

**Victim Information:**

MPD M#: \_\_\_\_\_ PIN #: \_\_\_\_\_

**Manner of Death:** 1. Natural 2. Accident 3. Suicide 4. Homicide  
5. Pending Investigation 6. Could not be determined 7. Legal  
Intervention 8. Record unavailable or blank**Demographics:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Homeless: 0. No 1. Yes 9. Unknown

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ (min, mos, yrs, etc)

State of Birth: \_\_\_\_\_ Country of Birth (if not US): \_\_\_\_\_

Person's Sex: 1. Male 2. Female 9. Unknown

Race:  White  Black  Asian  Pacific Islander  
 American Indian  Other  UnspecifiedEthnicity: 0. Not Hispanic or Latino 1. Hispanic or Latino  
9. UnknownMarital Status: 1. Married 2. Never Married 3. Widowed  
4. Divorced 5. Married, but separated 9. UnknownEducation: 0. 8<sup>th</sup> grade or less 1. 9<sup>th</sup>-12<sup>th</sup> grade; no diploma  
2. High School graduate or GED completed 3. Some college but  
no degree 4. Associate degree (e.g. AA, AS) 5. Bachelor's degree  
(e.g. BA, BS) 6. Master's degree (e.g. MA, MS) 7. Doctorate (e.g.  
PhD, EdD, MD) 9. Unknown**Injury:**

Injury Date &amp; Time \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_:\_\_\_\_ (military time)

Day of the week: \_\_\_\_\_

Injury Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County of Injury: \_\_\_\_\_

Occurred at victim's residence: 0. No 1. Yes 9. Unknown

Victim in custody when injured: 0. Not in custody 1. In jail or  
prison 2. Under arrest but not in jail 3. Committed to mental  
hospital 4. Resident of other state institution 5. In foster care  
9. UnknownLocation where injured (circle up to two): 1. House, apartment  
2. Street/road, sidewalk, alley 3. Highway, freeway 4. Motor  
vehicle (excluding 15 & 21) 5. Bar, nightclub 6. Service station  
7. Bank, credit union, ATM 8. Liquor store 9. Other commercial  
establishment (e.g., grocery store) 10. Industrial/Construction  
areas 11. Office building 12. Parking lot/ public parking garage  
13. Abandoned house/building/ warehouse 14. Sports or athletic  
stadium 15. School bus 16. Child care center, daycare, pre-school  
17. Elementary or middle school (i.e., K-8) 18. High school  
19. College/ University, including dormitory, fraternity  
20. Unspecified school 21. Public transportation or station (e.g.,  
bus, train) 22. Church, temple Synagogue 23. Hospital or medical  
facility 24. Supervised residential facility (e.g., shelter, halfway  
house) 25. Farm 26. Jail, prison, detention center 27. Park,  
playground, public use area 28. Natural area (e.g., field, river,  
beaches, woods) 29. Hotel/motel 30. Vacant city lot 66. Other  
99. UnknownInjured at work: 0. No 1. Yes 8. N/A (e.g. child, retiree,  
unemployed) 9. Unknown**Death:**

Actual Death Date &amp; Time: \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_:\_\_\_\_

State of Death: \_\_\_\_\_

 Victim died at the injury scene?Place of Death: 1. Hospital inpatient 2. ED/Outpatient  
3. DOA 4. Hospice facility 5. Nursing home/long-term care facility  
6. Decedent's home 7. Other (specify below)  
9. Unknown If Other, specify \_\_\_\_\_

Autopsy performed: 0. No 1. Yes 9. Unknown

**Penetrating Wounds:** (firearm and sharp instrument wounds only)

|                  | Absent                   | Present                  | Unknown                  |
|------------------|--------------------------|--------------------------|--------------------------|
| Head:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper Extremity: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spine:           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thorax:          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen:         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Extremity: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# bullets that hit victim: \_\_\_\_\_ # entrance &amp; exit wounds: \_\_\_\_\_

