DV-001 (10/02)

STATE OF MICHIGAN

STANDARD DOMESTIC RELATIONSHIP INCIDENT REPORT (Complies with MCL 764.15c)

TIME / DATE OF INCIDENT	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED

CALL RECEIVED

- ☐ 911 SINGLE CALL
- ☐ 911 MULTIPLE CALLS
- ☐ OTHER

NAME OF PERSON WHO CALLED THE POLICE

ADDRESS OF PERSON WHO CALLED THE POLICE

INCIDENT LOCATION: ☐ Home ☐ Work ☐ School ☐ Vehicle ☐ Store ☐ Hotel ☐ Bar/Club ☐ Other _____

ADDRESS	CITY	COUNTY NO.	TOWNSHIP NO.

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	HEIGHT	WEIGHT

ADDRESS	CITY	ZIP CODE

TELEPHONE: (Home)	(Work)	(Cellular)
( )	( )	( )

CONTACT PERSON IF DIFFERENT FROM ABOVE	TELEPHONE
	( )

ADDRESS	CITY	ZIP CODE

SUSPECT

ARRESTED ☐ YES ☐ NO

LOCATION LODGED	CHARGE

LAST NAME	FIRST NAME	MIDDLE NAME

RACE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

OPERATOR'S LICENSE NUMBER	SOCIAL SECURITY NUMBER

ADDRESS	CITY	ZIP CODE

TELEPHONE: (Home)	(Work)	(Cellular)
( )	( )	( )

VICTIM RELATIONSHIP WITH OFFENDER IS (Check One)

Length Of Relationship _____Years _____ Months

- ☐ Spouse ☐ Former Spouse ☐ Has Had Child In Common ☐ Dating Relationship ☐ Former Dating Relationship
- ☐ Resident of the Same Household as Partner or Intimate Partner
- ☐ Former Resident of the Same Household as Partner or Intimate Partner

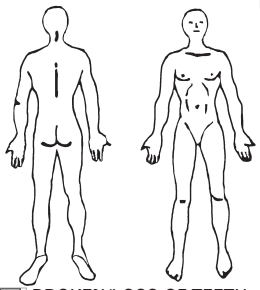
IF VICTIM IS RESIDENT OR FORMER RESIDENT BUT **NOT** AS A PARTNER OR INTIMATE PARTNER (Check One):

☐ Parent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild ☐ Roommate ☐ Other _____

VICTIM INJURIES

DESCRIBE HOW INJURIES OCCURRED IN NARRATIVE

BACK FRONT

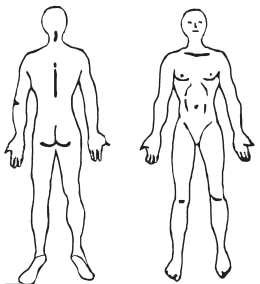


- ☐ FATAL ☐ COMPLAINT OF PAIN
- ☐ COMPLAINT OF STRANGULATION
  - ☐ NECK PAIN
  - ☐ SORE THROAT
  - ☐ RASPY VOICE
  - ☐ DIFFICULTY SWALLOWING
  - ☐ SCRATCH MARKS
  - ☐ ROPE OR CORD BURN
  - ☐ RED LINEAR MARKS OR BRUISING
  - ☐ NECK SWELLING
  - ☐ INVOLUNTARY URINATION OR DEFECATION
- ☐ BRUISING ☐ FRACTURE
- ☐ ABRASIONS ☐ CONCUSSION
- ☐ BROKEN/LOSS OF TEETH ☐ BURNS ☐ CUTS
- ☐ GUNSHOT WOUND ☐ LACERATIONS ☐ NONE
- ☐ LOSS OF CONSCIOUSNESS ☐ OTHER _____

SUSPECT INJURIES

DESCRIBE HOW INJURIES OCCURRED IN NARRATIVE

BACK FRONT



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- ☐ BROKEN/LOSS OF TEETH ☐ BURNS ☐ CUTS
- ☐ GUNSHOT WOUND ☐ LACERATIONS ☐ NONE
- ☐ LOSS OF CONSCIOUSNESS ☐ OTHER _____

OFFICERS

COMPLAINT NUMBER

INCIDENT NUMBER

FILE CLASS

TIME OF REPORT

AGENCY

DATE OF REPORT

ORI

AUTHORITY: 2001 PA 207/210 | COMPLIANCE: Required

THIS FORM SHOULD BE COMPLETED FOR ANY ALLEGED CRIME OR ALLEGED PPO VIOLATION WHERE THE VICTIM AND OFFENDER HAVE A DOMESTIC RELATIONSHIP

VICTIM MEDICAL TREATMENT

☐ NONE ☐ WILL SEEK OWN ☐ FIRST AID RENDERED
☐ EMT ☐ HOSPITAL ☐ CLINIC ☐ REFUSED

TRANSPORTED BY: (Name) _____

HOSPITAL _____

NAMES OF TREATING PHYSICIAN/NURSE

_____

TELEPHONE OR PAGER NUMBER

_____

ADMITTED: ☐ YES ☐ NO

☐ PATIENT SIGNED RELEASE FOR MEDICAL RECORDS

SUSPECT MEDICAL TREATMENT

☐ NONE ☐ WILL SEEK OWN ☐ FIRST AID RENDERED
☐ EMT ☐ HOSPITAL ☐ CLINIC ☐ REFUSED

TRANSPORTED BY: (Name) _____

HOSPITAL _____

NAMES OF TREATING PHYSICIAN/NURSE

_____

TELEPHONE OR PAGER NUMBER

_____

ADMITTED: ☐ YES ☐ NO

☐ PATIENT SIGNED RELEASE FOR MEDICAL RECORDS

ALCOHOL / CONTROLLED SUBSTANCE USE AT TIME OF INCIDENT

VICTIM

☐ Alcohol
☐ Controlled Substance
(Detail What and How Used in Narrative)

