

MUNCIE POLICE DEPARTMENT DOMESTIC VIOLENCE SUPPLEMENT PG 1

CR# \_\_\_\_\_

At (date/time) \_\_\_\_\_ I, Officer \_\_\_\_\_ responded to a call of \_\_\_\_\_  
\_\_\_\_\_ . The victim was located (at) \_\_\_\_\_

TYPE OF CALL

- Domestic Dispute                       Domestic Violence                       Trespass                       Rape
- Disorderly Conduct                       Harassment                       Intimidation                       Sexual Battery
- Invasion of Privacy                       Stalking                       Residential Entry                       Criminal Confinement
- Interference w Reporting a Crime                       Animal Cruelty                       Strangulation
- Other \_\_\_\_\_

VICTIM INFORMATION

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES/HAIR: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PH: \_\_\_\_\_  
 SECONDARY ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PH: \_\_\_\_\_  
 EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH: \_\_\_\_\_  
 HOUSEHOLD INFO: (please list all those living in the household: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUSPECT INFORMATION

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES/HAIR: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PH: \_\_\_\_\_  
 SECONDARY ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PH: \_\_\_\_\_  
 EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH: \_\_\_\_\_  
 VEHICLE DESCRIPTION: \_\_\_\_\_  
 YES  NO Does suspect have prior offense(s) against this victim? County \_\_\_\_\_  Minor  Serious  
 YES  NO Prior history of Domestic Incidents? # of prior incidents \_\_\_\_\_  Minor  Serious  
 YES  NO Prior history of violence documented? Investigating Agency \_\_\_\_\_  
 YES  NO 911 Call?  
 POLICE CONTACTED BY:  Victim  Family Member  Neighbor  Other

MEDICAL TREATMENT

NONE  
 PARAMEDICS CALLED TO SCENE UNIT # \_\_\_\_\_ NAMES/ID#\*S \_\_\_\_\_  
 FIRST AID  
 HOSPITAL \_\_\_\_\_ ATT. PHYSICIAN(S) \_\_\_\_\_  
 REFUSED MEDICAL TREATMENT

PREGNANCY

ALCOHOL/DRUG INVOLVEMENT

PROTECTIVE ORDER

YES  NO  
 DUE DATE \_\_\_\_\_  
 VIC:  ALCOHOL  DRUGS  N/A  U/K  
 Specifics \_\_\_\_\_  
 SUS:  ALCOHOL  DRUGS  N/A  U/K  
 Specifics \_\_\_\_\_  
 Current  Expired  N/A  
 Issuing Court \_\_\_\_\_  
 CR # \_\_\_\_\_  
 Expiration \_\_\_\_\_

EVIDENCE COLLECTED

FROM:  CRIME SCENE  HOSPITAL  OTHER

WEAPON(S) USED DURING INCIDENT:  YES  NO  
 TYPE OF WEAPON(S): \_\_\_\_\_ IMPOUNDED:  YES  NO TYPE: \_\_\_\_\_

MANDATORY

DESCRIBE:  VICTIM INJURIES  
 SUSPECT INJURIES  
 NON-INJURIES  VIC  SUS  
 CRIME SCENE

PHOTOS # \_\_\_\_\_  
 VIDEOS:  YES  NO

DESCRIBE ALL EVIDENCE AND DISPOSITION IN SUPPLEMENT

REPORTING OFFICER: \_\_\_\_\_ PE# \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

**WITNESS/CHILDREN**

WITNESSES PRESENT DURING DOMESTIC VIOLENCE  Y  N

STATEMENTS TAKEN  Y  N

CHILDREN PRESENT DURING DOMESTIC VIOLENCE  Y  N

NAMES OF CHILDREN PRESENT \_\_\_\_\_ AGE \_\_\_\_\_  
 \_\_\_\_\_ AGE \_\_\_\_\_  
 \_\_\_\_\_ AGE \_\_\_\_\_

CHILDRENS STATEMENTS TAKEN  Y  N

310 REPORT COMPLETED  Y  N

**DESCRIBE ALL CONDITIONS OBSERVED**

PHYSICAL: \_\_\_\_\_

EMOTIONAL: \_\_\_\_\_

CRIME SCENE: \_\_\_\_\_

**EVIDENCE OF STRANGULATION**

- Difficulty Swallowing
- Soreness to Throat
- Shortness of Breath
- Raspy Voice
- Faint
- None

