

資 料

1. MADDの「被害者擁護者向け被害者支援の手引き」のケース記録用紙
 - 被害者カバーシート 2枚
 - 談話及びコンタクトの記録 2枚

VICTIM COVER SHEET

I. PRIMARY VICTIM'S NAME: _____
CONTACT PERSON: _____
DOB _____ RELATIONSHIP TO VICTIM _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____
DATE OF CRASH: _____ TIME: _____ PHONE# (_____)
SITE OF CRASH: CITY/TOWN _____
DEATH _____ INJURY _____ NATURE OF INJURY: _____

II. OTHER VICTIM'S NAME: _____
DOB _____ RELATIONSHIP TO VICTIM _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____
DATE OF CRASH: _____ TIME: _____ PHONE# (_____)
SITE OF CRASH: CITY/TOWN _____
DEATH _____ INJURY _____ NATURE OF INJURY: _____

III. OFFENDER'S NAME: _____ DOB _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____ LICENSE # _____
BAC _____ (Blood/Breath/Urine) PLACE DONE: _____ INJURY ___ yes ___ n
HOSPITAL? _____ CHARGES _____

IV. DESCRIPTION OF CRASH EVENT:

V. INVESTIGATING OFFICER/TROOPER: _____
PHONE# (_____) _____

VI. STATE'S ATTORNEY _____ PHONE# (_____)
COURT: _____ ARRAIGNED: (date) _____ PLEA: _____
JUDGE: _____

VII. DEFENSE ATTORNEY: _____

VIII. JUDGE: _____

IX. REPORTS:

REPORTS	DATE REQUESTED	DATE RECEIVED	COMMENTS
INVESTIGATION			
B.A.C.			
AUTOPSY			
DRIVING RECORD			
CRASH RECONSTRUCTION			

X. INFORMATION SENT: _____

XI. REFERRALS: _____

INTAKE DATE _____ **ADVOCATE** _____

NARRATIVE

DATE	NARRATIVE

CONTACT CHART

ISSUES

DATE AND CODE

ISSUES	DATE AND CODE											

Codes for Type of Contact: T - Telephone, P - Personal, M - Mail, C - Court Accompaniment