

# Washington State Domestic Violence Fatality Review

Official Records of Death and Cause of Death (to be filled out for each decedent, using additional forms if necessary)

DV Fatality Review Case # \_\_\_\_\_

This form is # \_\_\_\_\_ of \_\_\_\_\_ total related to this case

Decedent is one of \_\_\_\_\_ total homicides and \_\_\_\_\_ suicides

Decedent committed suicide

**Deceased (check one)**

**person(s) who are the direct cause of death**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DV perpetrator<br><input type="checkbox"/> DV victim<br><input type="checkbox"/> children of DV victim<br><input type="checkbox"/> children of DV victim and perpetrator<br><input type="checkbox"/> children of DV perpetrator, but not the DV victim's<br><input type="checkbox"/> other family of DV victim<br>specify:<br><input type="checkbox"/> other family of DV perpetrator<br><input type="checkbox"/> friends of DV victim<br><input type="checkbox"/> new intimate partner of DV victim<br><input type="checkbox"/> advocates/lawyers for DV victim<br><input type="checkbox"/> co workers of DV victim | <input type="checkbox"/> law enforcement officer<br><input type="checkbox"/> bystanders<br><input type="checkbox"/> other (specify): _____<br><input type="checkbox"/> other family of DV victim<br><input type="checkbox"/> other family of DV perpetrator<br><input type="checkbox"/> friends of DV victim<br><input type="checkbox"/> new intimate partner of DV victim<br><input type="checkbox"/> advocates/lawyers for DV victim<br><input type="checkbox"/> co workers of DV victim<br><input type="checkbox"/> law enforcement officer<br><input type="checkbox"/> bystanders<br><input type="checkbox"/> other (specify): _____ | <input type="checkbox"/> DV perpetrator<br><input type="checkbox"/> DV victim<br><input type="checkbox"/> child of DV victim and / or perpetrator<br><input type="checkbox"/> person hired by or acting on behalf of: DV perpetrator<br><input type="checkbox"/> person hired by or acting on behalf of: DV victim<br><input type="checkbox"/> law enforcement<br><input type="checkbox"/> other (specify): _____ |
|---|--|---|

*Relationship of victim of homicide to perpetrator:*

*Autopsy and official record of death*

Was an autopsy performed?  Yes  No  Unknown

if yes, by who?  Medical Examiner  Pathologist contracted by a Coroner  other

Category of death listed on death certificate:

natural  accident  suicide  homicide  undetermined

What is the official cause of death?

Was blood alcohol level determined?

Yes  No  Unknown Results?

Were tests conducted to determine the presence of drugs?

yes  no  unknown Results?

How the death occurred

Agent of injury:

- blunt weapon *specify:*
- motor vehicle
- burns
- hanging
- knife
- specify:*  kitchen  hunting  other
- rifle automatic
- handgun automatic
- fire
- hatchet/ax
- suffocation/strangulation
- poisoning
- striking
- other *specify:*

If homicide:

Did the fatal assault include a sexual assault?  yes  no  unknown

Did the decedent die  in the midst of an attack or  some time later as a result of injuries arising from that attack?

If decedent died sometime later as the result of an attack, what sorts of injuries were sustained?

How much time had passed between the attack and receipt of medical care?

Who provided medical care / first aid after the attack? Check all that apply:

- fire department
- emergency medical technicians
- hospital emergency room
- police

How much time passed between the attack and the death?

Where did the decedent die?  At the scene of the attack  in hospital  in transport to hospital  other (specify)

Did any other medical factors contribute to the fatality?  yes  no  Unknown

if yes, check all that apply:

- infection
- post-surgical
- other medical problems

were these the result of DV?  yes  no  unknown

- congenital medical condition
- cancer
- prior injuries

were these the result of DV?  yes  no  unknown