SUSPECT

☐ Alcohol
☐ Controlled Substance
(Detail What and How Used in Narrative)

WEAPONS

DESCRIBE WEAPON USE IN NARRATIVE WEAPON RECOVERED ☐ YES ☐ NO

☐ PERSONAL (Hands, Fists, Feet) ☐ BLUNT OBJECT ☐ CUTTING INSTRUMENT ☐ HANDGUN ☐ LONG GUN
☐ FIREARM-TYPE UNKNOWN ☐ POISON ☐ EXPLOSIVE ☐ OTHER _____

EVIDENCE

☐ PICTURES
- ☐ Digital
- ☐ Polaroid
- ☐ 35mm

☐ PICTURES OF
- ☐ Scene
- ☐ Children
- ☐ Injuries
  - ☐ Victim
  - ☐ Suspect
- ☐ Follow-up Pictures to be Taken (Date _____)

☐ PHYSICAL EVIDENCE GATHERED (Describe in Narrative)
☐ PROPERTY DAMAGE (Describe in Narrative)
☐ CRIME LAB CALLED
☐ TELEPHONE DISCONNECTED/DAMAGED
☐ 911 TAPE

OTHER EVIDENCE
☐ Letters ☐ Answering Machine ☐ Caller ID ☐ Phone Records
☐ Video Tapes ☐ Audio Tapes ☐ Other

WITNESSES

LAST NAME		FIRST NAME	MIDDLE NAME
RACE	SEX	DATE OF BIRTH	
ADDRESS		CITY	ZIP CODE
TELEPHONE: (Home) ( )		(Work) ( )	(Cellular) ( )
RELATIONSHIP TO VICTIM		RELATIONSHIP TO SUSPECT	STATEMENT TAKEN BY

LAST NAME		FIRST NAME	MIDDLE NAME
RACE	SEX	DATE OF BIRTH	
ADDRESS		CITY	ZIP CODE
TELEPHONE: (Home) ( )		(Work) ( )	(Cellular) ( )
RELATIONSHIP TO VICTIM		RELATIONSHIP TO SUSPECT	STATEMENT TAKEN BY

WITNESSES (Continued)

LAST NAME		FIRST NAME	MIDDLE NAME
RACE	SEX	DATE OF BIRTH	
ADDRESS		CITY	ZIP CODE
TELEPHONE: (Home) ( )		(Work) ( )	(Cellular) ( )
RELATIONSHIP TO VICTIM	RELATIONSHIP TO SUSPECT	STATEMENT TAKEN BY	

LAST NAME		FIRST NAME	MIDDLE NAME
RACE	SEX	DATE OF BIRTH	
ADDRESS		CITY	ZIP CODE
TELEPHONE: (Home) ( )		(Work) ( )	(Cellular) ( )
RELATIONSHIP TO VICTIM	RELATIONSHIP TO SUSPECT	STATEMENT TAKEN BY	

COMPLAINT OR INCIDENT NUMBER

RISK FACTORS / LETHALITY ASSESSMENT

DURING INVESTIGATION, ATTEMPT TO IDENTIFY THE FOLLOWING PAST OR PRESENT RISK FACTORS. (Check all that apply and give a detailed explanation in the Narrative)

- ☐ Gun Present or Accessible to Suspect
- ☐ Suspect Has Used or Threatened to Use a Weapon
- ☐ Recent Separation or Threatened Separation
- ☐ Suspect Abuses Alcohol or Other Drugs
- ☐ Suspect Accuses Victim of Cheating
- ☐ Increased Frequency / Severity of Violence
- ☐ Suspect is Violent Outside the Relationship
- ☐ Suspect Destroyed Cherished Personal Items
- ☐ Suspect Attempts to Control Partner's Daily Activities
- ☐ Victim is Currently Pregnant
- ☐ Suspect Threatened to Kill: _____
- ☐ Suspect Threatened Suicide
- ☐ Suspect Violent Toward Children
- ☐ Suspect Has Injured or Killed Pets
- ☐ Suspect has Forced Sex on Victim

PRIOR DOMESTIC VIOLENCE HISTORY BY SUSPECT ☐ YES ☐ NO

PROVIDE DETAIL IN NARRATIVE

PREVIOUSLY KNOWN TO WITNESSES ☐ YES ☐ NO

If YES, Where and When Reported (Include Out of State)

PERSONAL PROTECTION ORDER IN EFFECT

☐ YES ☐ NO (Court _____)

FOREIGN PROTECTION ORDER IN EFFECT

☐ YES ☐ NO (Court _____)

PROTECTIVE CONDITION OF RELEASE OR PROBATION ORDER IN EFFECT

☐ YES ☐ NO (Court _____)

FOREIGN PROTECTIVE CONDITION OF RELEASE OR PROBATION ORDER IN EFFECT

☐ YES ☐ NO (Court _____)

VICTIM ASSISTANCE

- ☐ CRIME VICTIM RIGHTS INFORMATION PROVIDED
- ☐ DOMESTIC VIOLENCE VICTIM RIGHTS AND SERVICE INFORMATION PROVIDED

INTERPRETER SERVICES PROVIDED

VICTIM ☐ YES ☐ NO LANGUAGE _____

SUSPECT ☐ YES ☐ NO LANGUAGE _____

LIST INTERPRETERS IN WITNESS BOX

NARRATIVE REPORT CHECK LIST

- ☐ 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

NARRATIVE (Use Additional Pages as Needed)

SIGNED	BADGE NUMBER	DATE

Additional Narrative Pages

Clear Form