



HENRICO COUNTY POLICE DIVISION

Strangulation Supplement

HCPD-036 (28/35)



COMPLETE THIS FORM WHEN MAKING AN ARREST FOR STRANGULATION

ICR #: _____ Officer's name: _____ Code #: _____

Reviewing supervisor: _____ Code #: _____

Defendant's name: _____

Victim's name: _____

Relationship between defendant and victim: _____

	YES	NO
Have there been prior incidents of strangulation?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been prior incidents of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>

SYMPTOMS AND/OR INJURY TO VICTIM *(ancillary findings)*

OTHER CHANGES

Breathing changes	Voice changes	Swallowing changes	Behavioral changes	Other
<input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe	<input type="checkbox"/> Raspy or hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizziness <input type="checkbox"/> Headache <input type="checkbox"/> Fainted <input type="checkbox"/> Urination <input type="checkbox"/> Defecation

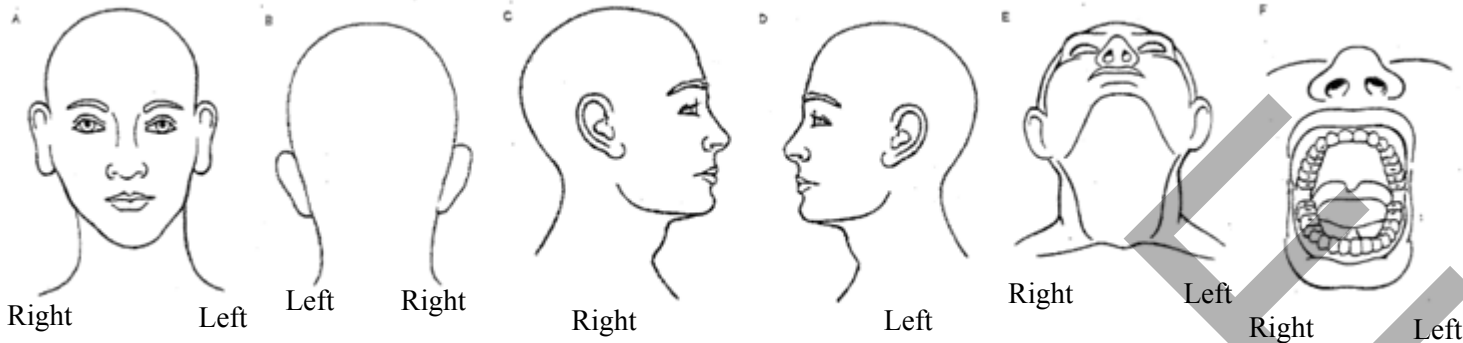
FACIAL CHANGES

Face	Eyes and eyelids	Nose	Ears	Mouth
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Pinpoint red spots (petechiae) <input type="checkbox"/> Scratch mark	<input type="checkbox"/> Petechiae to R eyeball <input type="checkbox"/> Petechiae to L eyeball <input type="checkbox"/> Petechiae to R eyelid <input type="checkbox"/> Petechiae to L eyelid <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions

BODY CHANGES

Under chin	Chest	Shoulders	Neck	Head
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Bruises <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature marks	<input type="checkbox"/> Petechiae on scalp <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Concussion

Indicate location of visible injuries or marks on the head, neck, and oral views on the chart below:



METHOD AND/OR MANNER OF STRANGULATION

Was the victim suffocated? Yes No

Is the suspect right or left handed? Right handed Left handed

Method of strangulation: Right hand Right forearm Foot
 Left hand Left forearm Other: _____
 Both hands Knee

Ligature used (e.g. belt, phone cord, rope, etc.): Yes No If yes, describe ligature: _____

Was the victim straddled, shaken, or held against a wall during the strangulation? Yes No

Was the victim's head pounded against a wall, floor, or the ground? Yes No

What did the suspect say while strangling the victim, before and/or after?

How or why did the suspect stop strangling the victim?

What was the suspect's demeanor or attitude during the strangulation?