
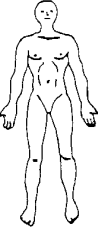




LAKE COUNTY UNIFORM DOMESTIC VIOLENCE REPORT

THIS FORM SHOULD BE COMPLETED FOR ANY ALLEGED CRIME OR ALLEGED PPO VIOLATION

WHERE THE VICTIM AND OFFENDER HAVE A DOMESTIC RELATIONSHIP

TIME/DATE OF INCIDENT	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	CALL RECEIVED		OFFICERS	COMPLAINT NUMBER				
NAME OF PERSON WHO CALLED THE POLICE				<input type="checkbox"/> 911 SINGLE CALL <input type="checkbox"/> 911 MULTIPLE CALLS <input type="checkbox"/> OTHER							
ADDRESS OF PERSON WHO CALLED THE POLICE											
INCIDENT LOCATION: <input type="checkbox"/> Suspect & Victim's Residence <input type="checkbox"/> Victim's Home <input type="checkbox"/> Victim's Work <input type="checkbox"/> Suspect's Home <input type="checkbox"/> Suspect's Work <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____											
ADDRESS _____ CITY _____											
VICTIM Victim's Identifying or Contact Information May be Exempt from Disclosure Under the Freedom of Information Act and Crime Victim's Rights Act											
LAST NAME		FIRST NAME		MIDDLE NAME							
RACE	SEX	DATE OF BIRTH	SSN	HEIGHT	WEIGHT						
ADDRESS			CITY		ZIP CODE						
TELEPHONE (HOME) () () ()		(WORK) () () ()		(CELLULAR) () () ()							
ADDITIONAL CONTACT PERSON			TELEPHONE								
ADDRESS			CITY		ZIP CODE						
SUSPECT ARRESTED <input type="checkbox"/> YES <input type="checkbox"/> NO			LOCATION LODGED		CHARGE(S)						
LAST NAME		FIRST NAME		MIDDLE NAME							
RACE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SSN				
OPERATOR'S LICENSE NUMBER/STATE			VEHICLE MAKE		LICENSE PLATE						
ADDRESS			CITY		ZIP CODE						
TELEPHONE (HOME) () () ()		(WORK) () () ()		(CELLULAR) () () ()							
VICTIM RELATIONSHIP WITH OFFENDER CHECK ONE											
<input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Has Had Child in Common <input type="checkbox"/> Dating Relationship <input type="checkbox"/> Former Dating Relationship <input type="checkbox"/> Resident of the Same Household as Partner or Intimate Partner <input type="checkbox"/> Former Resident of the Same Household as Partner or Intimate Partner											
LENGTH OF RELATIONSHIP _____ YEARS _____ MONTHS											
IF VICTIM IS RESIDENT OR FORMER RESIDENT BUT NOT AS A PARTNER OR INTIMATE PARTNER (CHECK ONE):											
<input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> ROOMMATE <input type="checkbox"/> OTHER _____											
VICTIM INJURIES		DESCRIBE HOW INJURIES OCCURRED IN NARRATIVE			SUSPECT INJURIES		DESCRIBE HOW INJURIES OCCURRED IN NARRATIVE				
BACK	FRONT				BACK	FRONT					
											
<input type="checkbox"/> FATAL <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> COMPLAINT OF STRANGULATION <input type="checkbox"/> NECK PAIN <input type="checkbox"/> SORE THROAT <input type="checkbox"/> RASPY VOICE <input type="checkbox"/> DIFFICULTY SWALLOWING <input type="checkbox"/> SCRATCH MARKS <input type="checkbox"/> ROPE OR CORD BURN <input type="checkbox"/> RED LINEAR MARKS OR BRUISING					<input type="checkbox"/> FATAL <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> COMPLAINT OF STRANGULATION <input type="checkbox"/> NECK PAIN <input type="checkbox"/> SORE THROAT <input type="checkbox"/> RASPY VOICE <input type="checkbox"/> DIFFICULTY SWALLOWING <input type="checkbox"/> SCRATCH MARKS <input type="checkbox"/> ROPE OR CORD BURN <input type="checkbox"/> RED LINEAR MARKS OR BRUISING						
<input type="checkbox"/> BROKEN/LOSS OF TEETH <input type="checkbox"/> GUNSHOT WOUND <input type="checkbox"/> LOSS OF CONSCIOUSNESS <input type="checkbox"/> BURNS <input type="checkbox"/> CUTS <input type="checkbox"/> ABRASIONS <input type="checkbox"/> CONCUSSION		<input type="checkbox"/> NECK SWELLING <input type="checkbox"/> INVOLUNTARY URINATION OR DEFEICATION <input type="checkbox"/> BRUISING <input type="checkbox"/> FRACTURE <input type="checkbox"/> LACERATIONS <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____			<input type="checkbox"/> BROKEN/LOSS OF TEETH <input type="checkbox"/> GUNSHOT WOUND <input type="checkbox"/> LOSS OF CONSCIOUSNESS <input type="checkbox"/> BURNS <input type="checkbox"/> CUTS <input type="checkbox"/> ABRASIONS <input type="checkbox"/> CONCUSSION		<input type="checkbox"/> NECK SWELLING <input type="checkbox"/> INVOLUNTARY URINATION OR DEFEICATION <input type="checkbox"/> BRUISING <input type="checkbox"/> FRACTURE <input type="checkbox"/> LACERATIONS <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____				
DATE OF REPORT								AGENCY	FILE CLASS	INCIDENT NUMBER	ORI

