

15 JANUARY 2001

Law

DOMESTIC VIOLENCE



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction aligns with Air Force Policy Directive 51-2, *Administration of Military Justice*. Establishes policies and procedures relative to the handling of domestic violence incidents brought to the attention of law enforcement personnel, hospital personnel and legal office personnel. This instruction is affected by the Privacy Act of 1974. Applicable forms required by this instruction must have a Privacy Act statement. This statement may be in the document itself or in a separate statement attached to the form. Organizations responsible for preparing these forms must comply with AFI 37-132, *Air Force Privacy Act Program*, as supplemented. Documents are controlled by the appropriate table and rule in AFI 37-138, *Records Disposition - Procedures and Responsibilities*.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

1. Policy: The policy on Robins Air Force Base is to fully investigate and accurately report family violence complaints. The objective is to gather every piece of evidence we can to determine what happened, and to create an “airtight case” to force offenders of family violence to plead guilty when appropriate. Robins Air Force Base will prosecute family violence cases based on sufficiency of evidence just as it does driving while intoxicated cases and homicide cases. Likewise, family violence allegations will be investigated with the focus on the offender and will not be based solely on statements provided by victims.

2. Agency Responsibilities:

2.1. Security Forces.

2.1.1. Notifications. Once security forces personnel suspect that an assault and battery, attempted assault, or mutual affray may have occurred or be in progress, the Security Forces desk will notify the following:

2.1.1.1. Security Forces Investigations.

2.1.1.2. Office of Special Investigations (if a case of grievous bodily harm).

2.1.1.3. Alert Photographer (if any evidence and/or injuries to photograph). If the Alert Photographer does not respond or is unavailable for any reason, Security Forces should be prepared to take their own photographs or have an alternative means available to accomplish this evidence gathering task.

2.1.1.4. Hospital (if any party complains of pain or injury).

2.1.1.5. Command (unit first sergeant or commander).

2.1.1.6. Military Justice (on-call JAG, if any "legal" questions regarding evidence or statements and/or if a case of grievous bodily harm).

2.1.2. Upon arrival at the scene:

2.1.2.1. Provide appropriate level of medical aid to injured parties.

2.1.2.2. Determine location and condition of victim and suspect.

2.1.2.3. Determine if any weapons are involved or in the home. If so impound all weapons and photograph any weapons involved in the incident.

2.1.2.4. Separate suspect, victim and any witnesses. Victim should be out of suspect's view and hearing.

2.1.3. Preliminary Investigation

2.1.3.1. Ask all parties (including children) if they are hurt or have any pain, even if there are no visible injuries.

2.1.3.2. Complete the Family Violence Incident Report at **Attachment 2**, and the Robins AFB Family Violence Checklist at **Attachment 3**.

2.1.3.3. Interview parties separately. You may have difficulty initially determining which party is the victim and which is the suspect. The techniques listed below for victim and suspect are provided as illustrations and may be used interchangeably as the situation dictates.

2.1.3.3.1. Interviewing techniques - Victim:

2.1.3.3.1.1. Separate interviews are critical. Do not allow the parties to see or hear one another.

2.1.3.3.1.2. Allow the victim to vent and make spontaneous statements. Make it easy for the victim to trust you, to feel safe and disclose information to you by watching your body language, tone of voice and especially the words you use. Word choice is important (Examples: Say, "how many times" Do not say, "has this ever happened before?" Ask "were you hit with a closed fist or open hand?" "You want it to stop, don't you?" You want to get help, don't you?" Ask about the first incident, the worst incident, the most frightening incident and the most recent incident).

2.1.3.3.1.3. Use calming techniques if necessary. Such techniques include acknowledging the victim's fear, anxiety, or ambivalence. Reassure the victim that help is available and that intervention is critical to stopping the offender's behavior.

2.1.3.3.1.4. Maintain eye contact.

2.1.3.3.1.5. Do not judge the victim. A victim is a victim regardless of race, religious preference, level of intoxication, style of dress, etc.

2.1.3.3.2. Interviewing techniques: Suspect:

2.1.3.3.2.1. Consider whether a rights advisement is required.

2.1.3.3.2.2. Use calming techniques if necessary. Ask the suspect to sit down. If safe, interview without handcuffs.

2.1.3.3.2.3. Do not make accusatory statements or rush to judgment. Instead, allow the suspect to explain and tell his/her story before confronting with contradictory information.

