

DV/SA REPORTING FORM - 2017 revision

DOMESTIC VIOLENCE & SEXUAL ASSAULT/CHILD MOLESTATION

NO STAPLES
PLEASE!

POLICE CASE #: _____

A. INCIDENT INFORMATION

LOCATION(street address): _____ CITY: _____
ZIP: _____
 PUBLIC PLACE/INDOORS
 PUBLIC PLACE/OUTDOORS
 HOUSE VEHICLE
 APARTMENT
 OTHER (specify): _____
INCIDENT DATE: _____
TIME (military): _____
REPORT DATE: _____
(if different from incident date)

WHO CONTACTED POLICE?

VICTIM FAMILY MEMBER FRIEND NEIGHBOR
 SUSPECT HOSPITAL 911 ANON CHILD
 OTHER (specify type): _____

ALCOHOL/DRUG USE:

• IN OFFICER'S OPINION,
ALCOHOL INVOLVED? SUSPECT VICTIM NEITHER UNK
DRUGS INVOLVED? SUSPECT VICTIM NEITHER UNK

B. ARREST INFORMATION

• DID PROBABLE CAUSE EXIST TO BELIEVE A DOMESTIC VIOLENCE (DV) CRIME OCCURRED? YES NO
• DID PROBABLE CAUSE EXIST TO BELIEVE A SEXUAL ASSAULT (SA/CM) CRIME OCCURRED? YES NO
• WERE PHOTO(S) TAKEN OF VICTIM? YES NO
• WERE PHOTO(S) TAKEN OF CRIME SCENE? YES NO
• WAS OTHER PHYSICAL EVIDENCE COLLECTED? ... YES NO

C. INCIDENT DESCRIPTION

• VICTIM PHYSICALLY ASSAULTED?..... YES NO
• VICTIM SEXUALLY ASSAULTED?..... YES NO
• VISIBLE VICTIM INJURIES DUE TO INCIDENT?..... YES NO
• WEAPON / OBJECT USED TO HURT / INJURE?..... YES NO
IF YES, WHAT? HANDGUN LONG GUN KNIFE
 OTHER (describe): _____

• WEAPON / OBJECT USED TO THREATEN? YES NO
IF YES, WHAT? HANDGUN LONG GUN KNIFE
 OTHER (describe): _____

• INDICATE IF VERBAL THREATS WERE MADE BY SUSPECT TO:
 VICTIM CHILDREN FAMILY FRIEND(S)
 PET(S) OTHER (type): _____

IF THREAT WAS MADE, WHAT WAS SAID? _____

MARK OVALS DESCRIBING NATURE OF ASSAULT / INCIDENT:

VERBAL ARGUMENT VERBAL ABUSE
 VICTIM KEPT FROM LEAVING VICTIM KEPT FROM USING PHONE
 THREAT OF PHYSICAL VIOLENCE CHOKING / STRANGLING
 SPITTING AT HAIR PULLING GRABBING SCRATCHING
 KICKING BITING SLAPPING HITTING W/FISTS
 PUSHING / SHOVING VICTIM BEATING PET(S) HARMED
 THROWING OBJECTS BURNING
 THROWING / SLAMMING VICTIM ATTEMPTED SEXUAL ASSAULT
 THREAT OF SEXUAL ASSAULT SEXUAL PENETRATION
 SEXUAL TOUCHING OTHER (describe): _____

• VICTIM IN PAIN NOW? YES NO
• VICTIM PREGNANT AT TIME OF INCIDENT? YES NO
• VICTIM RECEIVED MEDICAL ATTENTION? YES NO

IF YES, WHAT MEDICAL FACILITY? _____
• ANYONE ELSE ASSAULTED BY SUSPECT? YES NO
 CHILDREN FRIEND RELATIVE
 OTHER (type) _____