**VISIBLE SIGNS OF STRANGULATION**

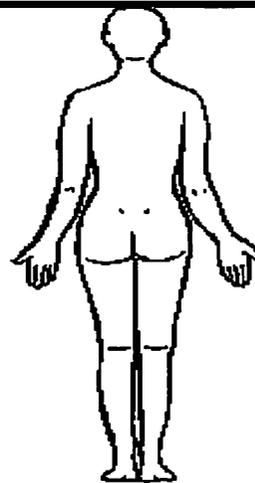
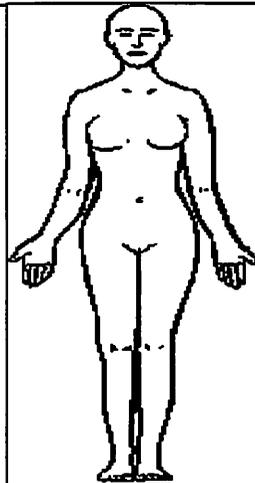
- Scratch Marks
- Red Marks/Spots
- Red Eyes (blood)
- Coughing Blood
- Bruising
- Neck Swelling
- None

**DRAW ON DIAGRAMS**

**VICTIM**

- ANGRY
- APOLOGETIC
- CRYING
- FEARFUL
- HYSTERICAL
- CALM
- IRRATIONAL
- NERVOUS
- OTHER \_\_\_\_\_
- COMP OF PAIN
- BRUISE(S)
- ABRASION(S)
- MINOR CUT(S)
- LACERATION(S)
- FRACTURE(S)
- CONCUSSION
- OTHER

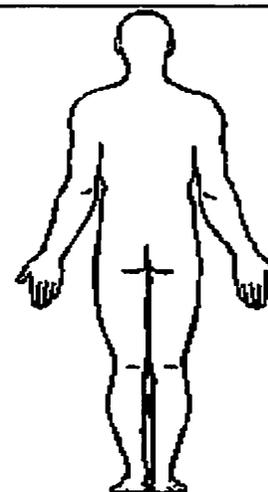
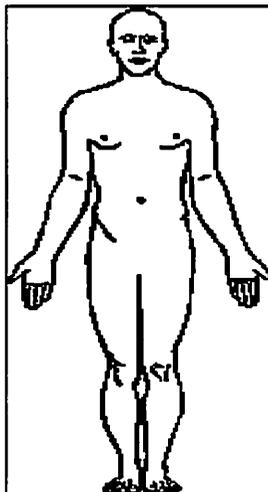
PREVIOUS SEPARATIONS # \_\_\_\_\_



**SUSPECT**

- ANGRY
- APOLOGETIC
- CRYING
- FEARFUL
- HYSTERICAL
- CALM
- IRRATIONAL
- NERVOUS
- OTHER \_\_\_\_\_
- COMP OF PAIN
- BRUISE(S)
- ABRASION(S)
- MINOR CUT(S)
- LACERATION(S)
- FRACTURE(S)
- CONCUSSION
- OTHER

- THREATS OF SUICIDE/HOMICIDE
- DRUG/ALCOHOL ABUSE
- ABUSE OF PETS
- DIAGNOSED MENTAL ILLNESS



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## DOMESTIC VIOLENCE ASSESSMENT

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Please mark how many times in the past year you were abused by your partner or ex-partner.

