



# VANCOUVER POLICE DEPARTMENT

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

Crime Classification: \_\_\_\_\_

## DOMESTIC VIOLENCE REPORT

Date/Time Occurred: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's Home # \_\_\_\_\_ Victim's Work # \_\_\_\_\_

Parent/Friend Contact Phone Number: \_\_\_\_\_

**First Person** told about incident (not 911/police) Name/phone \_\_\_\_\_

Suspect's Name: \_\_\_\_\_

CRIME DESCRIPTION / EVIDENCE	
<p style="text-align: center;"><b>VICTIM</b></p> <input type="checkbox"/> Angry <input type="checkbox"/> Complain of Pain <input type="checkbox"/> Apologetic <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Crying <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Fearful <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Hysterical <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Calm <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Afraid <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Irrational <input type="checkbox"/> Other: Explain <input type="checkbox"/> Nervous <input type="checkbox"/> <b>Strangulation</b> (complete <input type="checkbox"/> Threatening <span style="margin-left: 100px;">questions bottom of page 3)</span> <input type="checkbox"/> Other: Explain	<p style="text-align: center;"><b>SUSPECT</b></p> <input type="checkbox"/> Angry <input type="checkbox"/> Complain of Pain <input type="checkbox"/> Apologetic <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Crying <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Fearful <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Hysterical <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Calm <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Afraid <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Irrational <input type="checkbox"/> Other: Explain <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input type="checkbox"/> <b>On Probation/Parole</b> <input type="checkbox"/> Other: Explain <input type="checkbox"/> <b>Probation Notified</b>
<p style="text-align: center;"><b>MEDICAL TREATMENT</b></p> <input type="checkbox"/> None <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Paramedics / Unit Number _____ <input type="checkbox"/> Name(s) / ID Numbers: _____ <input type="checkbox"/> Taken to Hospital <input type="checkbox"/> Hospital: _____ <input type="checkbox"/> Will Seek Own Doctor, Hospital or Clinic: _____ <input type="checkbox"/> Physician Attending: _____	<p style="text-align: center;"><b>PHYSICAL EVIDENCE</b></p> Photos of Scene <input type="checkbox"/> Yes <input type="checkbox"/> No Photos of Victim's Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred for Follow-up Photos of Suspect's Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon Used During Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Weapon Used _____ Weapon(s) Impounded <input type="checkbox"/> Yes <input type="checkbox"/> No Firearm(s) Impounded for Safety <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs / Alcohol Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Victim</u> Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No / Dk <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Suspect</u> Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No / Dk <input type="checkbox"/> Yes <input type="checkbox"/> No Reporting Person: <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Other _____

### WITNESSES

Witnesses Present During Domestic Violence?  Yes  No  
Statement(s) Taken?  Yes  No  
Elders Present During Domestic Violence  Yes  No  
Children Present During Domestic Violence?  Yes  No Number  
present\_\_\_\_Ages\_\_\_\_\_  
Statement(s) Taken?  Yes  No  
Witness Info. Listed In Continuation Report?  Yes  No

### RELATIONSHIP BETWEEN VICTIM AND SUSPECT

**Mark all that apply:**

Adult Relative       Spouse       Former Spouse       Cohabitants  
 Dating / Engaged       Former Dating       Same Sex       Emancipated Minor  
 Parent of Child from Relationship

Length of Relationship \_\_\_\_\_Year(s), \_\_\_\_\_Month(s)  
If Applicable, Date Relationship Ended:\_\_\_\_\_

### PRIOR HISTORY

Prior History of Domestic Violence?  Yes  No  
Prior History of Violence Documented?  Yes  No  
 Police Report(s)  
 Medical Report(s)  
 Other\_\_\_\_\_

**COURT ORDERS:**  Yes  No  
 Current  Expired  Served  Pending Service  
**TYPE:**  No Contact Order  Protection Order  Other

Issuing Jurisdiction:\_\_\_\_\_

Order Number:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

**VICTIM GIVEN:**  Information for Domestic Violence Victims

**COMPLETED DOCUMENTS ATTACHED:**

Smith Affidavit       Medical Release Form

**CHILD PROTECTION SERVICES 993-7901 ( after hours 1-800-562-5624 / Press 9 for Police)**

Needed       Notified

**ADULT PROTECTIVE SERVICES (1-877-734-6277)**

Needed       Notified

Reporting Officer:

