Case ID number: ______________________________________

Confidential Solano County Domestic Violence Death Review Case Review Form (Penal Code 11163 et seq)

IDENTIFYING INFORMATION

I. Decedent Identification

1. Decedent's name: (First, M. Last) / /			2. Date of Birth (mm/dd/yyyy)	3. Date of Death (mm/dd/yyyy)
4. County of Death	5. Gender ☐ Female ☐ Male 6. Age, years:		7. Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single	8. Place of residence ☐ House/Apt. ☐ Shelter ☐ Friend's house ☐ Family's house ☐ Other:
9. Residence County	10.Zip code	11. Race/Ethnicity (check all that apply) ☐ African Am ☐ Asian: ☐ Caucasian ☐ Hispanic/Latino ☐ Native Am ☐ Pacific Is ☐ Other:		

II. Assigned Identification Number: DVDRT - -

DVDRT-Number sequence of cases reviewed (e.g., 1, 2, etc) –Year

III. Reasons Why Case Was Assigned to Death Review Team

Why was this case referred to DVDRT? Was this death a result of domestic violence or was there a history of domestic violence?

CAUSE AND CIRCUMSTANCES OF DEATH

IV. General Information

1. Cause of death from death certificate or autopsy report	2. Autopsy Performed? Autopsy Number: ☐ Yes full ☐ Yes partial: ☐ No ☐ Pictures Reviewed
3a. Other significant contributing conditions to death: 3b. Were weapons (gun, knife, blunt object, rope, etc) used? 3c. Place where DV incident occured?	
4. Place of Death: ☐ Decedent's home ☐ Relative's home (which relative?) ☐ Friend's home ☐ Shelter: _____________ ☐ Workplace: ________ ☐ Suspect's home: ____ _________ ☐ Hospital: _________ ☐ Other:	
5. Did decedent have children? ☐ Yes, names and ages: ☐ No	6. Were children present at time of death? ☐ Yes, describe circumstances: Children were ☐ Decedent's ☐ Suspects ☐ Relatives ☐ Friends ☐ Strangers ☐ No children were present
7. Were services offered to the children post death? ☐ Yes, explain: ☐ No	8. Where are children currently residing? ☐ Father ☐ Foster care ☐ Kinship care (which relative) ☐ Unknown ☐ Other:
9. Custody of children ☐ Decedent had full custody ☐ Shared custody, define: ☐ No custody order in place	10. Visitation ☐ Supervised, describe frequency and location of supervision: ☐ Unsupervised, describe frequency:
11. Where were children residing at the time of the lethal incident?	

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V. Narrative summary of cause and circumstances of death

DEATH INVESTIGATION INFORMATION

VI. Decedent's Medical/Mental Health Information

1. Was decedent pregnant at time of death?
- ☐ Yes, number of weeks of gestation
- ☐ No

2. Decedent's pregnancy history:
- ☐ None
- ☐ Yes, decedent had _____ pregnancies
  - ☐ Decedent had ______ number of live births
  - ☐ The following children were fathered by the suspect:

Name:_____________ ☐ Complications during pregnancy ☐ Low birth weight ☐ Premature birth ☐ Other:

Name:_____________ ☐ Complications during pregnancy ☐ Low birth weight ☐ Premature birth ☐ Other:

Name:_____________ ☐ Complications during pregnancy ☐ Low birth weight ☐ Premature birth ☐ Other:

Name:_____________ ☐ Complications during pregnancy ☐ Low birth weight ☐ Premature birth ☐ Other:

3. Was the decedent battered during pregnancy?
- ☐ Yes, explain:
- ☐ No

4. Were there other injuries sustained by the decedent other than those that caused the death?
- ☐ Yes, explain:
- ☐ No

5. Was decedent sexually assaulted during fatal assault?
- ☐ Yes
- ☐ No

6. Other life problems for Decedent
- ☐ Hx of Alcohol Abuse
- ☐ Hx of Mental Illness
- ☐ Hx of Drug Abuse:
- ☐ Hx of Depression
- ☐ Hx of Suicidal ideation/actions
- ☐ Hx of DV in previous relationships
- ☐ Other:

7. Describe Decedent's contact with health professionals during the 6 months prior to death:
- ☐ Physician:
- ☐ ER:
- ☐ Case Manager:
- ☐ Other:

What was the nature of the contact?

