

Domestic Violence Fatality Review Panel
Data Sheet for Annual Report
Case Number _____

CASE CHARACTERISTICS

Cause of death: ___ shot, ___ blunt violence, ___ arson, ___ stabbed, ___ strangled,
___ other (Please specify: _____)

Was homicide accompanied by perpetrator's suicide? ___ yes ___ no ___ attempted

Did case involve reported (or allegations of) substance use at the time of the incident?
___ yes ___ no

Did the primary domestic violence aggressor die or was he/she injured? ___ was killed,
___ killed him/herself ___ wounded ___ other

Was another party outside the homicide dyad also injured? ___ yes ___ no
Explain: _____

How would homicide be described?

- ___ Homicide only where perpetrator of dv kills victim?
- ___ Homicide only where victim of dv kills perpetrator?
- ___ Homicide only where victim of dv is killed by a third party?
- ___ Homicide only where victim of dv kills third party or parties?
- ___ Homicide only where perpetrator of dv is killed by a third party?
- ___ Homicide only where perpetrator of dv kills third party or parties?
- ___ Murder-suicide by perpetrator where victim is killed?
- ___ Murder-suicide by perpetrator where third party or parties are killed?
- ___ Murder-suicide by victim where perpetrator is killed
- ___ Murder-suicide by victim where third party or parties is killed?
- ___ Other: _____

Were there animals in the home? ___ Yes ___ No

Were any of the animals abused? ___ Yes ___ No Describe:

Have there been any charges of animal abuse? ___ Yes ___ No Describe:

DEMOGRAPHICS

Homicide occurred where?

1. ___ Knoxville ___ Knox County
2. ___ Home of victim ___ Home of suspect ___ Shared home
___ Outside ___ Public Building ___ other (Please specify: _____)

Were all parties involved within the same racial/ethnic group? ___ Yes ___ No

Relationship between parties: _____

If intimate partner, was relationship intact or separated? Intact Separated

Was relationship between individuals of opposite sex or same sex?

Opposite Same

Which category would the relationship fit into?

Adults or minors who were current or former spouses?

Adults or minors who lived together or who had lived together?

Adults or minors who were dating or who had dated?

Adults or minors who had a sexual relationship?

Adults or minors related by blood or adoption?

Adults or minors who were related by marriage or were formerly related by marriage?

Adult or minor children or a person in a relationship that is described above?

Other (Please specify: _____)

Were children affected by homicide? Yes No

Relationship to victim/suspect/other: _____

How were the children impacted? Relocated/Emotionally/etc.: _____

VICTIM PROFILE

Male or Female:

Race/Ethnicity:

Age:

Mental Illness? If yes, please specify:

Criminal History?

Prior incarceration record?

Order of Protection History?

Previous alleged or reported domestic violence incidents?

Were they normally the primary aggressor or the victim?

On public assistance at time of homicide?

History of public assistance?

Reported substance abuse history?

Tested positive for alcohol or other drugs on autopsy?

Ever attempted suicide?

Ever threatened suicide?

PERPETRATOR PROFILE

Male or Female:

Race/Ethnicity:

Age:

Mental Illness? If yes, please specify:

Criminal History?

Prior incarceration record?

Order of Protection History?

Previous alleged or reported domestic violence incidents?
Were they normally the primary aggressor or the victim?
On public assistance at time of homicide?
History of public assistance?
Reported substance abuse history?
Tested positive for alcohol or other drugs on autopsy?
Ever attempted suicide?
Ever threatened suicide?
Charged with:
Disposition of court case:
Sentence:

CHILDREN and/or WITNESSES

Relationship to victim or suspect:
Male or Female:
Race/Ethnicity:
Age:
Any pertinent information:

SYSTEMS INVOLVED

Outstanding Warrants on either party:
Previous law enforcement involvement:
Previously Jailed:
Prior calls to address:
Pending Divorce:
Divorced:
Child Custody Cases
Women Shelter Stays
Homeless Shelter Stays
Social Service Contacts
Prior Hospital Contacts
Mental Health Diagnosis
Batterer's Treatment Groups
Divorce Classes/Parenting Classes
D.A.
Private Counsel
Legal Aide
Probation/Parole
Public Defender
Animal Control
Other interventions:

RECOMMENDATIONS: