NAME:	DATE:

## FORENSIC SCIENCE CRIME VIDEO RESPONSE

VICTIM'S NAME(S)	SHORT DESCRIPTION OF THE VICTIM
SUSPECT'S NAME (S)	SHORT DESCRIPTION OF THE SUSPECT AND HOW HE/SHE KNOWS OR CAME IN CONTACT WITH THE VICTIM
LIST THE ITEMS OF EVIDENCE	BRIEFLY DESCRIBE HOW THE PIECE OF EVIDENCE LINKS THE SUSPECT TO THE CRIME
BRIEFLY DESCRIBE THE CRIME	- WHAT HAPPENED, HOW AND WHERE WAS THE BODY FOUND
WHAT WAS THE LEGAL OUTCO	ME OF THE CASE

<ul> <li>□ INTIMATE PARTNER LEFT/THREATENING</li> <li>□ ASSOCIATED WITH ANOTHER CRIME</li> <li>□ ARGUMENT OVER MONEY OR PROPERTY</li> <li>□ GANG RELATED</li> <li>□ JEALOUSY (LOVER'S TRIANGLE)</li> </ul>	<ul> <li>□ DEPRESSED MOOD</li> <li>□ MENTAL HEALTH PROBLEMS</li> <li>□ FINANCIAL PROBLEM</li> <li>□ PHYSICAL HEALTH PROBLEM</li> <li>□ JOB PROBLEMS</li> <li>□ LACK OF EMPLOYMENT</li> <li>□ RECENT DIAGNOSIS</li> <li>□ INTIMATE PARTNER PROBLEMS</li> <li>□ SCHOOL PROBLEMS</li> <li>□ ALCOHOL/SUBSTANCE PRO</li> <li>□ RECENT CRIMINAL PROBLEMS</li> <li>□ LEGAL PROBLEMS</li> </ul>	S  1S  LEMS BLEMS EMS E/CRIME
WOUND LOCATION  HEAD  NECK FACE THORAX ABDOMEN/LOWER BACK SPINE UPPER EXTREMITIES LOWER EXTREMITIES UNKNOWN ADDITIONAL WOUNDS	MALE	FEMALE