2.1.3.3.2.4. Acknowledge the suspect's frustration, anger, concerns, but do not take sides.

2.1.3.3.2.5. Document all spontaneous admissions.

2.1.3.3.2.6. Do not tell the suspect who called 911 or law enforcement.

2.1.3.3.3. Interviewing techniques - Children. Do NOT interview children if they indicate any sexual misconduct on the part of any party with or against the child. Immediately refer such cases to OSI and Houston County Juvenile authorities.

2.1.3.3.3.1. Interview away from the parents and in a comfortable place for the children. Also, get at eye level with the child.

2.1.3.3.3.2. Befriend the child and explain why you are there.

2.1.3.3.3.3. When questioning, do not indicate what response you are looking for or the child may simply comply, regardless of whether that response is the truth.

2.1.3.3.3.4. Be alert to any indication that the child is fearful of one or both parents.

2.1.3.3.3.5. Be aware that the child may feel responsible for what happened. Tell the child that he or she is not at fault.

2.1.3.3.3.6. Be alert for any signs of child abuse. Remember the correlation between domestic violence and child abuse is high.

2.1.3.3.3.7. Word choice is important (Examples: Use words that are short and common such as "house" instead of "residence." Translate difficult word into phrases "What happened next?" instead of "what did you experience?" Use proper names and places instead of pronouns "What did Marcy do?" instead of "What did she do?" Avoid tag questions and prepositions "You did it didn't you?" (tag question) "Do you remember when Mary asked you if you knew what color Mark's shirt was and you said "Blue?" (too many prepositions –if the child answers "yes," you don't know if he's answering the color of the shirt being blue or that he remembers when Mary asked him a particular question). Remember that children are literal, "did you have your clothes

on” might illicit a “no” while “did you have your pajamas on” might illicit a “yes.” Use “somebody,” “someone,” “something,” instead of “anybody,” “anyone,” “anything.” “Did anything happen?” encourages a negative response while “did something happen?” encourages a listener to respond.

2.1.3.3.8. Explain to the child what actions you took after taking those actions. For example you may explain what the offender (probably the child’s parent) did wrong and that you are taking the parent away to get help.

2.1.3.4. Document victim’s and suspect’s condition and demeanor. Ensure injuries are photographed.

2.1.3.5. Document/seize torn clothing.

2.1.3.6. Document smeared make-up.

2.1.3.7. Document evidence of injuries on body diagrams.

2.1.3.8. Document condition of crime scene (disarray in house). Photograph crime scene if applicable.

2.1.3.9. Document relative size of victim and suspect.

2.1.3.10. If one party has a protective order against the other party, obtain a copy of the order. If an oral no contact order is in place, document the specifics regarding this order.

2.1.3.11. Document spontaneous statements, (*i.e.*, rather than stating “I contacted the victim who expressed fear of her husband,” state, She said, “I’m scared he’s going to hurt me or the kids.”).

2.1.3.12. Prevent communications between the suspect and victim /witnesses.

2.1.3.13. Obtain names, addresses and phone numbers of fire, ambulance or paramedic personnel which treated either or both parties.

2.1.4. Determining Mutual Affray:

2.1.4.1. Defending oneself is not a criminal assault. Everyone has the right to protect themselves against physical harm. There is no duty to retreat from one’s home to defend oneself from physical harm. In apparent mutual affray situations, try to determine:

2.1.4.1.1. Was one party in actual fear of the other?

2.1.4.1.2. Did one party elevate the level of violence (*i.e.*, did one party react to an open-handed slap by pinning the other party down and hitting with a closed fist)?

2.1.4.1.3. Was one party physically larger and stronger than the other?

2.1.4.1.4. Is there a history of violence by one of the parties against the other? Against others?

2.1.4.2. Note locations of injuries in relation to the party(’s) statement. Remember that bruising may not appear for three to five days.

2.1.4.3. If after an incident report is accomplished, additional facts are disclosed which indicate an incident should have been “labeled” as assault rather than “mutual affray,” the Security Forces have the authority and the obligation to amend the incident report to reflect such a

change.