• SUSPECT ASSAULTED VICTIM BEFORE?..... YES NO
IF YES, WHEN? _____

• HOW MANY TIMES? 1 2-5
 MANY OVER TIME, BEGINNING WHEN? _____

approximately

D. SEXUAL ASSAULT / CHILD MOLESTATION INFO.

IF AN ALLEGED SEXUAL ASSAULT OR CHILD MOLESTATION,
DATE OF ALLEGED ASSAULT: _____
• WAS A FORENSIC RAPE EXAM DONE? YES NO
• WAS DCYF NOTIFIED? (800-742-4453) YES NO
• ADULT REPORTING OWN ABUSE AS A CHILD? YES NO
• WAS SEXUAL ABUSE ONGOING? YES NO
IF YES, HOW LONG? LESS THAN 1 YR 1 - 5 YEARS
 MANY YRS OVER TIME, BEGINNING WHEN? _____
• HAS CASE BEEN REFERRED TO THE AG'S OFFICE? YES NO
• NUMBER OF SUSPECTS:
 1 2 3 MORE THAN 3 - HOW MANY? _____

E. VICTIM INFORMATION

NAME: _____ DOB: _____
(Last) (First) (MI) (M)
ADDRESS: _____ GENDER: F M O
CITY: _____ STATE: _____ ZIP: _____
HOME PH#: _____ CELL or WORK PH#: _____

PH# OF CONTACT PERSON: _____

• VICTIM / SUSPECT LIVING TOGETHER AT TIME OF INCIDENT?
 YES NO

• IF VICTIM WAS 60 YRS OR OLDER, WAS DEA NOTIFIED?
 YES NO (401-462-0555 Abuse Unit)

VICTIM ETHNIC / RACIAL BACKGROUND:

WHITE BLACK WH HISPANIC BL HISPANIC
 ASIAN NATIVE AMERICAN OTHER (specify): _____

VICTIM Demeanor (choose all that apply):

TEARFUL/CRYING HYSTERICAL AFRAID
 SHAKING/TREMBLING ANGRY NERVOUS
 UPSET WITHDRAWN/FLAT AFFECT

OTHER (describe): _____

• DID VICTIM SAY ANYTHING? YES NO
IF YES, WHAT WAS SAID? _____

F. SUSPECT INFORMATION

NAME: _____ DOB: _____
(Last) (First) (MI) (M)
ADDRESS: _____ GENDER: F M O
CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO VICTIM / MARK RELEVANT OVAL.

MARRIED or FORMERLY MARRIED
 INTIMATE PARTNER or FORMER INTIMATE PARTNER
 CHILD IN COMMON COHABITANT (no relationship) DATING
 RELATIVE (specify type): _____

If relationship choices above are not appropriate for sexual assaults,
use list below:

CO-WORKER STRANGER FRIEND EMPLOYER
 ACQUAINTANCE CAREGIVER DATE EMPLOYEE
 OTHER (describe): _____

SUSPECT ETHNIC / RACIAL BACKGROUND:

WHITE BLACK WH HISPANIC BL HISPANIC
 ASIAN NATIVE AMERICAN OTHER (specify): _____

• DOES SUSPECT POSSESS WEAPONS? YES NO
IF YES, HANDGUN LONG GUN KNIFE
 OTHER (describe): _____

• WERE WEAPONS CONFISCATED? YES NO

SUSPECT Demeanor (choose all that apply):

APOLOGETIC CALM BELLIGERENT ANGRY
 THREATENING NERVOUS CONFUSED
 SUSPECT NOT AT SCENE SUSPECT DECEASED
 OTHER (describe): _____

