

STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY
SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT

(1) CASE NO.

| | | | | | |
|-------------------------|---|--------------------------------|--|--|--|
| (2) MUNICIPALITY | (3) MUN. CODE NO. | (4) SP STATION | (5) CODE | (6) DEPARTMENT PHONE NUMBER () - EXT. | |
| (7) OFFENSE DATE / / | (8) DAY CODE (Circle Number) S M T W TH F S 1 2 3 4 5 6 7 | (9) MILITARY TIME _____HRS. | (10) TOTAL TIME SPENT: (Enter Approx. Time If Unknown) _____HRS. _____MIN. | (11) WAS ALCOHOL INVOLVED? <input type="checkbox"/> YES | (12) OTHER DRUGS INVOLVED? <input type="checkbox"/> YES |

VICTIM INFORMATION *Victim must be involved in a dating relationship or 18+ years old or emancipated.
 (If this is a violation of a domestic violence restraining order ONLY, State of New Jersey is the victim, leave blocks 14 through 20 blank).*

| | | | | | |
|---|---|--|--|---|--|
| (13) VICTIM'S NAME | (14) AGE Enter Approx. _____ Age if Unknown _____ | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | RACE CODE (Circle One) 1 2 3 4 | ETHNICITY <input type="checkbox"/> A - HISPANIC <input type="checkbox"/> B - NON-HISPANIC | (15) IS VICTIM PREGNANT? <input type="checkbox"/> YES |
| (16) HAVE VICTIM & OFFENDER EVER BEEN INVOLVED IN A DATING RELATIONSHIP? (Applies only to relationships after August 11, 1994.) <input type="checkbox"/> YES | (17) IS VICTIM DISABLED? <input type="checkbox"/> YES If Yes, Check one: <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL | (18) IF VICTIM IS DISABLED OR 60 YEARS OLD OR OLDER, WAS CRIMINAL NEGLECT ALSO INVOLVED (2C:24.8)? <input type="checkbox"/> YES | (19) WERE CHILDREN: <input type="checkbox"/> 1. INVOLVED <input type="checkbox"/> 2. PRESENT | | |
| (20) RELATIONSHIP OF VICTIM TO OFFENDER: (Check ONLY One.) <input type="checkbox"/> 1. VICTIM IS THE SPOUSE <input type="checkbox"/> 2. VICTIM IS THE EX-SPOUSE <input type="checkbox"/> 3. VICTIM IS A CO-PARENT <input type="checkbox"/> 4. VICTIM IS A RELATIVE (Mother, Father, etc.) <input type="checkbox"/> 5. VICTIM IS A FRIEND/ACQUAINTANCE <input type="checkbox"/> 6. VICTIM IS AN EX-FRIEND <input type="checkbox"/> 7. VICTIM IS A CIVIL UNION PARTNER | | | | | |

OFFENDER INFORMATION *Offender must be 18+ years old or emancipated.*

| | | | | |
|---|--|--|---|---|
| (21) AGE Enter Approx. _____ Age if Unknown _____ | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | RACE CODE (Circle One) 1 2 3 4 | ETHNICITY <input type="checkbox"/> A - HISPANIC <input type="checkbox"/> B - NON-HISPANIC | (22) OFFENDER: <input type="checkbox"/> IS A PRESENT HOUSEHOLD MEMBER <input type="checkbox"/> IS A FORMER HOUSEHOLD MEMBER <input type="checkbox"/> NEVER RESIDED WITH VICTIM |
| (23) HAS A DOMESTIC VIOLENCE ORDER EVER BEEN ISSUED BETWEEN THE PARTIES INVOLVED? <input type="checkbox"/> YES | (24) DID THIS INCIDENT INVOLVE/ALLEGED A VIOLATION OF A DOMESTIC VIOLENCE RESTRAINING ORDER? <input type="checkbox"/> YES | (25) AS A RESULT OF THIS INCIDENT, WAS A D.V. RESTRAINING ORDER ISSUED FOR ONE OF THE 14 OFFENSES IN BLOCK 27? <input type="checkbox"/> YES | (26) WAS OFFENDER ARRESTED FOR: (Check ONLY One.) (A) VIOLATION OF A D.V. RESTRAINING ORDER ONLY? <input type="checkbox"/> YES (B) DOMESTIC VIOLENCE OFFENSE ONLY (Block 27)? <input type="checkbox"/> YES (C) BOTH - VIOLATION OF A D.V. RESTRAINING ORDER AND A DOMESTIC VIOLENCE OFFENSE (BLOCK 27)? <input type="checkbox"/> YES | |