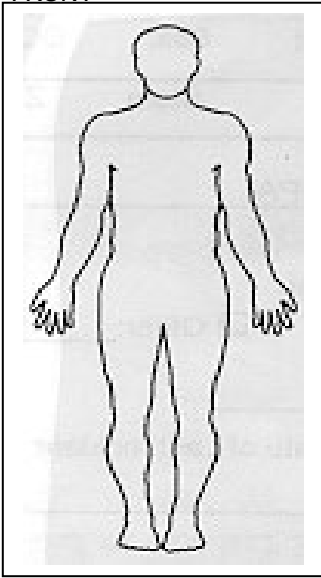
PSN:

DATE:

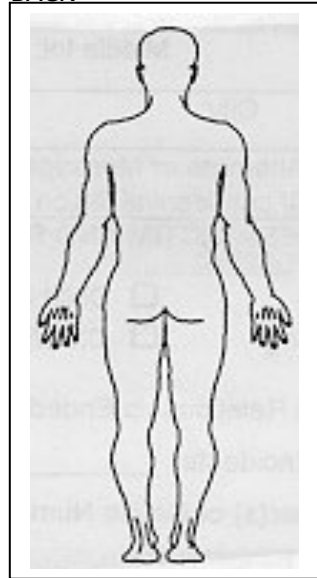
PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES

**VICTIM'S INJURIES**

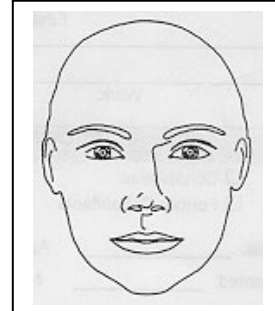
FRONT



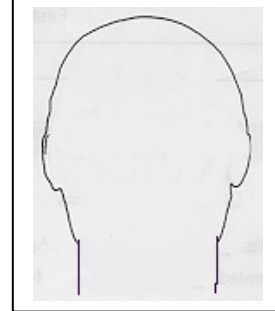
BACK



HEAD  
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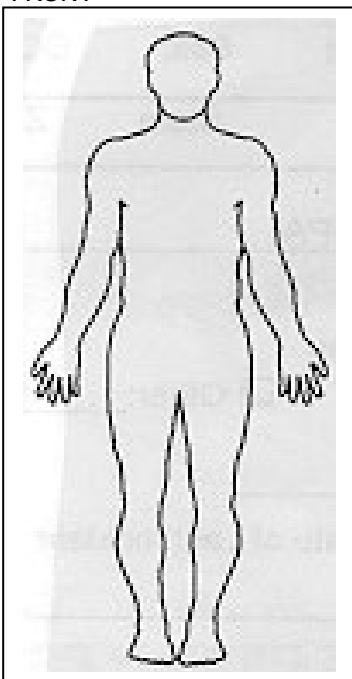


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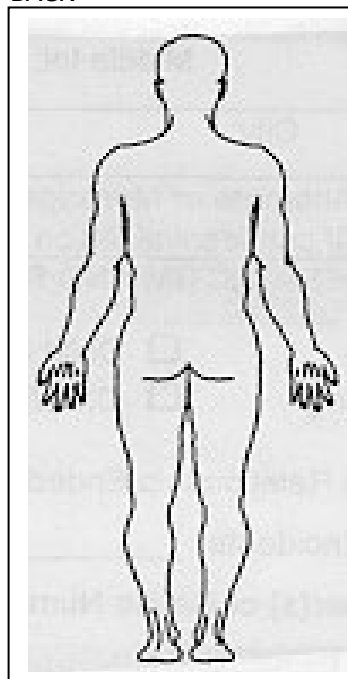


