

AUSTIN POLICE DEPARTMENT - ASSAULT VICTIM STATEMENT

CASE # _____ - _____ DATE OF ASSAULT _____ TODAY'S DATE _____

VICTIM INFORMATION TO BE COMPLETED BY POLICE OFFICER

Victim's Name (last, first, middle) _____ DOB _____ R/S _____ / _____
 Home Address _____ DL# _____ State _____ SSN# _____
 Home#() _____ Work#() _____ Cell#() _____ Place of Employment _____
 Email Address _____ Cell Provider _____ Pregnant? Yes No #Weeks _____
 Suspect's Name _____
 Does the suspect live at this address? Yes No If no... list address _____

◆ Emergency Contact(s)

(Person who can contact you at all times)
Contact 1 _____ () _____ () _____ () _____
 Name Address Home # Work # Cell #
Contact 2 _____

◆ Victim/Suspect Relationship

Dating/Engaged ___yrs. ___months Marriage -Legal ___yrs. ___months Member of Same Household Former Member of Same Household
Biological Parents of Same Child - # Children _____ Blood Relation Relationship Ended (date) _____

◆ Action(s) of Suspect

Striking (Open Hand Closed Hand) Pushing Throwing Grabbing Pulling Biting
Strangling/Suffocating (Complete Strangulation Supplement) Other (explain) _____

◆ How long has it been since the assault? _____ Hour(s) _____ Minute(s) _____ Day(s)

◆ Complaint of physical pain during or after the assault? Yes No Explain _____

◆ Did Suspect prevent you from making an emergency telephone call for assistance? Yes No How/Explain _____

◆ Did Suspect use or threaten to use a weapon against you? Yes No What type of weapon? _____
 How? _____

◆ Weapon(s) owned by Suspect? Yes No Does Suspect have Concealed Handgun License? Yes No
 List weapon(s) _____

◆ Did Suspect threaten you if you called the Police for this assault? Yes No Describe threat(s) _____

◆ Has Suspect hurt you before? Yes No Date? _____ Where? _____ Frequency? _____
 How? _____

◆ Was a report made? Yes No To whom? _____

◆ Has Suspect ever threatened you if you called the Police? Yes No Describe threat(s) _____

◆ Has Suspect ever harmed or threatened to harm the children? Yes No How? _____

◆ Has Suspect ever harmed or threatened to harm the household pets? Yes No How? _____

◆ Was a report made? Yes No To whom/which agency? _____

◆ Was Suspect using drugs at the time of this assault? Yes No What? _____

◆ Does Suspect use the following? Alcohol Prescription Medication - What? _____
Illegal Drug(s) - What? _____ Other - Describe _____

◆ Do you want an Emergency Protective Order? Yes No

◆ Do you have a Protective Order? Yes No # _____ Expiration Date _____

VICTIM DESCRIPTION TO BE COMPLETED BY POLICE OFFICER

DEMEANOR	PHYSICAL CONDITION	APPEARANCE	SPEECH
<input type="checkbox"/> afraid <input type="checkbox"/> hysterical	<input type="checkbox"/> abrasion(s) <input type="checkbox"/> laceration(s)	<input type="checkbox"/> bloody clothes	<input type="checkbox"/> angry
<input type="checkbox"/> angry <input type="checkbox"/> indifferent	<input type="checkbox"/> bruise(s) new <input type="checkbox"/> loose hair	<input type="checkbox"/> smearred makeup	<input type="checkbox"/> out of breath
<input type="checkbox"/> apologetic <input type="checkbox"/> intoxicated	<input type="checkbox"/> bruise(s) old <input type="checkbox"/> shaking	<input type="checkbox"/> soiled/sweat stained	<input type="checkbox"/> excited/fast
<input type="checkbox"/> belligerent <input type="checkbox"/> irrational	<input type="checkbox"/> bleeding <input type="checkbox"/> redness	<input type="checkbox"/> tangled/messy hair	<input type="checkbox"/> crying/sobbing
<input type="checkbox"/> calm <input type="checkbox"/> nervous	<input type="checkbox"/> physical pain <input type="checkbox"/> swelling	<input type="checkbox"/> torn/pulled clothing	<input type="checkbox"/> yelling
<input type="checkbox"/> crying <input type="checkbox"/> fearful	<input type="checkbox"/> fracture(s) <input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> belligerent
<input type="checkbox"/> distraught <input type="checkbox"/> other _____	<input type="checkbox"/> sweating		<input type="checkbox"/> other _____
Explain other _____			

