

# TULLAHOMA POLICE DEPARTMENT - STRANGULATION SUPPLEMENT

## TO BE COMPLETED IN ADDITION TO DOMESTIC VIOLENCE FORM

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? \_\_\_\_\_

♦ What did the victim say during the strangulation? \_\_\_\_\_

♦ 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

♦ Did you attempt to physically stop the strangulation? ☐ Yes ☐ No Describe: \_\_\_\_\_

♦ Were you shaken simultaneously while being strangled? ☐ 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 _____			

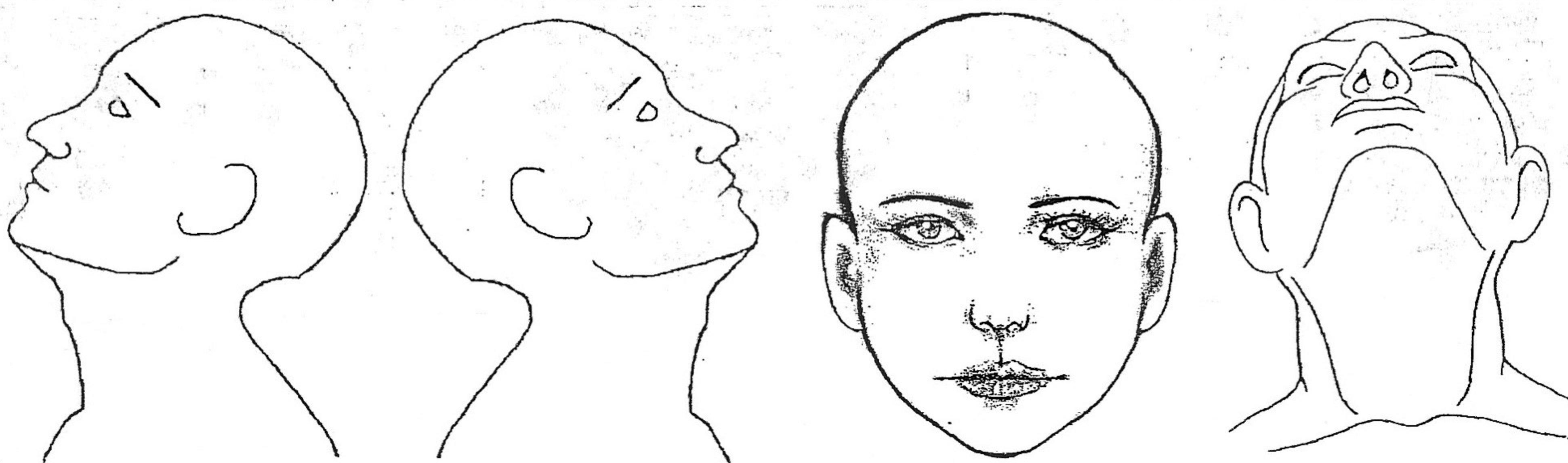


MOUTH	UNDER CHIN	CHEST	SHOULDERS
<input type="checkbox"/> bruise(s) <input type="checkbox"/> swollen tongue <input type="checkbox"/> swollen lip(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> petechiae in palate ____ <input type="checkbox"/> other _____	<input type="checkbox"/> 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 Domestic Violence Detective if you need assistance.
- ☐Call On-Call Domestic Violence Detective if Victim is transported to the hospital from injuries due to strangulation/suffocation.
- ☐Advise on future symptoms (headaches, throat/neck pain, etc.) Advise victim that she/he should be with somebody, and should not be alone for 24 hours. Who will you be with? \_\_\_\_\_ Contact number: \_\_\_\_\_
- ☐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 Domestic Violence Detective.
- ☐PHOTOGRAPH SUSPECT: hands, arms, face, chest and any areas where Suspect states any injuries/contact occurred.