**Aid called? Aid should be called if strangulation occurred regardless of signs or symptoms.**

* Method and/or (how was victim strangled)

One Hand-R One Hand-L Two Hands Forearm

Knee/Foot Chokehold Manual Ligature

Other (explain)

* Is the suspect right or left handed? Right Left
* Please estimate how long you were strangled.

Minutes seconds Multiple times? Yes No

Estimate Pressure Used (check one) 1 2 3 4 5 6 7 8 9 10

 (1 = weak – 10 = extremely strong)

* Suffocated? Yes No Minutes Seconds What was used?
* What did the suspect say during strangulation/suffocation?
* What did the victim say during the strangulation?
* Describe suspect’s demeanor during strangulation/suffocation.
* Describe suspect’s face during strangulation/suffocation.
* What made the suspect stop?
* Victim’s thoughts during strangulation/suffocation?
* Has the suspect strangled/suffocated you before? Yes # No
* Did you attempt to physically stop the strangulation? Yes No If yes, please describe:
* Were you shaken simultaneously while being strangled? Yes No

**QUESTIONS TO ASK VICTIM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTONS** | **DURING** | **AFTER** | **VOICE CHANGES** | **SWALLOWING CHANGES** |
| Unable to breath |  |  |  Painful to speak |  Neck tenderness |
| Difficult to breath |  |  |  Unable to speak |  Trouble swallowing |
| Physical pain |  |  |  Other  |  Painful to swallow |
| Rapid breathing |  |  |  Neck pain |
| Shallow breathing |  |  |  |  Other |
| Coughing up blood |  |  |  |
| Vomiting/dry heaving |  |  | Explain other:  |
| Dizziness |  |  |
| Headache |  |  |
| Feel faint |  |  |
| Disoriented |  |  |

* Loss of consciousness? Yes No Not sure

Unexplained injury?

* Any change or loss of hearing during/after strangulation/suffocation? Yes No
* Any change or loss of vision during/after strangulation/suffocation? Yes No
* How did your body/head feel during /after strangulation/suffocation?

Describe

* Did the victim urinate defecate feel the urge to do one or both?

**DEPUTY/OFFICER’S OBSERVATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **FACE** | **EYES AND EYELIDS** | **NOSE** | **EARS** |
|  Red or flushed |  Petechiae to R eye |  Petechiae |  Petechiae on ear(s) |
|  Petechiae |  Petechiae to L eye |  Scratch(es)/abrasion(s) |  Bleeding from ear(s) |
|  Scratch(es)/abrasion(s) |  Petechiae to R eyelid |  Swelling |  Bruising/discoloration/ petechiae behind ear(s) |
|  Sweating |  Petechiae to L eyelid |  Other |  Swelling |
|  Bruising |  Blood in eyeball(s) |  |  Other |
|  Other |  Other |  |  |
| **MOUTH** | **UNDER CHIN** | **CHEST** | **SHOULDERS** |
|  Swollen tongue |  Scratch(es)/abrasion(s) |  Scratch(es)/abrasion(s) |  Scratch(es)/abrasion(s) |
|  Swollen lip(s) |  Laceration(s) |  Laceration(s) |  Laceration(s) |
|  Scratch(es)/abrasion(s) |  Bruise(s) |  Bruise(s) |  Bruise(s) |
|  Petechial in palate |  Fingernail impression(s) |  Other |  Other |
|  Other |  Other |  |  |
| **NECK** | **HEAD** | **VOICE** |
|  Redness |  Petechiae |  Petechiae on scalp or head |  Raspy/hoarse voice |
|  Finger mark(s) |  Swelling |  Hair pulled |  Coughing |
|  Fingernail impression(s) |  Tenderness/pain |  Bump(s) |  Whispering |
|  Bruise(s) |  Scratch(es)/abrasion(s) |  Laceration(s) |  |
|  Ligature mark(s) |  |  Scratch(es)/abrasion(s) |  |

**\*\*\*PLEASE TAKE PHOTOGRAPHS\*\*\***

**Diagram ALL injuries on the victim**

****

Describe any other injuries or symptoms

**DEPUTY/OFFICER CHECKLIST**

[ ]  If strangled/suffocated with object(s), photograph object(s) and collect for evidence.

[ ]  Document where the object(s) was/were found in the report.

[ ]  Determine if jewelry was worn by either party (rings, necklaces, watches, etc.) Photograph/look for pattern and photograph.

[ ]  If defecation or urination in clothes, collect clothes as evidence.

[ ]  If victim vomited, take a photo of vomit.

[ ]  Advise on future symptoms (headaches, throat/neck pain, etc.) Advise victim that they should be with somebody, and should not be alone for 24 hours.

Who will be with you? Contact number:

[ ]  **PHOTOGRAPH** suspect: hands, arms, face, chest and any areas where suspect states any injuries/contact occurred.