

# New York State Standardized DOMESTIC INCIDENT REPORT (DIR)

(Form 3221-03/2016)

**REMEMBER:** Whenever possible, ask complainant the DIR questions OUT of earshot and eyesight of suspect

## TIPS FOR COMPLETION

When completing the DIR please be sure:

- To print legibly and firmly
- Wraparound cover is in place
- All copies of each page are lined up properly
- Writing is visible on all 3 copies of the form
- To complete every section of the DIR
- To hand Victim Rights Notice to the victim
- Victim understands the Victim Rights Notice
- Victim receives all pink copies at the scene

## WHERE TO SEND DIR FORMS

New York City (NYC) DIR forms are sent to NYPD and do not need to be sent directly to DCJS.

State Police forward DCJS copies of DIR to Zone Headquarters.

All Other Agencies, send DCJS copies of DIR to:  
NYS Division of Criminal Justice Services  
NYS Identification Bureau-DIR, 5th Floor  
80 South Swan Street  
Albany, New York 12210

If Suspect is on Probation or Parole Supervision, photocopy the police copy of DIR and send to the County Probation Department or the local Parole Office.

Addresses for County Probation Departments and Parole Offices can be found in the Criminal Justice Directory at: <http://criminaljustice.ny.gov>

## HOW TO REQUEST MORE DIR FORMS

To order additional forms send an email to:

[dcjs.dl.dirform@dcjs.ny.gov](mailto:dcjs.dl.dirform@dcjs.ny.gov)

When ordering forms, please provide the agency name and street address for shipment, no P.O. Boxes accepted. DIR forms come 25 forms to a pad. Please base your order on the number of pads needed, not the number of forms.

## IMPORTANT HOTLINE NUMBERS

NYS Domestic and Sexual Violence 1-800-942-6906  
Child Protective Services (Public) 1-800-342-3720  
CPS (Mandated Reporter) 1-800-635-1522  
Adult Protective Services 1-800-342-3009 (Option 6)

Local Service

Provider Name: \_\_\_\_\_

Hotline: \_\_\_\_\_

Incident	Agency: <i>NYPD Precinct 64</i>		<b>A</b>		<b>New York State DOMESTIC INCIDENT REPORT</b>		ORI:	Incident #	
	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #	
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.) <i>Foster Ave</i>				City, State, Zip <i>Brooklyn, NY 11210</i>				
	Name (Last, First, M.I.) (Include Aliases) <i>Owens, April</i>	DOB (mm/dd/yyyy) <i>03/26/1988</i>	Age: <i>34</i>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		Victim Phone Number:			Language: <i>English</i>
Suspect (P2)	Address (Street No., Street Name, Bldg. No., Apt No.) <i>Foster Ave</i>				City, State, Zip <i>Brooklyn, NY 11210</i>				
	Name (Last, First, M.I.) (Include Aliases)	DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		Suspect Phone Number:			Language:
Victim Interview	Do suspect and victim live together? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Suspect/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe:
	Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:		Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other:
Suspect	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input checked="" type="checkbox"/> Nervous <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:								
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <i>"I am so sorry you had to come out here. Things just got out of hand. I know I should not yell at him."</i>								
Witnesses	Did suspect make victim fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, describe:				
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other, describe:		Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Incident Narrative	Access to Guns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, describe: <i>Owens a gun</i>		Other Describe:		Victim Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide
	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, describe:		Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Loss of Consciousness <input type="checkbox"/> Urination/Defecation
Evid	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, describe:		Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing		Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	What did the SUSPECT say (Before and After Arrest): <i>"Officer there is no problem here. Just having a disagreement. We already settled it before you got here."</i>								
Offense	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Disagreement. We already settled it before you got here.				
	Child/Witness (1) Name (Last, First, M.I.) <i>Owens, Daryl</i>		DOB: <i>7/7/14</i>		Child/Witness (1) Address (Street No., Name, Bldg./Apt) <i>Same as above</i>		City, State, Zip		Phone:
Child/Witness (2) Name (Last, First, M.I.) <i>Bell, Portia</i>		DOB: <i>12/2/09</i>		Child/Witness (2) Address (Street No., Name, Bldg./Apt) <i>Same as above</i>		City, State, Zip		Phone:	
Briefly describe the circumstances of this incident: <i>*See page 2 for victims statement for additional information.</i>									
DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No			Refrain <input type="checkbox"/> Stay Away
Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos		Destruction of Property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Offense 1		Law (e.g. PL)		Offense 2	
If no, explain:								Law (e.g. PL)	

Agency: <i>NYPD Precinct 64</i>	<b>B</b>	ORI:	Incident #	Complaint #
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

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If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ( ) \_\_\_\_\_.

