STRANGULATION WORKSHEET

Submit this form with your Incident/Police Report

Perpetrator's name: _____
Victim's Name: _____
Report Number: _____
Officer's Name: _____
Date: _____
Were EMTs called to examine the victim (strongly recommended in all strangulation cases)? ☐Yes ☐ No

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Ask **every** strangulation victim the following and check **all** applicable boxes: ☐ Victim is unable to respond at this time

1. Did the perpetrator put his/her hand(s) around your neck? ☐Yes ☐ No
2. Did the perpetrator apply pressure to your neck by some other method? ☐Yes ☐ No
   If yes, check all applicable boxes and circle the corresponding choice.
   ☐ Hand ☐right ☐left ☐both
   ☐ Foot ☐right ☐left ☐both
   ☐ Forearm ☐right ☐left ☐both
   ☐ Knee ☐right ☐left ☐both
   ☐Ligature (is item in evidence ☐ Yes ☐ No)

   If ligature was used, describe what and how:
3. Did you experience physical pain? ☐Yes ☐ No
4. Did you have any difficulty breathing while being strangled? ☐Yes ☐ No
5. Are you having any difficulty breathing now? ☐Yes ☐ No
6. Did you pass out (lose consciousness)? ☐ Unsure ☐Yes ☐ No
7. Did your vision fade or did you see stars while being strangled? ☐Yes ☐ No
8. Where did the strangulation occur (car, bedroom, kitchen, etc.)? _____
9. What position were you and the perpetrator in when strangulation occurred?

   Describe:
10. How long did the strangulation occur? _____ minutes _____ seconds
    ☐ Victim unable to estimate ☐ Victim unable to remember/ may have lost consciousness
11. Were you also smothered? ☐Yes ☐ No
12. Were you shaken during strangulation? ☐Yes ☐ No
13. Was your head pounded against any stationary or immovable object? ☐Yes ☐ No
    If yes, describe: _____
14. Has the perpetrator ever strangled you before? ☐Yes ☐ No
    If yes, how many times and approximately when? _____
15. Did you or are you experiencing any of the following symptoms? **(Note to officer: Also document any of the following that you observe yourself)**

Breathing	Voice	Throat/Neck	Behavior	Other
☐ Difficulty Breathing ☐ Hyperventilating ☐ Unable to Breathe ☐ Other:	☐ Raspy ☐ Hoarse ☐ Coughing ☐ Difficulty Speaking ☐ Unable to Speak	☐ Trouble Swallowing ☐ Painful Swallowing ☐ Neck Pain ☐ Nauseous ☐ Vomiting	☐ Agitation ☐ Amnesia/Unable to Remember ☐ Stressed ☐ Hallucinations ☐ Combative	☐ Dizziness ☐ Headaches ☐ Fainting ☐ Urination ☐ Defecation

Note all Currently-Present Visible Signs of Injury: (Photographs should be taken of any and all visible injuries)

Face	Eyes/Eyelids	Nose	Ears	Mouth
☐ Red/Flushed ☐ Petechiae ☐ Scratch Marks	☐ Petechiae on eyeballs ☐ R ☐L ☐Both ☐ Petechiae on eyelids ☐R ☐L ☐Both ☐ Blood-red eyeballs ☐R ☐L ☐Both	☐ Bloody Nose ☐ Broken Nose ☐ Petechiae	☐ Petechiae ☐R ☐L ☐Both ☐ Bleeding from Ear Canals ☐R ☐L ☐Both	☐ Bruises ☐ Swollen Tongue ☐ Swollen Lips ☐ Cuts/Abrasions
Head	**Neck**	**Under Chin**	**Shoulders**	**Chest**
☐ Petechiae on Scalp ☐ Pulled Hair ☐ Bumps ☐ Skull Fractures	☐ Redness ☐ Scratch Marks ☐ Fingernail Impressions ☐ Thumbprint Bruising ☐ Fingerprint Marks ☐ Bruises ☐ Swelling ☐ Ligature Marks	☐ Redness ☐ Scratch Marks ☐ Bruises ☐ Abrasions	☐ Redness ☐ Scratch Marks ☐ Bruises ☐ Abrasions	☐ Redness ☐ Scratch Marks ☐ Bruises ☐ Abrasions

over

16. What did you think was going to happen? Were you afraid you would die?

17. What did you see, feel, smell, taste, hear?

18. What was the most difficult part?

19. What can't you forget? What do you remember?

20. What did the suspect say while strangling you?

21. What was the perpetrator's facial expression and demeanor during strangulation?

22. Why and how did the strangulation stop?

23. Was there anything you did to protect yourself?

24. Did you have any visible signs of injury (as noted on last page) after the strangulation that no longer exist? If so, what were they? Did you or someone else take photographs of them while they were still present?