

# FAMILY VIOLENCE REPORT

Texas Department of Public Safety

<b>INCIDENT DATE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO</th> <th>DAY</th> <th>YR</th> </tr> <tr> <td style="text-align:center">1</td><td style="text-align:center">2</td><td style="text-align:center">3</td></tr> <tr> <td style="text-align:center">4</td><td style="text-align:center">5</td><td style="text-align:center">6</td></tr> <tr> <td style="text-align:center">7</td><td style="text-align:center">8</td><td style="text-align:center">9</td></tr> <tr> <td style="text-align:center">0</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr> <td style="text-align:center">3</td><td style="text-align:center">4</td><td style="text-align:center">5</td></tr> <tr> <td style="text-align:center">6</td><td style="text-align:center">7</td><td style="text-align:center">8</td></tr> <tr> <td style="text-align:center">9</td><td style="text-align:center">0</td><td style="text-align:center">1</td></tr> <tr> <td style="text-align:center">2</td><td style="text-align:center">3</td><td style="text-align:center">4</td></tr> <tr> <td style="text-align:center">5</td><td style="text-align:center">6</td><td style="text-align:center">7</td></tr> <tr> <td style="text-align:center">8</td><td style="text-align:center">9</td><td style="text-align:center">0</td></tr> <tr> <td style="text-align:center">1</td><td style="text-align:center">2</td><td style="text-align:center">3</td></tr> <tr> <td style="text-align:center">4</td><td style="text-align:center">5</td><td style="text-align:center">6</td></tr> <tr> <td style="text-align:center">7</td><td style="text-align:center">8</td><td style="text-align:center">9</td></tr> <tr> <td style="text-align:center">0</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> </table>	MO	DAY	YR	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	<b>AGENCY IDENTIFIER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center">T</td> <td style="width:20px; text-align:center">X</td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> </tr> </table>	T	X									<b>COUNTY CODE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> </tr> </table>				<b>INCIDENT NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> </tr> </table>										
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<b>Marking Instructions</b> <ul style="list-style-type: none"> <li>- Make dark marks that fill the oval completely. <span style="float: right;">Correct: ●</span></li> <li>- Use No. 2 pencil or blue/black ink pen only. <span style="float: right;">Incorrect: ○</span></li> <li>- Do not use red ink or felt tip pens. <span style="float: right;">○</span></li> <li>- Do not fold or make stray marks this form. <span style="float: right;">○</span></li> </ul> <p><b>* See Reverse Side for additional instructions.</b></p>																																																																							

<b>VICTIM</b> (complete additional form for each victim)	<b>OFFENDER</b> (complete additional form for each offender)																						
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<b>RELATIONSHIP</b> (Victim to Offender) <b>VICTIM WAS:</b> (mark 1 only) <input type="radio"/> SPOUSE <input type="radio"/> COMMON-LAW SPOUSE <input type="radio"/> PARENT <input type="radio"/> SIBLING (BROTHER OR SISTER) <input type="radio"/> CHILD <input type="radio"/> GRANDPARENT <input type="radio"/> GRANDCHILD <input type="radio"/> IN-LAW <input type="radio"/> STEP-PARENT <input type="radio"/> STEP-CHILD <input type="radio"/> STEP-SIBLING <input type="radio"/> OTHER FAMILY MEMBER <input type="radio"/> ROOMMATE <input type="radio"/> FOSTER PARENT <input type="radio"/> FOSTER CHILD <input type="radio"/> EX SPOUSE	<b>INJURY</b> (mark up to 5) <input type="radio"/> NONE <input type="radio"/> APPARENT BROKEN BONES <input type="radio"/> POSSIBLE INTERNAL INJURY <input type="radio"/> SEVERE LACERATION <input type="radio"/> APPARENT MINOR INJURY <input type="radio"/> OTHER MAJOR INJURY <input type="radio"/> LOSS OF TEETH <input type="radio"/> UNCONSCIOUSNESS	<b>WERE THERE ANY OFFICERS ASSAULTED?</b> <input type="radio"/> YES <input type="radio"/> NO IF YES, HOW MANY OFFICERS? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 If more than 10 officers, write number here: <table border="1" style="width:30px; height:15px; border-collapse: collapse;"></table>
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<b>WEAPONS</b> (mark up to 3) <input type="radio"/> NONE <input type="radio"/> FIREARM (Type not stated) <input type="radio"/> HANDGUN <input type="radio"/> RIFLE <input type="radio"/> SHOTGUN <input type="radio"/> OTHER FIREARM <input type="radio"/> KNIFE / CUTTING INSTRUMENT <input type="radio"/> BLUNT OBJECT (club, baseball bat, pan, etc.) <input type="radio"/> MOTOR VEHICLE <input type="radio"/> PERSONAL WEAPONS (hand, feet, fist, teeth, etc.) <input type="radio"/> POISON <input type="radio"/> EXPLOSIVES <input type="radio"/> FIRE / INCENDIARY DEVICE <input type="radio"/> DRUGS / NARCOTICS / SLEEPING PILLS <input type="radio"/> OTHER (specify): <table border="1" style="width:150px; height:15px; border-collapse: collapse;"></table> <input type="radio"/> UNKNOWN	<b>OFFENSES</b> (mark up to 7) <b>ASSAULT OFFENSES</b> <input type="radio"/> (A) AGGRAVATED ASSAULT <input type="radio"/> (B) SIMPLE ASSAULT <input type="radio"/> (C) INTIMIDATION <b>HOMICIDE OFFENSES</b> <input type="radio"/> (A) MURDER & NON-NEGLIGENT MANSLAUGHTER <input type="radio"/> (B) NEGLIGENT MANSLAUGHTER <input type="radio"/> (C) JUSTIFIABLE HOMICIDE <input type="radio"/> KIDNAPPING / ABDUCTION <input type="radio"/> ROBBERY <b>SEX OFFENSES, FORCIBLE</b> <input type="radio"/> (A) FORCIBLE RAPE <input type="radio"/> (B) FORCIBLE SODOMY <input type="radio"/> (C) SEX ASSAULT WITH AN OBJECT <input type="radio"/> (D) FORCIBLE FONDLING <b>SEX OFFENSES, NON-FORCIBLE</b> <input type="radio"/> (A) INCEST <input type="radio"/> (B) STATUTORY RAPE
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<b>AGENCY</b> <hr/>
<b>PREPARED BY:</b> _____ <div style="text-align: right; font-size: small;">INITIALS</div>

**RETURN TO:**  
 Texas Department of Public Safety  
 Uniform Crime Reporting  
 P.O. Box 4143  
 Austin, Texas 78765 4143

Number of forms associated with this incident to be filled out by Texas DPS ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

<b>PLEASE DO NOT WRITE IN THIS AREA</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> <td style="width:20px; text-align:center"> </td> </tr> </table>																					2248960