2.1.5. Determining Strangulation:

2.1.5.1. If either party states that the other party put their hands or any other item about his or her neck and applied pressure or “choked” him or her, then an allegation of strangulation is being made. Eight pounds of pressure for 30 seconds renders a person unconscious. Strangulation is on the higher end of the continuum of force, which ranges from yelling or screaming to homicide. To determine if there were any internal injuries, encourage the victim to seek medical attention

2.1.5.2. To gather evidence of internal injuries, ask the victim if he or she experienced or is experiencing any of the following:

2.1.5.2.1. Difficulty swallowing.

2.1.5.2.2. Soreness to the throat.

2.1.5.2.3. Raspy or hoarse voice.

2.1.5.2.4. Fainting.

2.1.5.2.5. Lightheadedness.

2.1.5.2.6. Loss of bodily functions(s).

2.1.5.2.7. Shortness of breath.

2.1.5.3. To determine external or visible injuries, look for the following:

2.1.5.3.1. Scratches on or about the neck area.

2.1.5.3.2. Red eyes.

2.1.5.3.3. Red upper and lower gums.

2.1.5.3.4. Coughing blood.

2.1.5.3.5. Nausea.

2.1.5.3.6. Red marks or spots.

2.1.5.3.7. Subsequent miscarriage.

2.1.5.4. Ask the victim:

2.1.5.4.1. If he or she was shaken and, if so, how much?

2.1.5.4.2. How much pressure was applied to the throat?

2.1.5.4.3. How hard did the aggressor grab the throat?

2.1.5.4.4. What was said while the perpetrator was grabbing or applying pressure to your throat?

2.1.5.5. Note whether the suspect was wearing any rings.

2.1.6. Determining probable cause to apprehend. Contact the on-call JAG.

2.1.6.1. Factors to use to weigh in determining whether probable cause exists to believe a crime has occurred:

2.1.6.1.1. Visible injury and/or signs of credible internal symptoms of injury or pain.

2.1.6.1.2. Scene of the crime (*i.e.*, in disarray as if a fight occurred, or, if the offender states he or she had to hold the victim down because the victim was throwing things, was the scene not in disarray).

2.1.6.1.3. Detailed statements of everyone involved (do a witness check just as with a robbery or other types of crime).

2.1.6.1.4. Evidence.

2.1.6.1.5. History of the offender and the victim.

2.1.6.1.6. Demeanors of the parties.

2.1.6.2. Be aware that studies have shown that if a victim is difficult to handle, we have a tendency to factor that person's personality into the determination of whether probable cause exists. Be aware of this human tendency and do not factor the personality of the victim when trying to determine probable cause.

2.1.7. The Victim: Provide the victim with a completed DD Form 2701, **Initial Information for Victims and Witnesses of Crime**, Personal Safety Plan, Community Service Card with phone numbers, and Family Advocacy Safety Card. The SF VWAP Coordinator may obtain the DD Form 2701 by accessing the internet address: <http://web1.whs.osd.mil/icdhome/DD2500-.htm> The SF VWAP point of contact may obtain the Personal Safety Plan from Family Advocacy by calling 327-8415 and the Victim Information Community Service Card from HODAC by calling 953-5675.

2.2. Security Forces Investigation.

2.2.1. Notifications. If the Security Forces Investigations unit suspects or medical provider substantiates that a party has suffered grievous bodily harm from a domestic violence incident, they will immediately notify the Office of Special Investigations. Unless otherwise notified by the Office of Special Investigations or the Staff Judge Advocate's office, the Security Forces Investigations unit is responsible for all follow-up domestic violence investigations.

2.2.2. Follow-up Investigations will include:

2.2.2.1. A review of the AF Form 3545, **Security Police Incident Report**, and Family Violence Incident Report (**Attachment 2**).

2.2.2.2. Review relevant medical records from Family Advocacy. If the records indicate any suspicious injuries or complaints, ask Family Advocacy personnel to secure the records so that any proof of previous incidents is not subsequently removed. Any follow-up or re-evaluation by medical staff should also be tracked.

2.2.2.3. Identifying the treating physician or medical personnel, if any, for this incident.

2.2.2.4. Following up with repeat photographs within three to five days of the victim's injuries. **Note:** If the alert photographer fails to respond or is unable to respond for any reason, the Security Forces Investigations unit will be prepared to take their own photos.

