CLEVELAND DIVISION OF POLICE DOMESTIC VIOLENCE SUPPLEMENTAL FORM

VICTIM'S NAME (L, F, M)	DATE OF BIRTH	RMS#

ORIGIN/CRIME DESCRIPTION

I responded to a call of at

I found the victim The victim displayed the following emotional and physical conditions:

VICTIM		DESCRIBE ALL CONDITIONS OBSERVED
□ ANGRY □ APOLOGETIC □ CRYING □ FEARFUL □ HYSTERICAL □ CALM □ AFRAID □ IRRATIONAL □ NERVOUS □ THREATENING □ OTHER: EXPLAIN IN NARRATIVE	□ COMP OF PAIN □ BRUISES □ ABRASIONS □ MINOR CUTS □ LACERATIONS □ FRACTURES □ CONCUSSION	PHYSICAL: EMOTIONAL:
SUSPECT		
□ ANGRY □ APOLOGETIC □ CRYING □ FEARFUL □ HYSTERICAL □ CALM □ AFRAID □ IRRATIONAL □ NERVOUS □ THREATENING □ OTHER: EXPLAIN IN NARRATIVE	□ COMP OF PAIN □ BRUISES □ ABRASIONS □ MINOR CUTS □ LACERATIONS □ FRACTURES □ CONCUSSION	CRIME SCENE:

RELATIONSHIP BETWEEN SUSPECT & VICTIM		PRIOR HISTORY OF DOMESTIC VIOLENCE? □ YES □ NO PRIOR HISTORY OF VIOLENCE DOCUMENTED? □ YES □ NO NUMBER OF PRIOR INCIDENTS_____ □ MINOR □ SERIOUS CASE NUMBER(S):_____ INVESTIGATING AGENCY:_____
□ SPOUSE □ FORMER SPOUSE □ COHABITANTS □ FORMER COHABITANTS □ DATING/ENGAGED □ FORMER DATING □ SAME SEX □ PARENT OF CHILD FROM RELATIONSHIP	LENGTH OF RELATIONSHIP _____YEARS _____MONTHS DATE RELATIONSHIP ENDED (if applicable): _____	

MEDICAL TREATMENT	PARAMEDICS AT SCENE: □ YES □ NO UNIT NUMBER:_____ NAME(S) ID#: _____	HOSPITAL:_____ ATTENDING PHYSICIAN(S): _____ SUSPECT UNDER THE INFLUENCE OF: □ ALCOHOL □ DRUGS □ N/A
□ NONE □ WILL SEEK OWN DOCTOR □ FIRST AID □ PARAMEDICS □ HOSPITAL □ REFUSED MEDICAL AID		

EVIDENCE

EVIDENCE COLLECTED: FROM: □ CRIME SCENE □ HOSPITAL □ OTHER: EXPLAIN PHOTOS: □ YES □ NO NUMBER:____ TYPE: □ 35mm □Polaroid □ Digital Taken by: _____ DESCRIBE ALL PHOTOGRAPHS Photos of victim's injuries: □ Yes □ No Photos of suspect's injuries: □ Yes □ No Weapon used during incident: □ Yes □ No Type of weapon used:_____ Weapons impounded: □ Yes □ No Firearms impounded for safety: □ Yes □ No Property tag number:_____	DESCRIBE ALL EVIDENCE AND DISPOSITION

PIO	SIO	UNIT	ASST UNIT(S)	SUPERVISOR NAME/ID#	PAGE _____OF_____

WITNESSES

WITNESSES PRESENT DURING DOMESTIC VIOLENCE? ☐ YES ☐ NO
STATEMENTS TAKEN? ☐ YES ☐ NO
CHILDREN PRESENT DURING DOMESTIC VIOLENCE? ☐ YES ☐ NO
Names, ages, and DOB of all children present:_____
_____
STATEMENTS TAKEN? ☐ YES ☐ NO
WITNESS INFO LISTED: ☐ YES ☐ NO