1. Slapping, pushing; no injuries and/or lasting pain \_\_\_\_\_
2. Punching, kicking; bruises, cuts, and/or continuing pain \_\_\_\_\_
3. "Beating up", severe contusions, burns, broken bones \_\_\_\_\_
4. Threat to use a weapon; head injury, internal injury, permanent injury \_\_\_\_\_
5. Use of a weapon; wounds from the weapon \_\_\_\_\_

**Victim, please initial for each of the following. "Your partner" refers to whoever is currently hurting you.**

- \_\_\_ 1 Has the physical violence increased in severity or frequency over the past year?
- \_\_\_ 2 Does your partner own a gun?
- \_\_\_ 3 Have you left your partner after living together during the past year?  
3a. (If you have never lived with your partner check here \_\_\_)
- \_\_\_ 4 Is your partner unemployed?
- \_\_\_ 5 Has your partner ever used a weapon against you or threatened you with lethal violence?
- \_\_\_ 6 Does your partner threaten to kill you?
- \_\_\_ 7 Has your partner avoided being arrested for Domestic Violence?
- \_\_\_ 8 Do you have a child that's not his?
- \_\_\_ 9 Has your partner ever forced you to have sex when you did not wish to do so?
- \_\_\_ 10 Does your partner ever try to choke you?
- \_\_\_ 11 Does your partner use illegal and or street drugs?
- \_\_\_ 12 Is your partner an alcoholic or problem drinker?
- \_\_\_ 13 Does your partner control most or all of your daily activities? For instance: does your partner tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If your partner tries but you consistently do not let your partner, check here \_\_\_)
- \_\_\_ 14 Is your partner violently and constantly jealous of you? (For instance, does your partner say, "If I can't have you, no one can.")
- \_\_\_ 15 Have you ever been beaten by him while you were pregnant? (If you have not been pregnant while with him check here. \_\_\_)
- \_\_\_ 16 Has your partner ever threatened or tried to commit suicide?
- \_\_\_ 17 Has your partner threatened to harm your children and/or your family members and/or your friends?
- \_\_\_ 18 Do you believe your partner's capable of killing you?
- \_\_\_ 19 Does your partner follow or spy on you, go through your phone, eavesdrop on your conversations, leave threatening notes or messages on answering machines, voice mails, text messages, destroy your property, or call or text?
- \_\_\_ 20 Has your partner ever abused pets in your or the children's presence?
- \_\_\_ 21 Have you ever threatened or tried to commit suicide?
- \_\_\_ 22 Has your partner ever interfered with your ability to use birth control or practice safe sex?

**Thank you. Please talk to a professional counselor or someone from the offices of the Victim Advocate or Domestic Violence unit.**

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

STATE OF INDIANA )  
 )  
DELAWARE COUNTY )

SS:

CR#: \_\_\_\_\_

**BATTERY AFFIDAVIT**

On or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Delaware County, State of Indiana \_\_\_\_\_ (Defendant), did knowingly, touch \_\_\_\_\_ (Victim), in a rude, insolent, and angry manner to-wit:(victim to print) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which touching resulted in bodily injury to \_\_\_\_\_ (Victim).

I understand that the investigating officer is relying upon my allegations set forth in this affidavit as establishing Probable Cause for the arrest of the defendant on the charge of Battery under I.C. 35-42-2-1.

\_\_\_\_\_  
Victim/Witness

\_\_\_\_\_  
Investigating Officer

**AFFIRMATION**

I affirm under the penalties for perjury that the foregoing representations are true. I further understand the provisions of the false informing statute and declare that I am reporting a crime.

\_\_\_\_\_  
Victim/Witness

**JUDICIAL DETERMINATION**

The undersigned, being a Judicial officer of Delaware County, and having reviewed the foregoing affidavit, now determines that probable cause existed for the arrest of said arrestee, and now fixes bond in the penal sum of \$\_\_\_\_\_.

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

CHARGES TO BE FILED BY: \_\_\_\_\_

**MUNCIE POLICE DEPARTMENT  
VICTIM NOTIFICATION**

Pursuant to IC 35-33-12, a victim of offenses against the person, intimidation, harassment, or stalking has the right to be notified of the release from custody of the alleged perpetrator at the time of the person's release or as soon thereafter as is practical.

NAME OF SUSPECT: \_\_\_\_\_

**REQUEST TO BE NOTIFIED OF RELEASE OF PERPETRATOR**

I, the undersigned victim, hereby request to be notified of the release from custody of the person arrested for a crime wherein I was the victim.

