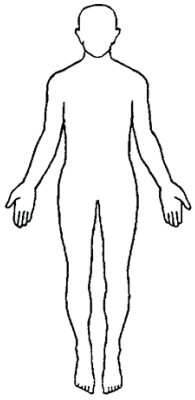
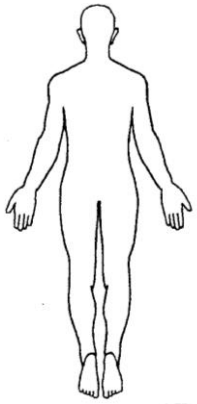
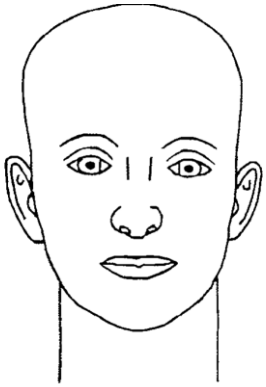
SFPD DOMESTIC VIOLENCE **OFFICER'S OBSERVATIONS** **CASE NO:**

☐ **VICTIM #** _____ ☐ **SUSPECT #** _____

NAME: Last Name: First: Middle: ☐ Male ☐ Female Hgt: Wgt:	
Language spoken _____ Translator's name, if used _____	Pregnant: ☐ Yes, # of months _____ ☐ N/A
Influence of: ☐ Alcohol ☐ Drugs ☐ N/A ☐ Other:	

MARK LOCATION OF VISIBLE INJURIES AND REPORTED PAIN **WRITE SHORT EXPLANATION BESIDE EACH MARK**

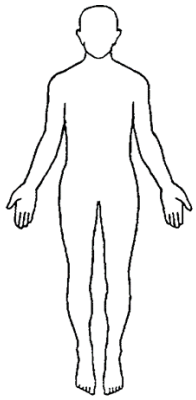
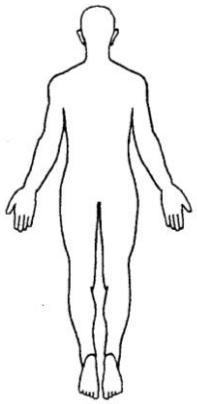
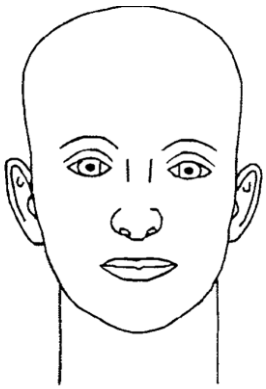
DEMEANOR				**APPEARANCE**
☐ Afraid	☐ Calm	☐ Irrational	☐ Other: _____	☐ Disheveled ☐ Clothes intact ☐ Naked
☐ Agitated	☐ Crying	☐ Nervous	(continue on narrative if necessary)	☐ Other: _____(continue on narrative if necessary)
☐ Angry	☐ Distraught	☐ Belligerent		
☐ Apologetic	☐ Hysterical	☐ Threatening		

SPONTANEOUS STATEMENTS (use quotations; continue in narrative if necessary)

☐ **VICTIM #** _____ ☐ **SUSPECT #** _____

NAME: Last Name: First: Middle: ☐ Male ☐ Female Hgt: Wgt:	
Language spoken _____ Translator's name, if used _____	Pregnant: ☐ Yes, # of months _____ ☐ N/A
Influence of: ☐ Alcohol ☐ Drugs ☐ N/A ☐ Other:	

MARK LOCATION OF VISIBLE INJURIES AND REPORTED PAIN **WRITE SHORT EXPLANATION BESIDE EACH MARK**

DEMEANOR				**APPEARANCE**
☐ Afraid	☐ Calm	☐ Irrational	☐ Other: _____	☐ Disheveled ☐ Clothes intact ☐ Naked
☐ Agitated	☐ Crying	☐ Nervous	(continue on narrative if necessary)	☐ Other: _____(continue on narrative if necessary)
☐ Angry	☐ Distraught	☐ Belligerent		
☐ Apologetic	☐ Hysterical	☐ Threatening		

SPONTANEOUS STATEMENTS (use quotations; continue in narrative if necessary)

_____

OFFICER: _____ Star _____

(Print full name of officer completing this form)

MEDICAL TREATMENT ☐ N/A

☐ Treated at scene by paramedic:
☐ SFFD ☐ AMR
☐ King America ☐ Other: _____

☐ Seeking other treatment.
Where: _____

☐ Refused medical treatment.
Explain: _____

☐ Treated at hospital.
Name of Hospital: _____

☐ Transported by paramedic to hospital:
☐ SFFD ☐ AMR
☐ King America ☐ Other: _____

Medical Release

Having been advised of my right to refuse, I hereby consent to release of my medical records to law enforcement and/or the District Attorney's Office

_____ _____ _____
(Print Name) *(Signature)* *(Date)*

CHILDREN PRESENT ☐ N/A

Were notifications made to the Family and Children Services (FCS) per DN 21-170. See Below, if applicable under one of the factors of DGO 6.09 III G ☐ Yes ☐ Not Applicable

- Any Crime Against the Child. ☐ Yes ☐ No
- Homicide/Att. Homicide. ☐ Yes ☐ No
- Serious bodily injury including, but not limited to, bone fracture, loss of consciousness, concussion, protracted loss or impairment of function of any organ, a wound requiring extensive suturing, strangulation, or serious disfigurement. ☐ Yes ☐ No
- Weapon(s) used or threatened, or firearm(s) in the home. ☐ Yes ☐ No
- Threats to commit a crime which will result in death or great bodily injury to another person as defined by the California Penal Code. ☐ Yes ☐ No
- The child had immediate access to drugs or alcohol, and the parent or caregiver will not or cannot take protective action. ☐ Yes ☐ No
- The child's parent or caregiver was impaired by drugs or alcohol, and the impairment interfered with the parent or caregiver's ability to provide adequate care or supervision for the child. ☐ Yes ☐ No

