

FAMILY OR INTIMATE PARTNER VIOLENCE FATALITY SURVEILLANCE
Code Sheet

Date Reviewed: _____
By Whom: _____

1.101 DV: ___Y ___N

1.102 Event Code: _____(Same for multiple victims)

1.102 District: ___Northern ___Central ___Tidewater ___Western

1.103 Accession #: _____

1.104 Police Record: ___Yes ___No ___Unknown

1.106 Cross-Reference #'s: _____



2.112 Number of Decedents: _____

2.102 Decedent: _____
First Name Middle Name Last Name Suffix Sr,Jr,III

2.101 SSN: _____/_____/_____

2.103 DOB: _____ 2.103.1 Age _____
Month / Date / Year

2.104 Gender: ___Male ___Female ___Other

2.105 Race: ___White ___Black ___Hispanic/Latino ___Asian/ Pacific Islander
___American Indian/Alaskan Native ___Other:_____ ___Unknown

2.111 City/County, State of Residence: _____County
_____City
_____State

2.115 Marital Status: ___Separated ___Divorced ___Married
___Single/Never Married ___Widowed ___Unknown

2.114 Occupation: _____

2.106 Country of Origin: _____
_____Unknown

2.107 U.S. Citizen: _____Yes _____No _____Unknown

2.107.1 If yes, how long:_____

2.108 Military: _____Active _____Retired _____None _____Unknown

2.109 Alleged Offender/Abuser Military:

_____Active _____Retired _____None _____Unknown

2.110 Primary Language: _____English _____Non-English _____Unknown

2.113 Census Tract of residence: _____

2.116 Health Services Area _____

2.201 Date of Death: _____
Month / Date / Year

2.202 Time of Death: _____
Military Hour

2.203 City/County, State of Death: _____County
_____City
_____State

2.204 Resident: _____Resident _____Non-Resident

3.101 Manner of Death: _____Homicide _____Suicide

3.102 Cause/Mean of Death: _____Firearm _____Motor Vehicle _____Poison _____Fire
_____Strangulation _____Drowning _____Smothering _____knife/cutting instrument
_____Personal Weapon _____Blunt Object _____Unknown _____Other:_____

3.102.1 Type of Firearm: _____Handgun _____Rifle _____Shotgun _____Unknown
_____Automatic Weapon _____Other:_____

3.103 Circumstances of Violence: _____DV _____Murder/Suicide _____Child A/N
_____Feticide_____Elder A/N _____Police Action _____Drug _____Other:
_____ Argument _____ Gang _____ Mercy killing _____ Other Felony _____ Justifiable _____Unknown

3.104 Description of Premises: ___Residence/home ___field/woods ___hwy/road/alley
___workplace ___school ___hospital ___jail ___restaurant ___parking lot
___waterway/lake

3.105 Who owned/rented/occupied premises: ___Decedent ___Offender
___Decedent/Offender ___Other Family Member ___Friend ___Other Public Property
___Unknown ___Other

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4.101 Decedent Relationship to Offender:

Family: ___Self ___Spouse ___Ex-spouse ___Parent ___Sibling ___Child
 ___Grandparent ___Grandchild ___In-law ___Stepparent ___Stepchild
 ___Stepsibling ___Other family member: _____
 ___Other live-in/household member: _____

Intimate: ___Boy/girlfriend ___Homosexual relationships ___Child of boy/girlfriend
 ___Ex-boy/girlfriend ___Ex-homosexual relationship ___In-common

Caretakee: ___Babysittee ___Elder caretakee ___Other

Other Intimate/3rd Party: ___ Friend ___ Acquaintance ___ Stranger
 ___ Neighbor ___ Employer ___Other ___Unknown

4.102 Description: _____

4.103 If family (spouse or ex) or intimate, length of relationship:

 ___Days ___Months ___Years ___Unknown

4.104 Did Decedent ever perpetrate FIPV toward anyone: ___Y ___N ___U

4.104.1 If yes type:

Physical: ___Y ___N ___U Sexual ___Y ___N ___U

Threat of phy/sexual ___Y ___N ___U

Psychological/Emotional ___Y ___N ___U

4.104.2 If yes, toward Whom:

Family ___Y ___N ___U

Intimate ___Y ___N ___U ___Other:_____

4.104.3 Where:

Virginia ___Y ___N ___U ___Other State:_____ ___Other:_____

4.105 If manner was suicide, was decedent victim or perp? ___Victim ___Perp ___Unknown

4.106 An event immediately precipitated fatality? ___Acute ___Chronic ___None ___Unknown

4.106.1 Unemployment: ___Y ___N ___U

4.106.2 Divorce: ___Y ___N ___U

4.106.3 Court: ___Y ___N ___U

4.106.4 Loss of child: ___Y ___N ___U

4.106.5 Drug/Alco intox. ___Y ___N ___U

4.106.6 Anniversary of.... ___Y ___N ___U

4.106.7 Sexual Abuse ___Y ___N ___U

4.106.8 Other event: _____

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4.201 If Homicide, Number of alleged offenders: ___One ___Two or more ___Unknown

