

**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE**

Family Violence Offense Report

CTL NUMBER-OFFICE USE ONLY

Submit this form to DESPP only if an arrest was made
(Print or type all entries. See other instructions on the reverse side of this form)

1. Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Case Number	3. Local PD Name		4. If Zero Reporting, Enter Period Covered (MM/YYYY)	5. Offense Town Code	6. Offense Date	7. Offense Time												
8. OFFENSE CODES <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. Homicide</td> <td style="width: 33%;">E. Strangulation</td> <td style="width: 33%;">I. Risk of Injury</td> </tr> <tr> <td>B. Assault</td> <td>F. Stalking</td> <td>J. Breach of Peace/Disorderly Conduct</td> </tr> <tr> <td>C. Kidnapping</td> <td>G. Violation Court Order</td> <td>K. Other</td> </tr> <tr> <td>D. Sexual Assault</td> <td>H. Threatening</td> <td></td> </tr> </table>								A. Homicide	E. Strangulation	I. Risk of Injury	B. Assault	F. Stalking	J. Breach of Peace/Disorderly Conduct	C. Kidnapping	G. Violation Court Order	K. Other	D. Sexual Assault	H. Threatening	
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WEAPON CODES <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. Firearm</td> <td style="width: 33%;">C. Other Dangerous Weapon (Specify) _____</td> <td rowspan="2" style="width: 33%; vertical-align: top;"> 9. Enter the number of weapons used by type: A. _____ B. _____ C. _____ D. _____ </td> </tr> <tr> <td>B. Knife</td> <td>D. Hands, Fists, Feet, etc.</td> </tr> </table>					A. Firearm	C. Other Dangerous Weapon (Specify) _____	9. Enter the number of weapons used by type: A. _____ B. _____ C. _____ D. _____	B. Knife	D. Hands, Fists, Feet, etc.										
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10. INJURY CODES <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">A. Fatal</td> <td style="width: 25%;">B. Serious Physical Injury</td> <td style="width: 25%;">C. Minor Physical Injury</td> <td style="width: 25%;">D. No Apparent Physical Injury</td> </tr> </table>								A. Fatal	B. Serious Physical Injury	C. Minor Physical Injury	D. No Apparent Physical Injury								
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STATUS CODES <i>*Only when arrested for actual family violence</i> V-Victim O-Offender B-Both/All		RELATIONSHIP CODES A-Spouse B-Former Spouse C-Persons who have a child in common D-Dating Relationship		E. Persons who are presently living together or have lived together F. Other relative residing in home G. Other relative <i>not</i> residing in home															
11. STATUS CODES <i>[See above]</i>	12. Last Name	13. First Name	14. MI	15. Sex	16. DOB	17. Relationship Code (enter "V" for victim or "B" for both) <i>[See above]</i>	18. Offense Code(s) (assign offense code for "V" for victim or "B" for both) <i>[See box 8]</i>	19. Injury Code(s) (assign injury code for "V" for victim or "B" for both) <i>[see box 10]</i>	20. Liquor/Drugs Involved (enter for all persons involved)										
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk										
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk										
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21. Are there Court Orders of Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What is the Order Status? <input type="checkbox"/> Active <input type="checkbox"/> Expired Check appropriate box for Order Type: <input type="checkbox"/> Protective Order <input type="checkbox"/> Ex-Parte Restraining Order <input type="checkbox"/> Restraining Order after Hearing <input type="checkbox"/> Standing Criminal Protective Order <input type="checkbox"/> Conditions of Release <input type="checkbox"/> Foreign Orders								22. A child under 18 years old was: <input type="checkbox"/> Involved <input type="checkbox"/> Present <input type="checkbox"/> N/A											
23. Remarks (optional) <hr/> <hr/> <hr/> <hr/> <hr/>																			
24. Officer's Name and Rank				25. Badge Number		26. Date of Report		27. Supervisor's Signature and Rank											

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INSTRUCTIONS

- BOX 1: Check "Yes" if an arrest was made as a result of this incident.
BOX 2-3: Self explanatory.
BOX 4: For local police agencies only: If, at the end of the month, a police department has not submitted an offense report for which an arrest was made, that agency shall submit a "zero report" by completing only boxes 3, 4, 5, 26-27 on an otherwise blank form. In box #4 enter the month and year using two digits for the month and four digits for the year, i.e., 01/2013 represent January 2013.
BOX 5: Self explanatory.
BOX 6-7: If an offense is ongoing, choose a date and time that the offense is reported to have begun.
BOX 8: Offense codes, as drawn from box 8, are assigned for each victim ("V") or when the parties are both arrested ("B") and are placed in box #18.
BOX 9: Enter the NUMBER of each type of weapon used, otherwise leave it blank.
BOX 10: Injury codes, as drawn from box 10, are assigned for each victim ("V") or when the parties are both arrested ("B") and are placed in box #19.
BOX 11: Status: enter V for victim, O for offender, or B for both when both or all parties are arrested.
BOX 12-16: Self explanatory. If DOB is unknown enter the age or the approximate age.
BOX 17: Describe the relationship of the VICTIM to the offender, from the relationship codes above.
BOX 18: Enter an offense code from box 8 for each victim ("V") or when the parties are both arrested ("B").
BOX 19: Enter an injury code from box 10 for each victim ("V") or when the parties are both arrested ("B").
BOX 20-21: Self explanatory.
BOX 22: A child is someone under 18 years of age who is not functioning in an adult relationship (e.g. not a parent or live-in).
BOX 23: Use remarks to explain entries which appear confusing, e.g. same last names but unrelated parties.
BOX 24-27: Self explanatory.

DISTRIBUTION OF FORMS

If an Arrest is Made:

Local Police Officers

Send the completed original form (*white copy or original electronic printout*) to the Department of Emergency Services and Public Protection, Crime Analysis Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389.

The second copy (*yellow or additional electronic printout*) is directed to the State's Attorney of the appropriate court.

Retain *pink* copy or electronic document in your local agency files.

State Police Troopers

Send the completed original form (*white copy or original electronic printout*) to the Department of Emergency Services and Public Protection, Crime Analysis Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389.

The second copy (*yellow or additional electronic printout*) is directed to the State's Attorney of the appropriate court.

The third copy (*pink or additional electronic printout*) is sent to Reports and Records with the investigation report.

Make two photocopies, one for the troop incident file and one for the arresting trooper's files.

If No Arrest is Made:

Local Police Officers

Keep all three copies or the electronic document in department files.

State Police Troopers

Send original to Reports and Records **only** when not completed electronically

Retain second and third copies (*yellow and pink*) in troop incident files **only** when not completed electronically.