MISSOULA COUNTYWIDE STRANGULATION SUPPLEMENTAL FORM

STRANGULATION EVENT QUESTIONS

1. What did suspect use to strangle you? ☐ Left Hand ☐ Right Hand ☐ Two Hands ☐ Forearm ☐ Knee/Foot ☐ Other Object(s):
   _____
2. *Describe manner/method in detail in your narrative.*
3. Estimate how long strangulation lasted:_____Minute(s)_____Second(s) Multiple Times: ☐ YES #_____☐ NO
4. Estimate the amount of force suspect used to strangle: (1=weak / 10=very strong): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
5. Describe suspect's emotional demeanor while strangling you: _____
6. Describe the suspect's face/expression during strangulation: _____
7. What did suspect say while strangling you? _____
8. What else did suspect do while strangling you? _____
9. Were you able to speak during the strangulation? ☐ YES ☐ NO If yes, what did you say? _____
10. Did you do anything to attempt to physically stop the strangulation? ☐ YES ☐ NO Describe: _____
11. What made the suspect stop? _____
12. What did you think during the strangulation? _____
13. Has suspect strangled you on other occasions? ☐ YES ☐ NO If yes, # of occasions? _____ When? _____

SYMPTOMS EXPERIENCED BY VICTIM

SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER
Vision Changes: Tunnel	☐	☐	Coughing Blood	☐	☐	Hoarse Voice	☐	☐
Vision Changes: Spots	☐	☐	Nausea	☐	☐	Loss of Voice	☐	☐
Hearing Loss/Changes	☐	☐	Vomit/Dry Heaving	☐	☐	Whisper Voice	☐	☐
Loss of Consciousness	☐	☐	Dizziness	☐	☐	Neck Pain/Tender	☐	☐
Unable to Breathe	☐	☐	Headache	☐	☐	Trouble Swallowing	☐	☐
Difficulty Breathe	☐	☐	Feel Faint	☐	☐	Pain Swallowing	☐	☐
Rapid Breathing	☐	☐	Disorientation	☐	☐	Sore Throat	☐	☐
Pain while Breathing	☐	☐	Memory Loss	☐	☐	Urinate	☐	☐
Shallow Breathing	☐	☐	Painful to Speak	☐	☐	Defecate	☐	☐
Coughing	☐	☐	Raspy Voice	☐	☐	Other:	☐	☐

OFFICER OBSERVED INJURIES

FACE	EYES	NOSE	MOUTH
☐ Skin Red/Flushed	☐ Red Eye ☐ Left ☐ Right	☐ Redness	☐ Swollen Lips
☐ Red Spots (e.g. petechiae)	☐ Red Spots in Eye ☐ Left ☐ Right	☐ Red spots (i.e. petechiae)	☐ Swollen Tongue
☐ Scratches or Abrasions	☐ Red Spots on Eyelid ☐ Left ☐ Right	☐ Scratches or Abrasions	☐ Bruise(s)
☐ Swelling	☐ Blood in Eyeball	☐ Swelling	☐ Scratches or Abrasions
☐ Bruising	☐ Eyelid(s) drooping	☐ Bleeding	☐ Red Spots in Palate or Gums, Etc.
☐ Other:	☐ Other:	☐ Other:	☐ Other:

EARS	UNDER CHIN	NECK	SHOULDERS
☐ Redness	☐ Redness	☐ Redness	☐ Redness
☐ Red spots (i.e. petechiae)	☐ Scratches or Abrasions	☐ Scratches or Abrasions	☐ Scratches or Abrasions
☐ Bleeding	☐ Lacerations	☐ Bruises	☐ Lacerations
☐ Bruising or Discoloration	☐ Bruises	☐ Linear Marks (e.g. fingernail marks)	☐ Bruises
☐ Swelling	☐ Linear Marks (e.g. fingernail marks)	☐ Ligature Marks	☐ Other:
☐ Red Spots Behind Ear(s)	☐ Other:	☐ Red Spots (e.g. petechiae)	
☐ Bruising Behind Ear(s)		☐ Swelling	
☐ Other:		☐ Other:	

HANDS, FINGERS, ARMS	HEAD	CHEST	NECK MEASUREMENT
☐ Redness	☐ Lumps/Bumps	☐ Redness	☐ Took a measurement of victim's neck
☐ Bruising	☐ Lacerations	☐ Scratches or Abrasions	
☐ Swelling	☐ Scratches or Abrasions	☐ Lacerations	_____inches
☐ Scratches or Abrasions	☐ Hair missing	☐ Bruises	
☐ Broken Fingernails	☐ Red Spots on Scalp (e.g. petechiae)	☐ Linear Marks (e.g. fingernail marks)	
☐ Other:	☐ Other:	☐ Other:	