

AUSTIN POLICE DEPARTMENT - STRANGULATION SUPPLEMENT

TO BE COMPLETED IN ADDITION TO AVS

CASE # _____ - _____ DATE OF ASSAULT _____ TODAY'S DATE _____

VICTIM INFORMATION TO BE COMPLETED BY POLICE OFFICER

Victim's Name (last, first, middle) _____ DOB _____ R/S ____ / ____

- ◆ Method and/or Manner (how was Victim strangled) One Hand - R One Hand - L Two Hands Forearm Knee/Foot
- Chokehold Other (explain) _____
- ◆ Is the Suspect right or left handed? Right Handed Left Handed
- ◆ Estimate how long you were strangled _____ Minute(s) _____ Second(s) Multiple times? Yes _____ No
- Estimate Pressure Used (check) 1 2 3 4 5 6 7 8 9 10 (1=WEAK - 10=EXTREMELY STRONG)
- ◆ Suffocated? Yes No _____ Minute(s) _____ Second(s) What was used? _____
- ◆ What did Suspect say during strangulation/suffocation? _____
- _____
- ◆ Describe Suspect's demeanor during strangulation/suffocation? _____
- _____
- ◆ Describe how Suspect's face looked during strangulation/suffocation? _____
- _____
- ◆ What made Suspect stop? _____
- ◆ What did Victim think was going to happen during strangulation/suffocation? _____
- _____
- ◆ Has Suspect strangled/suffocated you before? Yes # _____ No

VICTIM'S SYMPTOMS TO BE COMPLETED BY POLICE OFFICER

SYMPTOMS	DURING	AFTER	VOICE CHANGES	SWALLOWING CHANGES
unable to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> painful to speak	<input type="checkbox"/> neck tenderness
difficult to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> raspy/hoarse voice	<input type="checkbox"/> trouble swallowing
physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> coughing	<input type="checkbox"/> painful to swallow
rapid breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> unable to speak	<input type="checkbox"/> neck pain
shallow breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whispering	<input type="checkbox"/> other _____
coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> other _____	
nausea	<input type="checkbox"/>	<input type="checkbox"/>		
vomiting/dry heaving	<input type="checkbox"/>	<input type="checkbox"/>		
dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Explain other _____	
headache	<input type="checkbox"/>	<input type="checkbox"/>	_____	
feel faint	<input type="checkbox"/>	<input type="checkbox"/>	_____	
disoriented	<input type="checkbox"/>	<input type="checkbox"/>	_____	

- ◆ Loss of consciousness? Yes No Victim not sure Unexplained Injury? Describe _____
- _____
- ◆ Any change or loss of hearing during/after strangulation/suffocation? Yes No Describe _____
- _____
- ◆ Any change or loss of vision during/after strangulation/suffocation? Yes No Describe _____
- _____
- ◆ How did your body/head feel during/after strangulation/suffocation? Describe _____
- _____
- ◆ Did the victim... Urinate Defecate Feel the urge to do one or both? _____

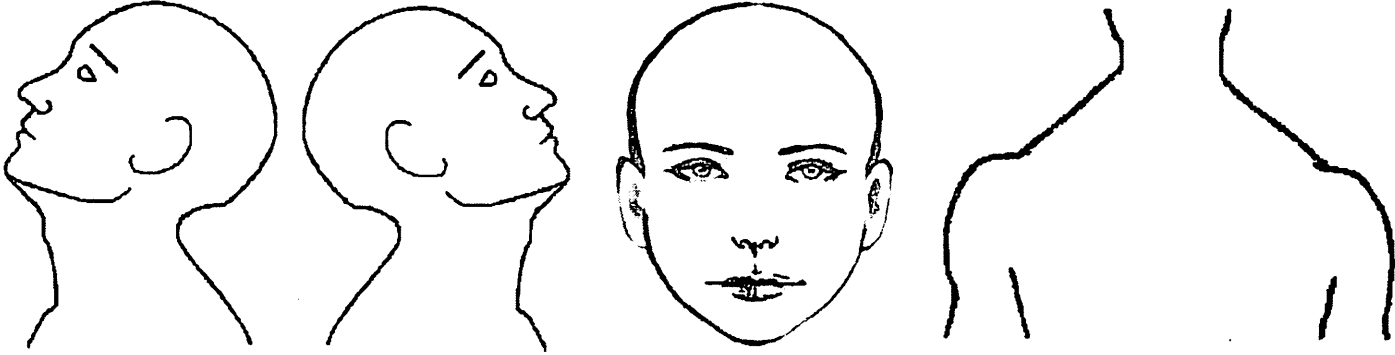
FACE	EYES AND EYELIDS	NOSE	EARS
<input type="checkbox"/> red or flushed	<input type="checkbox"/> petechiae to R eye	<input type="checkbox"/> petechiae	<input type="checkbox"/> petechiae on ear(s)
<input type="checkbox"/> petechiae	<input type="checkbox"/> petechiae to L eye	<input type="checkbox"/> scratch(es) or abrasion(s)	<input type="checkbox"/> bleeding from ear(s)
<input type="checkbox"/> scratch(es) or abrasion(s)	<input type="checkbox"/> petechiae to R eyelid	<input type="checkbox"/> swelling	<input type="checkbox"/> bruising/discoloration/ petechiae behind ear(s)
<input type="checkbox"/> sweating	<input type="checkbox"/> petechiae to L eyelid	<input type="checkbox"/> other _____	<input type="checkbox"/> swelling
<input type="checkbox"/> bruising	<input type="checkbox"/> blood in eyeball(s)		<input type="checkbox"/> other _____
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____		
Explain other _____			

MOUTH	UNDER CHIN	CHEST	SHOULDERS
<input type="checkbox"/> bruise(s) <input type="checkbox"/> swollen tongue <input type="checkbox"/> swollen lip(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> fingernail impression(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> other _____

NECK	HEAD
<input type="checkbox"/> redness <input type="checkbox"/> tenderness/pain <input type="checkbox"/> finger mark(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> fingernail impression(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> ligature mark(s) <input type="checkbox"/> petechiae <input type="checkbox"/> swelling <input type="checkbox"/> other _____	<input type="checkbox"/> petechiae on scalp or head <input type="checkbox"/> laceration(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> hair pulled <input type="checkbox"/> bump(s) <input type="checkbox"/> other _____

*****PLEASE TAKE PHOTOGRAPHS*****

Diagram all injuries on the Victim



Describe any other injuries or symptoms _____

OFFICER CHECKLIST

- If strangled/suffocated with object(s), photograph object(s) and collect for evidence.
- Document where the object(s) was/were found in the Offense Report.
- Determine if jewelry was worn by either party (ring(s), necklace(s), watch(es), etc.). Photograph / look for patterns and photograph.
- If defecation or urination in clothes, collect clothes as evidence.
- If Victim vomited, take a photo of vomit.
- Call On-Call Family Violence Detective if you need assistance.
- Call On-Call Family Violence Detective if Victim is transported to the hospital from injuries due to strangulation/suffocation.
- If Victim is transported to the hospital from injuries due to strangulation/suffocation then an officer **NEEDS** to standby at hospital until relieved by the On-Call Family Violence Detective.

STH/APD2013