VII. Decedent's Relationship to Suspect

1. Decedent's relationship to suspect?
- ☐ Spouse
- ☐ Former spouse
- ☐ Boyfriend/girlfriend
- ☐ Former boyfriend/girlfriend
- ☐ Co-habitants
- ☐ Former co-habitants
- ☐ Share children in common
- ☐ Child
- ☐ Parent

2. Was Decedent leaving or attempting to leave relationship?
- ☐ Yes, describe:
- ☐ No

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VIII. Alleged Perpetrator Information (if applicable)

1. Name of Alleged Perpetrator: (First, M. Last) / / AKA's:	2. Age	3. Additional Suspects:

4. Gender of Alleged Abuser
- ☐ Male ☐ Female

5. Race/Ethnicity (check all that apply)
- ☐ African Am ☐ Asian: ☐ Caucasian ☐ Hispanic/Latino
- ☐ Native Am ☐ Pacific Is ☐ Other:

6. Relationship of alleged abuser with Decedent:
- ☐ Son
- ☐ Daughter
- ☐ Boyfriend
- ☐ Girlfriend
- ☐ Wife
- ☐ Sibling
- ☐ Husband
- ☐ Other Relative
- ☐ Friend/Acquaintance
- ☐ Same sex partner
- ☐ Other:

Additional Details:

7. Describe circumstances and length of relationship:

8. Did Alleged Abuser Display Risk Behaviors?
- ☐ Hx of DV/Intimate Partner Violence against decedent
- ☐ Hx of DV/Intimate Partner Violence in prior relationships
- ☐ Hx of CPS reports against decedent
- ☐ Hx of CPS reports against suspect
- ☐ Hx of APS reports against suspect
- ☐ Cruelty to animals
- ☐ Criminal history
- ☐ Alcohol problem/abuse
- ☐ Drug problem/abuse
- ☐ Mental health problems
- ☐ Financial problems
- ☐ Unemployment
- ☐ Other:

9. Did alleged abuser gain financially from Decedent's death?
- ☐ Yes, describe:
- ☐ No

10. Was there a protective order in place between Decedent and alleged perpetrator? If so what type?
- ☐ No, explain:
- ☐ Emergency Protective Order, Jurisdiction
- ☐ Temporary Restraining Order, Jurisdiction
- ☐ Criminal Restraining Order, Jurisdiction
- ☐ No contact order, Jurisdiction
- ☐ Military Protection Order, Jurisdiction

Who was covered under the protective/restraining order?

11. Type of abuse suspected:
☐ Physical Abuse ☐ Sexual abuse ☐ Stalking ☐ Isolation ☐ Threats, explain: ☐ Other:

12. Narrative summary of type of abuse suspected:

IX. Decedent's Contact with Domestic Violence Advocates/Shelter

Name of Shelter/Agency:	
1. Number of referrals regarding Decedent:	2. Date of first referral/contact (mm/yy):
3. Describe what led to referral(s):	
4. Describe actions taken by Advocate/Shelter:	

X. Decedent's Contact with Other Support Services

Name of Agency/Department:	
1. Number of referrals regarding Decedent:	2. Date of first referral (mm/yy): Additional referral dates:
3. Describe what led to the referral(s):	
4. Describe actions taken by service provider:	

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XI. Decedent's Contact with Emergency Medical Services (EMS)

Name of Agency/Department:	
1. Number of EMS contacts regarding Decedent:	2. Date of first EMS contact (mm/yy): Additional contact dates:
3. Describe what led to EMS contact(s):	
4. Describe actions taken by EMS:	

XII. Decedent's Contact with Law Enforcement

Name of Agency/Department:	
1. Number of police contacts regarding Perpetrator: Or Decedent:	2. Date of first police contact (mm/yy): Report #:
3. Additional Police contacts/report #:	
3. Describe what led to police contact(s):	
4. Describe actions taken by police:	

XIII. Decedent's Contact with Other Agency (DA, Victim Witness, etc)

Name of Agency/Department:	
1. Number of contacts regarding Decedent:	2. Date of first contact (mm/yy): Additional contact dates:
3. Describe what precipitated the contact(s):	
4. Describe actions taken:	

XIV. Brief Summary of Case

CONCLUSIONS AND RECOMMENDATIONS FROM TEAM REVIEW

XV. Conclusions

1. Team members present for case: ☐ DA ☐ City Attorney ☐ Victim Witness ☐ Physician ☐ Medical Examiner ☐ EMS ☐ APS ☐ Police ☐ Social Worker ☐ CPS ☐ Probation ☐ Courts ☐ Others:	
2. Was death a result of domestic violence? ☐ Yes ☐ No ☐ Unclear Explain:	3. Did abuse directly contribute to Decedent's death? ☐ Yes ☐ No ☐ Unclear Explain:

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XVI. Recommendations and Preventive Actions

1. Did Team Review recommend additional investigation? ☐ Yes ☐ No ☐ NA	1a. If Yes, explain:
2. Were policy or practice issues raised? ☐ Yes ☐ No ☐ NA	2a. If Yes, explain:
3. Were system issues raised? ☐ Yes ☐ No ☐ NA	3a. If Yes, explain:
4. Describe recommendations or prevention activities proposed by the team?	
5. What changes, if any, have been made as a result of this Case Review? ? (Please update later if new information becomes available)	

Case Presented by: Date:

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