• VISIBLE SUSPECT INJURIES DUE TO INCIDENT?.. YES NO

• WAS PHOTO TAKEN OF SUSPECT'S INJURIES? ... YES NO

• DID SUSPECT SAY ANYTHING? YES NO
IF YES, WHAT WAS SAID? _____

G. PROTECTIVE ORDERS INFORMATION

- PROTECTIVE ORDER ISSUED BEFORE THIS INCIDENT? YES NO
IF YES, IS ORDER STILL ACTIVE? YES NO
- IF ACTIVE, WHAT KIND? CRIMINAL NO CONTACT ORDER
RESTRAINING ORDER
FOREIGN (out-of-state) RESTRAINING ORDER
• IF FOREIGN, WHICH STATE? _____
- IF THERE IS AN ACTIVE ORDER, AND SERVICE HAS NOT BEEN MADE, DID OFFICER(S) GIVE NOTICE TO THE DEFENDANT? YES NO
- IF NO RESTRAINING ORDER EXISTS, DID OFFICER(S) GIVE VICTIM TEMPORARY RESTRAINING ORDER INFORMATION? YES NO
- DID OFFICER CHECK RONCO (BCI, 421-5268) FOR UPDATED INFORMATION ON RESTRAINING ORDER / NO CONTACT ORDER? YES NO

H. MINOR CHILDREN INFORMATION

- DO MINOR CHILDREN LIVE IN HOME? YES NO
HOW MANY? ① ② ③ ④ ⑤ ⑥ more than 6
AGES: <1 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ twins
- HOW MANY PRESENT DURING THE INCIDENT? ① ② ③ ④ ⑤ ⑥ ⑦
- HOW MANY SAW? ① ② ③ ④ ⑤ ⑥ more than 6
- HOW MANY HEARD? ① ② ③ ④ ⑤ ⑥ more than 6
- DID OFFICER INTERVIEW/QUESTION CHILDREN? YES NO
- HOW MANY? ① ② ③ ④ ⑤ ⑥ more than 6

I. PROPERTY INFORMATION

- DWELLING IN WHOSE NAME? VICTIM SUSPECT OTHER
- WAS THERE PROPERTY DAMAGE? YES NO
IF YES, (describe): _____
- WAS THERE STOLEN PROPERTY? YES NO
IF YES, (list): _____

J. WITNESS INFORMATION

- WAS WITNESS PRESENT DURING THE INCIDENT? YES NO
IF YES, PLEASE SPECIFY TYPE OF WITNESS: FRIEND
 NEIGHBOR RELATIVE PASSERBY BARTENDER
 OTHER (specify type): _____
- DID OFFICER INTERVIEW/QUESTION WITNESS(ES)? YES NO

K. POLICE RESPONSE INFORMATION

OFFICER(S) RESPONDING _____ BADGE # (S) _____
PD CODE # _____
POST: _____

WHETHER OR NOT AN ARREST WAS MADE, WAS ALLEGED VICTIM:

- OFFERED A "SAFETY PLAN" PAMPHLET? YES NO
- OFFERED A "VICTIM INFO" PAMPHLET? YES NO
(FOR PAMPHLETS CALL DV UNIT 729-4480)

L. POST INCIDENT INFORMATION

- WAS ARREST MADE WITHIN 24 HRS? YES NO
- FOLLOW-UP PHOTO(S) OF VICTIM (2-4 DAYS LATER)? YES NO
- IS SUSPECT ON PROBATION? YES NO
- DV OFFENSES CHARGED AS:
 SIMPLE ASSAULT VIOL / PROTECTIVE ORDER B&E
 FELONY ASSAULT THREATENING / HARASSING PHONE CALL
 VANDALISM FAILURE TO RELINQUISH PHONE
 DISORDERLY STALKING HOMICIDE SEXUAL ASSAULT
 OTHER (describe): _____
- INVESTIGATION ESTABLISHED PC NO PC
- DID VICTIM GIVE WRITTEN STATEMENT? YES NO
- HAVE POLICE RESPONDED TO INVOLVED PARTIES BEFORE? YES NO
IF YES, HOW MANY TIMES? ① ② ③ ④ ⑤ ⑥ more than 6

M. CASE CATEGORY AND CASE STATUS INFORMATION

DV (domestic violence) SA (sexual assault or child molestation) BOTH (elements of DV & SA)

ARREST CASE; ARREST MADE CASE UNDER INVESTIGATION NON-ARREST CASE (NO PC)
 ARREST CASE; WARRANT ISSUED DUAL ARREST CASE (2 forms required)

