

OCCURRENCE DATE(S)				DATE REPORTED		STATE OF NEW MEXICO UNIFORM DOMESTIC ABUSE REPORT				ORI NO.	CASE NUMBER	PRIMARY	PAGE	OF			
ON		OR		BETWEEN		AGENCY / COUNTY		GEOGR. CODE	CAD NUMBER		OPTIONAL NUMBER						
MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY			
TIME	DAY OF WEEK	TIME	DAY OF WEEK	ADDRESS / LOCATION OF INCIDENT				CITY	CTY.	ZIP	DOMESTIC ABUSE INCIDENT <input type="checkbox"/>						
OFFENSE	ADDITIONAL SUPP.	OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL. MISD.	ATTEMPTED	COMPLETED	UCR OFFENSE CODE	NO. CHILD PRES.	SPEC. AGENCY CODE	NO. OF COUNTS	LOCAT CODE	WEAPON CODE UP TO 3 PER OFFENSE	
	<input type="checkbox"/>	1. <input type="checkbox"/> ASSAULT AGAINST A HOUSEHOLD MEMBER				30 - 3 - 12		M	<input type="checkbox"/>	<input type="checkbox"/>	571						
	<input type="checkbox"/>	2. <input type="checkbox"/> AGGRAVATED ASSAULT AGAINST A HOUSEHOLD MEMBER				30 - 3 - 13		F	<input type="checkbox"/>	<input type="checkbox"/>	570						
	<input type="checkbox"/>	3. <input type="checkbox"/> ASSAULT AGAINST A HOUSEHOLD MEMBER / INTENT TO COMMIT A VIOLENT FELONY				30 - 3 - 14		F	<input type="checkbox"/>	<input type="checkbox"/>	570						
	<input type="checkbox"/>	4. <input type="checkbox"/> BATTERY AGAINST A HOUSEHOLD MEMBER				30 - 3 - 15		M	<input type="checkbox"/>	<input type="checkbox"/>	572						
	<input type="checkbox"/>	5. <input type="checkbox"/> AGGRAVATED BATTERY AGAINST A HOUSEHOLD MEMBER				30 - 3 - 16		F/M	<input type="checkbox"/>	<input type="checkbox"/>	570						
	<input type="checkbox"/>	6. <input type="checkbox"/> CRIM DAM TO PROP / DEPRIVATION AGAINST A HOUSEHOLD MEMBER				30 - 15 - 18		F/M	<input type="checkbox"/>	<input type="checkbox"/>	290						
	<input type="checkbox"/>	7. <input type="checkbox"/> INTERFERENCE WITH COMMUNICATIONS				30 - 12 - 1		M	<input type="checkbox"/>	<input type="checkbox"/>	90Z						
	<input type="checkbox"/>	8. <input type="checkbox"/> FALSE IMPRISONMENT				30 - 4 - 3		F	<input type="checkbox"/>	<input type="checkbox"/>	102						
	<input type="checkbox"/>	9. <input type="checkbox"/> KIDNAPPING				30 - 4 - 1		F	<input type="checkbox"/>	<input type="checkbox"/>	100						
	<input type="checkbox"/>	10. <input type="checkbox"/> VIOLATION OF ORDER OF PROTECTION				40 - 13 - 6		M	<input type="checkbox"/>	<input type="checkbox"/>	570						
<input type="checkbox"/>	11. <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>								
CODES	PERSON CODES		V-VICTIM	W-WITNESS	O-OTHER	TYPE CODES		P-POLICE	O-OTHER	INJURY CODES							
	G-PARENT/GUARDIAN	C-CITED	D-DECEASED	M-MISSING PERSON/	I-INDIVIDUAL	G-GOVERNMENT	R-RELIGIOUS	U-UNKNOWN	B-APPARENT BROKEN BONE	M-APPARENT MINOR INJURY	U-UNCONSCIOUSNESS						
R-REPORTING PERSON	S-SUSPECT	A-ARRESTED	RUNAWAY	F-FINANCIAL INST.	S-SOCIETY/PUB	L-POSSIBLE INTERNAL INJURY	O-OTHER MAJOR INJURY	N-NONE									