**Toxicology:**

Date Specimens collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Specimens were collected: \_\_\_\_:\_\_\_\_ (military)

| Drug Category:  | Testing:                          | Results:                            |
|-----------------|-----------------------------------|-------------------------------------|
|                 | 1. Tested<br>2. Not tested 9. Unk | 1. Present<br>2. Not present 9. Unk |
| Blood Alcohol   |                                   | (e.g., .08)                         |
| Amphetamines    |                                   |                                     |
| Antidepressants |                                   |                                     |
| Cocaine         |                                   |                                     |
| Marijuana       |                                   |                                     |
| Opiate(s)       |                                   |                                     |
| Other           |                                   |                                     |

Suspected alcohol use in hours prior to death: 0. No 1. Yes 8.  
N/A 9. Unknown

**Victim history:**

**In the past 12 months (check all that apply):**

- Victim* had contact with police
- Household* had contact with police
- Victim* had contact with Juvenile justice system
- Victim* had contact with health care system
- Victim* had contact with mental health services
- Victim/Primary caregiver* had contact with social services
- Victim/Primary caregiver* had contact with WIC
- Victim/Primary caregiver* had contact with Medicaid
- Victim/Primary caregiver* on welfare/financial assistance

**Victim was:**

- Witness to another crime
- Identified as a drug dealer
- Identified as a drug buyer
- In possession of illegal drugs
- Buying drugs at time of incident
- Selling drugs at time of incident

**Current employment status:** 1. Employed 2. Unemployed  
3. Homemaker 4. Retired 5. Student 6. Disabled  
8. N/A (under 14) 9. Unknown

**If employed,**

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer address:** \_\_\_\_\_

**If student,**

**Grade :** \_\_\_\_\_

**School :** \_\_\_\_\_

**Gang member?** 0. No 1. Current 2. Former 9. Unknown

**If yes, which gang?** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Mother's age at time of victim's birth:** \_\_\_\_\_

**Number of siblings:** \_\_\_\_\_

Who raised this victim: \_\_\_\_\_

In juvenile death, CPS report ever filed for this victim?  
0. No 1. Yes 9. Unknown

**Relationship with suspect**

Choose up to two of the choices below that best describe the relationship between each suspect and the victim.

| Suspect Name | This victim is the _____ of the suspect<br>(Choose up to 2 relationship codes below) | Suspect is caretaker<br>of Victim | Evidence of<br>ongoing Abuse |
|--------------|--|-----------------------------------|------------------------------|
|              |  | <input type="checkbox"/>          | <input type="checkbox"/>     |
|              |  | <input type="checkbox"/>          | <input type="checkbox"/>     |
|              |  | <input type="checkbox"/>          | <input type="checkbox"/>     |

1. Spouse 2. Ex-spouse 3. Girlfriend or boyfriend 7. Ex-girlfriend or ex-boyfriend 8. Girlfriend or boyfriend, unspecified whether current or ex 10. Parent 11. Child 12. Sibling 13. Grandchild 14. Grandparent 15. In-law 16. Stepparent 17. Stepchild 18. Child of suspect's boyfriend/girlfriend (e.g., child killed by mom's boyfriend) 19. Intimate partner of suspect's parent (e.g., teenager kills his mother's boyfriend) 20. Foster child 21. Foster parent 29. Other family member (e.g. cousin, uncle, etc.) 30. Babysittee (e.g. child killed by babysitter) 31. Acquaintance 32. Friend 33. Roommate (not intimate partner) 34. Schoolmate 35. Current or former work relationship (e.g., co-worker, employee, employer) 36. Rival gang member 44. Other person, known to victim 45. Stranger 50. Victim was injured by law enforcement officer 51. Victim was law enforcement officer injured in the line of duty 88. Suspect is not a suspect for this victim 99. Relationship unknown

**If Child/Infant Victim, complete Child Fatality Review Form.**