**SUSPECT'S INJURIES**

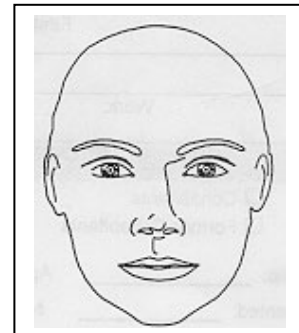
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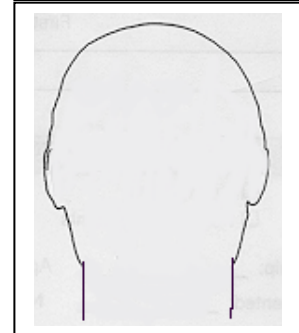
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HEAD  
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HEAD  
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**Strangulation Questions for Victim and/or Officer Observations**

- Difficulty/Pain Swallowing
- Change in Normal Voice
- Uncontrolled Urination/Defecation
- Petechiae (eyes, cheeks, behind ears)
- Loss of Consciousness
- Difficulty Breathing afterwards
- Vision problems during or after
- Loss of Breath during or after
- Visible Injury to neck/throat/behind ears

**CLARK COUNTY WASHINGTON**

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

**DOMESTIC VIOLENCE VICTIM NOTIFICATION**

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. The forms you need to obtain a protection order are available in any municipal, district, or superior court.

The forms you need to obtain an Order for Protection are available at:

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

**AN ORDER FOR PROTECTION IS IMPORTANT!**

It lets the Respondent and the Police know that you are serious in your determination to be safe. **Violation of an Order is a crime.** If the Respondent threatens or harms you, or comes to a place the Court has ordered him or her to stay away from, call **9-1-1**.

**WHAT DOES AN ORDER FOR PROTECTION DO?**

A Protection Order may allow law enforcement officers 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 interferes with child custody.
- Respondent takes your children out of state.

An Order may remove the Respondent from the family home. An Order **CANNOT**:

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

The issues must be decided in separate court actions. Violation of the terms of the Order for Protection may result in the filing of criminal charges against the Respondent.

**WHAT WILL IT COST?**

The forms are free. Ask for the forms at the Superior Court Clerk's Office, first floor of the Clark County Courthouse, 1200 Franklin Street, Vancouver, Washington 98668. Check with the court for the current filing fee.

For Assistance and filing information, call:

**Victim Witness Assistance: (360) 487-8530 or YWCA (360) 696-0167.**

The Respondent must be served with copies of the legal papers. The Sheriff (or anyone who is at least 18) must personally give (serve) a copy of the Protection Order to the Respondent. You cannot serve the order yourself.

You may change or end a Temporary or Permanent protection Order if you go back to the Court. Until a Judge modifies (changes) or terminates (ends) your order, it will be enforced.

## HOW DO YOU GET 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.

**NOTE: Criminal charges resulting from an arrest for Domestic Violence are heard in District Court. Victim Witness (360-487-8545) has information on the criminal process.**

### YOU ARE NOT ALONE!

If you are the victim of domestic violence you have a right to legal protection. Because of the different situations victims face, criminal prosecution is not always the answer...SOMETIMES IT IS NOT ENOUGH. For this reason, Washington State created a civil action that victims can use. It is known as the Domestic Violence Protection Order.

### WHO CAN BE PROTECTED?

If you or your children are the victims of physical or sexual abuse, or threatened abuse, you can be protected under the Domestic Violence Protection Act. This applies if you are related to the abuser as a family member, are or were married, have ever lived together or have a child together.

### WHERE TO GO FOR HELP

Go to the Superior Court Clerk’s Office to obtain a packet of forms necessary to file for a Protection Order. For help completing the forms, please call the YWCA at 696-0167.

### WHAT WILL HAPPEN?

You fill out forms that ask (petition) the Court for a Temporary Order of Protection. In the forms the victim is called the “Petitioner” and the abuser is called the “Respondent”. The forms ask for information such as the date of birth of the Respondent and a place to serve the Respondent with legal papers. The Judge reads the information on the papers and signs the Order if appropriate. The Court Clerk files the approved papers and gives you a certified copy.

### YOU WILL NEED TO ARRANGE TO HAVE THE RESPONDENT SERVED A COPY OF THE ORDER.

Obtaining an order takes two steps:

- A temporary Order for Protection is issued immediately at the time the Judge signs the forms. You will have protection until a Court hearing is held in about two weeks.
- In about two weeks, a full Order for Protection – lasting for one year – may be issued at a Court hearing. This would be after the Respondent was served with the Temporary Order and notice of the Court hearing. You must attend this hearing.

