



Revised 02/20/2004

**Harris County Domestic Violence Coordinating Council  
Adult Violent Death Review Team  
CASE REPORT FORM**

| SECTION 1. PERSONAL IDENTIFIERS (VICTIM INFORMATION)  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
|---|--|----------------------|----------------|-------------|---------------------|----------------------|----------------|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|
| <b>1. Victim's Name (last, first, middle):</b>  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>2. State Death Certificate #:</b>  | <b>2a. Autopsy Report #:</b>                         |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>3. Date of Death:</b> ____/____/____   | <b>4. County of Residence:</b>                       |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>5. Race/Ethnicity:</b> White Black Hispanic<br>Other (Specify)_____  | <b>6. Sex:</b> M F                                   |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>7. Date of Birth:</b> ____/____/____   | <b>8. History of Substance Abuse:</b> Yes No Unknown |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>8a. Abuse of alcohol?</b> Yes No Unknown   | <b>8b. Abuse of illicit drugs?</b> Yes No Unknown    |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>9. Substance use during homicide?</b> Yes No Unknown   |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>9a. Use of alcohol?</b> Yes No Unknown   | <b>9b. Use of illicit drugs?</b> Yes No Unknown      |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>10. History of Mental Illness?</b> Yes No Unknown  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>10a. Diagnosis or treatment for mental health?</b> Yes No Unknown  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>10b. Victim of child abuse/neglect—physical?</b> Yes No Unknown  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>10c. Victim of child abuse—sexual?</b> Yes No Unknown  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <b>11. Criminal History?</b> Yes No   |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| <p><b>If yes, please provide the following information for each offense:</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black; width: 25%;"><u>Case</u></th> <th style="text-align: center; border-bottom: 1px solid black; width: 25%;"><u>Offense Type</u></th> <th style="text-align: center; border-bottom: 1px solid black; width: 25%;"><u>Charges Filed</u></th> <th style="text-align: center; border-bottom: 1px solid black; width: 25%;"><u>Outcome</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">11a.</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">11b.</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">11c.</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">11d.</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table> |  |                      |                | <u>Case</u> | <u>Offense Type</u> | <u>Charges Filed</u> | <u>Outcome</u> | 11a. |  |  |  | 11b. |  |  |  | 11c. |  |  |  | 11d. |  |  |  |
| <u>Case</u>   | <u>Offense Type</u>                                  | <u>Charges Filed</u> | <u>Outcome</u> |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| 11a.  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| 11b.  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| 11c.  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |
| 11d.  |  |                      |                |             |                     |                      |                |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |

| <u>Case</u> | <u>Offense Type</u> | <u>Charges Filed</u> | <u>Outcome</u> |
|-------------|---------------------|----------------------|----------------|
| 11e.        | _____               | _____                | _____          |
| 11f.        | _____               | _____                | _____          |

12. Was the victim on probation at the time of the homicide?    Yes    No    Unknown

13. Was the victim on parole at the time of the homicide?        Yes    No    Unknown

**SECTION 2. PERSONAL IDENTIFIERS (PERPETRATOR INFORMATION)**

1. Perpetrator's Name (last, first, middle):

2. County of Residence:

|  |                           |
|--|---------------------------|
| 3. Race/Ethnicity:    White    Black    Hispanic<br>Other (Please Specify) _____ | 4. Sex:        M        F |
|--|---------------------------|

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. History of Substance Abuse:    Yes    No    Unknown

|   |   |
|---|---|
| 6a. Abuse of alcohol?    Yes    No    Unknown | 6b. Abuse of illicit drugs?        Yes    No    Unknown |
|---|---|

7. Substance use during homicide?        Yes    No    Unknown

|   |   |
|---|---|
| 7a. Use of alcohol?    Yes    No    Unknown | 7b. Use of illicit drugs?        Yes    No    Unknown |
|---|---|

8. History of Mental Illness?                Yes    No    Unknown

8a. Diagnosis or treatment for mental health?        Yes    No    Unknown

8b. Victim of child abuse/neglect—physical?        Yes    No    Unknown

8c. Victim of child abuse—sexual?                Yes    No    Unknown

9. Criminal History?    Yes    No

If yes, please provide the following information for each offense:

| <u>Case</u> | <u>Offense Type</u> | <u>Charges Filed</u> | <u>Outcome</u> |
|-------------|---------------------|----------------------|----------------|
| 9a.         | _____               | _____                | _____          |
| 9b.         | _____               | _____                | _____          |
| 9c.         | _____               | _____                | _____          |
| 9d.         | _____               | _____                | _____          |
| 9e.         | _____               | _____                | _____          |
| 9f.         | _____               | _____                | _____          |

