

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:

- | | |
|--|---|
| <input type="checkbox"/> Police | <input type="checkbox"/> District Attorney's Office |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Adult Protective Services |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Courts |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Parole |
| <input type="checkbox"/> 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> House/Apartment | <input type="checkbox"/> Street/Road/Alley/Sidewalk | <input type="checkbox"/> Highway/Freeway |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Bar/Night Club | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Office Building |
| <input type="checkbox"/> Parking Area | <input type="checkbox"/> Industrial/Construction Area | <input type="checkbox"/> School |
| <input type="checkbox"/> Public Bus | <input type="checkbox"/> Church | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Incarcerated Setting | <input type="checkbox"/> Farm | <input type="checkbox"/> Park |

Hotel/Motel Abandoned Building Unknown
 Other Area Not Listed: _____

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) _____
- Robbery
- Sexual Assault

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
- Unknown
- Offenses against Family or Children
- Alcohol Related Offenses
- Restraining Order Violation
- Other (Specify) _____
- Other Unspecified
- Substance Abuse Violation

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
- Alcohol Related Offenses
- Weapons Offense
- Assault Offense
- Property Offenses
- Offenses against Family or Children
- Restraining Order Violations
- Drug Abuse Violations
- Other (Specify) _____
- Other (Unspecified) _____
- Robbery
- Sexual Assault

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- No
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Type of Conviction(s)

- Homicide
- Robbery
- Sexual Assault
- Assault Offense
- Property Offense
- Weapons Offense
- Unknown
- Offenses against Family or Children
- Alcohol Related Offenses
- Restraining Order Violation
- Other (Specify) _____
- Other Unspecified
- Substance Abuse Violation

On Probation at Time of Incident

- Yes
- No
- Unknown

On Parole at Time of Incident

- Yes
- No
- Unknown

VICTIM/PERPETRATOR RELATIONSHIP

Cohabiting 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
- Separated Spouse of Common Law
- Ex-Girlfriend/Boyfriend
- Former Date
- Ex-Spouse or Ex-Common Law
- Girlfriend/Boyfriend
- 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

| | Child #1 | Child #2 | Child #3 | Child #4 | Child #5 |
|---|----------|----------|----------|----------|----------|
| Child's Age: | | | | | |
| Living in Household? (Y/N/UNK) | | | | | |
| Biological Child of Victim? (Y/N/UNK) | | | | | |
| Biological Child if Perpetrator? (Y/N/UNK) | | | | | |
| Present at Homicide? (Y/N/UNK) | | | | | |
| Witnessed Homicide? (Y/N/UNK) | | | | | |
| Child Found Homicide Victim? (Y/N/UNK) | | | | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Peer Advocate |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Crime Victim's Compensation |
| <input type="checkbox"/> Court Advocate | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> 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