## **PLEASE ARRANGE FOR CHILDCARE. THE PROCESS CAN TAKE SEVERAL HOURS.**

911	EMERGENCY (police, fire, ambulance)	695-5975	Pro Bono Clinic (Legal Help)
696-9560	Crisis Hot Line (24 Hr. Clark County)	487-8530	Clark County Prosecuting Attorney/DV
834-5890	(24 Hour East County)	397-2008	Victim/Witness Unit
687-7126	Parent Trust of WA – (support group)	737-6002	Child Abuse Intervention Center
696-0167	Sexual Assault Hotline – 24 Hour	696-0167	Protection Order Assistance / YWCA
695-0501	Safe Choice (Women’s Emergency Housing (24 Hours)	397-2292	Superior Court Clerk – Clark County
		397-2424	District Court Clerk – Clark County
993-7901	Children’s Protective Services	694-8899	Clark County Information & Referral Service
1-877-846-3492	<a href="http://www.Vinelink.com">www.Vinelink.com</a> for Notification of Offender Release from jail/prison	1-800-562-6025	WA State 24-Hour Domestic Violence Hotline
397-2211	Clark County Jail		

**The Clark County YWCA (696-0167) can provide assistance to victims of Domestic Violence with PETS.**

**For Notification of when the offender is released from jail, please see the Vinelink website and phone number listed above. This is a FREE service for victims.**

CITY OF VANCOUVER POLICE DEPARTMENT

Date and time of statement: \_\_\_\_\_ CASE NO. \_\_\_\_\_

**DOMESTIC VIOLENCE VICTIM STATEMENT**

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

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please describe what happened:**

\_\_\_\_\_  
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Were you hit in ANY way / or was any physical force used against you? (Circle one) YES NO  
IF Yes, By Whom? \_\_\_\_\_

**How, where and/or with what were you hit / assaulted or threatened?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you put in fear of being hurt during this incident? (Circle one) YES NO  
By whom? \_\_\_\_\_

If a threat was made were you put in fear that the threat would be carried out? (Circle one) YES NO

Are you injured? (Circle one) YES NO

Do you have any marks and/or pain as a result of this incident? (Circle one) YES NO

If YES to either, describe injury, marks and/or pain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you seek / need medical aid? (Circle one) YES NO

If YES, where? \_\_\_\_\_

When did the incident occur? \_\_\_\_\_

Where did this incident occur? \_\_\_\_\_

Has this person done this type of thing to you before? (Circle one) YES NO

If YES, when and where? \_\_\_\_\_

Was a police report made? (Circle one) YES NO

What was occurring just prior to this incident? \_\_\_\_\_

Were you given a Domestic Violence Information Pamphlet? (Circle one) YES NO

If NO, explain why a pamphlet was not left and/or needed: \_\_\_\_\_

Additional comments (list possible witnesses, the presence of children or any other pertinent information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do any of the following apply the suspect now or in the past?**

- Guns Present in the home
- Threats to use the Weapon against you or another person
- Recent or previous Assaults against you with weapons
- Threats to kill you or others
- Recent Loss of job/family/member/stressors
- Have you contemplated/threatened/attempted suicide
- Stalking/Controlling Behavior
  - Said "If I can't have you, no one will"
  - Destroyed cherished items
  - Accused you of cheating
- Tried to control your daily activities
- Have either of you recently filed for divorce/child custody
- Choked (strangled) you
- Abuses alcohol or drugs
- Mental health history/diagnosis
- You have told suspect you're leaving
- You are in the process of leaving suspect
- Injured or killed pets
- Violent towards children
- Recently Increased level of violence
- Assaulted you while you were pregnant
- You are Currently Pregnant
- Been Violent outside your relationship
- Forced you to have sex

If any of the above incidents were recent (within the past year) please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have written, or had this statement written for me and this statement truly and accurately reflect my recollection of this incident. The police officer has explained to me I have to certify or declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Name of Officer who explained this form to me: \_\_\_\_\_

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct:

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at (city/state) \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness (Printed Name **and** Signature): \_\_\_\_\_