2.2.2.5. Photographing the crime scene if not previously accomplished.

2.2.2.6. Identifying and conducting separate interviews of all witnesses, including children.

- 2.2.2.7. Obtaining any temporary address and telephone number of victim.
- 2.2.2.8. Recording name, address, phone number of two close friends or relatives of the victim who will know the victim's whereabouts six months from the time of the incident.
- 2.2.2.9. Obtaining history of all reported and non-reported criminal activity and abuse.
- 2.2.2.10. Noting any communications between the suspect and the victim since the incident, to include letters, cards, and videotapes.
- 2.2.2.11. Noting any present or past temporary protective orders or restraining orders.
- 2.2.2.12. Preserving a copy of the 911 tape, if applicable.
- 2.2.2.13. Preserving a copy of the ER telephone tape, if applicable.
- 2.2.2.14. Ensuring the victim has written information regarding the persons investigating the incident.
- 2.2.2.15. Ensuring any weapons used have been impounded and all other weapons not used but available to the suspect and (or) victim are impounded for safekeeping.

2.3. Office Of Special Investigations: The Office of Special Investigations investigates those incidents of domestic violence during which a party has suffered grievous bodily injury. If notified by any agency regarding a domestic violence incident which does not involve grievous bodily injury, the Office of Special Investigations will immediately advise the Security Forces Investigations unit if OSI declines to respond or investigate according to AFI 71-101 and existing jurisdictional boundaries.

2.4. Medical Personnel:

2.4.1. Notifications. After normal duty hours, contact the on-call Primary Care Manager (PCM) at 327-7850. The PCM will contact/instruct mental health personnel to respond if need be. When a victim is treated at the base medical facility during duty hours, Family Advocacy will be notified to see the patient. If a Security Forces officer or Security Forces Investigator is not already present, the Security Forces Investigations unit will be notified.

2.4.2. Procedures:

2.4.2.1. When a patient enters the medical facility and is suspected of being a victim of domestic violence, the patient will immediately be placed in an examination (exam) room and be logged in as a "Sensitive entry."

2.4.2.2. During the exam, medical personnel will chart all injuries on a body diagram with specific explanation of injury. Security Forces should call the alert photographer to photograph any injuries. A medical chaperone of same sex, if possible, will be present for all photos.

2.4.2.3. Medical personnel will annotate any comments or explanations in quotes. If quotes are not possible, a summary of the victim's explanation of injuries, as well as any other relevant spontaneous remarks, will be noted in the record. Note the victim's emotional state at the time the spontaneous remarks were made.

2.4.2.4. If the patient does not consent to treatment, an "Against Medical Advice" (AMA) Form FL 92-H/SGHGE will be completed, to include social security number, date of birth, rank, and duty and home phone numbers.

2.4.3. Family Advocacy assumes responsibility for training family advocacy and mental health providers on the dynamics of abuse, safety issues and resources, and the Family Advocacy assessment process.

2.4.4. Family Advocacy assumes responsibility for training medical personnel on services that Family Advocacy and Mental Health can provide to victims of domestic violence.

2.5. Legal Office:

2.5.1. Screening/Charging Decisions. All cases submitted for screening will be reviewed by a military justice attorney (or a special assistant to the US Attorney's office if the suspect is a civilian). Cases with photographed visible injuries or documented medical treatment will be given priority. "Visible injuries" refers to scratches, bruises, abrasions, or contusions which the victim received from the domestic violence incident. "Medical treatment" refers to treatment of the victim by medical personnel. In determining whether to recommend administrative or nonjudicial punishment or filing charges, the reviewing attorney will consider the facts of the case in light of the following:

- 2.5.1.1. Extent or seriousness of the injury(ies).
- 2.5.1.2. Use of a gun or other weapon.
- 2.5.1.3. Offender's prior criminal history
- 2.5.1.4. Prior history of violence (charged or uncharged)
- 2.5.1.5. Victim cooperation.

2.5.2. Independent Corroboration Standard. Criminal charges should be filed in domestic violence cases, irrespective of the desires of the victim, where the evidence presented satisfies the elements of the crime, includes photographed visible injuries or documented medical treatment, and there is independent corroboration. Independent corroboration may include:

- 2.5.2.1. Injuries observed by a person other than the victim.
- 2.5.2.2. A medical report that indicates injuries.
- 2.5.2.3. Witnesses who saw the actual crime take place.
- 2.5.2.4. Witnesses who heard noises indicating a domestic violence incident was taking place.
- 2.5.2.5. A 911 tape or recorded hospital tape with the victim/witness/suspect's statements.
- 2.5.2.6. Physical evidence present (*i.e.*, weapon, broken furniture, disarray, torn clothes).
- 2.5.2.7. Admission by the offender.

