

Please answer each question completely and to the best of your knowledge.

1. What is your name? _____

2. What is your date of birth? _____

3. What is your sex _____ Male _____ Female

4. What is your ethnicity? _____ White _____ Hispanic _____ Black _____ American Indian _____ Asian _____ Other

5. What is the suspect's name? _____

6. What is the suspect's sex? _____ Male _____ Female

7. What is the suspect's date of birth? _____

8. What is the suspect's ethnicity? _____ White _____ Hispanic _____ Black _____ American Indian _____ Asian _____ Other

9. Is the suspect related to you in any way? If so, how? _____

10. What date and time did this incident occur? _____

11. Where did the incident occur? _____

12. I estimate the total number of times that I was struck or injured to be _____

13. Did you give the suspect permission to strike or injure you? _____ Yes _____ No

14. The suspect's physical contact with me at the time of the batter was: _____ Accidental _____ Intentional

15. Did the battery cause you to suffer pain? _____ Yes _____ No

16. I have shown the officer where I was struck or injured. _____ Yes _____ No

17. Did you seek medical attention for your injury? _____ Yes _____ No

If so, indicate where: _____

18. I have circled each one of the words listen below that describes how I was struck or injured,

- | | | | |
|-------------|-------------|----------------------------------|---------------------------|
| Pushed | Kicked | Slapped with an open hand | Struck with a closed fist |
| Shoved | Burned | Chemically (acid, bleach, other) | Attempted strangulation |
| Bitten | Scratched | Threw objects | Sexually abused |
| Pulled hair | Banged head | Stepped on | Attempted to suffocate |

Other: _____