15.40.02 (04/02)

Los Angeles Police Department
DOMESTIC VIOLENCE SUPPLEMENTAL REPORT

VICTIM'S NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	BKG #	DR #
LEVENS, KASSANDRA	07/10/69		12-14-09410

	VICTIM	SUSPECT	CRIME SCENE

OBSERVATION

VICTIM
- ☐ ANGRY
- ☐ APOLOGETIC
- ☐ CRYING
- ☒ FEARFUL
- ☐ HYSTERICAL
- ☐ CALM
- ☒ AFRAID
- ☐ IRRATIONAL
- ☒ NERVOUS
- ☐ THREATENING
- ☐ COMP OF PAIN
- ☒ BRUISE(S)
- ☐ ABRASION(S)
- ☒ MINOR CUT(S)
- ☐ LACERATION(S)
- ☐ FRACTURE(S)
- ☐ CONCUSSION(S)
- ☐ INFLUENCE OF ALCOHOL
- ☐ INFLUENCE OF DRUGS
- ☐ OTHER: EXPLAIN

Explain opposites in the narrative.

SUSPECT
- ☐ ANGRY
- ☐ APOLOGETIC
- ☐ CRYING
- ☐ FEARFUL
- ☐ HYSTERICAL
- ☐ CALM
- ☐ AFRAID
- ☐ IRRATIONAL
- ☐ NERVOUS
- ☐ THREATENING
- ☐ COMP OF PAIN
- ☐ BRUISE(S)
- ☐ ABRASION(S)
- ☐ MINOR CUT(S)
- ☐ LACERATION(S)
- ☐ FRACTURE(S)
- ☐ CONCUSSION(S)
- ☐ INFLUENCE OF ALCOHOL
- ☐ INFLUENCE OF DRUGS
- ☐ OTHER: EXPLAIN

Explain opposites in the narrative.

CRIME SCENE
- ☐ PHONE DISABLED
- ☐ FORCED ENTRY
- ☐ BROKEN WINDOW(S)
- ☐ BROKEN DOOR(S)
- ☐ LOCATION RANSACKED
- ☐ LOCATION VANDALIZED
- ☐ FURNITURE IN DISARRAY
- ☐ VEHICLE DAMAGE
- ☐ PERSONAL PROPERTY DAMAGE
- ☐ OTHER: EXPLAIN

HISTORY

RELATIONSHIP BETWEEN VICTIM AND SUSPECT
Check all that apply

- ☒ SPOUSE
- ☐ FORMER SPOUSE
- ☐ COHABITANTS
- ☐ FORMER COHABITANTS
- ☐ DATING / ENGAGED
- ☐ FORMER DATING / ENGAGEMENT
- ☐ SAME GENDER
- ☐ EMANCIPATED MINOR   VICT ☐   SUSP ☐
- ☐ PARENT OF CHILD FROM RELATIONSHIP

LENGTH OF RELATIONSHIP
1 YEAR(S)   0 MONTH(S)

IF APPLICABLE,
DATE RELATIONSHIP ENDED:

PRIOR HISTORY OF DOMESTIC VIOLENCE? ☒ Yes ☐ No
PRIOR HISTORY OF VIOLENCE DOCUMENTED? ☐ Yes ☒ No

TOTAL NUMBER OF PRIOR INCIDENTS: 2

DR NUMBER(S) N/A

INVESTIGATING AGENCY N/A

RESTRAINING ORDERS: ☐ Yes ☒ No

TYPE: ☐ Emergency   ☐ Temporary   ☐ Permanent   ☐ Current   ☐ Expired

ISSUING COURT:

ORDER OR DOCKET NUMBER: VICTIM WILL BE AT A TEMPORARY ADDRESS? ☐ Yes   ☐ No

M.T.

VICT	SUSP	
☐	☐	NONE
☒	☐	WILL SEEK OWN DOCTOR
☒	☐	FIRST AID
☐	☐	PARAMEDICS
☐	☐	HOSPITAL
☐	☐	REFUSED MEDICAL AID
☐	☐	PREGNANT

PARAMEDICS AT SCENE: ☒ Yes ☐ No
UNIT NUMBER: FD137
NAME(S) ID #:
LEE: 292086
MO: 306809

HOSPITAL:
ATTENDING PHYSICIAN(S):
PATIENT #:

VICTIM GIVEN: ☒ DVV PAMPHLET, FORM 15.42.01   ☐ AREA DOMESTIC VIOLENCE UNIT PHONE NUMBER

REPORTING OFFICER	SERIAL NUMBER	DIV/DETAIL
JIMENEZ	40280	PAC/14A13
REPORTING OFFICER JOHNSON	SERIAL NUMBER 40525	DIV/DETAIL PAC/14A13
SUPERVISOR APPROVING D. MARO	SERIAL NUMBER 27716	

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