

WITNESSES

WITNESSES PRESENT DURING DOMESTIC VIOLENCE? Yes No

STATEMENT(S) TAKEN? Yes No

CHILDREN PRESENT DURING DOMESTIC VIOLENCE? Yes No

List names, ages and DOB of all children present on PIR or Arrest Report in the narrative of the report.

STATEMENT(S) TAKEN? Yes No (include in narrative)

Describe witness/children emotional state in narrative of report.

EVIDENCE

EVIDENCE COLLECTED: Check all that apply

FROM: Crime Scene Hospital Other: Explain

PHOTOS: Yes No Total Number of Photos _____

TYPE: 35 MM Polaroid Digital Image

Photos of victim's injuries: Yes No

Photo's of suspect's injuries: Yes No

TAKEN BY: Name JOHNSON Serial No. 40525

WEAPONS: Check all that apply

Weapon used during incident: Yes No

Weapon(s) booked: Yes No

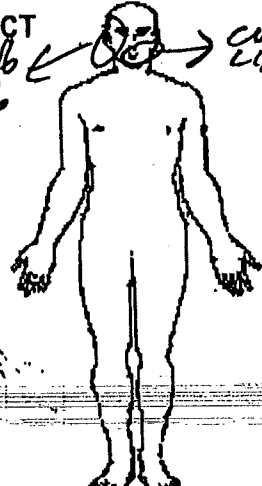
Firearm(s) booked for safety: Yes No

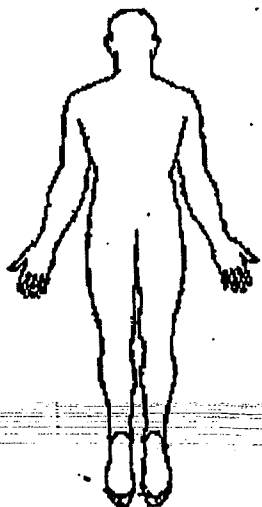
Type of weapon(s): _____

Use these diagrams to mark any injuries or physical oddities observed. Explain all injuries, including "complained of" injuries, in the narrative portion of the report. (Diagrams are not gender specific.)

VICTIM/SUSPECT

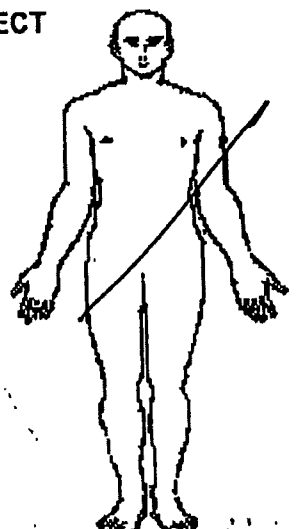
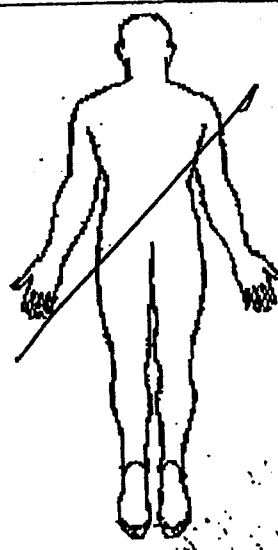
HT. 510
WT. 130

SWELLING
BULLING →  → *CUT TO LIP*



VICTIM/SUSPECT

HT. _____
WT. _____

TO ALL HEALTH CARE PROVIDERS:

Having been advised of my right to refuse, I hereby consent to the release of my medical records to law enforcement, the District Attorney's Office, and/or the City Attorney's Office.

Victim's Signature OFFICERS

Date 03/16/12