OFFENSE INFORMATION *Leave section blank if incident is ONLY a violation of a domestic violence restraining order.*

| | | | | |
|--|--------------------------------|---|--|--|
| (27) CURRENT DOMESTIC VIOLENCE OFFENSE COMPLAINT: (Check ONLY One.) <input type="checkbox"/> 1. HOMICIDE <input type="checkbox"/> 2. ASSAULT <input type="checkbox"/> 3. TERRORISTIC THREATS* <input type="checkbox"/> 4. KIDNAPPING <input type="checkbox"/> 5. CRIMINAL RESTRAINT <input type="checkbox"/> 6. FALSE IMPRISONMENT <input type="checkbox"/> 7. SEXUAL ASSAULT <input type="checkbox"/> 8. CRIMINAL SEXUAL CONTACT <input type="checkbox"/> 9. LEWDNESS* <input type="checkbox"/> 10. CRIMINAL MISCHIEF* <input type="checkbox"/> 11. BURGLARY* <input type="checkbox"/> 12. CRIMINAL TRESPASS* <input type="checkbox"/> 13. HARASSMENT <input type="checkbox"/> 14. STALKING* <i>* For these offenses check "None" - "No Injury", in Block 30.</i> | | | | |
| DEGREE OF INJURY FROM WEAPON USED (Check ONLY One.) | | (31) WEAPONS SEIZED? (Check if Yes for each weapon.) | (32) ENTER NUMBER OF DEATHS OTHER THAN A HOMICIDE VICTIM. IF NONE, ENTER 0. | |
| WEAPON | (28) AGGRAVATED SERIOUS INJURY | (29) AGGRAVATED MINOR INJURY | (30) NO INJURY | |
| 1. GUN | | | | COMPLETE ONLY IF BLOCK 32 IS OTHER THAN ZERO. (33) ENTER NUMBER OF ASSOCIATED ADULT DEATHS MALE <input type="text"/> FEMALE <input type="text"/> (34) ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS MALE <input type="text"/> FEMALE <input type="text"/> |
| 2. KNIFE or cutting instrument | | | | |
| 3. OTHER DANGEROUS | | | | |
| 4. HANDS, FISTS, ETC. | | | | (35) DID OFFENDER COMMIT SUICIDE? <input type="checkbox"/> YES |
| 5. NONE | | | | |

(36) REMARKS:

| | | | |
|-----------------|-----------------|----------------------|-------------------|
| (37) RANK/NAME: | (38) BADGE NO.: | (39) DATE COMPLETED: | (40) REVIEWED BY: |
| (41) | (42) | (43) | |

SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT GUIDE

A. PURPOSE OF THE REPORT:

The Supplementary Domestic Violence Offense Report shall be used to report (a) any of the fourteen listed acts of domestic violence and/or (b) any allegation of a domestic violence court order. N.J.S.A. 2C:25-24 et. seq. It will be the responsibility of a law enforcement officer who responds to a domestic violence call and/or an allegation of a violation of a Domestic Violence Court Order, to complete this report.

