

**APPENDIX 13**



**Domestic Violence Supplementary Report**



# DOMESTIC VIOLENCE SUPPLEMENTARY REPORT

To be completed for all Domestic Violence occurrences and a copy attached to Bail briefs where applicable.

Date of This Report 01/02/17 Time: 1645 Occurrence # \_\_\_\_\_  
 Date of Incident \_\_\_\_\_ Time: \_\_\_\_\_  
 Investigating Officer \_\_\_\_\_ Division/Detachment: \_\_\_\_\_

### VICTIM:

(Surname, First Name)(to include birth name)

Relationship to Suspect/Accused  Married  Common-Law  Separated (includes break-up of a dating or common-law relationship)  Divorced  
 Child in Common  Dating (includes extra-marital affair)  Same gender couple

Condition of Victim at time of interview (duration of time passed since incident occurred: )  
 Crying  Angry  Nervous  Hysterical  Upset  Calm  
 Drugs  Alcohol  Afraid  Other / Specify: \_\_\_\_\_

Victim Vulnerability  Immigration Status  geographic/community isolation  children  language  
 lack of access to telephone/other means of communication  other considerations

Medical Treatment  Not Required  Refused  Will Seek Own  To Hospital by Ambulance  Other  
 Medical Release Signed  YES  NO  Refused/Specify: \_\_\_\_\_

Describe all injuries (include part of body injured and appearance, and date of observations)

Children Present  YES  NO AGES: \_\_\_\_\_ Violence  Directly Assaulted  Witnessed  Heard  
 CAS Notified  YES  NO Notified by: \_\_\_\_\_ Name of CAS Contact: \_\_\_\_\_

SUSPECT/ ACCUSED: \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Surname, First Name, alias if applicable)

Address \_\_\_\_\_  
 Charge(s) Laid \_\_\_\_\_

Condition of Suspect/Accused  Drugs  Alcohol  Angry  Threatening  Apologetic  Upset  Nervous  Crying  Calm Other / Specify: \_\_\_\_\_

Medical Treatment  Not Required  Refused  Will Seek Own  To Hospital by Ambulance  Other

Describe all injuries (include part of body injured and appearance and date of observations)

### HISTORY (SUSPECT/ACCUSED)

CPIC checked:  On File  Not on File Checked by: \_\_\_\_\_ Criminal Record NO  YES (attach)  
 810 Peace Bond  Probation  
 Parole  Breach of Parole Certificate  
 Conditional Sentence  
 Local RMS checked:  On File  Not on File Storage location: \_\_\_\_\_  
 Bail release with conditions  FAC/PAL/POL\*\*  FAC/PAL/POL\*\*  Possesses Firearms,  Other Current Court Orders  
 Refused/ Revoked  Other weapons  Breach of any Court Orders

Driver's License  Vehicle access  
 Outstanding Charges file attached:  Name of Probation Officer and Probation and Parole Officer contacted (if applicable): \_\_\_\_\_  
 Previous occurrences related to domestic violence:  Yes  No

Previous Incidents Reported To:	No. of Incidents	Brief Details (include date and nature of injuries)
<input type="checkbox"/> Regional Police Service		
<input type="checkbox"/> Municipal Police Service		
<input type="checkbox"/> OPP (including previous org. #)		
<input type="checkbox"/> Another Police Service		
<input type="checkbox"/> Victim Services		
<input type="checkbox"/> Hospital		
<input type="checkbox"/> Other Agency		
<input type="checkbox"/> Unreported		

\*\*FAC- Firearms Acquisition Certificate  
 \*\*PAL- Possession and Acquisition Licence  
 \*\*POL- Possession Only Licence

**EVIDENCE:**

Statements:

VICTIM:  None  Written  Audio  Video  other corroborating evidence KGB warned:  YES  NO

Children:  None  Written  Audio  Video

Caller:  None  Written  Audio  Video

Witness (es):  None  Written  Audio  Video

Police witness (es)  None  Written  Audio  Video

Suspect/Accused:  None  Written  Audio  Video  Utterance

Photographs:

Scene

Relating to Victim:  at the time  48 hrs later

Relating to Suspect/Accused

Videotaping:

Scene Tape No.:

Relating to Victim Tape No.:

Relating to Suspect/Accused Tape No.:

Incident Information:

9-1-1- Call  Non-Emergency Call  None Tape Ordered:  YES  NO

Caller:  Victim  Child (ren)  Suspect/Accused  Other (specify)

Weapons: Involved in incident  YES  No Seized:  YES  No FAC/PAL/POL\*\* seized  YES  No Ammunition Seized  YES  No

Type of Weapon:

Investigative follow-up required:  Yes  No Action Required:

Date Required by: \_\_\_\_\_

**RISK FACTORS:**

To be completed by the investigating officer. Where there are multiple choices circle all that apply!

	YES	NO	U/K
a) Does the victim fear that the suspect/accused will continue the assaults, seriously injure or kill her/him or the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has there been a recent escalation in frequency or severity of assaults/threats against the victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Has there been a recent separation or change in the relationship between the victim and the suspect/accused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Has there been a recent change in the contact between the children and the suspect/accused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Has the suspect/accused experienced any unusually high stress recently, e.g. financial, loss of job, health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Does the suspect/accused have any known mental health problems, or exhibits a loss of touch with reality or bizarre behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Has the suspect/accused ever demonstrated jealousy or obsessive behaviour towards the victim and/or previous partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Has the suspect/accused demonstrated any stalking behaviour towards (a) the victim? (b) Family? or (c) any other person? (e.g. harassing phone calls, watching, threatened or has destroyed the victim's personal property, sending unwanted letters, following/contacting through third party, frequenting workplace etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Does the suspect/accused abuse drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Has there been a noticeable increase in the abuse of drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Is the suspect/accused more angry or violent when using drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Has the suspect/accused ever sexually abused the victim and/or a previous partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Has the suspect/accused threatened/attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Has the suspect/accused threatened to harm/kill the victim or any other family members/acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Has the suspect/accused threatened to or destroyed any of the victim's personal property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Has the suspect/accused injured or killed a pet owned by the victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Does the suspect's/accused's personality feature anger, impulsiveness or poor behaviour control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Does the suspect/accused own/have access to firearms or weapons including a license for the firearm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Has the suspect/accused used or threatened the use of firearms or weapons against the victim/children or any other person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VICTIM ASSISTANCE AND REFERRAL INFORMATION:**

Offered to Contact Police Victim Crisis Assistance and Referral Services(VCARS) (or equivalent)  Yes  No Did Victim Accept offer of VCARS?  Yes  No  
 Victim Support Line Number Provided(Card/Pamphlet) (1-888-579-2888)  Yes  No

Victim Transported to Women's Emergency Shelter  Yes  No Third Party Contact Available  Yes  No  
 Victim Transported to Other Place of Safety  Yes  No

OPP Form LE 237 Personal Safety Plan Provided  Yes  No Victim Impact Statement Process explained  Yes  No

Referral to Sexual Assault/Domestic Violence Care and Treatment Centre (when applicable)  Yes  No Referral to Victim/Witness Assistance Program (VWAP) (when charges laid)  Yes  No

REPORT COMPLETED BY: \_\_\_\_\_ (please print) CHECKED BY SUPERVISOR: \_\_\_\_\_ (please print)

Date of Completion: \_\_\_\_\_ ( Rank, Badge #) Date: \_\_\_\_\_ ( Rank, Badge #)

FOLLOW-UP/BAIL CONDITIONS: