

STRANGULATION/SUFFOCATION INVESTIGATIVE WORKSHEET

AGENCY NAME

VICTIM/OFFENDER/WITNESS INFORMATION

REPORT NUMBER:

Victim's name: _____ DOB: _____

Offender's name: _____ DOB: _____

Relationship: _____ Length of relationship: _____ Relationship status? _____

History of D.V. _____

Is there an active Order of Protection? Yes No If so, issue date: _____ Court: _____

Who else was present during the attack? _____, _____, _____

Who have you called, texted or spoken with about this incident? _____

MEDICAL

Was the victim transported to the hospital? Yes No Refused Transporting EMS: _____

Name of Hospital: _____ Medical Professional: _____

Medical Release obtained? Yes No Is the victim pregnant? Yes No If so, how far along? _____

Recent Hospital, ER, or Urgent Care visits? _____

MANNER AND METHOD OF STRANGULATION/SUFFOCATION

CHECK ALL THAT APPLY: One Hand (L or R) Two Hands Forearm Knee/Foot Strangulation Hold
Object over Nose & Mouth (Manual or Object) Ligature Pressure to Chest/Abdomen Other: _____

Describe: _____

Duration the victim was strangled/suffocated: _____ Sec. Min. Unsure Multiple times? Yes No Do you have pain now? Yes No

Describe: _____

Were you simultaneously shaken while being strangled? Yes No Unsure Was your head hit in any way? Yes No Unsure

Pressure exerted on your neck/nose/mouth. Select one (1=Weak - 10=Very Strong): 1 2 3 4 5 6 7 8 9 10

Extent of pain experienced during strangulation/suffocation. Select one (1=Weak - 10=Very Strong): 1 2 3 4 5 6 7 8 9 10

Did you lose of consciousness? Yes No Unsure Have there been prior incidents of strangulation/suffocation? Yes How many times? _____ No

Describe: _____

VICTIM'S BREATHING:

Was there a time when you could not talk or scream while being strangled? Yes No Was it difficult for you to breathe? Yes No

Describe your ability to breathe. Select one (1=Normal-10=Unable to breathe): 1 2 3 4 5 6 7 8 9 10

Pain while breathing? Yes No Shallow breathing? Yes No Clearing of the throat? Yes No Rapid breathing? Yes No

Any other changes to your breathing? Yes No Describe: _____

INTENTION/OFFENDER MENTAL STATE

What did the offender say during/after the attack? _____

What did you think was going to happen to you? _____

What caused the attack to stop? _____

Describe the offender's demeanor and facial expressions during the attack: _____

INVESTIGATIVE/CRIME SCENE/ADVOCACY

Lethality/Risk/Danger Assessment completed _____

DV Forensic Exam completed by a Forensic Nurse Examiner _____

Does the Offender have access to firearms? Yes No Location of firearms: _____ Firearms seized? _____

Photographs of all Injuries and physical evidence: Victim Suspect Scene(s). Taken by: _____

Audio Recordings of all interviews _____ Body-worn Camera Recording _____

Evidence Collection (ligature, weapon, soiled clothing, surveillance videos, cell phone messages/voice recordings, etc.) _____

Detective notified or responded: _____

Victim Advocate notified: _____ DV Pamphlets/Crisis/Referral Information given to the victim _____

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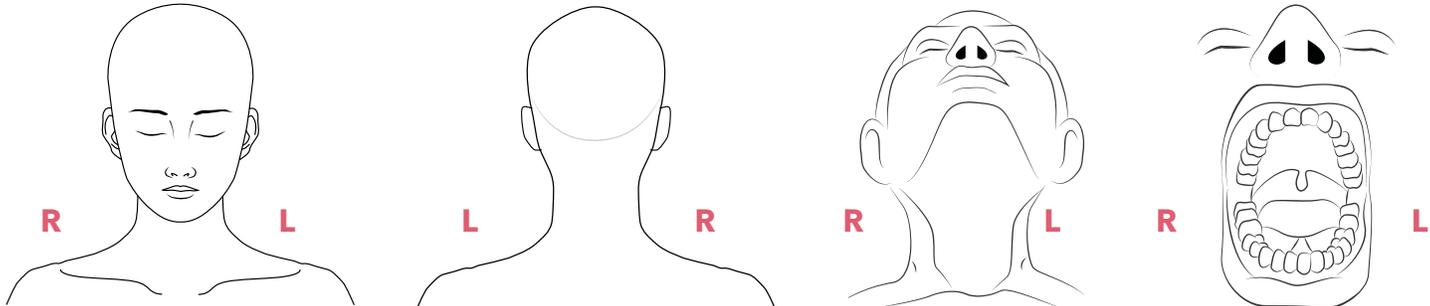
SYMPTOMS

SYMPTOMS	DURING	AFTER	UNSURE	NO	DESCRIPTION
Headache					
Dizziness/Feel Faint					
Disoriented					
Loss or changes in vision					
Loss or changes in hearing					
Raspy/Hoarse Voice					
Difficulty Speaking					
Unable to Speak					
Painful to Swallow					
Trouble Swallowing					
Sore Throat					
Neck Pain					
Coughing					
Nausea					
Vomiting/Dry Heaving					
Physical Pain					
*Involuntary Urination					
*Involuntary Defecation					
Other					

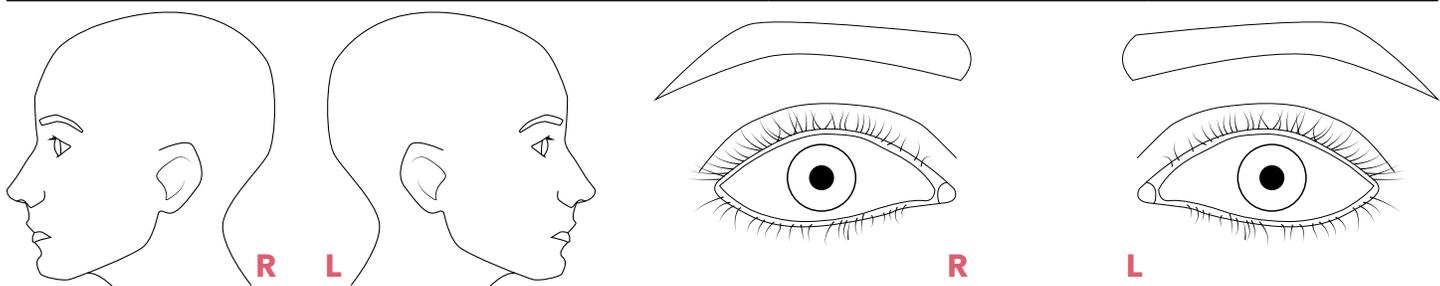
*Is the victim wearing the same clothes that they were wearing during the attack? Did they change clothes?

VISIBLE SIGNS

NECK			HEAD	
Redness or Bruising	Location:		Bumps	Hair pulled
Scratches/Abrasions	Impression marks	Location:	Petechiae on scalp	Hair missing
Ligature Marks	Petechiae	Location:	Scratches/Abrasions	Laceration(s)
Describe:			Describe:	



CHEST	SHOULDERS	UNDER CHIN	MOUTH
Redness or Bruising	Redness or Bruising	Redness or Bruising	Swollen Lip(s)
Scratches/Abrasions	Scratches/Abrasions	Scratches/Abrasions	Abrasions/Lacerations
Laceration(s)	Laceration(s)	Laceration(s)	Swollen tongue
Describe:	Describe:	Describe:	Petechiae (palate)



FACE	EARS	NOSE	EYES & EYELIDS	
Redness or Flushed	Swelling	Scratches/Abrasions	Petechiae in eye(s)	Right Left
Scratches/Abrasions	Bruising	Swelling	Petechiae in eyelid(s)	Right Left
Petechiae	Petechiae	Nasal fracture	Blood in eyeball(s)	Right Left
Bruising	Bleeding from ear(s)	Petechiae	Orbital fracture(s)	Right Left