I-INTERVIEWED	WEAPON CODES		13A-AUTOMATIC RIFLE	80-EXPLOSIVES	20-KNIFE / CUTTING INSTRUMENT	15-OTHER FIREARM	14-SHOTGUN	ETHNIC CODES				W-WHITE					
	15A-AUTOMATIC FIREARM	14A-AUTOMATIC SHOTGUN	85-FIRE/INCENDIARY DEVICE	35-MOTOR VEHICLE	40-PERSONAL WEAPONS	50-POISON (INCLUDES GAS)	95-UNKNOWN	B-BLACK	A-ASIAN	O-OTHER							
	11A-AUTOMATIC FIREARM	30-BLUNT OBJECT	11-FIREARM (TYPE NOT STATED)	99-NONE	13-RIFLE					H-HISP/MEX	C-CHINESE	U-UNKNOWN					
	12A-AUTOMATIC HANDGUN	70-DRUGS/NARCOTICS	12-HANDGUN	90-OTHER					I-AMER. IND.	J-JAPANESE							
SUSPECT	ADDITIONAL SUPP.	PERSON CODE	TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.		DOB	AGE (RANGE)	SEX	RACE					
	<input type="checkbox"/>											WHT	BLACK	HISP	ASIA	IND.	UNK
	STREET ADDRESS		APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	SUSPECT UNDER INFLUENCE OF ALCOH. DRUG COMBO							
	CITY		CTY.	STATE	ZIP	BUS. PHONE	HAS SUSPECT PREVIOUSLY BEEN ARRESTED FOR DOMESTIC VIOLENCE?		YES	NO	DATE	SUSPECT FLED SCENE ON SCENE					
	OCCUPATION		EMPLOYER / SCHOOL		EMPLOYER / SCHOOL ADDRESS		GANG AFFILIATION										
	ALIAS / NICKNAME		MARKS, SCARS, TATTOOS AND/OR CLOTHING DES.		ARMED WITH (SEE CODES)		TYPE OF ARREST			ARRESTED	WARRANT	SUMMONS					
	DRIVER'S LICENSE NO.		D.L. STATE	ARREST / CITATION NO.	F.B.I. NO.	S.I.D. NO.	N.I.C. NO.	RES. STATUS			RES.	NON					
	2-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.		DOB	AGE (RANGE)	SEX	RACE			WHT	BLACK	HISP	ASIA	IND.	UNK	
	STREET ADDRESS		APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	VICTIM UNDER INFLUENCE OF ALCOH. DRUG COMBO							
	COMPLETE MAILING ADDRESS (IF DIFFERENT)		ALTERNATE PHONE		CITY		CNTY.	STATE	ZIP	BUS. PHONE	VICTIM OF OFFENSE NO.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.
OCCUPATION		EMPLOYER / SCHOOL		EMPLOYER / SCHOOL ADDRESS		GANG AFFILIATION											
ALIAS / NICKNAME		MARKS, SCARS, TATTOOS AND/OR CLOTHING DES.		ARMED WITH (SEE CODES)		RES. STATUS			RES.	NON							
DRIVER'S LICENSE NO.		D.L. STATE	VICTIM SERVICES		PROTECTION ORDER IN EFFECT?		YES	NO	EMOTIONAL STATE		ALTERNATIVE CONTACT INFORMATION FORWARDED?		RES. STATUS	RES.	NON		
N.I.C. NO.		<input type="checkbox"/> DV PACKET <input type="checkbox"/> EXPLAIN CRIMINAL PROCESS <input type="checkbox"/> EXPLAIN ORDERS OF PROTECTION <input type="checkbox"/> ADVOCATE NOTIFIED		ISSUED BY:		DATE ISSUED:		<input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CALM <input type="checkbox"/> CRYING		<input type="checkbox"/> FEARFUL <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO					
INTERVIEWED / WITNESS	ADDITIONAL SUPP.	PERSON CODE	TYPE CODE	INJURY CODE	3-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.		DOB	AGE (RANGE)	SEX	RACE					
	<input type="checkbox"/>											WHT	BLACK	HISP	ASIA	IND.	UNK
	STREET ADDRESS		APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC								
	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.	NON							

