Bowie County Domestic Violence Adult Fatality Review

Date Case Reviewed: _____/_____/_____

CASE INFORMATION

Death Certificate # __________________________
Medical Examiner # __________________________
Police Report # __________________________
Police Agency: __________________________

Agencies Providing Information on Case:
[ ] Police [ ] District Attorney’s Office
[ ] Hospital [ ] Shelter
[ ] Social Worker [ ] Adult Protective Services
[ ] Child Protective Services [ ] Courts
[ ] Probation [ ] Parole
[ ] Other __________________________

INCIDENT INFORMATION

Number of Deaths Related to Incident ________________

Manner of Death: [ ] Homicide [ ] Suicide [ ] Undetermined
Cause of Death _______________________________________

Murder-Suicide [ ] Yes [ ] No

Date of Death: _____/_____/_____
Time of Injury: ________________ [ ] AM [ ] PM
Date of Injury: _____/_____/_____

Incident City __________________________
Incident ZIP Code __________________________

Place of Injury:
[ ] House/Apartment [ ] Street/Road/Alley/Sidewalk [ ] Highway/Freeway
[ ] Motor Vehicle [ ] Bar/Night Club [ ] Service Station
[ ] Bank [ ] Liquor Store [ ] Office Building
[ ] Parking Area [ ] Industrial/Construction Area [ ] School
[ ] Public Bus [ ] Church [ ] Hospital
[ ] Incarcerated Setting [ ] Farm [ ] Park
Incident Occurred at a Workplace?  [ ] Yes  [ ] No  [ ] Unknown

Weapon Type
[ ] Handgun  [ ] Long Gun  [ ] Sharp Instrument  [ ] Non-Powder Gun
[ ] Blunt Instrument  [ ] Poisoning  [ ] Hanging/Strangulation/Suffocation
[ ] Fall (Pushed)  [ ] Explosive Device  [ ] Personal Weapons (Hands/Fist/Feet)
[ ] Drowning  [ ] Fire/Burn  [ ] Motor Vehicle  [ ] Unknown
[ ] Other: __________________________________________________________

Case Narrative:
____________________________________________________________________
____________________________________________________________________

Victim Information

First Name: ___________________________  Last Name: ___________________________
Date of Birth: _____/_____/_____  Age: __________ Date of Death: _____/_____/_____
County of Residence: _______________________  Residence Zip Code: __________

Gender [ ] Male  [ ] Female
Race [ ] Caucasian  [ ] African-American  [ ] Asian or Pacific Islander  [ ] American Indian
[ ] Alaskan Native  [ ] Other

Ethnicity  [ ] Hispanic/Latino  [ ] Non Hispanic/Latino

Marital Status  [ ] Married  [ ] Divorced  [ ] Never Married  [ ] Widowed  [ ] Unknown

Employment  [ ] Employed  [ ] Unemployed  [ ] Homemaker  [ ] Retired  [ ] Disabled  [ ] Unknown

Education
[ ] 8th Grade or Less
[ ] 9th – 12th Grade (No Diploma)
[ ] High School Graduate
[ ] GED
[ ] Some College (No Degree)
[ ] Associates Degree
[ ] Bachelors Degree
[ ] Masters Degree
[ ] Doctorate or Professional Degree
[ ] Unknown
Pregnant
[ ] Not Pregnant Within Last Year
[ ] Pregnant at Time of Death
[ ] Not Pregnant, but pregnant within 42 days of death
[ ] Not Pregnant, but pregnant 43 days to 1 year before death
[ ] Not Pregnant; not otherwise stated
[ ] Not Applicable (Male Victim)
[ ] Unknown

History of Diagnosed Mental Disorder
[ ] No
[ ] Yes  Diagnosis if yes: ____________________________________________
[ ] Unknown

In Mental Health Treatment at Time of Death
[ ] No
[ ] Yes  Diagnosis if yes: ____________________________________________
[ ] Unknown

Received Mental Health Treatment in Past?
[ ] No
[ ] Yes
[ ] Unknown

Acute or Chronic Physical Illness at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ____________________________________________
[ ] Unknown

Physical Disability at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ____________________________________________
[ ] Unknown

Developmental Disability at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ____________________________________________
[ ] Unknown

Sensory Disability
[ ] No
[ ] Yes  Diagnosis if yes: ____________________________________________
[ ] Unknown
History of Child Abuse or Neglect (Documented)
[ ] No
[ ] Yes
[ ] Unknown