PROTECTION ORDERS: ☐ YES ☐ NO
☐ CURRENT ☐ EXPIRED
TYPE: ☐ CRIMINAL ☐ CIVIL
ISSUING COURT:_____
CASE NUMBER:_____

VICTIM GIVEN:
☐ DOMESTIC VIOLENCE INFORMATION SHEET
☐ RMS NUMBER
☐ DOMESTIC VIOLENCE UNIT PHONE NUMBER

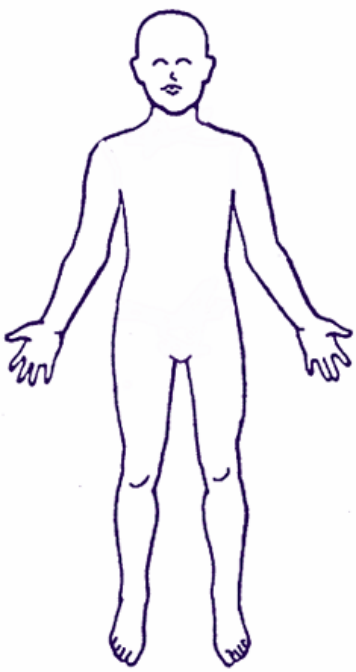
VICTIM WILL BE AT A TEMPORARY ADDRESS? ☐ YES ☐ NO

Witnesses/Children
W1_____
___Apologies
___Afraid
___Angry
___Calm
___Calmed down
___Tearful/Crying
___Hysterical
___Irrational
___Nervous
___Upset
___Threatening
___Other:_____

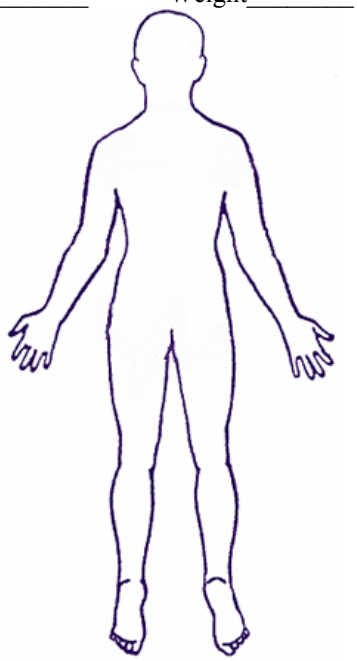
W2_____
___Apologies
___Afraid
___Angry
___Calm
___Calmed down
___Tearful/Crying
___Hysterical
___Irrational
___Nervous
___Upset
___Threatening
___Other:_____

W3 _____
___Apologies
___Afraid
___Angry
___Calm
___Calmed down
___Tearful/Crying
___Hysterical
___Irrational
___Nervous
___Upset
___Threatening
___Other:_____

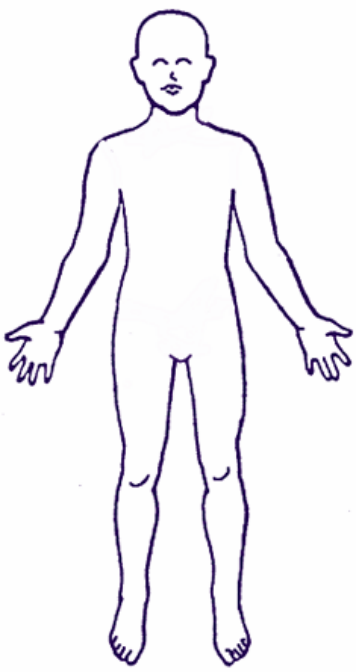
V S?



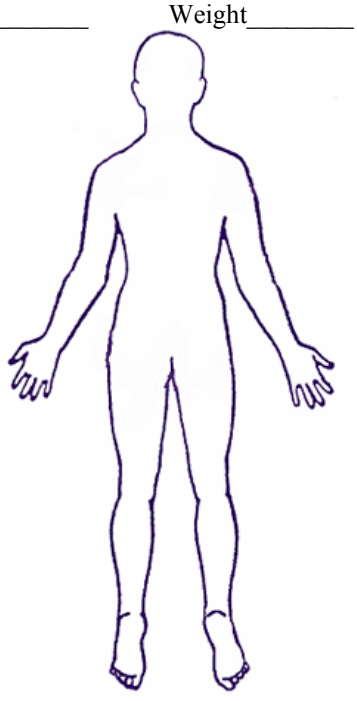
Height _____ Weight_____



V S?



Height _____ Weight_____



TO ALL HEALTH CARE PROVIDERS:

Having been advised of my right to refuse, I hereby consent to the release of my medical records to law enforcement, the County Prosecutor's office and the City Prosecutor's office. Signature: _____

Revised 02/06