Plano Police Department
Family Violence Assault Supplement

File #: _____ Officer: _____ Investigator Assigned: _____
Date:_____ ID#: _____ Date Assigned:_____

Victim

Name: _____
Statement Taken: ☐ Yes ☐ No
Medical Release signed ☐ Yes ☐ No
Information Given: ☐ Emergency PO Sheet ☐ Notice to Victims of Family Violence

Relationship Victim/Suspect	Medical Treatment
☐ Spouse ☐ Former Spouse ☐ Cohabitants ☐ Former Cohabitants ☐ Dating/Engaged ☐ Former Dating ☐ Parent of Child from Relationship Length of relationship: _____	☐ None ☐ Refused Medical Treatment ☐ Will Seek Own Treatment ☐ Paramedics Called: Unit Number _____ ☐ Transported to Hospital: Name of Hospital: _____

Check the following conditions about the victim

Physical		Emotional		Appearance
☐ Complaint of Pain	☐ Abrasions	☐ Angry	☐ Fearful	☐ Disorderly Clothing
☐ Minor Cuts	☐ Lacerations	☐ Apologetic	☐ Hysterical	☐ Torn/Ripped Clothing
☐ Bruising	☐ Fractures	☐ Nervous	☐ Crying	☐ Bloody Clothing
☐ Concussion	☐ Choked	☐ Calm	☐ Threatening	☐ Smeared Makeup
☐ Loose Hair		☐ Uncooperative	☐ Combative	☐ Tangled/Messy Hair
		☐ Intoxicated		☐ Other (Explain)

Verbal Statements made at scene: _____
_____
_____

Suspect

Name: _____
Statement Taken: ☐ Yes ☐ No
Medical Treatment
☐ None
☐ Refused Medical Treatment
☐ Will Seek Own Treatment
☐ Paramedics Called: Unit Number_____
☐ Transported to Hospital
Name of Hospital: _____
Verbal Statements made: _____
_____
_____

Check all of the following that apply

Physical		Emotional		Appearance
☐ Complaint of Pain	☐ Abrasions	☐ Angry	☐ Fearful	☐ Disorderly Clothing
☐ Minor Cuts	☐ Lacerations	☐ Apologetic	☐ Hysterical	☐ Torn/Ripped Clothing
☐ Bruising	☐ Fractures	☐ Nervous	☐ Crying	☐ Bloody Clothing
☐ Concussion	☐ Choked	☐ Calm	☐ Threatening	☐ Smeared Makeup
☐ Loose Hair		☐ Uncooperative	☐ Combative	☐ Tangled/Messy Hair
		☐ Intoxicated		☐ Other (Explain)

Names and ages of children

Name	Age	Gender	Relationship to victim	Witness?

Scene

Photos	Weapon	Condition of Scene
☐ Victim ☐ Suspect ☐ Scene Taken By: Number of Photos:	☐ Hand ☐ Head ☐ Foot ☐ Knife ☐ Gun ☐ Other: Placed into Evidence: ☐ Yes ☐ No	☐ Disorderly ☐ Broken Glass ☐ Broken Furniture ☐ Holes in Walls ☐ Blood on Floor/Wall ☐ Phone cord yanked out ☐ Phone broken ☐ Other:

Completed by CID

911 Tape placed into evidence: ☐ Yes ☐ No

Prior history of domestic violence: ☐ Yes ☐ No (Attach records with case file)
- ☐ Plano Records
- ☐ CCH

Protective Orders
- ☐ Emergency PO
  - Court: EPO Number:
- ☐ Protective Order
  - Court: Cause Number:

Medical Records
- ☐ Yes ☐ No

Case Filed with District Attorney ☐ Yes ☐ No

Date Cleared: _____