

# VANCOUVER POLICE DEPARTMENT DV SUPPLEMENTAL REPORT

Case Number \_\_\_\_\_

VICTIM		MEDICAL TREATMENT
<input type="checkbox"/> Confused <input type="checkbox"/> Angry <input type="checkbox"/> Afraid <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Frantic <input type="checkbox"/> Nervous <input type="checkbox"/> Calm <input type="checkbox"/> Threatening <input type="checkbox"/> Injured/In Pain	<input type="checkbox"/> Concussion/TBI <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Strangulation <input type="checkbox"/> <b>Safety Plan</b> <input type="checkbox"/> <b>Given DV Resource</b> <input type="checkbox"/> <b>Smith Statement</b> <input type="checkbox"/> <b>Threat Score</b> _____	<input type="checkbox"/> No Medical Units Involved <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Received On-Scene Medical Aid <input type="checkbox"/> Transported to _____ hospital <input type="checkbox"/> AMR/VFD Medic Unit(s): _____ <input type="checkbox"/> Signed Medical Release
		EVIDENCE
		<input type="checkbox"/> Physical Evidence, see evidence report <input type="checkbox"/> Photos/Video Evidence, see digital evidence report <input type="checkbox"/> Weapon used/seized _____ <input type="checkbox"/> <b>Firearms Removed</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Safekeeping <input type="checkbox"/> <b>Ammo Removed</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Safekeeping <input type="checkbox"/> <b>Suspect has active CPL</b> <input type="checkbox"/> Witnesses Statements <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Children Present – how many _____ <input type="checkbox"/> Social Media for <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect vehicle and employer listed in report
DV RELATIONSHIP		VICTIM INJURIES
<input type="checkbox"/> Intimate Partner <input type="checkbox"/> Spouse/Former Spouse <input type="checkbox"/> Dating/Former Dating (16+) <input type="checkbox"/> Roommate/Former Roommate <input type="checkbox"/> Child in Common <input type="checkbox"/> Related by blood or marriage (18+) <input type="checkbox"/> Prior DV History <input type="checkbox"/> Prior DV Police Reports <input type="checkbox"/> Current Valid Protection Order <input type="checkbox"/> Invalid/Expired Protection Order Length of Relationship: _____		
STRANGULATION		SUSPECT INJURIES
<input type="checkbox"/> Difficulty/Pain Swallowing <input type="checkbox"/> Change in Normal Voice <input type="checkbox"/> Uncontrolled Urination/Defecation <input type="checkbox"/> Petechiae (eyes, cheeks, ears, etc.) <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Object/Ligature Used <input type="checkbox"/> Vision Problems During or After <input type="checkbox"/> Loss of Breath During or After <input type="checkbox"/> Visible Injury to Neck/Throat/Ears		
NOTIFICATIONS		
<input type="checkbox"/> CPS Notified <b>866-764-2233 press 9</b> <input type="checkbox"/> APS Notified <b>877-734-6277</b> <input type="checkbox"/> Supervisor Notified _____		
<b>REPORTING OFFICER/PSN:</b> _____		<input type="checkbox"/> PC STATEMENT COMPLETE <input type="checkbox"/> BOLO

# VPD Domestic Violence Victim Statement

Case Number \_\_\_\_\_

Statement of \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Media \_\_\_\_\_

**During the incident were you:**

Hit or was physical force used against you?	Yes   No	Injured?	Yes   No
Afraid of being hurt ?	Yes   No	In pain?	Yes   No
Afraid of being killed?	Yes   No	Threatened?	Yes   No
Afraid a threat would be carried out?	Yes   No	Strangled?	Yes   No

What made you afraid? \_\_\_\_\_

Who did this to you? \_\_\_\_\_

**If you were strangled, did you experience:**

Difficulty breathing?	Yes   No	Shortness of breath?	Yes   No
Vision changes?	Yes   No	Pain or sore throat?	Yes   No
Trouble swallowing?	Yes   No	Raspy voice?	Yes   No
Uncontrolled urination?	Yes   No	Uncontrolled defecation?	Yes   No

Are you aware of losing consciousness as a result of being strangled? Yes | No

Please describe how you were strangled (one hand, two hands, arms, object, etc.)

