

Washington State Domestic Violence Fatality Review

Official Records of Death and Cause of Death (to be filled out for each decedent, using additional forms if necessary)

DV Fatality Review Case # _____

This form is # _____ of _____ total related to this case

homicides suicides accidents other _____

Year of death _____ Urban/Rural Code (see table) _____

County	Code	County	Code	County	Code	County	Code
Adams	6	Franklin	3	Lewis	4	Snohomish	1
Asotin	3	Garfield	8	Lincoln	8	Spokane	2
Benton	3	Grant	4	Mason	6	Stevens	6
Chelan	3	Grays Harbor	4	Okanogan	6	Thurston	3
Clallam	5	Island	4	Pacific	7	Wahkiakum	8
Clark	1	Jefferson	6	Pend Oreille	8	Walla Walla	4
Columbia	6	King	1	Pierce	1	Whatcom	3
Cowlitz	3	Kitsap	3	San Juan	9	Whitman	4
Douglas	3	Kittitas	6	Skagit	3	Yakima	3
Ferry	9	Klickitat	6	Skamania	1		

Deceased (check one)

- | | |
|---|--|
| <input type="checkbox"/> DV perpetrator
<input type="checkbox"/> DV victim
<input type="checkbox"/> children of DV victim
<input type="checkbox"/> children of DV victim and perpetrator
<input type="checkbox"/> children of DV perpetrator, but not the DV victim's
<input type="checkbox"/> other family of DV victim
specify:
<input type="checkbox"/> other family of DV perpetrator
<input type="checkbox"/> friends of DV victim
<input type="checkbox"/> new intimate partner of DV victim
<input type="checkbox"/> advocates/lawyers for DV victim
<input type="checkbox"/> co workers of DV victim | <input type="checkbox"/> law enforcement officer
<input type="checkbox"/> bystanders
<input type="checkbox"/> other (specify):
<input type="checkbox"/> other family of DV victim
<input type="checkbox"/> other family of DV perpetrator
<input type="checkbox"/> friends of DV victim
<input type="checkbox"/> new intimate partner of DV victim
<input type="checkbox"/> advocates/lawyers for DV victim
<input type="checkbox"/> co workers of DV victim
<input type="checkbox"/> law enforcement officer
<input type="checkbox"/> bystanders
<input type="checkbox"/> other (specify): |
|---|--|

person(s) who are the direct cause of death

- | | |
|---|--|
| <input type="checkbox"/> DV perpetrator
<input type="checkbox"/> DV victim
<input type="checkbox"/> child of DV victim and / or perpetrator
<input type="checkbox"/> person hired by or acting on behalf of: DV perpetrator
<input type="checkbox"/> person hired by or acting on behalf of: DV victim
<input type="checkbox"/> law enforcement
<input type="checkbox"/> other (specify): | |
|---|--|

Relationship of victim of homicide to perpetrator:

Autopsy and official record of death

Was an autopsy performed? Yes No Unknown

if yes, by who? Medical Examiner Pathologist contracted by a Coroner other

Category of death listed on death certificate:

natural accident suicide homicide undetermined

What is the official cause of death?

Was blood alcohol level determined?

Yes No Unknown Results?

Were tests conducted to determine the presence of drugs?

yes no unknown Results?

How the death occurred

Agent of injury:

blunt weapon *specify:* rifle/shotgun automatic semi-automatic suffocation/strangulation
 motor vehicle handgun automatic semi-automatic poisoning
 burns fire striking
 hanging hatchet/ax other *specify:*
 knife
specify: kitchen hunting other

If homicide:

Did the fatal assault include a sexual assault? yes no unknown

Did the decedent die in the midst of an attack or some time later as a result of injuries arising from that attack?

If decedent died sometime later as the result of an attack, what sorts of injuries were sustained?

How much time had passed between the attack and receipt of medical care?

Who provided medical care / first aid after the attack? Check all that apply:

fire department emergency medical technicians hospital emergency room police

How much time passed between the attack and the death?

Where did the decedent die? At the scene of the attack in hospital in transport to hospital other (specify)

Did any other medical factors contribute to the fatality? yes no Unknown

if yes, check all that apply:

congenital medical condition
 cancer
 infection
 post-surgical
 prior injuries
 other medical problems

were these the result of DV? yes no unknown

were these the result of DV? yes no unknown