VICTIM MEDICAL TREATMENT NONE WILL SEEK OWN FIRST AID RENDERED EMT HOSPITAL CLINIC REFUSED

TRANSPORTED BY _____

HOSPITAL _____

NAME(S) OF TREATING PHYSICIAN/NURSE _____

TELEPHONE OR PAGER NUMBER _____

ADMITTED: YES NOPATIENT SIGNED RELEASE FOR MEDICAL RECORDS YES NO**SUSPECT MEDICAL TREATMENT** NONE WILL SEEK OWN FIRST AID RENDERED EMT HOSPITAL CLINIC REFUSED

TRANSPORTED BY _____

HOSPITAL _____

NAME(S) OF TREATING PHYSICIAN/NURSE _____

TELEPHONE OR PAGER NUMBER _____

ADMITTED: YES NOPATIENT SIGNED RELEASE FOR MEDICAL RECORDS YES NO

COMPLAINT OR INCIDENT NUMBER

ALCOHOL/DRUG USE AT TIME OF INCIDENT**VICTIM** DENIES USE ALCOHOL ILLEGAL DRUGS _____ PRESCRIPTION MEDS _____**DETAIL USE IN NARRATIVE****SUSPECT** DENIES USE ALCOHOL ILLEGAL DRUGS _____ PRESCRIPTION MEDS _____**WEAPONS****DESCRIBE WEAPON USED IN NARRATIVE****WEAPON CONFISCATED YES NO** PERSONAL (HANDS, FISTS, FEET) BLUNT OBJECT (TYPE) _____ CUTTING INSTRUMENT (TYPE) _____ FIREARM- (TYPE) _____ OTHER _____**EVIDENCE** PICTURES PICTURES OF: DIGITAL SCENE POLAROID CHILDREN 35MM INJURIES VICTIM CHILDREN SUSPECT WITNESS TELEPHONE DISCONNECTED/DAMAGED PHYSICAL EVIDENCE GATHERED (DESCRIBE IN NARRATIVE) PROPERTY DAMAGE (DESCRIBE IN NARRATIVE) 911 TAPE ANSWERING MACHINE CALLER ID PHONE RECORDS LETTERS VIDEO TAPES AUDIO TAPES OTHER _____ CRIME LAB CALLED**WITNESSES**

LAST NAME

FIRST NAME

MIDDLE NAME

RACE

SEX

DATE OF BIRTH

INJURIES DESCRIPTION

ADDRESS

CITY

ZIP CODE

TELEPHONE (HOME)

(WORK)

(CELLULAR)

()

()

()

RELATIONSHIP TO VICTIM

RELATIONSHIP TO SUSPECT

INTERVIEWED BY

LAST NAME

FIRST NAME

MIDDLE NAME

RACE

SEX

DATE OF BIRTH

INJURIES DESCRIPTION

ADDRESS

CITY

ZIP CODE

TELEPHONE (HOME)

(WORK)

(CELLULAR)

()

()

()

RELATIONSHIP TO VICTIM

RELATIONSHIP TO SUSPECT

INTERVIEWED BY

LAST NAME

FIRST NAME

MIDDLE NAME

RACE

SEX

DATE OF BIRTH

INJURIES DESCRIPTION

ADDRESS

CITY

ZIP CODE

TELEPHONE (HOME)

(WORK)

(CELLULAR)

()

()

()