2.5.3. Victim Cooperation Standard. In cases where there is little or no corroboration, a full victim cooperation standard will be used. "Victim Cooperation" refers to the willingness of a victim to testify under oath regarding the incident alleged in the incident report. A victim does not determine the disposition of the case, but his or her input regarding the disposition will be taken into consideration prior to rendering a decision regarding the disposition. Victims will be instructed from the onset that their sole responsibility is to testify truthfully in court regarding the alleged incident. The victim is a witness to the criminal conduct and is not to be referred to as "the complaining witness" or "the plaintiff."

2.5.4. A case which cannot be charged under an Independent Corroboration Standard will be maintained on file while a Victim/Witness Assistance Program (V/WAP) representative or Family Advocacy social worker contacts the victim for an interview. After this interview, the victim/witness staff member will forward any information learned to the trial attorney for final screening. If the victim declines a telephonic or in-person interview, declines to cooperate, or cannot be located and there is no independent corroboration, the case will not be filed. If victims indicate they will cooperate, charges may be filed even without independent corroboration.

2.5.5. Victim Rights. Once a trial attorney decides to recommend filing charges in a domestic violence case, a victim representative will be assigned to the case to ensure the victims are advised of their rights and to provide other supportive assistance as required.

2.6. Alert Photographer: Alert photographers must respond within 30 to 45 minutes if contacted by the Security Forces, Security Forces Investigations, or the Office of Special Investigations. If the alert photographer arrives on scene prior to an investigative agency, the photographer will stand by until an investigator arrives or until the responding Security Forces has been cleared to process the crime scene and direct the alert photographer.

2.7. Command Involvement:

2.7.1. Notification. Security Forces will notify a military member's unit commander or first sergeant when they are responding to a domestic violence incident. If the unit fails to respond, such failure will be noted in the Security Forces blotter and/or hospital events log, as applicable.

2.7.2. Safety Plan:

2.7.2.1. The unit will initiate a safety plan for every incident of suspected domestic violence where either party is in fear of bodily harm, where either party complains of physical assault by the other party, where any property damage or violence has occurred, or any other situation where the first sergeant or commander decides a safety plan is needed. Any such safety plan will separate the victim and offender. Possible safety plans include: placing the family member of the military member(s) in the dorm, TLF, VAQ, VOQ, or other facility, as appropriate; barring a civilian or family member from the base; and requesting space at the community safehouse.

2.7.2.2. The unit will issue a "no contact order" that includes verbal contact, written contact and contact through third parties on and off the Air Force installation. This order should initially be for three days. Temporary contact may be granted by the commander if the alleged offender is escorted by the unit first sergeant. If the victim is lodged at the community safehouse, no contact will be allowed between the alleged offender and the victim. Command should consult with Family Advocacy and the legal office (or the Mental Health on-call person if after duty hours) before revoking or extending the order, as Family Advocacy will have conducted an initial assessment within this three days and should have clinical feedback for command's consideration.

2.7.2.3. Referral. Command must refer the active duty member and family to the Family Advocacy Program for assessment and treatment recommendations within 72 hours of the incident.

2.7.3. The CMT (Case Management Team). Family Advocacy will invite the commander/first sergeant to the monthly spouse maltreatment case management team meetings for the unit to have

input to the team's clinical findings and treatment recommendations. Shortly after the case management team meeting, the unit commander will be sent a letter requesting concurrence/nonconcurrency with the team's recommendations. If concurring, the commander will ensure the member's availability to participate in timely treatment intervention. If a commander nonconcurrs with treatment recommendations, the case management team will review the family situation and choose one of the following:

2.7.3.1. Elevate the team's recommendation and nonconcurrency to the next level of command.

2.7.3.2. Close the case as unresolved, which may affect the involved member's future assignments including overseas clearance for family members.

