

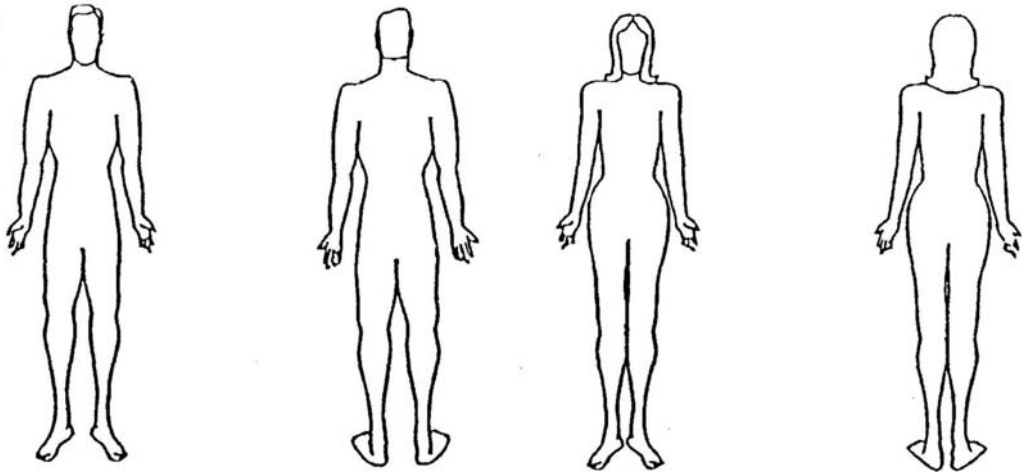
**Cameron County Family Violence Task  
Cameron County, Texas  
Domestic Violence Observation Checklist**

Agency:		Case#		Date:		Time Interviewed:					
<b>Victim Information</b>											
Name: Last      First      Middle			Drivers / Identification # & State		D.O.B.		Age				
Address: No. Street			Race	Sex	Eyes	Hair	Height 'ft.      "in.				
City      State      Zip			Home Phone #	Mobile Phone #		Weight lbs					
Employer Name / Occupation			Employer Address / City / State			Employer Phone #					
<b>Emergency Contact Information</b>	Contact #1		Address			Phone #					
	Contact #2		Address			Phone #					
<b>Observations About The Victim At The Scene</b>											
<b>Demeanor</b>		<b>Physical Condition</b>		<b>Appearance</b>		<b>Speech</b>					
<input type="checkbox"/> Afraid <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Combative <input type="checkbox"/> Crying <input type="checkbox"/> Distraught		<input type="checkbox"/> Fearful <input type="checkbox"/> In Shock <input type="checkbox"/> Intoxicated <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Uncooperative <input type="checkbox"/> Other (explain)		<input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Bruise(s)-New <input type="checkbox"/> Bruise(s)-Healing <input type="checkbox"/> Bleeding <input type="checkbox"/> Complaining of Pain <input type="checkbox"/> Concussion <input type="checkbox"/> Fracture(s)		<input type="checkbox"/> Laceration(s) <input type="checkbox"/> Loose Hair <input type="checkbox"/> Shaking <input type="checkbox"/> Slap Marks <input type="checkbox"/> Swelling <input type="checkbox"/> Sweating <input type="checkbox"/> Other (explain)		<input type="checkbox"/> Bloody Clothes <input type="checkbox"/> Disorderly Clothes <input type="checkbox"/> Smeared Makeup <input type="checkbox"/> Soiled/Sweat Stains <input type="checkbox"/> Tangled/Messy Hair <input type="checkbox"/> Torn/Ripped Clothes <input type="checkbox"/> Other (explain)		<input type="checkbox"/> Angry <input type="checkbox"/> Belligerent <input type="checkbox"/> Crying/Sobbing <input type="checkbox"/> Excited/ Very Fast <input type="checkbox"/> Out of Breath <input type="checkbox"/> Shouting <input type="checkbox"/> Other (explain)	
<b>Explain:</b>											
<b>Victim's Relationship to Offender</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Dating <input type="checkbox"/> Former Dating <input type="checkbox"/> Child (minor) <input type="checkbox"/> Former Cohabitants <input type="checkbox"/> Child (adult) <input type="checkbox"/> Other (explain) <input type="checkbox"/> Parent <input type="checkbox"/> Same Sex			Length of Relationship: _____ Years      _____ Months  Date Relationship Ended/Separated (if applicable): _____  Explanations: _____								
<b>How Offender Hurt Victim</b> <input type="checkbox"/> Striking <input type="checkbox"/> Throwing <input type="checkbox"/> Grabbing <input type="checkbox"/> Sitting On <input type="checkbox"/> Pushing <input type="checkbox"/> Suffocating <input type="checkbox"/> Pulling <input type="checkbox"/> Other (explain) <input type="checkbox"/> Choking			<b>What Offender Uses To Injure Or Threaten The Victim</b> <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> To Hurt Victim <input type="checkbox"/> To Take Children <input type="checkbox"/> Firearm <input type="checkbox"/> To Kill Victim <input type="checkbox"/> Other (explain) <input type="checkbox"/> Blunt Object <input type="checkbox"/> To Burn House <input type="checkbox"/> Personal Weapon <input type="checkbox"/> To Hurt Other(s) _____								
<b>Medical Treatment</b> <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Basic First Aid <input type="checkbox"/> Refused Medical <input type="checkbox"/> Transported to Hospital by:		<input type="checkbox"/> Paramedic / EMS  <input type="checkbox"/> Hospital  <input type="checkbox"/> Will Seek Doctor		<b>Agency Name:</b> Name: _____ Title: _____ Name: _____ Title: _____ Name: _____ Title: _____							
<b>Crime Scene Observation: Location</b>											
<input type="checkbox"/> Disorderly <input type="checkbox"/> Broken Glass <input type="checkbox"/> Broken Furniture <input type="checkbox"/> Overturned Furniture <input type="checkbox"/> Clumps of Hair <input type="checkbox"/> Children Crying <input type="checkbox"/> Phone Cord Yanked			<input type="checkbox"/> Broken Phone <input type="checkbox"/> Holes in Wall <input type="checkbox"/> Blood Stains <input type="checkbox"/> Firearms/ Weapons <input type="checkbox"/> Other (explain)		Firearm(s) impounded for safety? <input type="checkbox"/> Yes <input type="checkbox"/> No Firearm(s) seized as evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No Make: _____ Model: _____ Caliber: _____ Serial#: _____ Make: _____ Model: _____ Caliber: _____ Serial#: _____						
Explanation:											
<b>Criminal Investigative Unit Called Out to Scene?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Agency: _____ Name: _____ Agency: _____ Name: _____ Agency: _____											
Reporting Officer		Call #	Date	Assisting Officer		Call #					