a. The report will be completed when one or more of the following acts are inflicted **by an adult or emancipated minor** upon a person protected under this act. A victim of domestic violence includes any person 18 years of age or older or who is an emancipated minor and has been subjected to domestic violence **by** a spouse, former spouse, or any other person who is a present or former household member. A victim also includes any person, regardless of age, who has been subjected to domestic violence **by** a person with whom the victim has a child in common, or with whom the victim anticipates having a child in common, if one of the parties is pregnant. A victim of domestic violence also includes any person who has been subjected to domestic violence **by** a person with whom the victim has had a dating relationship. **Child abuse complaints are not to be reported on this form.**

NOTE: "Emancipated minor" means a person who is less than 18 years of age but who has been married, entered in the military service, has a child or is pregnant or has been previously declared by a court or an administrative agency to be emancipated.

The acts of domestic violence are:

- | | | | | |
|------------------------|-----------------------|----------------------------|-----------------------|----------------|
| 1. Homicide | 4. Kidnapping | 7. Sexual Assault | 10. Criminal Mischief | 13. Harassment |
| 2. Assault | 5. Criminal Restraint | 8. Criminal Sexual Contact | 11. Burglary | 14. Stalking |
| 3. Terroristic Threats | 6. False Imprisonment | 9. Lewdness | 12. Criminal Trespass | |

B. MECHANICS:

1. This report may be ball pointed (block printed) or typed.
2. Routing:
 - a. Original-First Copy (**NOTE: Do not forward copies of court orders or other documents to the New Jersey State Police.**)
New Jersey State Police, UCR Unit, Box 7068, River Road, West Trenton, NJ 08628-0068, (609) 882-2000, Ext. 2870.
 - b. Second Copy: County Bureau of Identification (Forward directly to the County Bureau of Identification.)
 - c. Third Copy: Municipal/Superior Court (Forward directly to the Municipal or Superior Court.)
 - d. Fourth Copy: Contributor's Copy
3. Reports will be submitted immediately upon completion. DO NOT wait for the end of the month to forward the forms.

C. INSTRUCTIONS FOR PREPARATION OF THE SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT:

This report shall be accurate, factual, clear, concise, complete and free of errors in spelling and grammar. Appropriate abbreviations are acceptable. Complete all applicable boxes. Note: Logical edits have been written for the state's data entry programs. Illogical responses will be corrected by the program. No notice will be provided to the reporting agency (e.g., Criminal Trespass, offense with injury). Blocks requiring an affirmative answer must be checked "Yes" otherwise a "No" response will be recorded.