2.7.3.3. Refer to the base Family Advocacy Committee for consideration, which may affect base housing eligibility.

2.7.3.4. Acknowledge to the unit commander the team's understanding that the commander assumes responsibility for any future incidents of domestic violence.

2.7.4. Accountability. The unit must notify the legal office, Military Justice, of disciplinary action, if any, to be taken in response to a domestic violence incident. Military Justice will also provide advice concerning appropriate action and punishment prior to the commander making a decision.

FRASER B. JONES JR., COL, USAF
Staff Judge Advocate

Attachment 1**GLOSSARY OF REFERENCES AND TERMS*****References***

AFPD 40-3, *Family Advocacy Program*

AFI 40-301, *Family Advocacy*

78th Medical Instruction 40-47, *Identification and Reporting of Suspected Spouse Abuse*

AFI 31-201, *Security Police Standards and Procedures*

AFI 31-206, *Security Police Investigations*

AFI 71-101, Vol. I, *Criminal Investigations*

AFI 51-201, *Administration of Military Justice*

WR-ALC/CC Policy Letter, *Domestic Violence and Military Members*

WR-ALC/CC Policy Letter, *Domestic Violence Referrals*

Terms

Spouse Abuse—Spouse abuse includes wife battering, husband battering, and simultaneous fighting during which one or both spouses may be assaulted. Three types of spouse abuse are generally recognized: physical battering, sexual battering, and psychological/verbal battering.

Assault—Any attempt or offer with unlawful force or violence to do bodily harm to another person, whether or not the attempt or offer is consummated. An assault may be intentional or the result of reckless conduct.

Sexual Assault—Actual contact, or an attempt to engage in contact, with the intimate parts of the body of another person, for the purpose of sexual gratification of the actor. Intimate parts include primary genital areas such as the anus, groin, inner thighs, buttocks of a male or female and the breasts of a female.

Aggravated Assault—Any assault as defined above committed with a dangerous weapon or other means of force likely to produce death or grievous bodily harm.

Battery—Any assault as defined above which results in bodily harm to another person.

Grievous Bodily Harm—Serious bodily injury. It does not include minor injuries such as a black eye or bloody nose, but does include fractured or dislocated bones, deep cuts, damage to internal organs, etc.

Marital Rape—Sexual intercourse by a married person with his or her spouse, without the consent of that spouse. Lack of consent may be demonstrated by resistance or lack of resistance if one person was in reasonable fear of the other or when it reasonably appears that resistance would have been futile.

Mutual Affray—Fighting by two or more persons. Intent to fight on part of both parties is required. Where evidence shows that one party acted in self-defense, that party is not guilty of mutual affray. The aggressor may be guilty of assault and battery, but neither party is guilty of mutual affray.

Predominant Aggressor—The person reasonably believed to possess power and control in a relationship and during an incident of domestic violence.

Victim of Domestic Violence.—Any person or child who has suffered or is suffering physical or psychological harm from his or her spouse or parents.

Self-Defense—Justification for threatening or using force against another to the extent a person reasonably believes that such threat or use of force is necessary to defend him or herself or a third person against another's imminent use of unlawful force. The amount of force used in self-defense must be proportional to the force threatened.

Provocation—Any act or gesture which would cause a reasonable person under like circumstances to feel threatened. Name calling alone is not reasonable provocation.

Cruelty to Children—Under Georgia state law, a person commits the offense of cruelty to children in the second degree when the predominant aggressor intentionally allows or has knowledge that a minor is present and that minor sees or hears a forcible felony, battery or family violence battery.

Attachment 2

FAMILY VIOLENCE INCIDENT

FAMILY VIOLENCE INCIDENT REPORT

BLOTTER ENTRY NUMBER _____

SUSPECT'S NAME _____ SSAN _____ MILITARY UNIT _____

VICTIM'S NAME _____ SSAN _____ MILITARY UNIT _____

Responded to a call of _____ at _____ (_____ at _____)

Length of relationship between the adults: __ Years __ Months (Date relationship ended (if appropriate))__

Prior history of domestic violence? YES NO Number of prior incidents _____

VICTIM AND/OR SECONDARY AGGRESSOR	
<input type="checkbox"/> ANGRY	<input type="checkbox"/> COMPLAINING OF PAIN
<input type="checkbox"/> APOLOGETIC	<input type="checkbox"/> BRUISE(S)
<input type="checkbox"/> CRYING	<input type="checkbox"/> ABRASIONS
<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"/> OTHER: EXPLAIN
<input type="checkbox"/> AFRAID	
<input type="checkbox"/> IRRATIONAL	
<input type="checkbox"/> NERVOUS	
<input type="checkbox"/> THREATENING	
<input type="checkbox"/> OTHER: EXPLAIN	

