Mid-Shore Domestic Violence Supplemental Report

1. Complaint Control No.
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2. Victim's Name (Last, First, Middle):	3. Sex:	4. Race:	5. D.O.B.:	6. Victim/Witness Phamphlet given to victim?: ❑ Yes ❑ No
7. Victim's Address, if staying at a temporay address:				8. Temporary Phone No.:

9. VICTIM		10. SUSPECT	
❑ Afraid	❑ Abrasions	❑ Afraid	❑ Abrasions
❑ Angry	❑ Bruises	❑ Angry	❑ Bruises
❑ Apologetic	❑ Complaint of pain	❑ Apologetic	❑ Complaints of pain
❑ Calm	❑ Concussion	❑ Calm	❑ Concussion
❑ Crying	❑ Fractures	❑ Crying	❑ Fractures
❑ Fearful	❑ Lacerations	❑ Fearful	❑ Lacerations
❑ Hysterical	❑ Nervous	❑ Hysterical	❑ Nervous
❑ Irrational	❑ Other _____	❑ Irrational	❑ Other _____

11. RELATIONSHIP

❑ Cohabitants	❑ Former dating
❑ Dating/Engaged	❑ Former spouse
❑ Emanicpated minor	❑ Parent of child
❑ Former cohabitants	❑ Spouse
Prior history of domestic violence?	❑ Yes ❑ No

Number of prior incidents? _____
If applicable, case #(s) _____
Length of relationship? Year(s) _____ Month(s) _____
Alcohol or drugs a factor? ❑ Yes ❑ No
Victim had: _____ Suspect had: _____

12. MEDICAL TREATMENT

❑ First Aid	Paramedics at scene?	❑ Yes ❑ No	EMS run #: _____
❑ None	Fire Department on scene?	❑ Yes ❑ No	Unit #: _____
❑ Refused	Hospital taken to: _____		
❑ Will Seek Own Dr.	Attending physician: _____		

13. EVIDENCE COLLECTED

Taken from: ❑ Crime Scene ❑ Hospital ❑ 911 Tape ❑ Other _____
Photos taken: ❑ Yes ❑ No Firearm(s) taken: ❑ Yes ❑ No Property #_____ Taken by: _____

14. LETHALITY SCREENING

A. A "Yes" response to any questions #1-3 automatically triggers the protocol referral.

1. Has he/she threatened to kill you or your children?	❑ Yes	❑ No	❑ DNA
2. Has he/she ever used a weapon against you or threatened you with a weapon?	❑ Yes	❑ No	❑ DNA
3. Do you think he/she might try to kill you?	❑ Yes	❑ No	❑ DNA

B. Negative responses to Questions #1-3, but positive responses to Four more of Questions #4-11, triggers the protocol referral.

4. Does he/she have a gun or can they get one easily?	❑ Yes	❑ No	❑ DNA
5. Has he/she ever tried to choke you?	❑ Yes	❑ No	❑ DNA
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	❑ Yes	❑ No	❑ DNA
7. Have you left him/her or separated after living together or being married?	❑ Yes	❑ No	❑ DNA
8. Is he/she unemployed?	❑ Yes	❑ No	❑ DNA
9. Has he/she threatened or tried to kill himself/herself?	❑ Yes	❑ No	❑ DNA
10. Do you have a child that he/she knows is not his/hers?	❑ Yes	❑ No	❑ DNA
11. Does he/she follow or spy on you or leave threatening messages?	❑ Yes	❑ No	❑ DNA

C. Referral - Mid-Shore Council on Family Violence 1-800-927-4673

❑ Is there anything else that worries you about your safety? ❑ Yes ❑ No What worries you? _____

Check one: ❑ Victim screened in according to protocol ❑ Victim screened in based on the belief of the office ❑ Victim did not screen in
If victim screened in: After advising him/her of a high danger assessment, did the victim speak with the hotline counselor? ❑ Yes ❑ No

Revised (12/06)

15. **WITNESSES**

Witnesses / Children present during domestic violence? ❑ Yes ❑ No

Witnesses' Names		**Statement Taken?**
_____	_____	❑ Yes ❑ No
_____	_____	❑ Yes ❑ No
Children's Names	**Age**	
_____	_____	
_____	_____	

16. **COURT ORDERS**

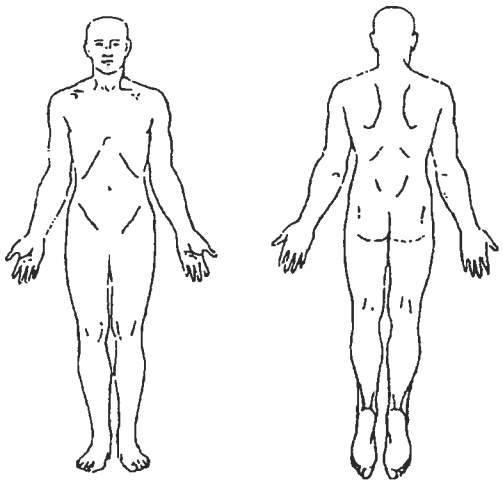
Protective Orders: ❑ Refused ❑ Referred ❑ Issued ❑ Current ❑ Expired Case #: _____

Type: ❑ Interim ❑ Temporary ❑ Final Issuing Court: _____

17. **TO BE COMPLETED BY VICTIM**

Mark and initial in the diagram below the areas where you were struck.

Height _____ Weight _____



I affirm that the information I have given is true and correct. I authorize release of this document to the Mid Shore Countil on Family Violence who may be assisting me with this incident. I also understand that a photographic copy of this authorization shall be valid as the original.

Yo declaro que la información que he dado es verdadera y correcta. Yo autorizo la entrega de esta información al Mid-Shore Council on Family Violence, organización que puede asistirme en esta situación. Yo también entiendo que una fotocopia de esta autorización puede ser valida como si fuera el documento original.

Victims Signature: _____ Date: _____

OFFENDER:

Name: _____

DOB: _____ Sex: _____ Race: _____

18. **REPORTING OFFICER** _____ **ID#:** _____ **DATE:** _____

Officer Comments: _____

19. **CIRCUMSTANCE**

Circumstance is the cause of this domestic incident, e.g., victim argued with drunken spouse over money (Code 10).

Check only one:

Codes:

(01) Alcohol (Only use if argument is over alcohol use.)
(02) Drug (Only use if argument is over drug use.)
(03) Food or cooking
(04) Friends, not romantic or sexual in nature
(05) Gambling
(06) Household chores
(07) Infidelity or claims of unfaithfulness
(08) Job or lack of job
(09) Mental imbalance of either
(10) Money
(11) Offspring
(12) Property
(13) Relatives
(14) Sex
(15) Sports or hobbies
(16) Television
(17) Separation
(18) Divorce
(19) Reconciliation
(20) Staying out late
(99) Other
(00) Unknown

20. **ACTION TAKEN**

❑ Arrest ❑ No Arrest ❑ Referred to Commissioner ❑ No Probable Cause