



Domestic Violence Supplemental Form

Case Number -

SUSPECT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____ Sex: _____ Race: _____

Suspect Booked: Yes No Suspect Cited: Yes No If Yes, Citation #: _____

Suspect Demeanor: Angry Apologetic Calm Controlling Crying Hysterical Other, describe: _____
 Irrational Threatening Upset Violent Distant Nervous

Suspect Injured: Yes No If Yes, describe in narrative _____
 Abrasions Bruises Complaint of Pain Hair Pulled Out Lacerations Minor Cuts

Treatment: None / Refused Bruises At Scene / Who provided on-scene treatment?

Photographs of Suspect Taken?: Yes No Unk Signed Medical Release?: Yes No Refused

Mental Health History: Yes No Unk Suspect Suicidal?: Yes No Unk
If Yes, describe: _____

Suspect Under the Influence of Alcohol/Drugs? Yes No Unk If Yes, what drugs? _____

VICTIM INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____ Sex: _____ Race: _____

Address Verification: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Alternate Contact Name #1: _____ Phone: () _____

Alternate Contact Name #2: _____ Phone: () _____

Victim Demeanor: Apologetic Calm Confused Crying Distraught Hesitant Hysterical Nervous Upset Distant Fearful
 Other, describe _____

Excited Utterances: No Yes, if Yes, document in narrative as accurately as possible, using quotations.

Victim Injured: No Yes, if Yes, describe in narrative and check all injuries that apply: Abrasions Bruises Complaint of Pain Hair Pulled Out
 Lacerations Minor Cuts Other, describe _____

Strangulation Involved: No Yes, Symptoms (check all that apply) Neck Pain Neck Swelling Sore Throat Difficulty Swallowing Raspy Voice
 Red Marks Bruising Ears Ringing Scratches Nausea/Vomiting Fainting Light-Headedness Loss of Bodily Function
 Tiny Red Spots: mouth/eyes/behind ears/on face (Petechia)

Prior Incidents of Strangulation: No Yes, if Yes, describe _____

Treatment: None / Refused At Hospital At Scene / Who provided on-scene treatment? _____

Signed Medical Release? Yes No Refused

Stalking: No Yes - if Yes, document in narrative _____

Victim Under the Influence of Alcohol / Drugs? No Unk Yes, if Yes, what drugs? _____

Is Victim Pregnant? No Unk Yes, if Yes, how many months? _____ Does suspect know victim is pregnant? Yes No Unk

Photographs Taken of Victim: Yes No Physical Evidence Recovered? Yes No

RELATIONSHIP BETWEEN VICTIM AND SUSPECT / PRIOR HISTORY

Relationship: Spouse Estranged Spouse Former Spouse Dating / Engaged Former Dating Parent / Child Adults Residing Together
 Formerly Residing Together Child in Common Other (describe) _____

Length of Relationship: _____ If Relationship Ended, Approximately When? _____

Prior DV History? Yes No Number of Prior Reported Incidents: _____ Number of Unreported Incidents: _____

Date of Last Incident: _____ List Other Police Agencies Involved in Past: _____

DOCUMENT PRIOR DV HISTORY IN DETAIL IN NARRATIVE

Prior Abuse of Children in Household? No Yes If Yes, describe: _____

Prior Abuse of / Threats to Pets in Household? No Yes If Yes, describe: _____

Domestic Violence Supplemental Form

Case Number -

CHILDREN

Child(ren) Present During Incident: Yes (Complete information below) No Unknown N/A

Child(ren) Assaulted / Injured During Incident: Yes (Describe in detail in narrative) No Unknown N/A

Statement(s) Taken from Child(ren): Yes No N/A

Child's Name (Last, First, Middle)	Sex	DOB	Child's Location During Incident	Officer's Observation of Child	Suspect's Relationship to Child

Photos taken of Child(ren)? Yes No

COURT ORDER INFORMATION

Current Court Order Exists: Yes No Unk Court Order # _____ Court: _____ Expires: _____

Suspect Served? Yes No Unk Date of Service: _____

Type of Order: No Contact Order Protection Order Restraining Order Anti-Harassment Order

FIREARMS / WEAPONS

1. Does the suspect possess, own, or have access to firearms? Yes (describe below) No Unk

2. Where are the firearms? Residence Vehicle With suspect

3. Has the suspect used, displayed or threatened to use firearms in the past against Victim or others? Yes No

If yes, describe: _____

4. If Yes to #3, and firearms are present and under Victim's control, does Victim want police to remove firearms now? Yes No

5. If firearms were used in current incident, were they recovered? Yes No Placed into evidence? Yes No

Description of Any Firearms Owned / Possessed By Suspect?

Description of Firearm:	Status:
	Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No

INJURY DIAGRAM

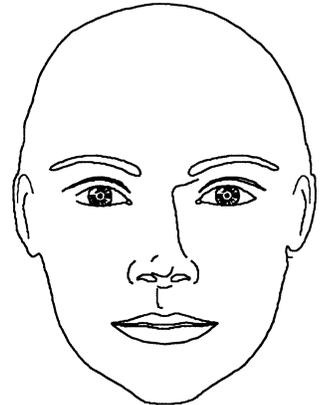
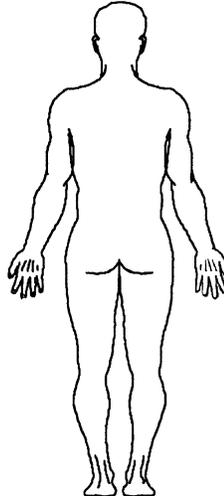
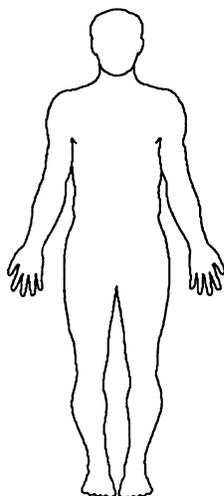
Officer to mark the location of any injuries and describe:

Have victim initial:

_____ I have physically pointed out to the officer(s) where I was injured.

_____ I have indicated on the diagram where I was injured.

_____ I was able to tell the officer(s) who injured me.



"I declare, under penalty of perjury, under the laws of the State of Washington that the above statements are true and correct."

Victim Signature _____

Officer Signature _____

Place Signed (City, State) _____

Date _____

