

DATES: Month, Day, Year, Time (24 hrs), Address of Occurrence, APT #, Precinct (NYCV/CTV), Aided # (NYC), Complaint #. How can we safely contact you? (e.g. Name, Phone). Officer-Initiated Radio Run Walk-In

VICTIM/PARTY 1 (P1): Name (Last, First, M.I.) / (include aliases), Phone, DOB, Month, Day, Year, Age, Male/Female. Street & City, APT #, Zip. If non-English, language: Spanish Chinese Other. Injured? Removed to Hospital? Race: White Black Asian Hispanic Non-Hispanic Unknown. Describe: what hospital? Notes (e.g. special needs, disability, requests):

SUSPECT / PARTY 2 (P2): Name (Last, First, M.I.) / (include aliases), Phone, DOB, Month, Day, Year, Age, Male/Female. Street & City, APT #, Zip. If non-English, language: Spanish Chinese Other. Injured? Removed to Hospital? Race: White Black Asian Hispanic Non-Hispanic Unknown. Describe: what hospital? LIVING SITUATION: Do parties currently live together? Relationship: Married Formerly Married Intimate Partner/Dating Former Intimate/Dating Child of victim/party I Parent of victim/party I Relative: Other: Prior DV History? Prior DV police report? Victim fearful? Access to weapons? Suspect: Drug/Alc History? Suspect: Hx suicide threat? Suspect: Probation/Parole?

ASSOCIATED PERSONS: 1. Name (Street / APT# / City, if needed), Phone, DOB, Month, Day, Year, Relationship to victim / P1. 2. 3.

SUSPECT ACTIONS: (Check all that apply) Biting, Destroyed Property, Forced Entry, Forcible Restraint, Hair Pulling, Homicide, Impaired Alcohol/Drugs, Injury to Child, Injury to Other Persons, Injury to Pet/Animal, Interference with Phone, Intimidation/Coercion, Kicking, Punching, Pushing, Sexual Assault, Shooting, Slapping, Slamming Body, Stabbing, Strangulation/"Choking", Suicide or Attempt, Threw Items, Unwanted Contact, Verbal Abuse, Violated Visitation/Custody Conditions, OTHER Suspect Actions. Threats: (specify) Injure/Kill Persons, Injure/Kill Self, Injure/Kill Pet/Animal, Take Child, Destroy/Take Property. Threat with weapon. Weapons used: (specify) Blunt Object, Gun, Motor Vehicle, Sharp Instrument, Other.

ARREST: Arrest Made? Arrest #, Reasons arrest not made on-scene: No Offense Committed, No Probable Cause, Suspect Off-Scene. Warrant/Criminal Summons to be requested, Violation level: not in police presence (no citizen's arrest), Other.

OFFENSES & OP: Offenses, Law (e.g. PL), Section (Sub), Charges Filed. Offenses Involved: (check all that apply) Felony, Misdemeanor, Violation, Other (Specify). Registry Checked?, Order of Protection?, Stay Away Order?, Order Violated?, Any PRIOR orders? OP Court Name: Family Criminal Supreme, Out of State Tribal. Expiration Date, Month, Day, Year.

STOP! COMPLETE STATEMENT ON PAGE 2 NEXT

INVESTIGATION: Photos Taken? IF YES, photos taken of: Victim Injuries, Suspect Injuries, Scene, Damaged Property, Other. Other evidence collected? IF YES, describe.

Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made? Yes No (Complete 710.30 or other form when applicable).

OTHER AGENCIES involved with the parties or incident (e.g. advocates, hospital, probation): Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522. Guns in House, Guns Seized, Has Permit, Permit Seized, Issuing County, Permit #(s), Name on Permit(s).

CONTACTS INITIATED BY POLICE: Adult Protective Services, Child Protective Services (or ACS), Domestic Violence Services, Firearms Licensing, Mental Health, Parole, Probation, Rape Crisis, Other Agency, Date, Who was notified?, Notified by (initial):

Officer's Signature (& Rank) (PRINT and SIGN) ID, Month, Day, Year. 1. Was DIR given to the victim at the scene? Yes No. 2. Was Victim Rights Notice given to victim? Yes No. IF NO, give reason: Supervisor's Signature (& Rank) (PRINT and SIGN)