**Do any of the following apply the suspect?**

**Threat Level:** >8 Moderate 9-13 Increased 14-17 Severe 18+ Extreme

	<u>Now</u>	<u>Past</u>		<u>Now</u>	<u>Past</u>
5	<input type="checkbox"/> Guns Present in the home	<input type="checkbox"/>	3	<input type="checkbox"/> Choked (strangled) you	<input type="checkbox"/>
3	<input type="checkbox"/> Threats to use a weapon against you or another	<input type="checkbox"/>	1	<input type="checkbox"/> Abuses alcohol or drugs	<input type="checkbox"/>
3	<input type="checkbox"/> Previous assaults against you with weapons	<input type="checkbox"/>	1	<input type="checkbox"/> Mental health history/diagnosis	<input type="checkbox"/>
3	<input type="checkbox"/> Threats to kill you, self or others	<input type="checkbox"/>	4	<input type="checkbox"/> You have told suspect you're leaving	<input type="checkbox"/>
4	<input type="checkbox"/> Recent Loss of job/family/member/unemployed	<input type="checkbox"/>	1	<input type="checkbox"/> Destroys property, spies or stalks you	<input type="checkbox"/>
1	<input type="checkbox"/> Have you threatened/attempted suicide	<input type="checkbox"/>	1	<input type="checkbox"/> Recently Increased level of violence	<input type="checkbox"/>
1	<input type="checkbox"/> Violently Jealous (If I can't have you no one will)	<input type="checkbox"/>	1	<input type="checkbox"/> Tried to control your daily activities	<input type="checkbox"/>
1	<input type="checkbox"/> Violent/threatening towards children	<input type="checkbox"/>	2	<input type="checkbox"/> Forced you to have sex	<input type="checkbox"/>
1	<input type="checkbox"/> You believe he/she is capable of killing you	<input type="checkbox"/>	1	<input type="checkbox"/> Assaulted you while you were pregnant	<input type="checkbox"/>
1	<input type="checkbox"/> Recently filed for divorce/child custody	<input type="checkbox"/>	3	<input type="checkbox"/> Avoided arrest for Domestic Violence	<input type="checkbox"/>

If suspect's firearms are impounded, do you want to be notified prior to the firearms being released? Yes | No  
 Initial \_\_\_\_\_ Name \_\_\_\_\_ Contact Info \_\_\_\_\_



# Domestic Violence Victim Rights and Resources

Case # \_\_\_\_\_

IF YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, you can ask the city or county prosecuting attorney to file a criminal complaint. You also have the right to file a petition in superior, district, or municipal court requesting an order for protection from domestic abuse which could include any of the following:

- (a) An order restraining your abuser from further acts of abuse;
- (b) an order directing your abuser to leave your household;
- (c) an order preventing your abuser from entering your residence, school, business, or place of employment;
- (d) an order awarding you or the other parent custody of or visitation with your minor child or children; and
- (e) an order restraining your abuser from molesting or interfering with minor children in your custody; and
- (f) an order requiring your abuser to turn in any firearms and concealed pistol license in the abuser's possession or control to law enforcement and prohibiting the abuser from possessing or accessing firearms or a concealed pistol license for the duration of the civil order.

The forms you need to obtain a protection order are available in any municipal, district, or superior court. Information about shelters and alternatives to domestic violence is available from a statewide twenty-four-hour toll-free hotline at 800-562-6025. The battered women's shelter and other resources in your area are listed on the back of this document.

