Relationship to Victim/Perpetrator
____ Biological child of ___ Victim ___ Perpetrator
 Relative of ___Victim ___ Perpetrator
 Friend of ___ Victim ___ Perpetrator
 ___ Other, specify _____

Age Relationship to Victim/Perpetrator
____ Biological child of ___ Victim ___ Perpetrator
 Relative of ___Victim ___ Perpetrator
 Friend of ___ Victim ___ Perpetrator
 ___ Other, specify _____

6. Presence Of Children (cont)

Homicide Occurred During the Exchange of Children: ___ Yes ___ No

Homicide Occurred During Court-Ordered Visitation: ___ Yes ___ No

Custody of Children Following Homicide (check all that apply):

- Children's Protective Services
- Relative of Victim
- Relative of Perpetrator
- Other (specify) _____

7. Resource Utilization By Victim

Domestic Violence Services Sought by Victim Due to DV (check all that apply):

- Homeless Shelter
- DV Shelter
- Legal
- Counseling
- Law Enforcement
- Crime Victim's Compensation
- Court Advocate
- Information and Referral
- Court Accompaniment
- EMS
- Batterer's Intervention
- Other (specify) _____

Status of DV Service(s) at Time of Homicide:

- Intake
- Receiving Services
- Refused Services
- No Follow Through/Compliance

DV-Related Referrals:

<u>System/Service</u>	<u>Outcome</u>
_____	_____
_____	_____
_____	_____
_____	_____

Other Systems Involved with the Victim Prior to the Homicide (check all that apply):

- Law Enforcement
- Criminal Court
- Corrections
- Domestic Relations Court
- DCFS
- Probation/Parole
- Adult Protective Services
- Mental Health
- Health Care Contacts
- Juvenile Court
- Other Social Services (specify) _____

8. Resource Utilization By Perpetrator

Domestic Violence Services Sought by Perpetrator Due to DV (check all that apply):

- Homeless Shelter DV Shelter
- Legal Counseling
- Law Enforcement Crime Victim's Compensation
- Court Advocate Information and Referral
- Court Accompaniment EMS
- Batterer's Intervention Other (specify) _____

Status of DV Service(s) at Time of Homicide:

- Intake Receiving Services Refused Services
- No Follow Through/Compliance

DV-Related Referrals:

<u>System/Service</u>	<u>Outcome</u>
_____	_____
_____	_____
_____	_____
_____	_____

Other Systems Involved with the Perpetrator Prior to the Homicide (check all that apply):

- Outstanding Warrants Law Enforcement
- Criminal Justice Divorce/Pending Divorce
- Child Protective Services Child Custody
- Adult Protective Services Probation/Parole
- Hospital Contacts
- Other Social Services (specify) _____

9. Protective Orders

Order of Protection against Perpetrator at the Time of Homicide: Yes No

Order of Protection against Victim at the Time of Homicide: Yes No

Any Pending Order of Protection against Perpetrator at Time of Homicide: Yes No

Any Pending Order of Protection against Victim at Time of Homicide: Yes No

Prior Order of Protection against Perpetrator: Yes No

Prior Order of Protection against Victim: Yes No