DESCRIBE ALL CONDITIONS OBSERVED
PHYSICAL: _____ _____ _____ _____ _____
EMOTIONAL: _____ _____ _____ _____ _____
CRIME SCENE: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

VICTIM AND/OR SECONDARY AGGRESSOR	
<input type="checkbox"/> ANGRY	<input type="checkbox"/> COMPLAINING OF PAIN
<input type="checkbox"/> APOLOGETIC	<input type="checkbox"/> BRUISE(S)
<input type="checkbox"/> CRYING	<input type="checkbox"/> ABRASIONS
<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"/> OTHER: EXPLAIN
<input type="checkbox"/> AFRAID	
<input type="checkbox"/> IRRATIONAL	
<input type="checkbox"/> NERVOUS	
<input type="checkbox"/> THREATENING	
<input type="checkbox"/> OTHER: EXPLAIN	

WITNESSES

WITNESS INFORMATION LISTED ON DD 1569 OR DD 3545: YES NO
STATEMENT(S) TAKEN: YES NO

CHILDREN

NAMES OF ALL THE CHILDREN _____

CHILDREN INFORMATION LISTED ON DD 1569 OR DD 3545: YES NO
STATEMENT(S) TAKEN: YES NO

EVIDENCE

FROM: CRIME SCENE PHOTOS: YES NO
 HOSPITAL TYPE: 35mm POLAROID
 OTHER: _____ TAKEN BY: _____

Photos of victim's injuries: YES NO Weapon(s) used during incident: YES NO
Photos of suspect's injuries: YES NO Weapon(s) impounded: YES NO
Firearm(s) impounded for safety: YES NO
Type of weapon(s) used: _____

How many AF Form(s) 52 used? _____

RESTRAINING AND NO CONTACT ORDERS

IS THERE NOW OR HAS THERE PREVIOUSLY BEEN A RESTRAINING OR NO CONTACT ORDER?

