This report should be submitted immediately upon completion, DO NOT wait for the end of the month to forward.

STATE OF NEW JERSEY • DEPARTMENT OF LAW & PUBLIC SAFETY
Supplementary Domestic Violence Offense Report

1. Case Number

2. Municipality	3. Mun. Code	4. State Police Station *(NJSP Use Only)*	5. Code	6. Department's Telephone *(incl. Area Code)* Extension

7. Date of Offense	8. Day Code ○ Su ○ M ○ Tu ○ W ○ Th ○ F ○ Sa	9. Time *(Military)*	10. Total Time *(Hrs:Mins)*	11. Was Alcohol Involved? ☐ YES	12. Were Other Drugs Involved? ☐ YES

VICTIM INFORMATION:
*COMPLETE ONE FORM FOR EACH VICTIM. 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. Age (*Approx Age if Unknown*) _____
Gender: ○ Male ○ Female
Race Code: ○ W - White ○ B - Black/African American ○ I - American Indian/Alaska Native ○ A - Asian ○ P - Native Hawaiian/Other Pacific Islander ○ U - Unknown
Ethnicity: ○ A - Hispanic ○ B - Non-Hispanic
14. Is Victim Pregnant? ☐ YES

15. Have Victim & Offender Ever Been Involved in a Dating Relationship? ☐ YES
16. Is Victim Disabled? ☐ YES *If Yes, Check all that apply.* ○ Psychological ○ Physical
17. If Victim is Disabled or 60 Years Old or Older, Was Criminal Neglect Also Involved (2C:24.8)? ☐ YES
18. Children Were ☐ PRESENT ○ Involved ○ Not Involved
19. Was CP&P Called? ○ YES ○ NO

20. Relationship of Victim to Offender at the time of Incident *(Check **ONLY ONE**)* **Victim Was:**
- ○ Spouse
- ○ Ex-Spouse
- ○ Boyfriend/Girlfriend
- ○ Ex-boyfriend/Ex-girlfriend
- ○ Common-Law Spouse
- ○ Child
- ○ Stepchild
- ○ Child of Boy/Girlfriend
- ○ Parent
- ○ Stepparent
- ○ Sibling
- ○ Step-Sibling
- ○ In-Law
- ○ Grandparent
- ○ Grandchild
- ○ Other Family Member
- ○ Friend
- ○ Acquaintance
- ○ Offender
- ○ Homosexual Relationship

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

21. Age (*Approx Age if Unknown*) _____
Gender: ○ Male ○ Female
Race Code: ○ W - White ○ B - Black/African American ○ I - American Indian/Alaska Native ○ A - Asian ○ P - Native Hawaiian/Other Pacific Islander ○ U - Unknown
Ethnicity: ○ A - Hispanic ○ B - Non-Hispanic

22. Offender *(Select One)* ○ is a **PRESENT** Household Member ○ was **AT ANY TIME** a Household Member ○ **NEVER** Resided with Victim

23. Has a Domestic Violence Order Ever been Issued Between the Parties Involved? ☐ YES
24. Did this Incident Involve/Allege a Violation of a Domestic Violence Restraining Order? ☐ YES
25. As a Result of this Incident, was a DV Restraining Order Issued for One of the 19 Offenses in Block 27? ☐ YES

26. Was Offender Arrested for *(Check **ONE** Only)*:
- ○ [A] Violation of a DV Restraining Order/Contempt of Court **ONLY**?
- ○ [B] Domestic Violence Offense **ONLY**
- ○ [C] **BOTH** — Violation of a DV Restraining Order **AND** a Domestic Violence Offense?

OFFENSE INFORMATION:

27. Current Domestic Violence Complaint *(Check **ONLY ONE** - Mark the most serious crime)*   * For These Offenses, Check "None" - "No Injury" in Block 28.
- ○ 1. Homicide
- ○ 2. Sexual Assault
- ○ 3. Robbery
- ○ 4. Assault
- ○ 5. Burglary*
- ○ 6. Kidnapping
- ○ 7. Terroristic Threats*
- ○ 8. Harassment
- ○ 9. Cyber Harassment*
- ○ 10. Criminal Restraint
- ○ 11. False Imprisonment
- ○ 12. Criminal Sexual Contact
- ○ 13. Lewdness*
- ○ 14. Criminal Trespass*
- ○ 15. Criminal Mischief*
- ○ 16. Stalking*
- ○ 17. Blackmail/Criminal Coercion*
- ○ 18. Contempt of Court*
- ○ 19. Other Crime Causing/ Involving Risk of Death or SBI

28. Degree of Injury from Weapons Used

*Select up to **THREE** Weapons. Choose the most serious injury for each.*

	No Injury	Apparent Broken Bones	Possible Internal Injury	Severe Laceration	Apparent Minor Injury	Other Major Injury	Loss of Teeth	Unconsciousness	Weapons Seized *(Check if Yes for each Weapon)*
Firearm	○	○	○	○	○	○	○	○	☐
Handgun	○	○	○	○	○	○	○	○	☐
Rifle	○	○	○	○	○	○	○	○	☐
Shotgun	○	○	○	○	○	○	○	○	☐
Other Firearm	○	○	○	○	○	○	○	○	☐
Knife/Cutting Instrument *(knives, razors, hatchets, axes, cleavers, scissors, glass, broken bottles, ice picks, etc.)*	○	○	○	○	○	○	○	○	☐
Blunt Object *(baseball bats, butt of handgun, clubs, bricks, jack handles, tire irons, bottles, etc.)*	○	○	○	○	○	○	○	○	☐
Motor Vehicle	○	○	○	○	○	○	○	○	☐
Personal Weapons *(hands, fist, feet, arms, teeth, etc.)*	○	○	○	○	○	○	○	○	☐
Poison	○	○	○	○	○	○	○	○	☐
Explosives	○	○	○	○	○	○	○	○	☐
Fire/Incendiary Device	○	○	○	○	○	○	○	○	☐
Drugs/Narcotics/Sleeping Pills	○	○	○	○	○	○	○	○	☐
Asphyxiation	○	○	○	○	○	○	○	○	☐
Other *(BB guns, pellet guns, tasers, pepper spray, stun guns, etc.)*	○	○	○	○	○	○	○	○	☐
Unknown	○	○	○	○	○	○	○	○	☐
None (Mutually Exclusive)	○	○	○	○	○	○	○	○	☐

29. ***Other than the Victim,*** Enter number of Homicide Deaths If None, enter 0. _____
COMPLETE BLOCKS 30 & 31 ONLY IF BLOCK 29 IS OTHER THAN ZERO. >>>
30. Enter Number of Associated **ADULT** Deaths — Male _____ Female _____
31. Enter Number of Associated **JUVENILE** Deaths — Male _____ Female _____
32. Did Offender Commit Suicide? ☐ YES

33. Remarks

34. Rank/Name | Badge Number | 35. Date Completed | 36. Reviewed By

UCR-DV1 (Rev. 08/18)

Please enter the information on this form into the UCR System and forward a copy to your Municipal/Superior Court.