**Cameron County Family Violence Task**  
 Cameron County, Texas  
**Domestic Violence Observation Supplement**

**Victims Account of Injuries**

- |   |
|---|
| V- Visible<br>C- Claimed  |
| 1- Abrasions<br>2- Bruise<br>3- Burn<br>4- Gunshot<br>5- Laceration<br>6- Reddened<br>7- Stab Wound<br>8- Swelling<br>9- Pain |



**Instructions:** Mark the area(s) where you were hit or injured. Indicate in much detail as possible

**To the Victim: THE FOLLOWING INFORMATION WILL BE USED IN THE FILING OF CRIMINAL CHARGES AGAINST THE SUSPECT IN THIS CASE. SHOULD YOU GIVE ANY FALSE ANSWERS TO THE FOLLOWING QUESTIONS, YOU COULD BE PROSECUTED FOR THE CRIME OF "FALSE REPORT TO A PEACE OFFICER" UNDER SECTION 37.08 OF THE TEXAS PENAL CODE.**

**Victim's Statement**

- I have physically pointed out to the officer where I was injured.....  YES  NO
- I have indicated on the diagram where I was injured.....  YES  NO
- I was able to point out to the Officer who injured me.....  YES  NO
- I have pointed out to the Officer the object used to injure me.....  YES  NO
- The contact caused me to suffer pain.....  YES  NO
- I am suffering pain at this time.....  YES  NO
- I estimate the number of times I was hit to be:.....
- Were there any pet(s) injured.....  YES  NO
- Do you have children?.....  YES  NO
- If "YES" give name(s) and age(s):

How did the person hurt you?

- Does the offender have prior history of domestic violence?.....  YES  NO
- Prior history of violence documented?.....  YES  NO

Agency(s) who have handled the offender:

- I am requesting an order of protection.....  YES  NO
- I understand all of the questions?.....  YES  NO

**I AFFIRM THAT THIS STATEMENT IS TRUE AND CORRECT AND IN MY OWN WORDS.**

Victims Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Officer Witness: \_\_\_\_\_ Badge # \_\_\_\_\_

**Evidence Collection**

Photo taken by:		Evidence collected by:	
Photo(s) taken at: <input type="checkbox"/> Crime Scene <input type="checkbox"/> Other <input type="checkbox"/> Hospital	Photo(s) taken of: <input type="checkbox"/> Victim's injuries <input type="checkbox"/> Lack of injuries <input type="checkbox"/> Offender's injuries <input type="checkbox"/> Location of Weapon	Used to take photo(s) <input type="checkbox"/> Polaroid <input type="checkbox"/> Digital Camera <input type="checkbox"/> 35 mm <input type="checkbox"/> Video	Number Photos taken: <input type="text"/>
Medical Release signed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Other evidence collected-described:		
911 Call: <input type="checkbox"/> YES <input type="checkbox"/> NO	911 Call taker: _____	ID#: _____	911 Caller: <input type="checkbox"/> Victim <input type="checkbox"/> Other Name of 911 Caller: _____
911 Recording Ordered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of 911 call: _____	Time of 911 call: _____	Address of 911 Caller: _____