4.202 Offender:

First Name	Middle Name	Last Name	Suffix Sr,Jr,III
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4.203 SSN: _____/_____/_____

4.204 Age: _____

4.205 Gender: ___Male ___Female ___Other ___Unknown

4.206 Race: ___White ___Black ___Hispanic/Latino ___Asian/ Pacific Islander

___American Indian/Alaskan Native ___Other:_____ ___Unknown

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4.301 Alleged Offender a victim of FIPV involving decedent as perp? ___Y ___N ___U

4.302 If Homicide, did decedent and alleged offender lived together at time of event?
___Y ___N ___U

4.302.1 If not, did they ever live together? ___Y ___N ___U

4.302.1.1 If they did live together, how long ago? ___Days ___Months ___Years

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4.401 Alleged offender had previous arrest/conviction record involving decedent?

___Arrested ___Convicted ___Unknown

If yes:

4.401.1 Assault and battery? ___Arrested ___Convicted ___Unknown

4.401.2 Simple Assault? ___Arrested ___Convicted ___Unknown

- 4.401.3 Destruction of property? __Arrested __Convicted __Unknown
- 4.401.4 Breaking and Entering? __Arrested __Convicted __Unknown
- 4.401.5 Malicious wounding? __Arrested __Convicted __Unknown
- 4.401.6 Sexual assault? __Arrested __Convicted __Unknown
- 4.401.7 Violation of Protective Order? __Arrested __Convicted __Unknown

- 4.401.8 Attempted Murder? __Arrested __Convicted __Unknown
- 4.401.9 Stalking? __Arrested __Convicted __Unknown
- 4.401.10 Brandishing a firearm? __Arrested __Convicted __Unknown
- 4.401.11 Other: _____

4.402 Has the alleged offender ever completed a batterer intervention program?

- Never attended Participated Participated, never completed Unknown

4.403 Is there an active P.O. against the alleged offender in VCIN's?

- None EPO Preliminary PO Permanent PO Unknown

4.404 Did the alleged offender commit suicide?

- Y N U

4.405 Did the alleged offender attempted unsuccessfully to commit suicide within 24 hours of the event?

- Y N U

4.406 Did the alleged offender threaten to commit suicide within 24hrs of the event?

- Y N U

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5.101 Was the decedent sexually assaulted during the event?

- Y N U

5.102 Were there reported risks of continued violence within the relationship?

- Y N U

If yes:

- 5.102.1 Threats or harrassment? __Y __N __U
- 5.102.2 History of 911 calls to police __Y __N __U
- 5.102.3 Stalking by alleged offender __Y __N __U
- 5.102.4 Destruction of property __Y __N __U
- 5.102.5 Harm to animals __Y __N __U
- 5.102.6 Invade decedent's home __Y __N __U
- 5.102.7 Hold decedent hostage __Y __N __U
- 5.102.8 Relationship ending/ended __Y __N __U
- 5.102.9 Excessive jealousy __Y __N __U
- 5.102.10 Prior contact with CPS/Family Advocacy __Y __N __U
- 5.102.11 Other: _____

If yes and decedent female:

- 5.102.12 Sexually abused by alleged offender in past __Y __N __U
- 5.102.13 Lived alone __Y __N __U
- 5.102.14 Children from previous relationships in the home __Y __N __U

5.102.15 Sought safe housing

___Y ___N ___U

5.103 Decedent was armed at time of event:

___Y ___N ___U

If yes with: ___gun ___knife ___other:_____

6.101 Medical history of decedent:

Alcoholism	___Y ___N ___U	Asthma	___Y ___N ___U
Cancer	___Y ___N ___U	Cirrhosis	___Y ___N ___U
COPD	___Y ___N ___U	CVA	___Y ___N ___U
Diabetes	___Y ___N ___U	Dementia	___Y ___N ___U
Depression	___Y ___N ___U	Drug Abuse	___Y ___N ___U
Hepetisis	___Y ___N ___U	Other:_____	

6.102 Was there any medical treatment for FIPV abuse documented on decedent?

___Y ___N ___U

6.102.1 If yes, where are documents located:_____

6.103 If decedent is female, was she pregnant?

___Y ___N ___U

6.103.1 Did fetus live?

___Y ___N ___U

6.103.2 Gestational age of fetus?

6.104 At the scene, was there drug or alcohol use evident?

Decedent: ___Y___N ___U
Alleged Offender:___Y___N ___U

6.105 Toxicology results on decedent? _____

___Not available

6.106 Toxicology results on alleged offender?_____

___Not available

6.107 Mental Illness?

Decedent ___Y ___N ___U
Alleged offender: ___Y ___N ___U

6.107.1 If yes:

What: Decedent: _____
Alleged Offender: _____

6.201 Decedent and alleged offender had children in common?

___Y ___N ___U

6.201.1 If yes, with whom did the children under 18 live?

Decedent:	___Y ___N ___U	Alleged offender	___Y ___N ___U
Family Member:	___Y ___N ___U	Foster Care	___Y ___N ___U

6.202 Number of children living with decedent at the time of the event?

6.203 How many children witnessed the event?

6.204 How many children found the body?

1.105 Additional Information: _____