YES NO

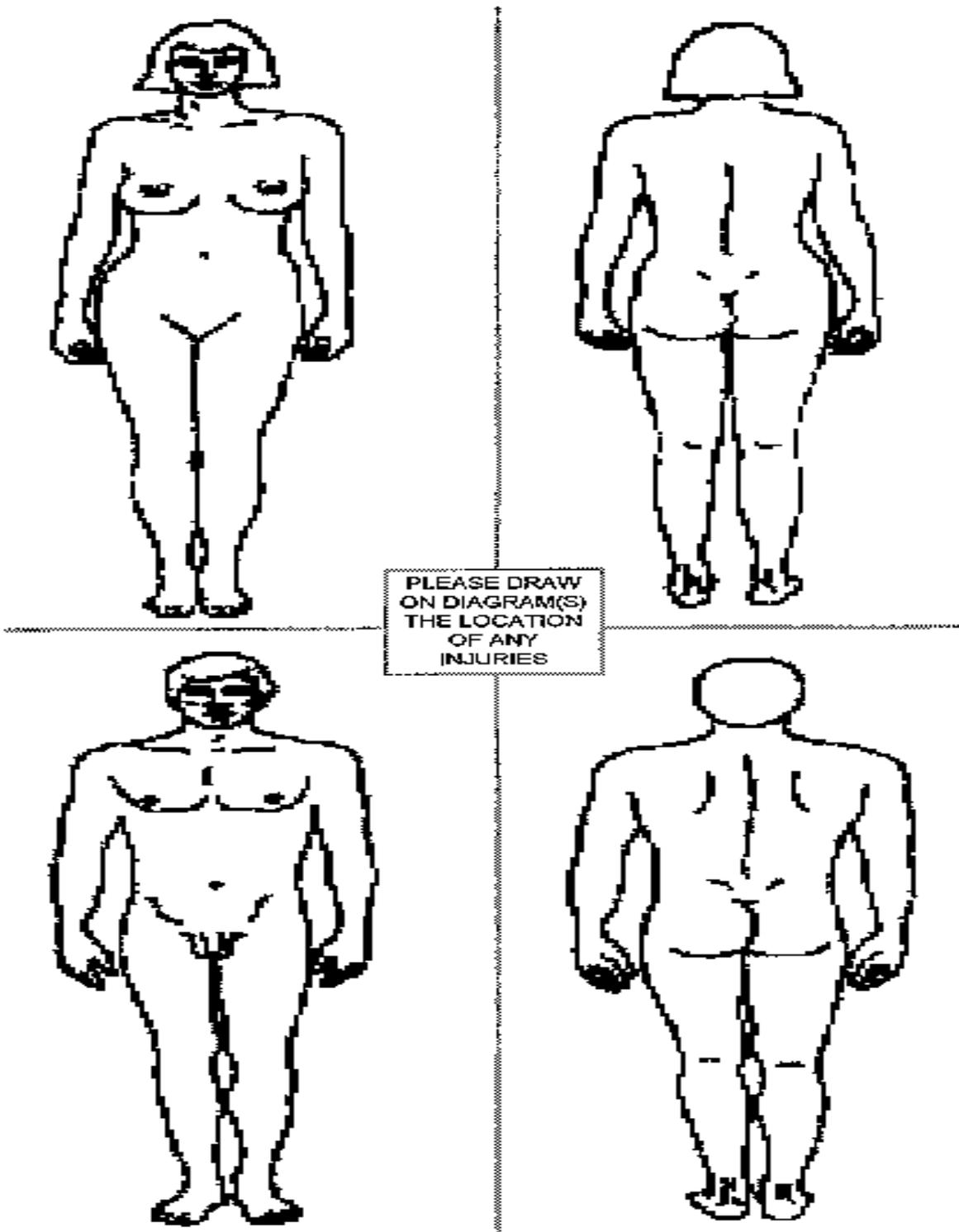
TYPE: TEMPORARY PERMANENT CURRENT EXPIRED

ISSUING COURT OR MILITARY ORGANIZATION: _____

VICTIM

Victim Given: DD Form 2701, Victim Rights Form Name and Address of Closest Relative
 Personal Safety Plan Pamphlet Name: _____
 Community Service Info Trifold Address: _____
 Family Advocacy Safety Card Phone No: _____

COMPLETE DIAGRAMS ON FOLLOWING PAGE IF APPLICABLE



Attachment 3

ROBINS AFB FAMILY VIOLENCE CHECKLIST

ROBINS AFB FAMILY VIOLENCE CHECKLIST

- _____ Describe the victim's location upon arrival.
- _____ Offered appropriate medical treatment.
- _____ Recorded any spontaneous statements made by the victim.
- _____ Describe the victim's emotional condition.
- _____ Describe the victim's physical condition.
- _____ Documented the victim's injuries in detail.
- _____ Made note of the victim's relationship to the suspect.
- _____ Recorded history of abuse.
- _____ Noted any temporary restraining/court orders/"no contact" orders
- _____ Gave the victim required written information on social agencies, legal steps, etc.
- _____ Recorded any temporary address/telephone of victim.

SUSPECT

- _____ Described the suspect's location upon arrival.
- _____ Administered first aid to the suspect.
- _____ Recorded any spontaneous statements made by the suspect.
- _____ Described the suspect's emotional condition.
- _____ Documented the suspect's injuries in detail.
- _____ Documented evidence of substance/chemical abuse by suspect.
- _____ Interviewed the suspect.

WITNESS

- _____ Interviewed the reporting party.
- _____ Identified all witnesses and interviewed separately.
- _____ Listed names and ages of children present.
- _____ Interviewed the children, and recorded statements in report.
- _____ Recorded names and addresses of emergency personnel.
- _____ Identified treating physician.
- _____ Recorded the "911" # _____ and incident # _____

EVIDENCE

- _____ Photographed the crime scene.
- _____ Took "full body" photograph of the suspect.
- _____ Photographed the victim's injuries.
- _____ Photographed the suspect's injuries.
- _____ Impounded all weapons used.
- _____ Impounded weapons for safekeeping
- _____ Attached reports, photographs, and impound tag to investigator's copy.

Responding Patrol	Sector Number	Duty Phone	Date/Time
Name: On-Duty Flight Chief		Rank	Duty Phone