Incident

Agency: | **A** | **New York State DOMESTIC INCIDENT REPORT** | ORI: | Incident #

Reported Date (MM/DD/YYYY) | Time (24 hours) | Occurred Date (MM/DD/YYYY) | Time (24 hours) | ☐ Officer Initiated ☐ Radio Run ☐ Walk-in ☐ ICAD (NYC) | Complaint #

Address (Street No., Street Name, Bldg. No., Apt No.) | City, State, Zip

Victim (P1)

Name (Last, First, M.I.) (Include Aliases) | DOB (MM/DD/YYYY) | Age: | ☐ Female ☐ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) | Victim Phone Number: | Language:

City, State, Zip | ☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Other | ☐ Hispanic ☐Non Hispanic ☐Unknown

How can we safely contact you? (i.e. Name, Phone, Email) | ☐ Other Identifier:

Suspect (P2)

Name (Last, First, M.I.) (Include Aliases) | DOB (MM/DD/YYYY) | Age: | ☐ Female ☐ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) | Suspect Phone Number: | Language:

City, State, Zip | ☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Other | ☐ Hispanic ☐ Non Hispanic ☐Unknown | ☐ Other Identifier:

Do suspect and victim live together ? ☐ Yes ☐ No | Suspect/P2 present? ☐ Yes ☐ No | Was suspect injured? ☐ Yes ☐ No If yes describe: | Possible drug or alcohol use? ☐ Yes ☐ No | Suspect supervised? ☐ Probation ☐ Parole ☐ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: _____ ☐ Other: _____ | Do the suspect and victim have a child in common? ☐ Yes ☐ No

Victim Interview

Emotional condition of **VICTIM?** ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other:

What were the first words that **VICTIM** said to the Responding Officers at the scene regarding the incident?

Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:

Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:

Access to Guns? ☐ Yes ☐ No If yes, describe:

Suspect Threats? ☐ Yes ☐ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Injured? ☐ Yes ☐ No If yes, describe:

In Pain ? ☐ Yes ☐ No If yes, describe:

Strangulation? ☐ Yes ☐ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing

Visible Marks? ☐ Yes ☐ No If yes, describe:

Suspect

What did the **SUSPECT** say (Before and After Arrest) :

710.30 completed? ☐ Yes ☐ No

Witnesses

Child/Witness (1) Name (Last, First, M.I.)	DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:
Child/Witness (2) Name (Last, First, M.I.)	DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:

Incident Narrative

Briefly describe the circumstances of this incident:

DIR Repository checked? ☐ Yes ☐ No | Order of Protection Registry checked? ☐ Yes ☐ No | Order of Protection in effect? ☐ Yes ☐ No ☐ Refrain ☐ Stay Away

Evid

Evidence Present? ☐ Yes ☐ No | **Photos taken:** ☐ Victim Injury ☐ Suspect Injury ☐ Other: | **Other Evidence:** ☐ Damaged Property ☐ Videos ☐ Electronic Evidence ☐ Other: | **Destruction of Property?** ☐ Yes ☐ No If yes, Describe:

Offense

Offense Committed? ☐ Yes ☐ No	Was suspect arrested? ☐ Yes ☐ No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)

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Prior History

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ( ) _____.

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☐ No

Strangled or "choked" you? ☐ Yes ☐ No

Beaten you while you were pregnant? ☐ Yes ☐ No

Is suspect capable of killing you or children? ☐ Yes ☐ No

Is suspect violently and constantly jealous of you? ☐ Yes ☐ No

Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☐ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☐ No

If Yes, the Officer must contact the **NYS Child Abuse Hotline Registry # 1-800-635-1522.**

Was DIR given to the Victim at the scene? ☐ Yes ☐ No if **NO**, Why:

Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if **NO**, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____(Victim/Deponent Name) state that on _____ / ____ / _____, (Date)

at _____ (Location of incident) in the County/City/Town/Village _____

_____of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature _____ Date _____

Witness or Officer Signature _____ Date _____

Interpreter Signature and Interpreter Service Provider Name _____ Date _____

Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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