10. Was the perpetrator on probation at the time of the homicide? Yes No Unknown

11. Was the perpetrator on parole at the time of the homicide? Yes No Unknown

**SECTION 3. NATURE OF RELATIONSHIP**

**1. Victim's Relationship to Perpetrator (at time of the homicide):**  
  
1 Spouse or Common Law  
2 Ex-Spouse or Ex-Common Law  
3 Boyfriend or Girlfriend  
4 Ex-Boyfriend or Ex-Girlfriend

**2. Same Gender Relationship:** Yes No  
  
**3. Habitation Status:**  
1 Living together at time of homicide  
2 Separated and divorce pending  
3 Separated and divorce final  
4 Previously lived together, no divorce filed  
5 Never lived together

**4. Victim and Perpetrator have Children Together:** Yes No How Many? \_\_\_\_\_

**First Child: Age \_\_\_\_\_**  
Biological child of the victim: Yes No  
Biological child of the perpetrator: Yes No  
Present during murder: Yes No  
Witnessed murder: Yes No

**Living in Household: Yes No**

**Second Child: Age \_\_\_\_\_**  
Biological child of the victim: Yes No  
Biological child of the perpetrator: Yes No  
Present during murder: Yes No  
Witnessed murder: Yes No

**Living in Household: Yes No**

**Third Child: Age \_\_\_\_\_**  
Biological child of the victim: Yes No  
Biological child of the perpetrator: Yes No  
Present during murder: Yes No  
Witnessed murder: Yes No

**Living in Household: Yes No**

**Fourth Child: Age \_\_\_\_\_**  
Biological child of the victim: Yes No  
Biological child of the perpetrator: Yes No  
Present during murder: Yes No  
Witnessed murder: Yes No

**Living in Household: Yes No**

**Fifth Child: Age \_\_\_\_\_**  
Biological child of the victim: Yes No  
Biological child of the perpetrator: Yes No  
Present during murder: Yes No  
Witnessed murder: Yes No

**Living in Household: Yes No**

**Sixth Child: Age \_\_\_\_\_**  
Biological child of the victim: Yes No  
Biological child of the perpetrator: Yes No  
Present during murder: Yes No  
Witnessed murder: Yes No

**Living in Household: Yes No**

**SECTION 4. MEDICAL INJURIES/AUTOPSY FINDINGS**

**1. Location of Homicide:** Key Map Designation \_\_\_\_\_ Census Tract \_\_\_\_\_

**2. Site of Homicide (Choose One Only):**

- 1 Shared Residence
- 2 Victim's Residence
- 3 Perpetrator's Residence
- 4 Victim's Workplace
- 5 Parking Lot
- 6 Street

**2a. Other (Please Specify)** \_\_\_\_\_

**3. Homicide Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Day of Week:**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

**5. Time of Homicide:** \_\_\_\_:\_\_\_\_ (Use 24 Hour Clock)

**5a. Date Pronounced Dead:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**5b. Time Pronounced Dead:** \_\_\_\_:\_\_\_\_ (Use 24 Hour Clock)

**6. Weapon/Method Used:**

- 1 Handgun
- 2 Shotgun
- 3 Rifle
- 4 Other (Please Specify) 6a. \_\_\_\_\_
- 5 Knife (Please Specify) 6a. \_\_\_\_\_
- 6 Blunt Object (Please Specify) 6a. \_\_\_\_\_
- 7 Drowning
- 8 Hanging

**7. Was a Sexual Assault Analysis Conducted?**      Yes      No      Unknown  
7a.      If yes:      Positive      Negative

**8. What injuries did the victim suffer? (circle all that apply):**

- a. gunshot/s
- b. stab/incised wounds
- c. broken bones/cartilage
- d. cuts/abrasions
- e. strangulation
- f. lacerations/slashes/gashes
- g. burns
- h. smoke inhalation
- i. bruises/contusions/hematomas
- j. other
- k. (Please Specify) \_\_\_\_\_

**9. Murder-Suicide**      Yes      No

**10. Murder-Attempted Suicide**      Yes      No

**11. Others Injured:**      Yes      No

**11a. (Please Specify)** \_\_\_\_\_



