

# Family Violence Offense Report

Submit this form to DPS only if an arrest was made

*(Print or type all entries. See other instructions on the reverse side of this form.)*

<b>1. Arrest</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>2. If Zero Reporting, Enter Period Covered (MM/YY)</b>	<b>3. Case Number</b>	<b>4. Local PD Name</b>	<b>5. Offense Town Code</b>	<b>6. Offense Date</b>	<b>7. Offense Time</b>	
<b>OFFENSE CODES</b> A. Homicide      D. Sexual Assault      G. Breach of Peace B. Assault      E. Criminal Mischief      H. Disorderly Conduct C. Kidnapping      F. Risk of Injury      I. Other/Violation Court Order				<b>8. Enter letter(s) to indicate type(s) of offense(s):</b> _____			
<b>WEAPONS CODES</b> A. Firearm      C. Other Dangerous Weapon (specify) _____ B. Knife      D. Hands, Fists, Feet, etc.				<b>9. Enter the NUMBER of weapons used by type</b> A. _____ C. _____ B. _____ D. _____			
<b>INJURY CODES</b> A. Serious Physical Injury      C. No Apparent Physical B. Minor/Physical Injury      D. Fatal				<b>10. Enter a letter for the most serious type of injury to any victim or "C" if none:</b> _____			
<b>STATUS CODES</b> V. Victim * O. Offender * B. Both/All * Only when arrested for actual family violence		<b>RELATIONSHIP CODES:</b> A. Spouse B. Former Spouse C. Other relative residing in the home		D. Other relative NOT residing in the home E. Persons who are presently living together, have lived together, or ever had a child together. F. Persons in, or who have recently been in, a dating relationship.			
<b>11. STATUS CODES</b>	<b>12. Last Name</b>	<b>13. First Name</b>	<b>14. MI</b>	<b>15. SEX</b>	<b>16. DOB</b>	<b>17. Relationship of VICTIM to Offender code (enter if status is V Victim or B Both/All)</b>	<b>18. Liquor/Drugs Involved?</b> Enter for all persons involved
							Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>19. Prior Court or Foreign Orders?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>20. A Child under 18 years old was:</b> <input type="checkbox"/> A. Involved <input type="checkbox"/> B. Present <input type="checkbox"/> C. N/A					
<b>21. Remarks (optional)</b>							
<b>22. Officer's Name &amp; Rank</b>			<b>23. Badge Number</b>		<b>24. Date of Report</b>	<b>25. Supervisor's Signature &amp; Rank</b>	

## Instructions

- Box 1: Check "Yes" if an arrest was made as a result of this incident.
- Box 2: For local police agencies only: If, at the end of any month, a police department has not submitted an offense report for which an arrest was made, that agency shall submit a "zero report" by completing only boxes 2,4, 5 and 24-25 on an otherwise blank form. In block #2 enter the month and year using two digits for the month and four digits for the year, i.e., 01/00 represents January 2000.
- Boxes 3-5: Self explanatory.
- Box 6-7: If an offense is ongoing, choose a date and time that the offense is reported to have begun.
- Box 8: Self explanatory, except threatening, harassment, and reckless endangerment can be reported as either a breach of peace or as disorderly conduct. Report codes for EACH type of offense present in the offense.
- Box 9: Enter the NUMBER of each type of weapon used, although it is **not** necessary to quantify each body part (hand, fist, foot, tooth, etc) used. If "other dangerous weapon" is selected, write in the object used.
- Box 10: If more than one victim, use the injury code which best describes the most serious type of injury sustained by any **victim**.
- Box 11: Status: enter V for victim, O for offender and B for both when both or all parties were arrested. Do **not** include those persons arrested for related charges, such as interfering. Persons identified as offenders or both must have been arrested for violence against domestic members.
- Boxes 12-16: Self explanatory. If DOB is unknown enter the age or approximate age.
- Box 17: Describe the relationship of the VICTIM to the offender. If more than one offender, describe the closest relationship to any offender. Enter relationship when both/all parties are arrested as victim/offenders (status code "B").
- Box 18: Indicate for each participant whether drug/alcohol usage is believed to be involved.
- Box 19: Indicate whether a prior court order(s), including foreign order(s), applies to the offense participants.
- Box 20: A child is someone under 18 years old who is not functioning in an adult relationship, e.g., not a parent, live-in or boyfriend/girlfriend.
- Box 21: Use REMARKS to explain entries that appear confusing, e.g., same last names but unrelated parties.
- Boxes 22-25: Self explanatory.

## Distribution of Forms

### IF AN ARREST IS MADE:

#### **Local Police Officers**

Send the completed original form (*white copy*) to Department of Public Safety, Crimes Analysis Unit, 1111 Country Club Road, Middletown, CT 06457. The second copy (yellow) is directed to the State's Attorney of the appropriate court. Retain the pink copy in local agency files.

#### **State Police Troopers**

Send the completed original form (*white copy*) to Department of Public Safety, Crimes Analysis Unit, 1111 Country Club Road, Middletown, CT 06457. Second copy (yellow) is directed to the State's Attorney of the appropriate court. The third copy (pink) is sent to Reports & Records with the investigation report. Make two photocopies, one for the troop incident file and one for the arresting trooper's files.

### IF NO ARREST IS MADE:

#### **Local Police Officers**

Keep all three copies in department files.

#### **State Police Troopers**

Send original to Reports & Records.  
Retain second and third copies in troop incident files.