

Attachment Three (3)

CDV Fatality Review Team Agenda
March 19, 2018

Contents: Data Collection Tool

**Nevada Office of the Attorney General,
Committee on Domestic Violence, Fatality Review Team (FRT)**

Data Collection Instrument – Created by Washoe County FRT

Personal History – Victim

1. Name: _____
2. DOB: _____
3. Gender: Male Female
4. Race: _____
5. Employed: Yes No
If yes, occupation? _____
6. US. Citizen: Yes No
If no, immigration status? _____
7. Veteran: Yes No
8. Disabled: Yes No
9. Pregnant: Yes No
If yes, gestation? _____
10. Alcohol Use: Yes No
11. Illegal Drug Use: Yes No
12. Prescribed medications: Yes No
13. Criminal History: Yes No

14. Incarceration History: Yes No

15. Parole/Probation/Suspended Sentence: Yes No

16. Mental Health History: Yes No

16. History of Suicide Attempts/Threats? Yes No

17. CPS history Yes No: _____

Personal History – Perpetrator

1. Name: _____
2. DOB: _____
3. Gender: Male Female
4. Race: _____
5. Employed: Yes No
If yes, occupation? _____
6. US. Citizen: Yes No
If no, immigration status? _____
7. Veteran: Yes No
8. Disabled: Yes No
9. Pregnant: Yes No
If yes, gestation? _____
10. Alcohol Use: Yes No
11. Illegal Drug Use: Yes No
12. Prescribed medications: Yes No
13. Criminal History: Yes No

14. Incarceration History: Yes No

15. Parole/Probation/Suspended Sentence: Yes No

15. Mental Health History: Yes No

16. History of Suicide Attempts/Threats? Yes No

17. CPS history Yes No : _____

RELATIONSHIP HISTORY

18. Relationship Status: (Check all that apply) Married Divorced Separated Boyfriend/Girlfriend Cohabitants
 Ex-Boyfriend/Girlfriend Sexual Relationship Blood Related Related by Marriage Same Sex Relationship Other

Notes: _____

Duration/Timeline of Relationship? _____

Other relationship details: _____

CHILD HISTORY

19. Did the victim and perpetrator have children together Yes No
If yes, were they Biological Step children Adopted Foster child Other _____

20. What were the living arrangements of the children? _____

21. Did the child/children ever witness domestic violence within the home? Yes No
If yes, please describe: _____

22. Has the family and children been involved with CPS? Yes No
a.) If yes, what were the allegations of abuse and/or neglect? _____

- b.) Were any of the allegations substantiated? Yes No
If yes, provide details: _____

DOMESTIC VIOLENCE HISTORY

23. Victim (Check all that apply)

- Domestic Violence current partner
- Domestic Violence past partner (s)
- Domestic Violence childhood/home
- Childhood sexual abuse
- Childhood physical abuse
- Adult sexual abuse/rape
- Animal abuse current partner
- Animal abuse past partner(s)
- Stalking/Harassment current partner
- Stalking/Harassment past partner(s)
- Protection Order current partner
- Protection Order past partner(s)
- Availability/access to firearms

* Protection Order includes temporary, extended, stalking, etc.

Notes: _____

23. Perpetrator (Check all that apply)

- Domestic Violence current partner
- Domestic Violence past partner (s)
- Domestic Violence childhood/home
- Childhood sexual abuse
- Childhood physical abuse
- Adult sexual abuse/rape
- Animal abuse current partner
- Animal abuse past partner(s)
- Stalking/Harassment current partner
- Stalking/Harassment past partner(s)
- Protection Order current partner
- Protection Order past partner(s)
- Availability/access to firearms

* Protection Order includes temporary, extended, stalking, etc.

Notes: _____

24. Agency Contacts: (Check all that apply) CPS Social Services Local Law Enforcement Probation/Parole
 Counseling Batterer's Intervention Program Victim Services Mental Health Services Hospitals Court Services
 Men's Shelters Women's Shelters DV Shelters TPO Office School Districts Clergy Other

25. Stressors: (Check all that apply) Loss of Job Finances Foreclosure/Eviction Illness/Medical Condition Recent loss of loved one Depression/Anxiety Relationship Issues Infidelity Job Issues Family Issues Other

26. Risk Factors: (Check all that apply) Has threatened to/threatens to kill Obsessive Controlling Jealous Children
 Forced Sexual Contact Violent outside of relationship Mentally/Verbally Abusive Stalking Violated TPO Other
 No regard for authority Sleeplessness Degradation of mental/physical/emotional health _____

FATALITY DETAILS

27. Date: _____
28. Time: _____
29. Location of Incident: _____

30. Location of Death: _____

31. Method of Death: _____

32. Manner: (Check all that apply) Homicide Suicide
 Accident Other _____

33. Did perpetrator commit suicide Yes No N/A
 Attempt If yes: How? _____

When? _____
Where? _____

34. Was note left? Yes No Unknown
If yes, describe contents: _____

35. Perp Alcohol/Drug use Yes No

36. Victim Alcohol/Drug use Yes No

37. Sexual Violence/Trauma Yes No If yes, details: _____

38. Children present Yes No If yes, details: _____

39. Injuries: (Check all that apply) Gun shot wounds
 Stab wounds Broken bones Asphyxiation Burns
 Strangulation Cuts/Lacerations Other _____

40. Weapon(s) used: (Check all that apply) Gun Blunt
Object Knife/Cutting Instrument Hands, Fist, Feet
 Unknown Other Weapon _____

41. Others present Yes No If yes, details: _____

42. Toxicology findings: _____

