



Strangulation Supplement

This form should be completed by the responding officer

Officer Name: _____

Agency/Case #: _____

Victim Name: _____

Suspect Name: _____

Victim/Suspect Relationship: _____

Recent separation/threat of separation?: ☐ Yes ☐ No

Length of Relationship: _____

KEY: d/a = during/after, s/s = strangulation/suffocation

MECHANISM OF INJURY

What was used to apply pressure? (How were you strangled? check all that apply)

☐ One hand ☐ Both hands ☐ Forearm ☐ Knee/foot ☐ Other/Object (Describe): _____

How were your bodies when pressure was applied? (i.e.: from behind, face to face): _____

Where was pressure applied? (i.e.: neck, chest, face): _____

Estimate level of pressure (check one): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

(0 = none, 10 = extremely strong)

How long did it seem to last?: _____ During this assault, were there multiple s/s incidents? ☐ Yes # _____ ☐ No

Was pressure applied to the neck consistently or did it change? (Describe): _____

What, if anything, did you do to (physically) attempt to stop the strangulation? _____

Were you shaken or your head hit against a surface or an object? (Describe): _____

At any point was any pressure placed on your chest/torso? (Describe): _____

Has the suspect ever: ☐ Held your face in water/liquid? ☐ Poured water/liquid over your face? If **yes**, describe: _____

INTENT

What, if anything, did suspect say during the s/s? _____

Describe suspect's face/demeanor/expression during s/s: _____

What were you thinking during s/s? _____

What caused the suspect to stop? _____

Were children present? ☐ Yes ☐ No

Has suspect s/s you before? ☐ No ☐ Yes # of times _____ When/Where? _____ Reported? ☐ No ☐ Yes Agency: _____

AIRWAY

Describe your **breathing** during the s/s? (if not, describe): _____

Tell me about your **breathing** after the s/s: _____

How did your **throat** feel during the s/s: _____ after the s/s: _____

Did you **cough**?: ☐ during ☐ after ☐ never (Describe): _____

Describe any changes to your **voice** (i.e.: painful/raspy/hoarse/whispering): _____

Describe any changes to your **swallowing** (i.e.: painful/difficult/saliva changes): _____

BLOODFLOW

How did your **body** feel d/a s/s? _____

How did your **head** feel d/a s/s? _____ Headache? ☐ During ☐ After ☐ None

Any change or loss of **vision** d/a s/s? ☐ No ☐ Yes (describe) _____

Any change or loss of **hearing** d/a s/s? ☐ No ☐ Yes (describe) _____

How did your **ears** feel d/a s/s? _____

Are there any gaps in your memory? ☐ Yes ☐ No Loss of consciousness? ☐ Yes ☐ No ☐ Not Sure (describe) _____

Did you ☐ Urinate ☐ Defecate or ☐ Feel the urge to do one or both during or immediately after the s/s (if so, collect and photograph clothing)



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OTHER SYMPTOMS

Did you vomit/dry heave/feel nauseous d/a s/s? ☐ No ☐ Yes (describe) _____

Did you feel faint/dizzy/lightheaded d/a s/s? ☐ No ☐ Yes (describe) _____

Please describe any other symptoms/behavior observed by the officer: _____

Are you pregnant? ☐ No ☐ Yes # of weeks _____ Is suspect aware of pregnancy? ☐ Yes ☐ No Doctor name: _____

PLEASE TAKE PHOTOGRAPHS

Was either party wearing jewelry relevant to injuries? (i.e.: rings, earrings, necklaces) ☐ No ☐ Yes _____

Photographs taken? ☐ No ☐ Yes

Date/time photographs taken: _____

NECK/CHEST

- ☐ Redness
- ☐ Tender or painful
- ☐ Bruising
- ☐ Ligature marks
- ☐ Scratches
- ☐ Fingernail marks/abrasions

FACE

- ☐ Red or flushed
- ☐ Petechiae
- ☐ Scratches/abrasions
- ☐ Bruising
- ☐ Lips or mouth
- ☐ Under chin

EYES & EYELIDS

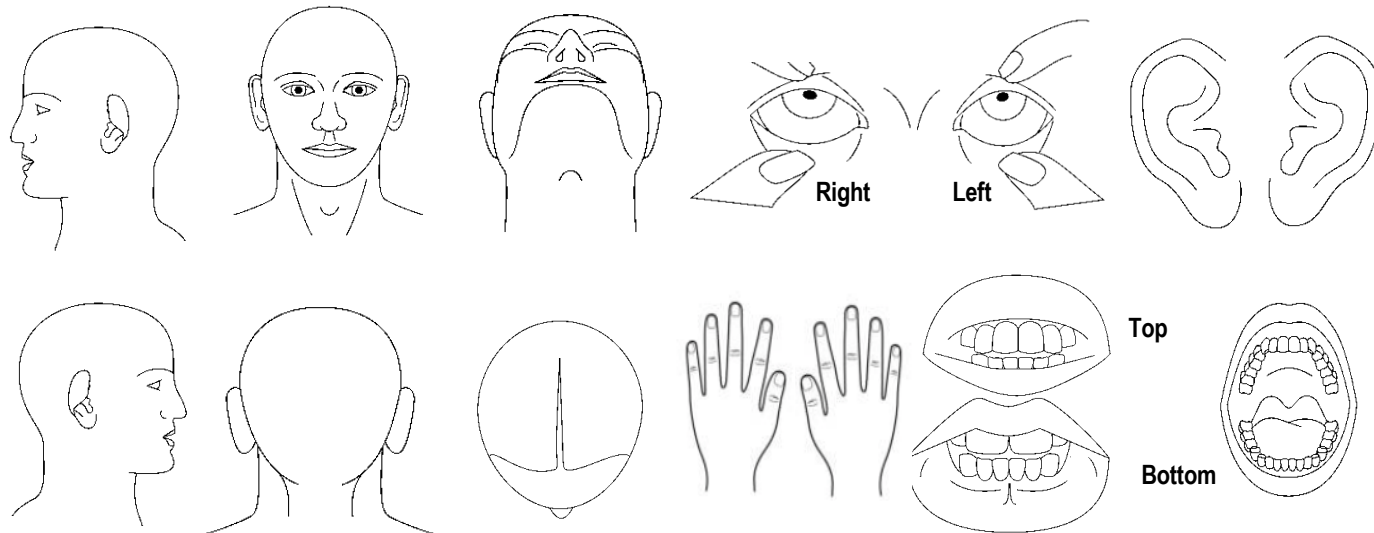
- ☐ Petechiae in R/L eyeball
- ☐ Petechiae in R/L eyelid
- ☐ Redness in eyes
- ☐ Redness in eyelids

EARS

- ☐ Petechiae on ear(s)
- ☐ Bruising/discoloration behind ear(s)
- ☐ Bleeding from ear(s)
- ☐ Injury behind ear(s)

EXTERNAL SIGNS

PLEASE MARK OR NOTATE ALL AREAS THAT WERE REPORTED BY THE VICTIM OR OBSERVED BY THE REPORTING OFFICER



Describe any additional external marks observed on victim: _____

Describe any external marks observed on suspect: _____

CHECKLIST

- ☐ Photograph injuries, parties, scene
- ☐ If strangled/suffocated with object: photograph object where found and collect for evidence
- ☐ Collect all relevant evidence i.e.: soiled/torn clothing, surveillance footage etc.
- ☐ Provide victim with materials/resources/referrals
- ☐ Secure medical treatment per agency policy



Felony Hotline: (859) 292-8292