1. CASE NO. - Enter investigation report number; if none, enter operations report number or other available identifying number.
2. MUNICIPALITY - Enter name of the municipality where offense occurred.
3. MUNICIPALITY CODE - Enter four digit municipality identifier code.
4. SP STATION - Enter State Police station reporting offense (for State Police use only).
5. SP STATION CODE - Enter State Police station code number (for State Police use only).
6. PHONE NUMBER - Enter the reporting agency's complete phone number and extension.
7. OFFENSE DATE - Enter the date of offense. Example: 01 / 01 / 2000.
8. DAY CODE - Circle appropriate numerical code. 1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday
9. MILITARY TIME - Enter time of offense - e.g. 0001 HRS.
10. TOTAL TIME SPENT - Enter the total time spent on this investigation. **IF UNKNOWN, ENTER APPROXIMATE TIME.**
11. ALCOHOL INVOLVED - Check yes to indicate if the victim or the offender had been drinking.
12. OTHER DRUGS INVOLVED - Check yes to indicate if the victim or offender used drugs other than alcohol.
13. VICTIM'S NAME - Enter full name of the victim (first, middle, and last name). **ONE REPORT WILL BE COMPLETED FOR EACH VICTIM.** If incident involves a violation of a domestic violence order **only**, victim is the State of New Jersey, (leave blocks 14 thru 20 blank).
14. VICTIM'S AGE, SEX, RACE CODE AND ETHNICITY - Enter the Victim's:
AGE - If unknown, enter approximate age. RACE CODE - Circle numerical code for victim's race (using numbers 1 through 4).
SEX - Check male or female. 1 — White 2 — Black 3 — Asian or Pacific Islander 4 — American Indian or Alaskan Native
ETHNICITY - Check the appropriate box.
15. IS VICTIM PREGNANT? - Check yes to indicate if the victim is pregnant at the time of the incident.
16. WERE VICTIM AND OFFENDER INVOLVED IN A DATING RELATIONSHIP? - Check yes, if applicable; otherwise, leave blank.
17. IS VICTIM DISABLED? - Check yes if the victim is disabled, then check the appropriate box.
18. IF VICTIM IS DISABLED OR 60 YEARS OF AGE OR OLDER, WAS CRIMINAL NEGLECT ALSO INVOLVED (2C:24-8)? - Check yes, if applicable.
19. CHILDREN WERE INVOLVED, PRESENT - Check the appropriate box.
20. RELATIONSHIP OF VICTIM TO OFFENDER - Check to indicate relationship at time of incident (only check one block).
21. OFFENDER'S AGE, SEX, RACE CODE AND ETHNICITY - Enter offender's age, sex, race code, and ethnic origin using the instructions listed in block 14.
22. OFFENDER - Check the appropriate block.
23. PRIOR COURT ORDERS - Check yes if a Domestic Violence COURT order has ever been issued between the parties involved.
24. DID THIS INCIDENT INVOLVE/ALLEGED A VIOLATION OF A DOMESTIC VIOLENCE RESTRAINING ORDER? - Check yes if this incident involved or alleged a violation of a Domestic Violence Restraining Order.
25. AS A RESULT OF THIS INCIDENT, WAS A RESTRAINING ORDER ISSUED FOR ONE OF THE 14 OFFENSES LISTED IN BLOCK 27? - Check yes if so.
26. WAS OFFENDER ARRESTED? - Check **ONLY** One.
- OFFENSE INFORMATION - If incident is a violation of a domestic violence restraining order ONLY, leave blocks 27 through 35 blank.**
27. CURRENT OFFENSE/COMPLAINT - Check only one block with regard to current offense. Mark the most serious crime. **For offenses with an asterisk, check "NONE" in Block 30.**
- 28., 29., 30. DEGREE OF INJURY FROM WEAPON USED - Locate weapon used, then check the appropriate block on horizontal line indicating degree of injury. - Check **ONLY** One.
EXAMPLE: Aggravated/serious - is when injury is sufficient to cause broken bones, internal injuries, or when stitches are required.
Non-Aggravated/minor - includes any lesser injury. Check only one weapon, by going down the list from 1 to 5.
31. WEAPONS SEIZED - **NOTE:** Include weapons seized even if not used to commit the domestic violence offense. Check yes for each weapon category (gun, knife, and other dangerous) to indicate if weapon(s) were seized. If no weapon(s) seized, leave blank.
32. ENTER NUMBER OF DEATHS OTHER THAN A HOMICIDE VICTIM - Enter the total number of associated deaths, e.g., accidental, suicide, etc.
NOTE: If the victim's cause of death was suicide, accidental, etc., include in this box.
33. ENTER NUMBER OF ASSOCIATED ADULT DEATHS - enter appropriate number of adult male/female deceased.
34. ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS - enter appropriate number of juvenile male/female deceased.
35. DID OFFENDER COMMIT SUICIDE? - If applicable, check yes. **NOTE:** If yes, then the offender should be counted in block 30 as an associated death.
36. REMARKS - Enter additional information as needed.
37. RANK/NAME - Enter rank and name of investigating officer with signature.
38. BADGE NUMBER - Enter badge number of the officer preparing report.
39. DATE COMPLETED - Enter the date report is prepared.
40. REVIEWED BY - Enter initials and badge number of immediate supervisor who reviewed and approved the report.
41. BLANK BLOCK. 42. BLANK BLOCK. 43. BLANK BLOCK.