NAME	DOB/ AGE	INCIDENT CHECKLIST	EMOTIONAL DEMEANOR	CHILDREN'S SPONTANEOUS STATEMENTS Use quotations.
	_____	☐ Present ☐ Witness ☐ Injured ☐ Interviewed	☐ Crying ☐ Withdrawn ☐ Sad/Upset ☐ Calm ☐ Other:_____	
	_____	☐ Present ☐ Witness ☐ Injured ☐ Interviewed	☐ Crying ☐ Withdrawn ☐ Sad/Upset ☐ Calm ☐ Other:_____	
	_____	☐ Present ☐ Witness ☐ Injured ☐ Interviewed	☐ Crying ☐ Withdrawn ☐ Sad/Upset ☐ Calm ☐ Other:_____	

OFFICER: _____ Star _____
(Print full name of officer completing this form)

SFPD DOMESTIC VIOLENCE **OFFICER'S OBSERVATIONS** **CASE NO:**

FIREARMS/WEAPONS ☐ N/A

1. Does suspect possess, own, routinely carry or have access to firearms/weapons? ☐ Yes ☐ No ☐ Unknown
2. Has suspect ever been court-ordered to surrender firearms/weapons? ☐ Yes ☐ No ☐ Unknown
3. Has suspect used/threatened to use firearms in the past against victim or others? ☐ Yes (document in narrative) ☐ No
4. Does victim or others in the home have access to firearms? ☐ Yes (document in narrative) ☐ No
5. Where are firearms/weapons located? _____

STRANGULATION CHECKLIST ☐ N/A

Symptoms experienced by victim:

☐ Neck Pain ☐ Sore Throat ☐ Red Marks ☐ Nausea /Vomiting ☐ Loss of Bodily Function
☐ Ears Ringing ☐ Raspy Voice / ☐ Bruising ☐ Fainting / Loss of ☐ Other: _____
☐ Neck Swelling Voice Changes ☐ Difficulty Consciousness
☐ Scratches ☐ Light-headed Swallowing ☐ Petechia

Details regarding strangulation:

1. What did suspect use to strangle? ☐ Hand ☐ Both hands ☐ Forearm ☐ Knee/foot ☐ Object
2. How long did the strangulation last? Estimate: ☐ Seconds ☐ Minutes ☐ Unknown
3. Any statements suspect made while strangling? _____
4. What made suspect stop? ☐ Yes ☐ No Describe in narrative.
5. Amount of force used (1=very weak; 10=very strong) _____

SUSPECT'S CRIMINAL THREATS (where applicable, describe in narrative) ☐ N/A

If threats made:

1. What type of threat was made? ☐ Threat to kill ☐ Threat to harm (Describe in narrative)
2. How was the threat conveyed? ☐ Orally ☐ Text/voicemail ☐ Social media ☐ Other _____
3. Was threat conveyed to victim? ☐ Yes ☐ No
   3a. If no, was threat conveyed to a third party? ☐ Yes ☐ No
   (Please interview third party if possible, describe in narrative how third party relayed the threat to the intended victim)
   3b. If yes: Name of Party _____ Contact Information (Phone, cell, email): _____
4. Does victim believe suspect could carry out threat? ☐ Yes ☐ No If yes, describe why: _____
5. If afraid, what is that fear based on? ☐ Weapons used in this incident ☐ Violence in this incident ☐ Past violence with victim ☐ Past violence with others
6. Does victim fear for her/his safety? ☐ Yes ☐ No If yes, describe why: _____

PRESERVE AND/OR PHOTOGRAPH ALL RELATED WRITTEN/ELECTRONIC EVIDENCE OF THREATS

Including, but not limited to, texts, voicemails, and emails.

RISK IDENTIFICATION FOR STALKING AND HARASSMENT ☐ N/A

If current incident involves a report of a protective order violation, harassment, or stalking allegations, conduct the following screening.

1. Are you afraid for your safety or well-being because of suspect's actions? ☐ Yes ☐ No
2. Has suspect harassed you on prior occasions? ☐ Yes ☐ No
3. Has suspect ever destroyed/vandalized your property? ☐ Yes ☐ No
4. Does suspect appear at your work, home, etc., uninvited/unannounced? ☐ Yes ☐ No
5. Has suspect loitered around your home, workplace, etc? ☐ Yes ☐ No
6. Has suspect ever made threats of physical/sexual violence to you/those close to you? ☐ Yes ☐ No
7. Has suspect harassed any third party (i.e. friend, partner) since the harassment began? ☐ Yes ☐ No
8. Has suspect acted out violently towards people within current stalking incident? ☐ Yes ☐ No
9. Has suspect persuaded other people to help him/her? ☐ Yes ☐ No
10. Is suspect known to be abusing drugs/alcohol? ☐ Yes ☐ No
11. Is suspect known to have been violent in the past (to you or others)? ☐ Yes ☐ No
12. Have you applied for/obtained a restraining order? ☐ Yes ☐ No
13. Has suspect harassed/stalked you online or via social media? ☐ Yes ☐ No
14. Has suspect used a tracking device to locate you via computer, vehicle, etc? ☐ Yes ☐ No

OFFICER: _____ Star _____
(Print full name of officer completing this form)