

STATE OF NEW MEXICO UNIFORM DOMESTIC ABUSE SUPPLEMENTAL REPORT			ORIGINAL OFFENSE DATE	SUPPLEMENTAL DATE	CASE NO.	CAD NO.	PAGE	OF				
ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH	ORIGINAL SUSPECT'S NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	OPTIONAL					
LOCATION OF INCIDENT												
ADDL INTERVIEWED / WITNESS	PERSON CODE	TYPE CODE	INJURY CODE	3-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.	DOB	AGE (RANGE)	SEX	RACE WHT <input type="checkbox"/> BLACK <input type="checkbox"/> HISP <input type="checkbox"/> ASIA <input type="checkbox"/> IND <input type="checkbox"/> UNK <input type="checkbox"/>		
	STREET ADDRESS			APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	OPTIONAL	
	CITY		CTY.	STATE	ZIP	BUS. PHONE	CALLER INFORMATION <input type="checkbox"/> 911 CALLER <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> CHILD					
	OCCUPATION			EMPLOYER / SCHOOL	EMPLOYER / SCHOOL ADDRESS			GANG AFFILIATION				
	ALIAS / NICKNAME				MARKS, SCARS, TATTOOS AND/OR CLOTHING DES.			ARMED WITH (SEE CODES)		RES. STATUS RES <input type="checkbox"/> NON <input type="checkbox"/>		

LETHALITY ASSESSMENT	***** Answers to Lethality Questions are provided by (Name):		Person Code:	Identified HHM Code:	
	1. Has the Household Member (or whoever the aggressor is) ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	2. Does the Household Member have a history of mental illness?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	3. Do you think the Household Member will kill you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	4. Does the Household Member have a gun or can they get one easily?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	5. Has the Household Member ever tried to choke / strangle you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	6. Is the Household Member violently or constantly jealous or does the offender control most of your daily activities?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	7. Have you left the Household Member or separated within the last year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	8. Are you currently involved in another relationship?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	9. Do you have children with another partner?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	10. Is the Household Member unemployed? <input type="checkbox"/> Recent Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	11. Has the Household Member destroyed cherished personal items?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	12. Has the Household Member ever threatened Homicide or Suicide?	<input type="checkbox"/> SELF <input type="checkbox"/> VICTIM <input type="checkbox"/> CHILDREN			
	13. Does the Household Member follow, stalk or spy on you or leave threatening messages?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	14. Previous history of violation of court ordered protection orders exists?	<input type="checkbox"/> COURT ORDER <input type="checkbox"/> PROTECTIVE ORDER <input type="checkbox"/> OTHER			
	15. Has the Household Member stated "If I can't have you, no one will" or similar statement?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	16. Does the Household Member have a violent history outside of the relationship?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	17. Is the Household Member violent toward children?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	18. Are you currently pregnant?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	19. Is the Household Member violent toward any animals?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
	20. Does the Household Member regularly abuse alcohol or drugs? <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NOT RECALL	<input type="checkbox"/> DON'T KNOW	
21. Is there anything else that worries you about your safety? If yes, what is it?					

CERT. / STATUS	REPORTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO	I.D. NO.	DATE
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> GLA <input type="checkbox"/> GLE <input type="checkbox"/>		
	<input type="checkbox"/> "THIS ARREST IS IN WHOLE, OR IN PART PREMISED UPON PROBABLE CAUSE TO BELIEVE THAT THE SUSPECT COMMITTED DOMESTIC ABUSE AGAINST THE VICTIM."				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DEN
				CASES CLEARED BY THIS ARREST		CASE NO.	
				CASE NO.		CASE NO.	