STRANGULATION DOCUMENTATION FORM

VICTIM NAME (Last, First, Middle)	DATE OF BIRTH	M ☐ F ☐	Case#:
			Agency:
SUSPECT NAME (Last, First, Middle)	DATE OF BIRTH	M ☐ F ☐	Date of Assault:
			Today's Date:

STRANGULATION EVENT QUESTIONS

- What did suspect use to strangle you? ☐ Left Hand ☐ Right Hand ☐ Forearm ☐ Knee/Foot ☐ Pressure on Chest
  ☐ Other Object(s): ______________________________
  ☐ ***Describe manner/method in detail in report narrative***
- Did you lose consciousness during/after the strangulation? ☐ Yes ☐ No ☐ Not Sure Describe:______________________________
- Estimate how long strangulation lasted: _______ Minute(s) _______ Second(s) Multiple times: ☐ Yes # _______ ☐ No
- Describe the suspect's emotional demeanor/facial expression while strangling you ______________________________
  ____
- What else did the suspect do/say while strangling you? ______________________________
  ____
- Were you able to speak during the strangulation: ☐ Yes ☐ No If yes, what did you say? ______________________________
  ____
- Did you do anything to attempt to physically stop the strangulation? ☐ Yes ☐ No Describe: ______________________________
  ____
- What made the suspect stop? ______________________________
- What did you think was going to happen during the strangulation?
  ____
- Has suspect strangled you on other occasions? ☐ Yes ☐ No If yes, # of occasions: _______ When: ______________________________

SYMPTOMS EXPERIENCED BY VICTIM

SYMPTOM	DURING	AFTER		SYMPTOM	DURING	AFTER		SYMPTOM	DURING	AFTER
Vision changes – Tunnel	☐	☐		Coughing Blood	☐	☐		Hoarse Voice	☐	☐
Vision changes – Spots	☐	☐		Nausea	☐	☐		Loss of Voice	☐	☐
Hearing loss/Changes	☐	☐		Vomit/Dry Heaving	☐	☐		Whisper Voice	☐	☐
Loss of Consciousness	☐	☐		Dizziness	☐	☐		Neck Pain/Tender	☐	☐
Unable to Breathe	☐	☐		Headache	☐	☐		Trouble Swallowing	☐	☐
Difficulty Breathing	☐	☐		Feel Faint	☐	☐		Pain Swallowing	☐	☐
Pain While Breathing	☐	☐		Disorientation	☐	☐		Sore Throat	☐	☐
Rapid Breathing	☐	☐		Memory Loss	☐	☐		Urinate	☐	☐
Shallow Breathing	☐	☐		Painful to Speak	☐	☐		Defecate	☐	☐
Coughing	☐	☐		Raspy Voice	☐	☐		Other:	☐	☐

OFFICER OBSERVED INJURIES

FACE	EYES	NOSE	MOUTH
☐ Skin Red/Flushed ☐ Red Spots (e.g. petechiae) ☐ Scratches or Abrasions ☐ Swelling ☐ Red Spots Behind Ear(s) ☐ Bruising Behind Ear(s) ☐ Other:	☐ Red Eye ☐ Left ☐ Right ☐ Red Spots in Eye ☐ Left ☐ Right ☐ Red Spots on Eyelid ☐ Left ☐ Right ☐ Blood in Eyeball ☐ Eyelid(s) drooping ☐ Other:	☐ Redness ☐ Red Spots (e.g. petechiae) ☐ Scratches or Abrasions ☐ Swelling ☐ Bleeding ☐ Broken nose ☐ Other:	☐ Swollen Lips ☐ Swollen Tongue ☐ Bruise(s) ☐ Scratches or Abrasions ☐ Red Spots in Palate or Gums, etc. ☐ Other:
EARS	**UNDER CHIN**	**NECK**	**SHOULDERS**
☐ Redness ☐ Red Spots (e.g. petechiae) ☐ Bleeding ☐ Bruising or Discoloration ☐ Swelling ☐ Red Spots Behind Ear(s) ☐ Bruising Behind Ear(s) ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Lacerations ☐ Bruising or Discoloration ☐ Bruises ☐ Linear Marks (e.g. fingernail marks) ☐ Other:	☐ Redness ☐ Red Spots (e.g. petechiae) ☐ Scratches or Abrasions ☐ Bruises ☐ Swelling ☐ Ligature Marks (e.g. fingernail marks) ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Lacerations ☐ Bruising or Discoloration ☐ Bruises ☐ Other:
HANDS, FINGERS, ARMS	**HEAD**	**CHEST**	
☐ Redness ☐ Bruising ☐ Swelling ☐ Scratches or Abrasions ☐ Broken Fingernails ☐ Other:	☐ Lumps/Bumps ☐ Lacerations ☐ Scratches or Abrasions ☐ Hair Missing ☐ Red Spots on Scalp (e.g. petechiae) ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Lacerations ☐ Bruises ☐ Ligature Marks (e.g. fingernail marks) ☐ Other:	

***** PLEASE TAKE PHOTOGRAPHS *****
Diagram **all injuries** on the Victim

A B C D E F

Describe any other injuries or symptoms:

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OFFICER CHECKLIST

- ☐ If strangled/suffocated with an object(s), photograph object(s) and collect for evidence.
- ☐ Document where the object(s) was/were found in the Offense Report.
- ☐ Determine if jewelry worn by either party (ring(s), necklace(s), watch(es), etc.); Photograph /look for patterns and photograph.
- ☐ If defecation or urination in clothes, collect as evidence.
- ☐ If Victim vomited, take a photo of the vomit.
- ☐ Describe the incident and signs/symptoms in detail in report narrative.

In working with the victim, reiterate the following points:

1. After you have been strangled, the chance of being murdered by the same abuser increased 750%.
2. Only 50% of strangulation victims have visible injuries – injuries that can cause serious risk of death are internal and can only be identified by a medical professional.
3. Death from strangulation can occur hours, days, or weeks after the assault.
4. The reduction of blood supply to the brain can result in damage to your brain that can be permanent.