

SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT GUIDE

A. PURPOSE OF THE REPORT:

The Supplementary Domestic Violence Offense Report shall be used to report any of the fourteen listed acts of domestic violence inflicted upon a person who is 18 years of age or older or who is an emancipated minor and who has been subjected to domestic violence by a spouse, former spouse, or any other person (at least 18 years old or emancipated) who is a present or former household member, or any person regardless of age with whom the victim has a child or pregnancy in common. Victim of domestic violence also includes any person with whom the victim has had a dating relationship, when the offender is at least 18 years old or emancipated. Child abuse complaints are not to be reported on this form. **NOTE:** To be an emancipated minor one must be either: married, served in the military, pregnant or have a child, or declared emancipated by a legal authority.

The acts of domestic violence are:

- | | | | | |
|------------------------|-----------------------|----------------------------|-----------------------|----------------|
| 1. Homicide | 4. Kidnapping | 7. Sexual Assault | 10. Criminal Mischief | 13. Harassment |
| 2. Assault | 5. Criminal Restraint | 8. Criminal Sexual Contact | 11. Burglary | 14. Stalking |
| 3. Terroristic Threats | 6. False Imprisonment | 9. Lewdness | 12. Criminal Trespass | |

It shall be the responsibility of a law enforcement officer who responds to a domestic violence call and/or an allegation of a violation of a Domestic Violence Court Order, to complete this report.

B. MECHANICS:

- This report may be ball pointed (block printed) or typed.
- Routing:
 - Original-First Copy (**NOTE: Do not forward copies of court orders or other documents to the New Jersey State Police.**)
New Jersey State Police, UCR Unit, Box 7068, River Road, West Trenton, NJ 08628-0068, (609) 882-2000, Ext. 2870.
 - Second Copy: County Bureau of Identification (Forward directly to the County Bureau of Identification.)
 - Third Copy: Municipal/Superior Court (Forward directly to the Municipal or Superior Court.)
 - Fourth Copy: Contributor's Copy
- Reports will be submitted immediately upon completion. DO NOT wait for the end of the month to forward the forms.

C. INSTRUCTIONS FOR PREPARATION OF THE SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT:

- CASE NO. - Enter investigation report number; if none, enter operations report number or other available identifying number.
 - MUNICIPALITY - Enter name of municipality where offense occurred.
 - MUNICIPALITY CODE - Enter four digit municipality identifier code.
 - SP STATION - Enter State Police station reporting offense (for State Police use only).
 - SP STATION CODE - Enter State Police station code number (for State Police use only).
 - PHONE NUMBER - Enter reporting agency's complete phone number and extension.
 - OFFENSE DATE - Enter date of offense. Example: 01/01/2000.
 - DAY CODE - Circle appropriate numerical code.
1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday
 - MILITARY TIME - Enter time of offense - e.g. 0001 HRS.
 - TOTAL TIME SPENT - Enter the total time spent on this investigation. **IF UNKNOWN, ENTER APPROXIMATE TIME.**
 - ALCOHOL INVOLVED - Check yes to indicate if the victim or the offender had been drinking.
 - OTHER DRUGS INVOLVED - Check yes to indicate if the victim or offender used drugs other than alcohol.
 - VICTIM'S NAME - Enter full name of victim (first, middle, and last name). **ONE REPORT WILL BE COMPLETED FOR EACH VICTIM.** If incident involves a violation of a domestic violence order **only**, victim is the State of New Jersey, (leave blocks 14 thru 20 blank).
 - VICTIM'S AGE, SEX, RACE CODE AND ETHNICITY - Enter the Victim's:
AGE - If unknown, enter approximate age. SEX - Check male or female.
RACE CODE - Circle numerical code for victim's race (using numbers 1 through 4).
1 --- White 2 --- Black 3 --- Asian or Pacific Islander 4 --- American Indian or Alaskan Native
ETHNICITY - Check appropriate box.
 - IS VICTIM PREGNANT? - Check yes to indicate if victim is pregnant at the time of the incident.
 - WERE VICTIM AND OFFENDER INVOLVED IN A DATING RELATIONSHIP? - Check yes, if applicable; otherwise, leave blank.
 - IS VICTIM DISABLED? - Check yes if victim is disabled, then check appropriate box.
 - IF VICTIM IS DISABLED OR 60 YEARS OF AGE OR OLDER, WAS CRIMINAL NEGLIGENCE ALSO INVOLVED (2C:24-8)? - Check yes, if applicable.
 - CHILDREN WERE INVOLVED, PRESENT - Check appropriate box.
 - RELATIONSHIP OF VICTIM TO OFFENDER - Check to indicate relationship at time of incident (only check one block).
 - OFFENDER'S AGE, SEX, RACE CODE AND ETHNICITY - Enter offender's age, sex, race code, and ethnic origin using the instructions listed in block 14.
 - OFFENDER - Check appropriate block.
 - PRIOR COURT ORDERS - Check yes if a Domestic Violence court order has ever been issued between the parties involved.
 - DID THIS INCIDENT INVOLVE/ALLEGED A VIOLATION OF A DOMESTIC VIOLENCE RESTRAINING ORDER? - Check yes if this incident involved or alleged a violation of a Domestic Violence Restraining Order.
 - AS A RESULT OF THIS INCIDENT, WAS A RESTRAINING ORDER ISSUED FOR ONE OF THE 14 OFFENSES LISTED IN BLOCK 27? - Check yes if so.
 - WAS OFFENDER ARRESTED? - Check **ONLY** One.
OFFENSE INFORMATION - If incident is a violation of a domestic violence restraining order ONLY, leave blocks 27 through 35 blank.
 - CURRENT OFFENSE/COMPLAINT - Check only one block with regard to current offense. Mark the most serious crime. **For offenses with an asterisk, check "NONE" in Block 30.**
 - DEGREE OF INJURY FROM WEAPON USED - Locate weapon used, then check appropriate block on horizontal line indicating degree of injury. - Check **ONLY** One.
EXAMPLE: Aggravated/serious - is when injury is sufficient to cause broken bones, internal injuries, or when stitches are required.
Non-Aggravated/minor - includes any lesser injury. Check only one weapon, by going down the list from 1 to 5.
 - WEAPONS SEIZED - **NOTE:** Include weapons seized even if not used to commit the domestic violence offense. Check yes for each weapon category (gun, knife, and other dangerous) to indicate if weapon(s) were seized. If no weapon(s) seized, leave blank.
 - ENTER NUMBER OF DEATHS OTHER THAN A HOMICIDE VICTIM - Enter total number of associated deaths, e.g., accidental, suicide, etc.
NOTE: If victim's cause of death was suicide, accidental, etc., include in this box.
 - ENTER NUMBER OF ASSOCIATED ADULT DEATHS - enter appropriate number of adult male/female deceased.
 - ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS - enter appropriate number of juvenile male/female deceased.
 - DID OFFENDER COMMIT SUICIDE? - If applicable, check yes. **NOTE:** If yes, then offender should be counted in block 30 as an associated death.
 - REMARKS - Enter additional information as needed.
 - RANK/NAME - Enter rank and name of investigating officer with signature.
 - BADGE NUMBER - Enter badge number of officer preparing report.
 - DATE COMPLETED - Enter date report is prepared.
 - REVIEWED BY - Enter initials and badge number of immediate supervisor who reviewed and approved the report.
 - BLANK BLOCK. 42. BLANK BLOCK. 43. BLANK BLOCK.
- NOTE:** Logical edits have been written for the state's data entry programs. Illogical responses will be corrected by the programmers; no notice will be provided to the reporting agency (eg., criminal trespass, offense with injury.)