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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TRAINING INSTITUTE on STRANGULATION PREVENTION

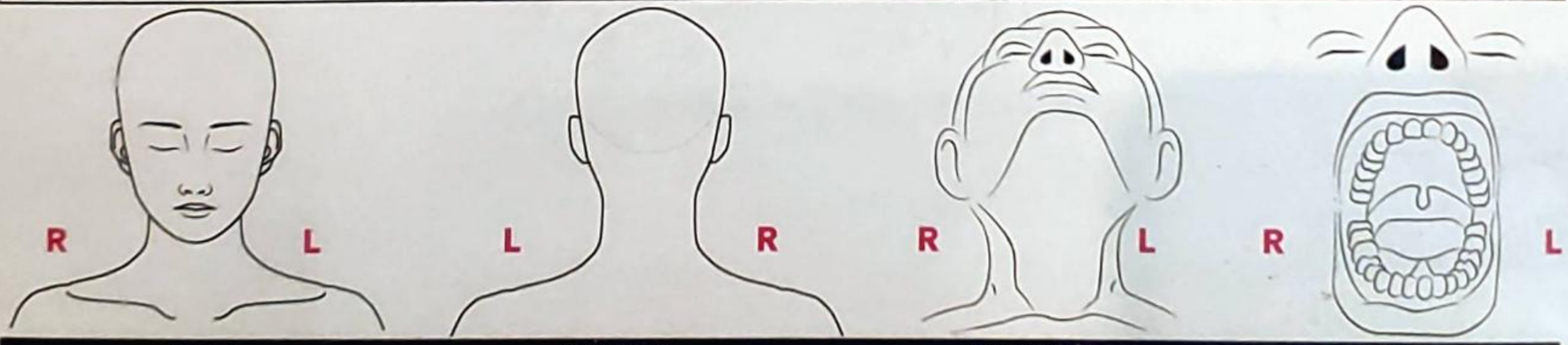
SYMPTOMS

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					

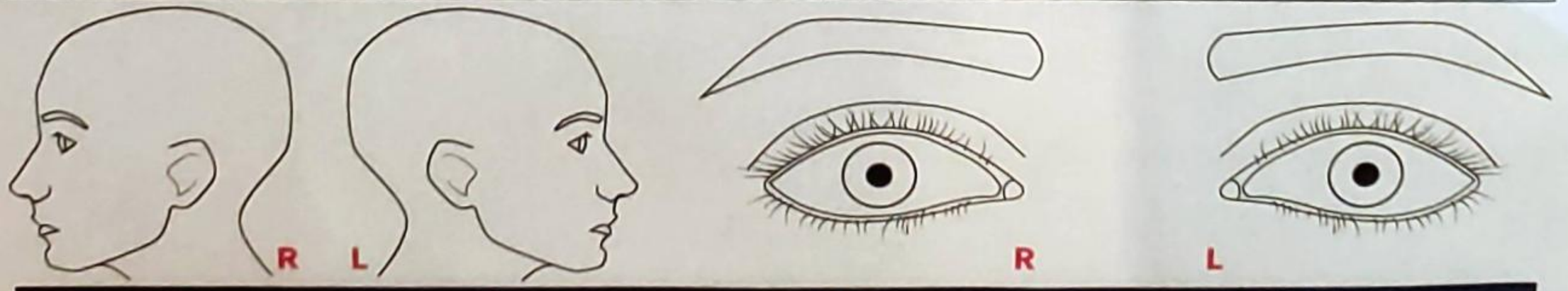
*Is the victim wearing the same clothes that they were wearing during the attack? Did they change clothes?

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	Right	Left	Nasal fracture	Blood in eyeball(s)	Right	Left
Bruising	Bleeding from ear(s)	Right	Left	Petechiae	Orbital fracture(s)	Right	Left