RELATIONSHIP TO VICTIM

RELATIONSHIP TO SUSPECT

INTERVIEWED BY

CHILDREN				CPS CALLED ■ YES ■ NO		COMPLAINT OR INCIDENT NUMBER
FIRST NAME	LAST NAME	DOB	PRESENT?	INJURIES		
CPS CONTACT				CPS RESPONSE <input type="checkbox"/> Responded to Scene <input type="checkbox"/> Follow- up Later		
RISK FACTORS/ LETHALITY ASSESSMENT				CHECK ALL PAST & PRESENT THAT APPLY; GIVE DETAILED EXPLANATION IN NARRATIVE		
<input type="checkbox"/> Gun Present or Accessible to Suspect <input type="checkbox"/> Suspect has Used or Threatened to Use a Weapon <input type="checkbox"/> Suspect Threatened to Kill: _____ <input type="checkbox"/> Suspect Threatened Suicide <input type="checkbox"/> Increased Frequency/ Severity of Violence <input type="checkbox"/> Suspect has Forced Sex on Victim <input type="checkbox"/> Suspect Violent Toward Children <input type="checkbox"/> Suspect is Violent Outside the Relationship <input type="checkbox"/> Suspect Has Injured or Killed Pets				<input type="checkbox"/> Suspect Destroyed Victim's Cherished Personal Items <input type="checkbox"/> Suspect Abuses Alcohol or Other Drugs <input type="checkbox"/> Suspect has History of Mental Illness <input type="checkbox"/> Victim is Currently Pregnant <input type="checkbox"/> Recent Separation or Threatened Separation <input type="checkbox"/> Suspect Accuses Victim of Cheating <input type="checkbox"/> Suspect Attempts to Control Victim's Daily Activities		
PROTECTIVE/NO CONTACT ORDERS IN EFFECT ■ YES ■ NO				PROVIDE DETAIL IN NARRATIVE		
VICTIM HAS				SUSPECT HAS		
INDIANA PROTECTIVE/NO CONTACT ORDER AGAINST SUSPECT IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO Court _____				INDIANA PROTECTIVE/NO CONTACT ORDER AGAINST VICTIM IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO Court _____		
OUT-OF-STATE ORDER IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO Court _____				OUT-OF-STATE ORDER IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO Court _____		
CONDITION(S) OF ORDER				CONDITION(S) OF ORDER		
PRIOR DOMESTIC VIOLENCE HISTORY ■ YES ■ NO				PROVIDE DETAIL IN NARRATIVE		
VICTIM				SUSPECT		
Prior History of Domestic Violence by Victim To Current Suspect <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Where and When Reported (Include Out of State) _____				Prior History of Domestic Violence History by Suspect To Current Victim? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Where and When Reported (Include Out of State) _____		
Previous Victims Names (if known) <input type="checkbox"/> YES <input type="checkbox"/> NO				Previous Victims Names (if known) <input type="checkbox"/> YES <input type="checkbox"/> NO		
VICTIM ASSISTANCE			INTERPRETER SERVICES <small>LIST INTERPRETERS IN WITNESS BOX</small>			
<input type="checkbox"/> CRIME VICTIM RIGHTS INFORMATION PROVIDED <input type="checkbox"/> DOMESTIC VIOLENCE VICTIM RIGHTS PROVIDED <input type="checkbox"/> SERVICE REFERRAL INFORMATION PROVIDED <input type="checkbox"/> VICTIM TRANSPORTED <input type="checkbox"/> SHELTER <input type="checkbox"/> OTHER			VICTIM		SUSPECT	
			<input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____	

NARRATIVE REPORT CHECK LIST**NARRATIVE (USE ADDITIONAL PAGES AS NEEDED)**

- Information from Dispatch
- Observations on Approach
- Detail Property Damage
- Detail Physical Evidence
- Document Detailed Description of Demeanor
 - Victim
 - Suspect
 - Children
 - Other Witnesses
- Spontaneous Statements & Demeanor at Time of Statement
 - Victim at Scene
 - Suspect at Scene
 - Children at Scene
 - Suspect During Transport & Booking
- Describe Injuries
 - Type & Extent
 - How Injuries Occurred
- Interview
 - Victim
 - Suspect
 - Witnesses
 - Doctor
 - Nurse
 - Children
 - Neighbors
- How Was Weapon Used
- Detail Prior History
 - Ask Victim/Witnesses
(Include Out of State Incidents)
 - CCH Attached
- Detail Lethality Assessment
- List Names, Ages, & Address of Any
Child in Common, Whether Present or Not
- Provide Detailed Account of Incident

SIGNED

BADGE NUMBER

DATE