History of Child Sexual Abuse (Documented)
[ ] No
[ ] Yes
[ ] Unknown

Alcohol Abuse/Dependence
[ ] No
[ ] Yes
[ ] Unknown

Under Influence of Alcohol at Time of Incident
[ ] No
[ ] Yes
[ ] Unknown

Drug Abuse/Dependence
[ ] No
[ ] Yes, Illicit Drugs
[ ] Yes, Prescription Drugs
[ ] Unknown

Under the Influence of Drugs at Time of Incident
[ ] No
[ ] Yes
[ ] Unknown

Sexual Assault Analysis Conducted
[ ] No
[ ] Yes   If yes [ ] positive or [ ] negative
[ ] Unknown

Had Prior Arrests
[ ] No
[ ] Yes
[ ] Unknown

Type of Arrests
[ ] Homicide
[ ] Alcohol Related Offenses
[ ] Weapons Offense
[ ] Assault Offense
[ ] Property Offenses
[ ] Offenses Against Family or Children
[ ] Restraining Order Violations
[ ] Drug Abuse Violations
[ ] Other (Specify) _________________________________
[ ] Other (Unspecified) _______________________________

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Had Prior Arrest for Violence against an Intimate Partner
[ ] No
[ ] Yes
[ ] Unknown

Had Prior Conviction(s)
[ ] No
[ ] Yes
[ ] Unknown

Type of Conviction(s)
[ ] Homicide
[ ] Robbery
[ ] Sexual Assault
[ ] Assault Offense
[ ] Property Offense
[ ] Weapons Offense
[ ] Other (Specify)
[ ] Others

On Probation at Time of Incident
[ ] Yes
[ ] No
[ ] Unknown

On Parole at Time of Incident
[ ] Yes
[ ] No
[ ] Unknown

PERPETRATOR INFORMATION

First Name: ___________________________ Last Name: ___________________________
Date of Birth: _____/____/_____ Age: __________
County of Residence: ___________________________ Residence Zip Code: __________

Gender [ ] Male [ ] Female
Race [ ] Caucasian [ ] African-American [ ] Asian or Pacific Islander [ ] American Indian
[ ] Alaskan Native [ ] Other

Ethnicity [ ] Hispanic/Latino [ ] Non Hispanic/Latino

Marital Status [ ] Married [ ] Divorced [ ] Never Married [ ] Widowed [ ] Unknown

Employment [ ] Employed [ ] Unemployed [ ] Homemaker [ ] Retired [ ] Disabled
[ ] Unknown
Education
[ ] 8th Grade or Less
[ ] 9th – 12th Grade (No Diploma)
[ ] High School Graduate
[ ] GED
[ ] Some College (No Degree)
[ ] Associates Degree
[ ] Bachelors Degree
[ ] Masters Degree
[ ] Doctorate or Professional Degree
[ ] Unknown

Attempted Suicide After Injuring Victim?
[ ] No
[ ] Yes
[ ] Unknown

History of Diagnosed Mental Disorder
[ ] No
[ ] Yes  Diagnosis if yes: ________________________________
[ ] Unknown

In Mental Health Treatment at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ________________________________
[ ] Unknown

Received Mental Health Treatment in Past?
[ ] No
[ ] Yes
[ ] Unknown

Acute or Chronic Physical Illness at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ________________________________
[ ] Unknown

Physical Disability at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ________________________________
[ ] Unknown

Developmental Disability at Time of Incident
[ ] No
[ ] Yes  Diagnosis if yes: ________________________________
[ ] Unknown
Sensory Disability
[ ] No
[ ] Yes   Diagnosis if yes: ________________________________________________
[ ] Unknown

History of Child Abuse or Neglect (Documented)
[ ] No
[ ] Yes
[ ] Unknown

History of Child Sexual Abuse (Documented)
[ ] No
[ ] Yes
[ ] Unknown

Alcohol Abuse/Dependence
[ ] No
[ ] Yes
[ ] Unknown

Under Influence of Alcohol at Time of Incident
[ ] No
[ ] Yes
[ ] Unknown

Drug Abuse/Dependence
[ ] No
[ ] Yes, Illicit Drugs
[ ] Yes, Prescription Drugs
[ ] Unknown

Under the Influence of Drugs at Time of Incident
[ ] No
[ ] Yes
[ ] Unknown

Had Prior Arrests
[ ] No
[ ] Yes
[ ] Unknown

Type of Arrests
[ ] Homicide        [ ] Offenses against Family or Children    [ ] Robbery
[ ] Alcohol Related Offenses [ ] Restraining Order Violations [ ] Sexual Assault
[ ] Weapons Offense [ ] Drug Abuse Violations
[ ] Assault Offense [ ] Other (Specify) ____________________________
[ ] Property Offenses [ ] Other (Unspecified) ________________________

