AUSTIN POLICE DEPARTMENT - STRANGULATION SUPPLEMENT

TO BE COMPLETED IN ADDITION TO AVS

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

VICTIM INFORMATION

TO BE COMPLETED BY POLICE OFFICER

Victim's Name (last, first, middle) _____DOB_____R/S___ ___

- **Method and/or Manner (how was Victim strangled) ☐One Hand - R ☐One Hand - L ☐Two Hands ☐Forearm ☐Knee/Foot ☐ Chokehold Other (explain) _____**
- **Is the Suspect right or left handed? ☐Right Handed ☐Left Handed**
- **Estimate how long you were strangled _____ Minute(s) _____ Second(s) Multiple times? ☐Yes #_____ ☐No**

Estimate Pressure Used (check) ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (1=WEAK – 10=EXTREMELY STRONG)

- **Suffocated? ☐Yes ☐No ____ Minute(s) ____ Second(s) What was used? _____**
- **What did Suspect say during strangulation/suffocation? _____**

_____

- **What did the victim say during the strangulation?_____ _____**
- **Describe Suspect's demeanor during strangulation/suffocation? _____**
- **Describe how Suspect's face looked during strangulation/suffocation? _____**
- **What made Suspect stop? _____**
- **What did Victim think was going to happen during strangulation/suffocation? _____**

_____

- **Has Suspect strangled/suffocated you before? ☐Yes # _____ ☐No**
- **Did you attempt to physically stop the strangulation? ☐Yes ☐No Describe: _____**

_____

- **Were you shaken simultaneously while being strangled? ☐Yes ☐No**

VICTIM'S SYMPTOMS

TO BE COMPLETED BY POLICE OFFICER

SYMPTOMS	DURING	AFTER
unable to breathe	☐	☐
difficult to breathe	☐	☐
physical pain	☐	☐
rapid breathing	☐	☐
shallow breathing	☐	☐
coughing up blood	☐	☐
nausea	☐	☐
vomiting/dry heaving	☐	☐
dizziness	☐	☐
headache	☐	☐
feel faint	☐	☐
disoriented	☐	☐

VOICE CHANGES

☐painful to speak
☐raspy/hoarse voice
☐coughing
☐unable to speak
☐whispering
☐other _____

SWALLOWING CHANGES

☐neck tenderness
☐trouble swallowing
☐painful to swallow
☐neck pain
☐other _____

Explain other _____

_____

_____

_____

- **Loss of consciousness? ☐Yes ☐No ☐Victim not sure Unexplained Injury? Describe _____**

_____

- **Any change or loss of hearing during/after strangulation/suffocation? ☐Yes ☐No Describe_____**

_____

- **Any change or loss of vision during/after strangulation/suffocation? ☐Yes ☐No Describe_____**

_____

- **How did your body/head feel during/after strangulation/suffocation? Describe_____**

_____

- **Did the victim... ☐Urinate ☐Defecate ☐Feel the urge to do one or both? _____**

FACE	EYES AND EYELIDS	NOSE	EARS
☐red or flushed	☐petechiae to R eye	☐petechiae	☐petechiae on ear(s)
☐petechiae	☐petechiae to L eye	☐scratch(es) or abrasion(s)	☐bleeding from ear(s)
☐scratch(es) or abrasion(s)	☐petechiae to R eyelid	☐swelling	☐bruising/discoloration/
☐sweating	☐petechiae to L eyelid	☐other _____	petechiae behind ear(s)
☐bruising	☐blood in eyeball(s)		☐swelling
☐other _____	☐other _____		☐other _____

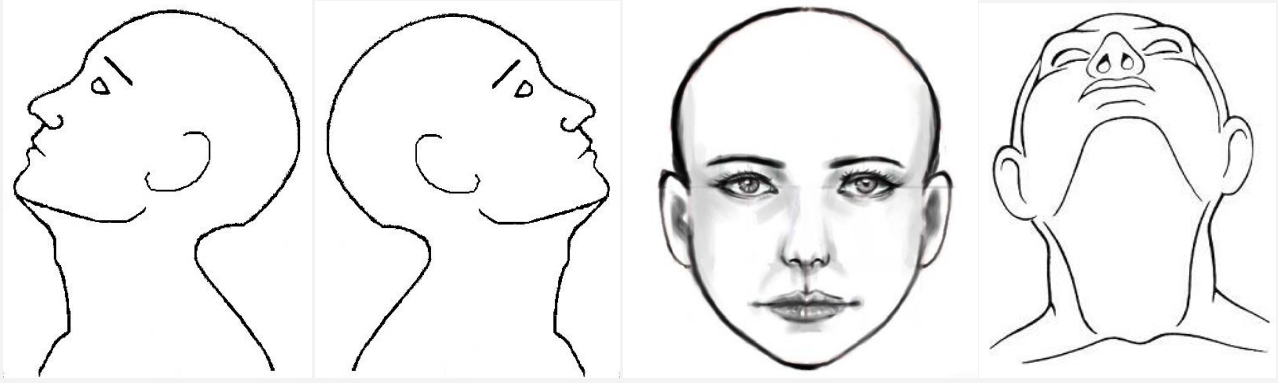
Explain other _____

MOUTH	UNDER CHIN	CHEST	SHOULDERS
☐bruise(s)	☐redness	☐redness	☐redness
☐swollen tongue	☐scratch(es)/abrasion(s)	☐scratch(es)/abrasion(s)	☐scratch(es)/abrasion(s)
☐swollen lip(s)	☐laceration(s)	☐laceration(s)	☐laceration(s)
☐scratch(es)/abrasion(s)	☐bruise(s)	☐bruise(s)	☐bruise(s)
☐ petechiae in palate ___	☐fingernail impression(s)	☐other _____	☐other _____
☐ other	☐other _____		

NECK	HEAD
☐redness	☐petechiae on scalp or head
☐tenderness/pain	☐laceration(s)
☐finger mark(s)	☐scratch(es)/abrasion(s)
☐scratch(es)/abrasion(s)	☐hair pulled
☐fingernail impression(s)	☐bump(s)
☐bruise(s)	☐other _____
☐ligature mark(s)	
☐petechiae	
☐swelling	
☐other _____	

PLEASE TAKE PHOTOGRAPHS

Diagram all injuries on the Victim



Describe any other injuries or symptoms _____

_____

OFFICER CHECKLIST

☐If strangled/suffocated with object(s), photograph object(s) and collect for evidence.

☐Document where the object(s) was/were found in the Offense Report.

☐Determine if jewelry was worn by either party (ring(s), necklace(s), watch(es), etc.). Photograph / look for patterns and photograph.

☐If defecation or urination in clothes, collect clothes as evidence.

☐If Victim vomited, take a photo of vomit.

☐Call On-Call Domestic Violence Detective if you need assistance.

☐Call On-Call Domestic Violence Detective if Victim is transported to the hospital from injuries due to strangulation/suffocation.

☐ Advise on future symptoms (headaches, throat/neck pain, etc.) Advise victim that she/he should be with somebody, and should not be alone for 24 hours. Who will you be with? _____ Contact number: _____

☐If Victim is transported to the hospital from injuries due to strangulation/suffocation then an officer <u>NEEDS</u> to standby at hospital until relieved by the On-Call Domestic Violence Detective.

☐PHOTOGRAPH SUSPECT: hands, arms, face, chest and any areas where Suspect states any injuries/contact occurred.