Medical Center - STRANGULATION Documentation

CASE # _____-_____ DATE OF ASSAULT _____ TODAY'S DATE _____

Examiner must check the following locations for signs of Strangulation injuries; Behind the ears, back of neck, chest and shoulder areas, eyelids, sclera of eyes, jaw and upper chin, and scalp. Note any injury or variances observed. MATION

Patient INFORMATION

Name (last, first, middle) _____DOB_____R/S___ ___

- Method and/or Manner (how was Victim strangled) ☐One Hand - R ☐One Hand - L ☐Two Hands ☐Forearm ☐Knee/Foot ☐ Chokehold Other (explain) _____
- Is the Suspect right or left handed? ☐Right Handed ☐Left Handed
- Estimate how long you were strangled _____ Minute(s) _____ Second(s) Multiple times? ☐Yes #_____ ☐No

Estimate Pressure Used (check) ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (1=WEAK – 10=EXTREMELY STRONG)

- Suffocated? ☐Yes ☐No ____ Minute(s) ____ Second(s) What was used? _____
- What did he say during strangulation/suffocation? _____

_____

- What did the victim say during the strangulation?_____ _____
- Describe Suspect's demeanor during strangulation/suffocation? _____
- Describe how Suspect's face looked during strangulation/suffocation? _____
- What made him stop? _____ _____ ◆

What did you think was going to happen during strangulation/suffocation? _____

_____

- Has Suspect strangled/suffocated you before? ☐Yes # _____ ☐No
- Did you attempt to physically stop the strangulation? ☐Yes ☐No Describe: _____

_____

- Were you shaken simultaneously while being strangled? ☐Yes ☐No

SYMPTOMS

SYMPTOMS	DURING	AFTER
unable to breathe	☐	☐
difficult to breathe	☐	☐
physical pain	☐	☐
rapid breathing	☐	☐
shallow breathing	☐	☐
coughing up blood	☐	☐
nausea	☐	☐
vomiting/dry heaving	☐	☐
dizziness	☐	☐
headache	☐	☐
feel faint	☐	☐
disoriented	☐	☐

VOICE CHANGES

- ☐**painful to speak**
- ☐**raspy/hoarse voice**
- ☐**coughing**
- ☐**unable to speak**
- ☐**whispering**
- ☐**other** _____

SWALLOWING CHANGES

- ☐**neck tenderness**
- ☐**trouble swallowing**
- ☐**painful to swallow**
- ☐**neck pain**
- ☐**other** _____

Explain other _____

_____

_____

_____

- Loss of consciousness? ☐Yes ☐No ☐Victim not sure Unexplained Injury? Describe _____

_____

- Any change or loss of hearing during/after strangulation/suffocation? ☐Yes ☐No Describe_____

_____

- Any change or loss of vision during/after strangulation/suffocation? ☐Yes ☐No Describe_____

_____

- How did your body/head feel during/after strangulation/suffocation? Describe_____

_____

- Did the victim... ☐Urinate ☐Defecate ☐Feel the urge to do one or both? _____

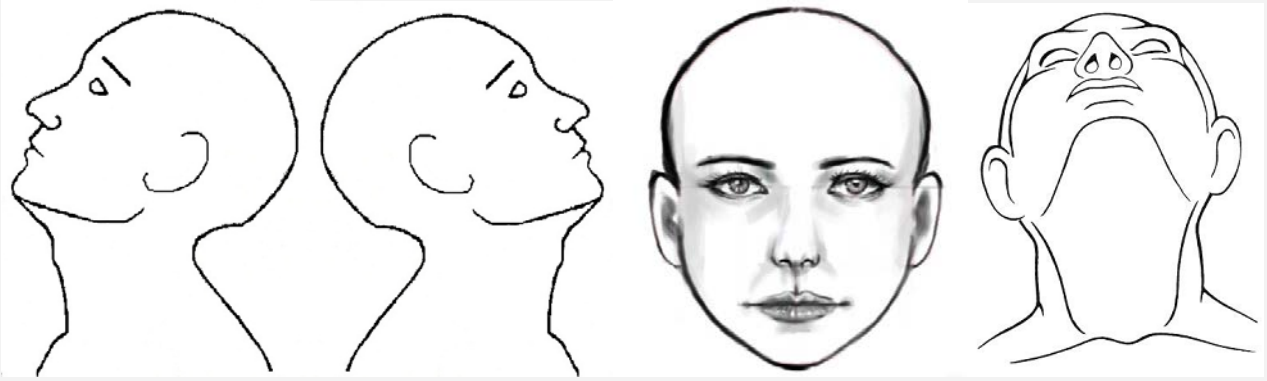
FACE	EYES AND EYELIDS	NOSE	EARS
☐**red or flushed**	☐**petechiae to R eye**	☐**petechiae**	☐**petechiae on ear(s)**
☐**petechiae**	☐**petechiae to L eye**	☐**scratch(es) or abrasion(s)**	☐**bleeding from ear(s)**
☐**scratch(es) or abrasion(s)**	☐**petechiae to R eyelid**	☐**swelling**	☐**bruising/discoloration/**
☐**sweating**	☐**petechiae to L eyelid**	☐**other** _____	**petechiae behind ear(s)**

☐bruising	☐blood in eyeball(s)		☐swelling
☐other _____	☐other _____		☐other _____
Explain other _____			

MOUTH	UNDER CHIN	CHEST	SHOULDERS
☐bruise(s)	☐redness	☐redness	☐redness
☐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)
☐ petechiae in palate ___	☐fingernail impression(s)	☐other _____	☐other _____
☐ other	☐other _____		

NECK	HEAD
☐redness	☐petechiae on scalp or head
☐tenderness/pain	☐laceration(s)
☐finger mark(s)	☐scratch(es)/abrasion(s)
☐scratch(es)/abrasion(s)	☐hair pulled
☐fingernail impression(s)	☐bump(s)
☐bruise(s)	☐other _____
☐ligature mark(s)	
☐petechiae	
☐swelling	
☐other _____	

*** TAKE PHOTOGRAPHS*** Diagram all injuries on the Victim



Describe any other injuries or symptoms _____
_____

CHECKLIST

☐Determine if jewelry was worn by either party (ring(s), necklace(s), watch(es), etc.). Photograph / look for patterns and photograph.
☐If defecation or urination in clothes, collect clothes as evidence.
☐ Advise on future symptoms (headaches, throat/neck pain, etc.) Advise victim that she/he should be with somebody, and should not be alone for 24 hours. Who will you be with? _____ Contact number: _____