WHAT SUSPECT USED TO HURT /THREATEN VICTIM		CRIME SCENE OBSERVATIONS	
<input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Foot <input type="checkbox"/> Knife <input type="checkbox"/> Gun <input type="checkbox"/> Other _____		<input type="checkbox"/> Signs of Disturbance <input type="checkbox"/> Clump(s) of Hair <input type="checkbox"/> Broken Furniture <input type="checkbox"/> Blood at Scene <input type="checkbox"/> Broken Phone <input type="checkbox"/> Hole(s) in Wall <input type="checkbox"/> Broken Glass <input type="checkbox"/> Children Crying <input type="checkbox"/> Weapon(s) <input type="checkbox"/> Phone Cord Yanked <input type="checkbox"/> Other _____	
Weapon Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No # Taken _____ By # _____ <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Injury <input type="checkbox"/> Location of Pain <input type="checkbox"/> Weapon(s) <input type="checkbox"/> Crime Scene		
Evidence Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Turned into Evidence			

◆ **Medical Treatment**

Basic First Aid/Not Transported Treated By _____ EMT Name /# _____

Transported Where _____ Address _____ City _____ State _____

Will Seek Own Physician Physician's Name _____ Address _____ City _____

Will get Treatment at Clinic Clinic's Name _____ Address _____ City _____

Refused

None

SUSPECT INFORMATION
TO BE COMPLETED BY POLICE OFFICER

Suspect's Name (last, first, middle) _____ DOB _____ R/S ____ / ____

Home Address _____ DL# _____ State _____ SSN# _____

Home#() _____ Work #() _____ Cell #() _____ Place of Employment _____

Email Address _____ Cell Provider _____ Pregnant? Yes No #Weeks _____

Suspect Arrested Not at Scene Photo Available Yes-Taken No Scars/Tattoos No Yes If yes...describe _____

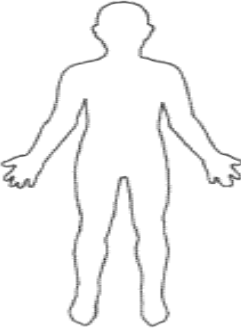
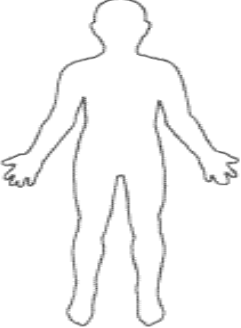
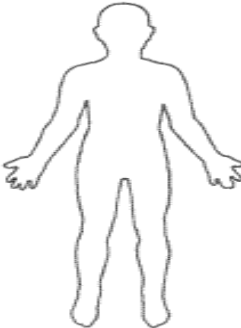
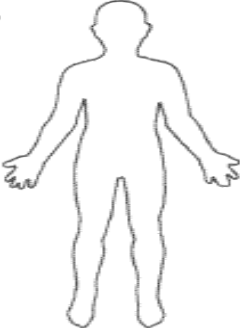
SUSPECT DESCRIPTION
TO BE COMPLETED BY POLICE OFFICER

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<input type="checkbox"/> distraught <input type="checkbox"/> other _____	<input type="checkbox"/> sweating		<input type="checkbox"/> other _____

Explain other _____

BODY INJURY DIAGRAM
TO BE COMPLETED BY POLICE OFFICER

Mark all injuries on both the Victim and the Suspect

HT _____ WT _____ SEX _____		HT _____ WT _____ SEX _____	
VICTIM		SUSPECT	
			
FRONT	BACK	FRONT	BACK

Describe injuries and how each was inflicted in the narrative of the offense report.

◆ **Witness Information (May Use Witness Statement Form)**

1. Name _____ DOB _____ R/S / Home#() _____
Work#() _____ Cell#() _____ Email Address _____
2. Name _____ DOB _____ R/S / Home#() _____
Work#() _____ Cell#() _____ Email Address _____

◆ **Children Information (MUST list all children and document in narrative of offense report)**

1. Present? Yes No Witness to assault? Yes No CPS Called? Yes No CPS# _____
Name of school child is attending _____
(If more than one child, then you MUST list all other information in your supplement report)

◆ **Military Information**

Victim in Military? Yes No Branch _____ Stationed _____
Suspect in Military? Yes No Branch _____ Stationed _____
Victim in Reserves? Yes No Texas National Guard Yes No
Suspect in Reserves? Yes No Texas National Guard Yes No

◆ **Re-location/Contact Information**

Are you planning to relocate? Yes No Address? _____
Phone # () _____ Cell#() _____ Other# () _____