NAME OF VICTIM: \_\_\_\_\_ CR#: \_\_\_\_\_

ADDRESS OF VICTIM: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

RELATIVE OR FRIEND: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
(KNOWS YOUR WEREABOUTS)

\_\_\_\_\_  
(SIGNATURE OF VICTIM)

Witnessed by: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Time \_\_\_\_\_ a.m. / p.m.

**REQUEST NOT TO BE NOTIFIED OF RELEASE OF PERPETRATOR**

I, the undersigned victim, hereby request in writing that I do not want to be notified of the release of the person arrested.

\_\_\_\_\_  
(SIGNATURE OF VICTIM)

Witnessed by: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Time \_\_\_\_\_ a.m. / p.m.

**JAIL INFORMATION**

TIME OF NOTIFICATION: \_\_\_\_\_ a.m. / p.m. DATE: \_\_\_\_\_

CORRECTIONS OFFICER: \_\_\_\_\_

**AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION**

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADMISSION AND/OR TREATMENT DATE(S): \_\_\_\_\_

I hereby authorize the disclosure and release of any and all medical documents and records pertaining to treatment that I received which includes but is not limited to: medical charts, nursing notes, and X Rays or other imaging records.

I authorize that the above referenced records can be released to officers from the \_\_\_\_\_ Police Department and/or investigators or prosecuting attorneys from the Delaware County Prosecutor's Office for purposes of their investigation

I further authorize the medical personnel who may have treated me or assisted in the treatment to discuss the above referenced records and treatment with officers from the above referenced Police Department and investigators or prosecuting attorneys from the Delaware County Prosecutor's Office.

This Release is being given in conjunction with a criminal investigation/prosecution. I understand that this authorization will remain in force for a reasonable time in order to effectuate the purposes for which it is given. This authorization will automatically expire one (1) day after the applicable statute of limitations expires for the criminal offenses that are the subject of the current investigation/prosecution. I also understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken upon it.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment, or eligibility for benefits. I may inspect or copy any information to be disclosed under this authorization.

I further understand that, if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or  
Legal Representative

\_\_\_\_\_  
Witness Signature

STATE OF INDIANA )  
 )  
DELAWARE COUNTY ) IN THE DELAWARE COUNTY COURT SYSTEM  
 2014 TERM

**AFFIDAVIT OF PROBABLE CAUSE FOR ARREST WITHOUT WARRANT**

COMES NOW \_\_\_\_\_, a Police Officer of the \_\_\_\_\_ Police Department, and being first duly sworn upon his/her oath, deposes and says that the following described person was arrested without warrant based upon the charges, facts and circumstances herein after stated, and makes this affidavit for the purpose of establishing probable cause for said arrest.

NAME OF PERSON ARRESTED: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS OF ARRESTEE: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

CHARGES: \_\_\_\_\_ A CLASS \_\_\_  FELONY  MISDEMEANOR  
\_\_\_\_\_ A CLASS \_\_\_  FELONY  MISDEMEANOR

The basis and reasons why this Officer believes that said Arrestee committed the aforesaid offense(s) in Delaware County, State of Indiana are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Officer Signature: \_\_\_\_\_

**JUDICIAL DETERMINATION**

The undersigned, being a Judicial Officer of Delaware County, and having reviewed the foregoing affidavit, now determines that probable cause existed for the arrest of said arrestee, and now fixes bond in the penal sum of \$ \_\_\_\_\_

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

CHARGES TO BE FILED BY: \_\_\_\_\_

# VOLUNTARY WITNESS STATEMENT

OFFENSE: \_\_\_\_\_

DATE: \_\_\_\_\_

CR# \_\_\_\_\_

PAGE: 1 OF \_\_\_\_

( ABOVE TO BE COMPLETED BY INITIAL OFFICER )

( BELOW TO BE COMPLETED BY WITNESS IN BLACK INK )

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ SSN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ 2<sup>nd</sup> #: \_\_\_\_\_