PLEASE PAPER CLIP OFFICER'S NARRATIVE AND ARREST OR INCIDENT REPORT TO THIS ORIGINAL DV/SA FORM. MAIL TO: DOMESTIC VIOLENCE TRAINING & MONITORING UNIT, 1 HILL ST. PAWTUCKET, RI 02860

N. TO BE COMPLETED BY VICTIM (if the victim is willing)

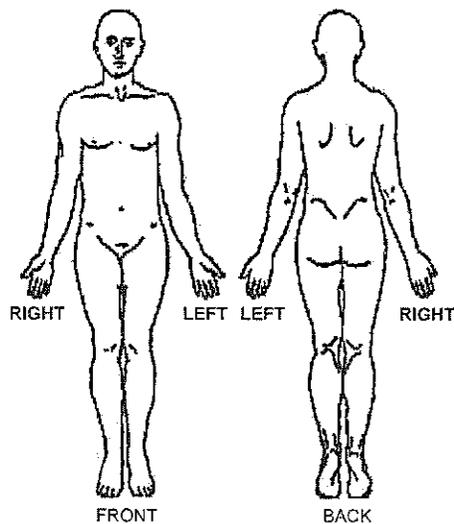
- I HAVE POINTED OUT TO THE POLICE THE PERSON(S) WHO HURT / THREATENED ME YES NO
- I HAVE POINTED OUT TO THE POLICE THE OBJECT(S) USED TO HURT / THREATEN ME YES NO
- I HAVE MARKED ON THE BODY DIAGRAM BELOW WHERE I WAS ASSAULTED YES NO
- I UNDERSTAND ALL THE STATEMENTS I AM FILLING OUT YES NO
- I HAVE MARKED MY OWN ANSWERS YES NO
- LE HE SEÑALADO A LA POLICÍA LA PERSONA QUE ME LASTIMÓ / AMENAZÓ SI NO
- LE HE SEÑALADO A LA POLICÍA EL OBJETO QUE FUE UTILIZADO PARA LASTIMARME / AMENAZARME SI NO
- HE INDICADO EN EL SIGUIENTE DIAGRAMA DÓNDE FUI AGREDIDO/A SI NO
- ENTIENDO TODAS LAS DECLARACIONES QUE ESTOY HACIENDO SI NO
- HE MARCADO MIS PROPIAS RESPUESTAS SI NO

I affirm the information to be true and correct.
Afirmo que esta información es veraz y correcta.

VICTIM SIGNATURE/FIRMA DE LA VICTIMA _____ DATE/FECHA _____

PLEASE MARK WHERE YOU WERE ASSAULTED/INJURED
POR FAVOR INDIQUE DÓNDE FUE AGREDIDO/LESIONADO

HGT. (Approx.) _____ WT. (Approx.) _____



TO ALL HEALTH CARE PROVIDERS:

I hereby consent to the release of my medical records for treatment related to this assault, case, or investigation to the police and the RI Dept. of Attorney General. I understand that my medical information may be used by police or the Attorney General for investigation or prosecution of this case. I understand that I can withdraw or revoke my consent, in writing, in the future.

Por medio de la presente autorizo que se compartan con la policía y con el Departamento de la Fiscalía de Rhode Island mis expedientes médicos, relacionados a esta agresión, caso o investigación. Sé que la policía o el Fiscal General podrán utilizar mi información médica para investigar o para entablar una acción judicial en este caso. Sé que en el futuro podré retirar o revocar, por escrito, mi consentimiento al uso de esta información.

SIGNATURE/FIRMA _____ DATE/FECHA _____

O. TO BE COMPLETED BY RESPONDING OFFICER

- VICTIM WAS UNWILLING TO GIVE SIGNATURE... YES NO
- VICTIM WAS UNWILLING TO MARK RESPONSES. YES NO
- OFF. MARKED VICTIM COULD / WOULD NOT. YES NO