

DOMESTIC VIOLENCE SUPPLEMENTARY REPORT

To be completed by investigating officer where there are charges laid and an occurrence report submitted.
Also to be attached to the Show Cause Report

Date of This Report _____ Time: _____ Occurrence # _____
 (yy / mm / dd) (24 hr. clock)

Date of Incident _____ Time: _____
 (yy / mm / dd) (24 hr. clock)

Investigating Officer: _____ Division/
 Detachment: _____

VICTIM : _____
 (Surname, First Name)(to include birth name)

Relationship to Accused (check all that apply) Married Common-Law Separated (includes dating, common-law)
 Child in Common Dating Divorced Same gender couple By Marriage

Condition of Victim at time of interview (duration of time passed since incident occurred: _____)
 Crying Angry Nervous Hysterical Upset Calm
 Drugs Alcohol Afraid Other / Specify: _____

Victim Vulnerability Immigration Status geographic/community isolation children language
 lack of access to telephone/other means of communication other considerations

Medical Treatment Not Required Refused Will Seek Own To Hospital by Ambulance Other
 Medical Release Signed YES NO Refused/Specify: _____

Describe all injuries (Include part of body injured and appearance, and date of observations)

Children Present YES NO AGES: _____ Violence Directly Assaulted Witnessed Heard
 CAS Notified YES NO Notified by: _____ Name of CAS Contact: _____

ACCUSED : _____ Telephone _____
 (Surname, First Name, alias if applicable)

Address _____
 Charge(s) Laid _____

Condition of Accused Drugs Alcohol Angry Threatening Apologetic Upset Nervous Crying Calm Other / Specify: _____

Medical Treatment Not Required Refused Will Seek Own To Hospital by Ambulance Other

Describe all injuries (Include part of body injured and appearance and date of observations)

HISTORY (ACCUSED) Checked by: _____ Criminal Record NO YES (attach)

CPIC checked: On File Not on File _____ 810 Peace Bond Probation
 Parole

Local RMS checked: On File Not on File _____ Conditional Sentence
 Bail release with conditions FAC/PAL FAC/PAL Possesses Firearms, Storage location: _____ Other Current Court Orders
 Refused/ Revoked Other weapons

Driver's License Vehicle access _____
 Outstanding Charges file attached: Name of Probation Officer and Probation and Parole Officer contacted (if applicable): _____
 Previous occurrences related to domestic violence: Yes No

Previous Incidents Reported To:	No. of Incidents	Brief Details (include date and nature of injuries)
<input type="checkbox"/> Regional Police Service		
<input type="checkbox"/> Municipal Police Service		
<input type="checkbox"/> OPP (including previous org. #)		
<input type="checkbox"/> Another Police Service		
<input type="checkbox"/> Victim Services		
<input type="checkbox"/> Hospital		
<input type="checkbox"/> Other Agency		
<input type="checkbox"/> Unreported		

EVIDENCE:
 Statements: _____

A Guide to the Domestic Violence Supplementary Report Form

VICTIM: None Written Audio Video other corroborating evidence _____ KGB warned: YES NO

Children: None Written Audio Video

Caller: None Written Audio Video

Witness (es): None Written Audio Video

Police witness (es) None Written Audio Video

Accused: None Written Audio Video Utterance _____

Photographs:

Scene _____

Relating to Victim: at the time 48 hrs later

Relating to Accused

Videotaping:

Scene _____ Tape No.: _____

relating to Victim _____ Tape No.: _____

Relating to Accused Tape No.: _____

Incident Information:

Caller: 9-1-1- Call Non-Emergency Call None Tape Ordered: YES NO
 Victim Child (ren) Accused Other (specify) _____

Weapons: Involved in incident YES No Seized: YES No FAC/PAL seized YES No Ammunition Seized YES No

Type of Weapon: _____

Investigative follow-up required: Yes No Action Required: _____

Date Required by: _____

RISK FACTORS:

To be completed by the investigating officer. Where there are multiple choices circle all that apply!

	YES	NO	U/K
a) Does the victim fear that the accused will continue the assaults, seriously injure or kill her/him or the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has there been a recent escalation in frequency or severity of assaults/threats against the victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Has there been a recent separation or change in the relationship between the victim and the accused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Has there been a recent change in the contact between the children and the accused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Has the accused experienced any unusually high stress recently, e.g. financial, loss of job, health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Does the accused have any known mental health problems, or exhibits a loss of touch with reality or bizarre behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Has the accused ever demonstrated jealousy or obsessive behaviour towards the victim and/or previous partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Has the accused demonstrated any stalking behaviour towards (a) the victim? (b) Family? or (c) any other person? (e.g. harassing phone calls, watching, threatened or has destroyed the victim's personal property, sending unwanted letters, following/contacting through third party, frequenting workplace etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Does the accused abuse drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Has there been a noticeable increase in the abuse of drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Is the accused more angry or violent when using drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Has the accused ever sexually abused the victim and/or a previous partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Has the accused threatened/attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Has the accused threatened to harm/kill the victim or any other family members/acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Has the accused threatened to or destroyed any of the victim's personal property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Has the accused injured or killed a pet owned by the victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Does the accuser's personality feature anger, impulsiveness or poor behaviour control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Does the accused own/have access to firearms or weapons including a license for the firearm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Has the accused used or threatened the use of firearms or weapons against the victim/children or any other person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION:

Offered to Contact VSA Yes No Did Victim Accept Offer Yes No
 Place of Safety provided/Women's Shelter Yes No Third Party Contact Available Yes No
 Information on safety planning provided Yes No

REPORT COMPLETED BY: _____ CHECKED BY SUPERVISOR: _____
 (please print) (please print)

Date of Completion: _____ (Rank, Badge #) _____ Date: _____ (Rank, Badge #) _____

FOLLOW-UP/BAIL CONDITIONS: