

DO NOT STAPLE

# State of Nevada Domestic Violence Statistical Form

## MARKING INSTRUCTIONS

- Correct
- Wrong
- Make dark marks that fill the circle completely.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.

Incident/case number \_\_\_\_\_

Agency Month Day Year

0 0	Jan	0 0	20	0 0
1 1	Feb	1 1		1 1
2 2	Mar	2 2		2 2
3 3	Apr	3 3		3 3
4 4	May	4 4		4 4
5 5	Jun	5 5		5 5
	Jul	6 6		6 6
	Aug	7 7		7 7
	Sep	8 8		8 8
	Oct	9 9		9 9
	Nov			
	Dec			

### Time of Day

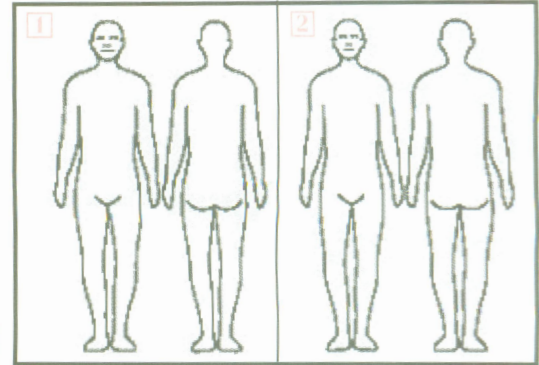
- 0000-0259
- 0300-0559
- 0600-0859
- 0900-1159
- 1200-1459
- 1500-1759
- 1800-2059
- 2100-2359

### Primary Aggressor

- Corroborating Statements
- Defense Wounds
- Injury Severity
- Potential Injury
- Prior History
- Other

### Mutual Combatants

Yes



Victim #1      Victim #2

PO in Effect  Yes

DV card given  Yes

### Associated Crimes

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arson                     | <input type="checkbox"/> Coercion           | <input type="checkbox"/> Murder               |
| <input type="checkbox"/> Assault                   | <input type="checkbox"/> Concealed Weapon   | <input type="checkbox"/> PO Violation         |
| <input checked="" type="checkbox"/> Battery        | <input type="checkbox"/> False Imprisonment | <input type="checkbox"/> Property Destruction |
| <input type="checkbox"/> Breaking & Entering       | <input type="checkbox"/> Harassment         | <input type="checkbox"/> Sexual Assault       |
| <input type="checkbox"/> Burglary                  | <input type="checkbox"/> Kidnapping         | <input type="checkbox"/> Stalking             |
| <input type="checkbox"/> Child Abuse/ Endangerment | <input type="checkbox"/> Larceny            | <input type="checkbox"/> Trespassing          |

### Weapon Used

- Blunt Object
- Handgun
- Hands, Fist, Feet
- Knife or cutting instrument
- Other Firearm
- Other Weapon
- Unknown

If the weapon is hands, fist or feet, you must mark an act.

### Act of Hands, Fist or Feet

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Bite     | <input type="checkbox"/> Punch   | <input type="checkbox"/> Strangulation |
| <input type="checkbox"/> Drag     | <input type="checkbox"/> Push    | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Grab     | <input type="checkbox"/> Scratch | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Headbutt | <input type="checkbox"/> Shake   |  |
| <input type="checkbox"/> Kick     | <input type="checkbox"/> Slap    |  |

### Arrested

- |                              |                              |
|------------------------------|------------------------------|
| Offender #1                  | Offender #2                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  |

### Mitigating Circumstances of No Arrest

- Aggressor Undetermined
- Gone upon arrival
- No evidence of injury
- Not reported in 24 hours
- Other

### Number of children present

Ages	0-3	4-6	7-9	10-12	13-15	16-<18
# of children	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

### Victim #1 Information

Age	Gender	Race	Substance	Injury	Medical	Victim's relationship to offender
<input type="checkbox"/> <18	<input type="checkbox"/> M	<input type="checkbox"/> White	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Minor	<input type="checkbox"/> First Aid	Offender #1 #2
<input type="checkbox"/> 18-24	<input type="checkbox"/> F	<input type="checkbox"/> Black	<input type="checkbox"/> Drugs	<input type="checkbox"/> Moderate	<input type="checkbox"/> Hospital	Offender #1 #2
<input type="checkbox"/> 25-34		<input type="checkbox"/> Am. Ind.	<input type="checkbox"/> Both	<input type="checkbox"/> No Visible	<input type="checkbox"/> None	<input type="checkbox"/> 1 2 Cohabitant
<input type="checkbox"/> 35-44		<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Severe	<input type="checkbox"/> Refused	<input type="checkbox"/> 1 2 Spouse
<input type="checkbox"/> 45-54	<b>Ethnicity</b>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Substance			<input type="checkbox"/> 1 2 Dating
<input type="checkbox"/> 55-64						<input type="checkbox"/> 1 2 Child in Common
<input type="checkbox"/> 65>	<input type="checkbox"/> Hisp					<input type="checkbox"/> 1 2 Blood Relative
<input type="checkbox"/> UNK						<input type="checkbox"/> 1 2 Parent

### Victim #2 Information

Age	Gender	Race	Substance	Injury	Medical	Victim's relationship to offender
<input type="checkbox"/> <18	<input type="checkbox"/> M	<input type="checkbox"/> White	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Minor	<input type="checkbox"/> First Aid	Offender #1 #2
<input type="checkbox"/> 18-24	<input type="checkbox"/> F	<input type="checkbox"/> Black	<input type="checkbox"/> Drugs	<input type="checkbox"/> Moderate	<input type="checkbox"/> Hospital	Offender #1 #2
<input type="checkbox"/> 25-34		<input type="checkbox"/> Am. Ind.	<input type="checkbox"/> Both	<input type="checkbox"/> No Visible	<input type="checkbox"/> None	<input type="checkbox"/> 1 2 Cohabitant
<input type="checkbox"/> 35-44		<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Severe	<input type="checkbox"/> Refused	<input type="checkbox"/> 1 2 Spouse
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<input type="checkbox"/> 65>	<input type="checkbox"/> Hisp					<input type="checkbox"/> 1 2 Blood Relative
<input type="checkbox"/> UNK						<input type="checkbox"/> 1 2 Parent

### Offender #1 Information

Age	Gender	Ethnicity	Race	Substance	Injury	Medical
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<input type="checkbox"/> 18-24	<input type="checkbox"/> 55-64	<input type="checkbox"/> F	<input type="checkbox"/> Black	<input type="checkbox"/> Drugs	<input type="checkbox"/> Moderate	<input type="checkbox"/> Hospital
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65>		<input type="checkbox"/> Am. Ind.	<input type="checkbox"/> Both	<input type="checkbox"/> No Visible	<input type="checkbox"/> None
<input type="checkbox"/> 35-44	<input type="checkbox"/> UNK			<input type="checkbox"/> Unknown	<input type="checkbox"/> Severe	<input type="checkbox"/> Refused

### Offender #2 Information

Age	Gender	Ethnicity	Race	Substance	Injury	Medical
<input type="checkbox"/> <18	<input type="checkbox"/> 45-54	<input type="checkbox"/> M	<input type="checkbox"/> White	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Minor	<input type="checkbox"/> First Aid
<input type="checkbox"/> 18-24	<input type="checkbox"/> 55-64	<input type="checkbox"/> F	<input type="checkbox"/> Black	<input type="checkbox"/> Drugs	<input type="checkbox"/> Moderate	<input type="checkbox"/> Hospital
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65>		<input type="checkbox"/> Am. Ind.	<input type="checkbox"/> Both	<input type="checkbox"/> No Visible	<input type="checkbox"/> None
<input type="checkbox"/> 35-44	<input type="checkbox"/> UNK			<input type="checkbox"/> Unknown	<input type="checkbox"/> Severe	<input type="checkbox"/> Refused

For additional victims or offenders, attach additional form.