DAY, DATE AND TIME OF INCIDENT: \_\_\_\_\_

DO YOU KNOW THE VICTIM? YES / NO HOW LONG? \_\_\_\_\_

DO YOU KNOW THE SUSPECT? YES / NO HOW LONG? \_\_\_\_\_

NAMES OF OTHERS PRESENT: \_\_\_\_\_

I WITNESSED THE FOLLOWING: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INITIAL OFFICER: \_\_\_\_\_ PE # \_\_\_\_\_

## **NOTICE OF VICTIM RIGHTS**

*Effective 7-1-02, IC 35-33-1-1.5 requires a law enforcement officer responding to the scene of a crime involving domestic or family violence to give the victim immediate and written notice of the following rights provided by law under IC 35-40*

1. A victim has the right to be treated with fairness, dignity, and respect throughout the criminal justice process.
2. A victim has the right to be informed, upon request, when a person who is accused of committing or convicted of committing a crime perpetrated directly against the victim, is released from custody or has escaped. This includes release or escape from mental health facilities.
3. A victim has the right to have the victim's safety considered in determining release from custody of a person accused of committing a crime against the victim.
4. A victim has the right to information, upon request, about the disposition of the criminal case involving the victim or the conviction, sentence, and release of a person accused of committing a crime against the victim.
5. A victim has the right to be heard at any proceeding involving sentence or a post-conviction release decision. A victim's right to be heard may be exercised, at the victim's discretion, through an oral or written statement, or submission of a statement through audiotape or videotape.
6. A victim has the right to make a written or oral statement for use in preparation of the presentence report. The victim also has the right to read presentence reports relating to the crime committed against the victim in order that the victim can respond to the presentence report.
7. A victim has the right to confer with a representative of the prosecuting attorney's office after a crime allegedly committed against the victim has been charged; before the trial of a crime allegedly committed against the victim; and before any disposition of a criminal case involving the victim. This right applies in the following situations:
  - The alleged felony was directly committed against the victim.
  - The alleged felony or misdemeanor was an offense against the person, which includes the crimes of Battery, Domestic Battery, Aggravated Battery, Battery by Body Waste, Criminal Recklessness, Intimidation, Harassment, Invasion of Privacy, or Pointing a Firearm, and the alleged felony or misdemeanor was committed against the victim by a person who:
    - A. is or was a spouse of the victim;
    - B. is or was living as if a spouse of the victim;
    - C. or has a child in common with the victim.
  - For other misdemeanors, a victim must file a request for notice, which includes a telephone number and address.
8. A victim has the right to pursue an order of restitution and other civil remedies against the person convicted of a crime against the victim.
9. A victim has the right to be informed of the victim's constitutional and statutory rights.

**FOR MORE INFORMATION YOU MAY CONTACT THE VICTIM ADVOCATE PROGRAM—747-4777.**

## ***Community Information for Victims of Violent Crime***

When you find that you are a victim of a violent crime, it can be a very lonely and isolating experience. However, there is help here in your community. Please follow up with someone who is qualified to assist you in obtaining the services that will help guide you through your healing process.

### **EMERGENCY**

Muncie Police Department  
MPD Domestic Violence Unit

911  
765-747-4838  
765-747-4873  
765-747-4874  
765-747-7885

Delaware County Sheriff

### **COURT SERVICES**

Delaware Co Clerk  
Muncie City Clerk  
Muncie City Court  
Delaware County Prosecutor  
Delaware County Jail

765-747-7857  
765-747-4831  
765-747-4703  
765-747-7801  
765-747-7811

### **PROBATION/PAROL**

Adult Probation

765-747-7701

### **CHILDRENS SERVICES**

Dept of Children's Service (CPS)  
Child Advocacy Center

800-800-5556  
765-254-5161

### **VICTIM ADVOCACY**

Victim Advocate Program  
A Better Way

765-747-4777  
765-747-9107

### **COUNSELING REFERRALS**

Assoc. in Mental Health  
Davidson Counseling Services  
Christian Counseling Svc  
Meridian Services  
Ball State Counseling Svc

765-284-0879  
765-282-4317  
765-289-1631  
765-288-1928  
765-285-1736

### **EMERGENCY SHELTERS**

A Better Way

765-747-9107

### **LEGAL Svc. of E. Central IN**

317-631-9410