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Had Prior Arrest for Violence against an Intimate Partner
[ ] No
[ ] Yes
[ ] Unknown

Had Prior Conviction(s)
[ ] No
[ ] Yes
[ ] Unknown

Type of Conviction(s)
[ ] Homicide
[ ] Offenses against Family or Children
[ ] Robbery
[ ] Alcohol Related Offenses
[ ] Sexual Assault
[ ] Restraining Order Violation
[ ] Assault Offense
[ ] Other (Specify) __________________________
[ ] Property Offense
[ ] Other Unspecified
[ ] Weapons Offense
[ ] Substance Abuse Violation
[ ] Unknown

On Probation at Time of Incident
[ ] Yes
[ ] No
[ ] Unknown

On Parole at Time of Incident
[ ] Yes
[ ] No
[ ] Unknown

VICTIM/PERPETRATOR RELATIONSHIP

Cohabitating at Time of Incident
[ ] No
[ ] Yes
[ ] Unknown

Length of Relationship: Years _____ Months _____ Days _____ Hours _____ [ ] Unknown

Victim’s Relationship to Perpetrator at Time of Homicide
[ ] Spouse or Common Law
[ ] Ex-Spouse or Ex-Common Law
[ ] Separated Spouse of Common Law
[ ] Girlfriend/Boyfriend
[ ] Ex-Girlfriend/Boyfriend
[ ] Date
[ ] Former Date
[ ] Other (Specify) __________________________
Victim and Perpetrator Breakup or Breakup in Progress
[ ] No Indication of a Breakup
[ ] No, but a Breakup Was Threatened by the Perpetrator or Victim and Didn’t Occur
[ ] Yes, a Breakup Occurred Immediately Proceeding of During Incident
[ ] Yes, a Breakup Occurred at Some Point Prior to Incident
[ ] Unknown

Same Gender Relationship
[ ] No
[ ] Yes
[ ] Unknown

CHILDREN

Victim and Perpetrator Have Children Together
[ ] No
[ ] Yes If Yes, How Many Under the Age of 18? ________________
[ ] Unknown

<table>
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<th>Child #1</th>
<th>Child #2</th>
<th>Child #3</th>
<th>Child #4</th>
<th>Child #5</th>
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<tbody>
<tr>
<td>Child’s Age:</td>
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<tr>
<td>Living in Household? (Y/N/UNK)</td>
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<td>Biological Child of Victim? (Y/N/UNK)</td>
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<tr>
<td>Biological Child if Perpetrator? (Y/N/UNK)</td>
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<tr>
<td>Present at Homicide? (Y/N/UNK)</td>
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<tr>
<td>Witnessed Homicide? (Y/N/UNK)</td>
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<tr>
<td>Child Found Homicide Victim? (Y/N/UNK)</td>
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</tbody>
</table>

Homicide Occurred During Exchange of Children?
[ ] No
[ ] Yes
[ ] Unknown

Homicide Occurred During Court Ordered Visitation?
[ ] No
[ ] Yes
[ ] Unknown
PROTECTIVE ORDER

Restraining Order between Victim and Perpetrator Ever
[ ] No
[ ] Yes
[ ] Unknown

Restraining Order between Victim and Perpetrator at Time of Incident
[ ] No
[ ] Yes
[ ] Unknown

Type of Restraining Order
[ ] Emergency
[ ] Temporary
[ ] Permanent
[ ] No Restraining Order
[ ] Unknown

Restraining Order Issue Date (MM/DD/YYYY) ________________________________

Restraining Order Served
[ ] No
[ ] Yes
[ ] No restraining Order
[ ] Unknown

Persons Protected by restraining Order
[ ] Victim
[ ] Perpetrator
[ ] Both
[ ] Other Person
[ ] No Restraining Order
[ ] Unknown

RESOURCE UTILIZATION

Domestic Violence Services Sought by Victim Prior to Incident
[ ] Shelter
[ ] Legal
[ ] Law Enforcement
[ ] Court Advocate
[ ] Court Accompaniment
[ ] Peer Advocate
[ ] Counseling
[ ] Crime Victim’s Compensation
[ ] Information and Referral
[ ] Other (Specify) ________________________________
CONCLUSIONS AND RECOMMENDATIONS

Was Death the Result of Domestic Violence?
[ ] No  
[ ] Yes  
[ ] Unknown  

Did Abuse Contribute to Death?
[ ] No  
[ ] Yes  
[ ] Unknown  

Were Policy or Practice Issues Raised?
[ ] No  
[ ] Yes    If Yes Describe: ____________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
[ ] Unknown  

Were System Issues Raised?
[ ] No  
[ ] Yes    If Yes Describe: ____________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
[ ] Unknown  