You can get the forms required to file an Order for Protection at:

**Superior Court Clerk's Office**, First Floor, Courthouse, 1200 Franklin Street Vancouver, WA 98668

For Assistance and filing information, call:

**Victim Witness Assistance:** (360) 487-8545 or **YWCA** (360) 696-0167

To get information about the status of your case contact:

**The Domestic Violence Prosecution Center**, 1101 Broadway St #120 Vancouver, WA 98660, Phone: 360-487-8530

## How to File for a Protection Order In Clark County

**STEP ONE – GET PROTECTION ORDER FORMS** You may obtain free forms from the Superior Court Clerk in the Courthouse. Business hours are 8:00 a.m. to noon, 1 p.m. to 4:30 p.m. The telephone number is 397-2292.

**STEP TWO – COMPLETE THE FORMS** – Turn into Court Clerk by 11 a.m. on any week day.

**STEP THREE – JUDGE'S SIGNATURE** Return to the Court Clerk's Office at 1 p.m. for court date and Judge assignment. You will be told which Judge is signing Temporary Orders that day. File the signed forms with the Court Clerk.

**STEP FOUR – RESPONDENT NOTIFIED** The Respondent must be served with a copy of the Protection Order and a notice of hearing.

**STEP FIVE – HEARING** Protection Order hearings are on Tuesdays at 9 a.m. Your hearing will be about two weeks from the time the Judge signs the Temporary Order. PLEASE READ YOUR COURT PAPERS FOR THE EXACT DATE, TIME AND DEPARTMENT FOR YOUR HEARING.

An Order for Protection may allow police to arrest the respondent if:

- Respondent causes you or your minor children physical or sexual harm.
- Respondent molests, harasses or threatens you or your children.
- Respondent takes your children out of state.
- An Order may remove the Respondent from the family home.

An Order for Protection CANNOT:

- Set or order child support
- Assign property to either party
- Establish permanent child custody
- Grant permanent use of the family home

## Resources for Domestic Violence Victims and their Families

Resource	Contact Information
Emergency Services—Police, Fire, Ambulance	9-1-1
<b>Clark County Crisis Hotline (24 hours)</b>	800-626-8137
Parent Trust of Washington (Support Group)	360-687-7126
Sexual Assault Hotline (24 hours)	360-695-0501
Safe Choice (Domestic Violence Emergency Housing—24 hours)	360-695-0501
Children's Protective Services (CPS)	866-764-2233
<b>Vinelink (www.vinelink.com) - Notification of Offender Release from Jail/Prison</b>	877-846-3492
<b>Washington State Crime Victim Compensation Office</b>	360-397-2008
Volunteer Lawyer Program	360-695-5313
Clark County Prosecuting Attorney's Office - Domestic Violence	360-487-8530
Victim Witness Unit—Victim Advocacy	360-397-2008
Children's Justice Center	866-764-2233
<b>YWCA Protection Order Assistance</b>	360-695-0501
Superior Court Clerk—Clark County	360-397-2292
District Court Clerk—Clark County	360-397-2424
Clark County Information and Referral Service	360-694-8899
Washington State 24-Hour Domestic Violence Hotline	800-562-6025
Housing Assistance	360-695-9677
Danger/Lethality Assessment	www.dangerassessment.org
Traumatic Brain Injury (TBI) Information	(website in development)

**Clark County YWCA can provide assistance to victims of Domestic Violence with PETS.**

<b>Safety Planning Considerations</b>	
Advise friends, neighbors, co-workers of situation so they can help watch for suspicious activity	Meet in public places for child custody exchanges or have a neutral third party facilitate the exchange
Update exterior lighting and/or install security cameras	Keep a phone with you so you can call 9-1-1
Locate a safe place to go in an emergency which is not known to the suspect	Use app such as "Our Family Wizard" or "Talking Parents" for communicating regarding child custody
Change house locks/garage door codes	Dowels in windows and sliding glass doors
Lock all doors and windows	Change phone number
Change/Delete social media accounts	Regularly change time/route to work/school
Do not communicate with the suspect unnecessarily	Delete location sharing apps/Do not share location
Use "myPlan App" for personalized safety planning	Sign up for Vinelink offender release notification