\*\*\*\*\*Answers to Lethality Questions are provided by (Name):

Person Code:

Identified HHM Code:

LETHALITY ASSESSMENT

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

MEDICAL TREATMENT:  EMS  FIRE TRANSPORTED TO: \_\_\_\_\_  REFUSED

PHOTOS  AUDIO  VIDEO  911 TAPE EVIDENCE TAG / I.D. NO. \_\_\_\_\_

OTHER PHYSICAL EVIDENCE COLLECTED: \_\_\_\_\_

EVIDENCE TYPE CODES 06-CLOTHES/FURS 13-FIREARMS 25-PURSES / HANDBAGS / WALLETS 36-TOOLS 77-OTHER EVIDENCE TYPE =

CONDITION OF PREMISES

DISARRAY  ITEMS BROKEN  OTHER: \_\_\_\_\_

EVIDENCE

PHYSICAL CONDITION CODES 1-ABRASIONS 2-STRANGULATION MARKS 3-MINOR CUTS 4-BITE MARKS 5-SWELLING 6-BRUIISING 7-REDNESS 8-SOILED CLOTHING 9-TORN CLOTHING 10-UNCONCIOUS 11-COMPLAINT 12-NO APPARENT INJURY 13-OTHER

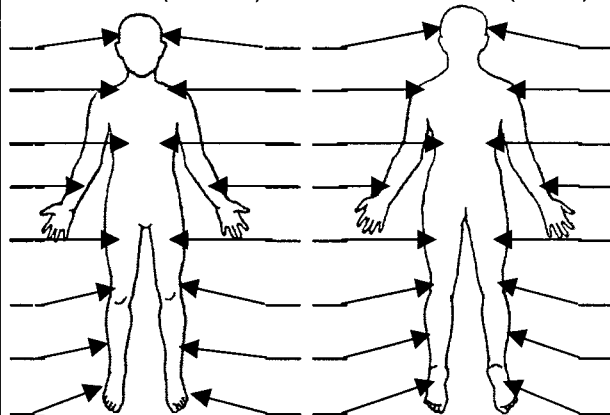
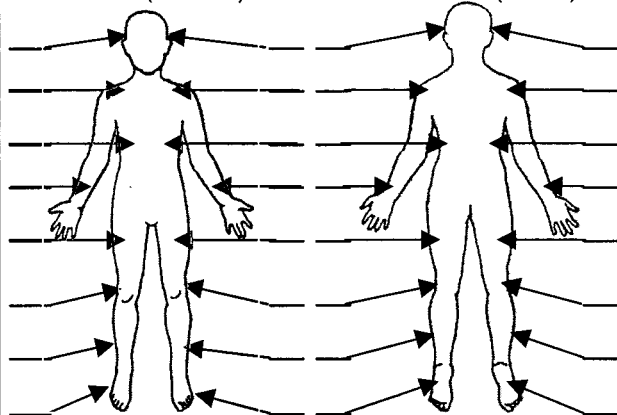
USING THE APPROPRIATE PHYSICAL CONDITION CODES, LABEL THE AREA MOST AFFECTED BY INJURY. IF NO INJURY, LEAVE BLANK

VICTIM (FRONT)

VICTIM (BACK)

SUSPECT (FRONT)

SUSPECT (BACK)



1  2  3  4  5  6  7  8  9  10  
(Mild) How does the victim rate the current level of pain? (Severe)

OFFICER OBSERVED INJURIES

CERT. / SATUS

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	EXCEPT CODE	DATE
<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACT <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CLA. <input type="checkbox"/> CLE			<input type="checkbox"/> A-DEATH OF OFFENDER <input type="checkbox"/> B-PROSECUTION DECLINED <input type="checkbox"/> C-EXTRADITION DEN			
<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."				CASES CLEARED BY THIS ARREST CASE NO. _____ CASE NO. _____		