STRANGULATION WORKSHEET

Submit this form with your Incident/Police Report

Suspect's name: _____
Victim's Name: _____
Report Number: _____
Officer's Name: _____
Date: _____

Ask **every** strangulation victim the following and check **all** applicable boxes:

☐ Victim is unable to respond at this time

1. Were EMTs called to examine the victim (strongly recommended in all strangulation cases)? ☐ Yes ☐ No
2. Did the suspect put his/her hands around the victim's neck? ☐ Yes ☐ No
3. Did the suspect apply pressure to the victim's 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:

4. Did the victim experience physical pain? ☐ Yes ☐ No
5. Was or is the victim having trouble breathing due to strangulation? ☐ Yes ☐ No
6. Did the victim lose consciousness? ☐ Unsure ☐ Yes ☐ No
7. Did the victim's vision fade or did the victim see stars during strangulation? ☐ Yes ☐ No
8. Where did the strangulation occur (car, bedroom, kitchen, etc.)? _____
9. What position were the suspect and the victim 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. Was the victim also smothered? ☐ Yes ☐ No
12. Was the victim shaken during strangulation? ☐ Yes ☐ No
13. Was the victim's head pounded against any stationary or immovable object? ☐ Yes ☐ No

    If yes, describe: _____
14. Have there been any prior incidents of strangulation? ☐ Yes ☐ No

    If yes, how many and approximately when? _____

Symptoms of Injury:

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	☐ Agitated ☐ Amnesia/Unable to Remember ☐ Stressed ☐ Hallucinating ☐ Combative	☐ Dizzy ☐ Headaches ☐ Fainting ☐ Urination ☐ Defecation

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

Ask the victim to answer the following questions:

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

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

17. What was the most difficult part?

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

19. What did the perpetrator say while strangling you?

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

21. Why and how did the strangulation stop?

22. Was there anything you did to protect yourself?