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)

☐ DV perpetrator
☐ DV victim
☐ children of DV victim
☐ children of DV victim and perpetrator
☐ children of DV perpetrator, but not the DV victim’s
☐ other family of DV victim specify:
☐ other family of DV perpetrator
☐ friends of DV victim
☐ new intimate partner of DV victim
☐ advocates/lawyers for DV victim
☐ co workers of DV victim

person(s) who are the direct cause of death

☐ DV perpetrator
☐ DV victim
☐ child of DV victim and / or perpetrator
☐ person hired by or acting on behalf of: DV perpetrator
☐ person hired by or acting on behalf of: DV victim
☐ law enforcement

☐ 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