WEST VALLEY CITY POLICE DEPARTMENT

Domestic Violence Supplement

Describe All Conditions Observed

Case #:

Officer:

Date: | Time: | 911 Tape Ordered: ☐ Yes ☐ No

Time Lapse (between incident and observation)

Exited Utterances:

VICTIM Name

Employer:

Address:

☐ Angry ☐ Cooperative ☐ Abrasions
☐ Apologetic ☐ Irrational ☐ Scratches
☐ Crying/Tearful ☐ Nervous ☐ Lacerations
☐ Fearful/Afraid ☐ Drugs/Alcohol ☐ Bruises(s)
☐ Hysterical ☐ Complaint of Pain ☐ Other (explain)
☐ Calm ☐ Threatening/Belligerent

SUSPECT Name:

Employer:

Address:

☐ Angry ☐ Cooperative ☐ Abrasions ☐ Scratches
☐ Apologetic ☐ Irrational ☐ Drugs/Alcohol ☐ Lacerations
☐ Crying/Tearful ☐ Nervous ☐ Complaint of Pain ☐ Bruises(s)
☐ Fearful/Afraid ☐ Calm ☐ Threatening/Belligerent ☐ Other (explain)
☐ Hysterical

Suspect Info: ☐ Witness Statement ☐ Fled Scene ☐ Not Arrested ☐ On Scene ☐ Interviewed ☐ Arrest/Citation ☐ Arrest/Booked ☐ Given No Contact Order at Jail

VICTIM CONTACT INFORMATION

Home Phone	Cell Phone
Work Phone	Email
V' Relative Name	
Relative Home Phone	Cell Phone
V' Relative Name	
Relative Home Phone	Cell Phone

Victim given: ☐ Domestic Violence Pamphlet ☐ Victim Advocacy Info. ☐ Law Enforcement Case Number

EVIDENCE COLLECTED

Evidence collected from: ☐ Crime Scene ☐ Hospital ☐ Other explain

Photo's taken: ☐ Yes ☐ No

Photographs taken of:	Victim's Injuries ☐ Yes ☐ No
Suspect's Injuries ☐ Yes ☐ No	Children Present ☐ Yes ☐ No
Weapon Used ☐ Yes ☐ No	Weapon recovered ☐ Yes ☐ No
Firearm Impounded ☐ Yes ☐ No	Firearm left in residence ☐ Yes ☐ No

MEDICAL TREATMENT Was Medical at Scene ☐ Yes ☐ No

☐ None	☐ First Aid	☐ Hospital
☐ Will Seek Own Dr	☐ Paramedics	☐ Refused Medical

☐ Medical Agencies

☐ EMS Case #

☐ Hospital Name

LETHALITY THREAT ASSSESSMENT OF SUSPECT

Length of relationship: | years | months

If applicable: Date relationship ended:

Prior DV history ☐ Yes ☐ No | Documented ☐ Yes ☐ No

Number of prior incidents | ☐ Minor ☐ Serious

Court of Jurisdiction:

Has suspect ever threatened to kill victim? ☐ Yes ☐ No

Does suspect have access to weapons? ☐ Yes ☐ No

Types of weapons

If firearm, is suspect restricted due to:

☐ Felony Conviction ☐ Active Protective Order ☐ DV Misd. Conviction

Suspect abuses ☐ Drugs ☐ Alcohol | Is suspect ☐ Controlling ☐ Jealous ☐ Possessive

Recent separation between victim/suspect ☐ Yes ☐ No

Is victim currently pregnant ☐ Yes ☐ No | Is divorce pending ☐ Yes ☐ No

Is the suspect on probation/parole ☐ Yes ☐ No | Is suspect threatening suicide ☐ Yes ☐ No

Has suspect recently been terminated from employment ☐ Yes ☐ No

Are there prior incidents of strangulation ☐ Yes ☐ No

Does suspect have a mental health history ☐ Yes ☐ No

Has the suspect threatened to kill children or pets ☐ Yes ☐ No

Is there a child custody case pending ☐ Yes ☐ No

Is there a current protective order in place ☐ Yes ☐ No

WITNESS/CHILDREN PRESENT

Name: Phone	Name: Phone	Name Phone
Address:	Address:	Address
Witness Statement ☐	Witness Statement ☐	Witness Statement ☐
☐ Afraid ☐ Calm ☐ Hysterical ☐ Apologetic ☐ Cooperative ☐ Nervous ☐ Angry ☐ Threatening ☐ Injured ☐ Tearful/ Crying	☐ Afraid ☐ Calm ☐ Hysterical ☐ Apologetic ☐ Cooperative ☐ Nervous ☐ Angry ☐ Threatening ☐ Injured ☐ Tearful/ Crying	☐ Afraid ☐ Calm ☐ Hysterical ☐ Apologetic ☐ Cooperative ☐ Nervous ☐ Angry ☐ Threatening ☐ Injured ☐ Tearful/ Crying