

SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT GUIDE

A. PURPOSE OF THE REPORT:

The Supplementary Domestic Violence Offense Report shall be used to report any of the eighteen listed acts of domestic violence or any other crime involving risk of death or serious bodily injury to a person protected under the "Prevention of Domestic Violence Act of 1991" N.J.S.A. 2C:25-19. et. seq. It will be the responsibility of a law enforcement officer who responds to a domestic violence call 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 at any time was a 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 | 5. Burglary | 9. Cyber Harassment | 13. Lewdness | 17. Blackmail/Criminal Coercion |
| 2. Sexual Assault | 6. Kidnapping | 10. Criminal Restraint | 14. Criminal Trespass | 18. Contempt of Court |
| 3. Robbery | 7. Terroristic Threats | 11. False Imprisonment | 15. Criminal Mischief | 19. Other Crime Causing/
Involving Risk of Death or SBI |
| 4. Assault | 8. Harassment | 12. Criminal Sexual Contact | 16. Stalking | |

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 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. A SEPARATE REPORT WILL BE COMPLETED FOR EACH VICTIM.**

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. DEPARTMENT'S TELEPHONE - Enter the reporting agency's complete phone number and extension.
7. DATE OF OFFENSE - Enter the date of offense. Example: 0 1 / 0 1 / 2 0 18 or select the date from the calendar.
8. DAY CODE - Mark the appropriate circle.
9. TIME (*MILITARY*) - Enter time of offense in military time - e.g. 0 0 0 1 HRS.
10. TOTAL TIME - Enter the total time spent on this investigation. IF UNKNOWN, ENTER APPROXIMATE TIME.
11. WAS ALCOHOL INVOLVED - Check yes to indicate if the victim or the offender had been drinking.
12. WERE OTHER DRUGS INVOLVED - Check yes to indicate if the victim or offender used drugs other than alcohol.

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, leave blocks 13 through 19 blank.*

13. VICTIM'S AGE, GENDER, RACE CODE AND ETHNICITY - Enter the Victim's:
 - AGE - If unknown, enter approximate age.
 - GENDER - Mark the appropriate circle for male or female.
 - RACE CODE- Mark the appropriate circle. If UNKNOWN, utilize the U-Unknown option.
 - ETHNICITY - Mark the appropriate circle.
14. IS VICTIM PREGNANT? - Check yes to indicate if the victim is pregnant at the time of the incident.
15. WERE VICTIM & OFFENDER EVER INVOLVED IN A DATING RELATIONSHIP? - Check yes, if applicable; otherwise, leave blank.
16. IS VICTIM DISABLED? - Check yes if the victim is disabled, then mark the appropriate circle.
17. IF VICTIM IS DISABLED OR 60 YEARS OF AGE OR OLDER, WAS CRIMINAL NEGLIGENCE ALSO INVOLVED (2C:24-8)? - Check yes, if applicable.
18. CHILDREN WERE PRESENT - Check yes if children were present at the time of the incident, then mark the appropriate circle.
19. WAS CP&P CALLED? - Mark the appropriate circle. CP&P **shall be called** every time children are **involved** in the incident.
20. RELATIONSHIP OF VICTIM TO OFFENDER - Mark the appropriate circle to indicate **relationship of the Victim to the Offender** at time of incident. Select **ONLY one**.

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

21. OFFENDER'S AGE, GENDER, RACE CODE AND ETHNICITY - Enter offender's age, sex, race code, and ethnic origin using the instructions listed in block 13.
22. OFFENDER - Mark the appropriate circle. Select **ONLY one**.
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 19 OFFENSES LISTED IN BLOCK 27? - Check yes if so.
26. WAS OFFENDER ARRESTED? - Mark the appropriate circle. Select **ONLY one**.

OFFENSE INFORMATION

27. CURRENT DOMESTIC VIOLENCE COMPLAINT - Mark the appropriate circle for the most serious crime. Select **ONLY one** offense. **For Offenses with an asterisk (*) select "None" - "No Injury" in Block 28.**

28. DEGREE OF INJURY FROM WEAPONS USED – Locate the weapon used, then mark the appropriate circle in that weapon's row to indicate the **most SERIOUS degree of injury** inflicted via that weapon. If applicable, you can select up to **THREE weapons**. Check yes for each weapon (firearm, handgun, knife/cutting instrument, etc.) to indicate if weapon(s) were seized. If no weapon(s) seized, leave blank.
NOTE: Include weapons seized even if **not used** to commit the domestic violence offense.
29. 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.
- Complete Blocks 30 & 31 ONLY if Block 29 is other than ZERO**
30. ENTER NUMBER OF ASSOCIATED ADULT DEATHS - enter appropriate number of adult male/female deceased.
31. ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS - enter appropriate number of juvenile male/female deceased.
32. DID OFFENDER COMMIT SUICIDE? - If applicable, check yes. **NOTE:** If yes, then the offender should be counted in block 30 as an associated death.
33. REMARKS - Enter additional information as needed, such as list of other offenses being charged, ODARA identified risk factors, etc.
34. RANK/NAME - Enter rank, name and badge number of investigating officer.
35. DATE COMPLETED - Enter the date report is prepared.
36. REVIEWED BY - Enter rank, name and badge number of immediate supervisor who reviewed and approved the report.