LETHALITY ASSESMENT
TO BE COMPLETED BY A POLICE OFFICER

"Yes" to ANY question 1-5, Activate or notify TCSO Victim Services

- 1. Has s/he ever threatened you with a weapon? Yes No NA
- 2. Has s/he used a weapon against you? Yes No NA
- 3. Has s/he ever threatened to kill you? Yes No NA
- 4. Has s/he ever threatened to kill your children? Yes No NA
- 5. Do you think s/he might try to kill you? Yes No NA

"Yes" to at least 4 questions 6-18, Activate or notify TCSO Victim Services

- 6. Does s/he have a gun? Yes No NA
- 7. Does s/he have easy access to a gun? Yes No NA
- 8. Has s/he ever tried to strangle you? Yes No NA
- 9. Is s/he violently or constantly jealous of you? Yes No NA
- 10. Does s/he control most of your daily activities? Yes No NA
- 11. Has s/he ever forced you to have sex when you did not wish to do so? Yes No NA
- 12. Have you ever left her/him or separated after living together? Yes No NA
- 13. Is s/he unemployed? Yes No NA
- 14. Has s/he ever tried to kill herself/himself? Yes No NA
- 15. Do you have a child that does not belong to the Suspect? Yes No NA
- 16. Does s/he follow you? Yes No NA
- 17. Does s/he spy on you? Yes No NA
- 18. Does s/he leave threatening messages? Yes No NA

◆ Describe the threat(s) and/or message(s) left _____

An Officer may request Victim Services (by phone or on-scene) as a result of Victim's response to the question below or whenever an officer feels it would be beneficial.

19. Is there anything else that worries you about your safety? Yes No NA
If yes, explain _____

- ◆ Victim Services responded due to High lethality determined by questions above Officer concerns for victim
- ◆ Victim Services did not respond due to Officer's decision Victim's request Victim Services' current call load
- ◆ Victim provided with Domestic Violence Information Pamphlet Yes No Case Number Yes No

VICTIM STATEMENT / DECLARACION DE LA VICTIMA

TO BE FILLED OUT BY VICTIM

I can read, write and understand the English Language. This statement is true and correct to the best of my knowledge. I make this statement freely and voluntarily. Should I provide false information on this form, I understand that I could be prosecuted for the crime of "False Report to a Police Officer" under section 37.08 of the Texas Penal Code. **Signature** _____ **Date** _____

Puedo leer, escribir y entender el idioma español. Esta declaración es verdadera y correcta en cuanto a lo que yo sepa. Hago esta declaración libre y voluntariamente. Si he dado información falsa en este formulario, entiendo que puedo ser enjuiciado/a por el crimen de "Declaración Falsa dada a un oficial de "Policía" bajo la sección 37.08 del Código Penal del Estado de Texas.

Firma _____ **Fecha** _____

◆ **Where are you right now?** _____ **Where did assault occur?** _____

¿**Dónde se encuentra usted en este momento?** _____ ¿**Dónde ocurrió el asalto?** _____

◆ **Who assaulted you? (name/relationship)** _____

¿**Quién aslto? (nombre/parentesco)** _____

◆ **What led up to the assault?** _____

¿**Qué ocurrió antes del asalto para que el as alto ocurriera?** _____

◆ **How did Suspect assault you? (ex. hit w/ fist to head)** _____

¿**Cómo le asaltó el/la sospechoso/a a usted (por ejemplo, le pegó con el puño en la cabeza)?** _____

◆ **What injuries do you have as a result of the assault?** _____

¿**Qué lesiones tiene como resultado del asalto?** _____

◆ **How did you get each injury?** _____

¿**Cómo obtuvo cada herida?** _____

◆ **Did you feel physical pain either at the time of the assault or after?** _____

¿**Sintió usted dolor durante el asalto o después?** _____

◆ **Was there damage to property (walls, phones, furniture, etc.)?** _____

¿**Hubo daños a la propiedad (en las paredes, teléfonos, muebles, o en otros lugares)?** _____

◆ **Other Information** _____

Otra información _____

Print Name - Nombre impreso _____

Signature _____ **Date** _____ **Time** ____ : ____ **am/pm**

Su firma _____ **Fecha** _____ **Hora** ____ : ____ **am/pm**

Officer Signature _____ **#** _____ **Date** _____ **Time** ____ : ____ **am/pm**

Firma del oficial _____ **#** _____ **Fecha** _____ **Hora** ____ : ____ **am/pm**