<b>Has Suspect ever:</b> Threatened to kill you or your children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment?  Yes  No  
 If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:
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**Signatures:**

Reporting Officer (Print and Sign include Rank and ID#) <i>PTL Officer Robert Peters</i>	Supervisor (Print and Sign include Rank and ID#)
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**STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION**

\* Officers are encouraged to assist the Victim in completing this section of the form.

**Suspect Name** (Last, First, M.I.) *Owens, Zachary*

I *April Owens* (Victim/Deponent Name) state that on \_\_\_ / \_\_\_ / \_\_\_\_, (Date)  
 at *Foster Ave* (Location of incident) in the County/City/Town/Village *Brooklyn,*  
*NY* of the State of New York, the following did occur:

*At approximately 11:00pm I was in Daryl's bedroom. He was sick earlier in the night and when I went to check on him, he was awake and asked me to read him a story. I was in there maybe 10 minutes when Zack stormed in screaming, waving my cell phone, and accusing me of sleeping with his best friend. I told Zack how much I loved him and that there could never be anyone else. I asked Zack to please stop shouting in front of Daryl and to go to our bedroom. That made him even angrier. He threw my phone, just missing hitting Daryl. He yelled, "We are talking about it right here, so he will know what a whore his mother is." Daryl began crying and put his pillow over his head. I told him that everything would be ok. I asked Zack again if we could go to our bedroom.*

(Use additional page as needed)

**False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.**

<i>April Owens</i> Victim/Deponent Signature	_____	Date
<i>Robert Peters</i> Witness or Officer Signature	_____	Date
_____ Interpreter Signature and Interpreter Service Provider Name	_____	Date
Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Note:**  
 Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Agency:	<b>B</b>	ORI:	Incident #	Complaint #
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

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**If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ( ) \_\_\_\_\_.**

<b>Has Suspect ever:</b> Threatened to kill you or your children? <input type="checkbox"/> Yes <input type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment?  Yes  No  
 If Yes, the Officer must contact the **NYS Child Abuse Hotline Registry # 1-800-635-1522.**

Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No if <b>NO</b> , Why:	Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No if <b>NO</b> , Why:
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**Signatures:**

Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
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**STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION**

\* Officers are encouraged to assist the Victim in completing this section of the form.

**Suspect Name** (Last, First, M.I)

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I \_\_\_\_\_ (Victim/Deponent Name) state that on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, (Date)  
 at \_\_\_\_\_ (Location of incident) in the County/City/Town/Village \_\_\_\_\_  
 \_\_\_\_\_ of the State of New York, the following did occur:

*He grabbed my arm and dragged me into the hallway. He pushed me down. I have never seen him so pissed off. I told Zach again how much I loved him. He shouted, "Shut your lying mouth, you disgust me." I was crying and begged him to stop. I was so afraid that he was going to hit me like he did before. He punched the wall right next to me and said, "The next time I am going to f\*\*\*ing kill you." Right then, Daryl came out of his room. He was crying and got next to me on the floor. He told his dad "Don't hurt Mommy." Zach said, "Look at this - you've turned him into a mama's boy." Zach grabbed Daryl by his arm and yanked him off the floor. I got up and told Zach I was calling 911. As soon as I said that I knew it was a mistake. Zach exploded saying "No one is calling the cops." Then he shoved me down again, stood over me and spit in my face. He pointed his finger at me like it was a gun and shouted "boom."*

*He grabbed me and pulled me into our bedroom. He went to the closet where he keeps his gun. I was terrified that he was going to kill me. I yelled to Daryl, "Go get Mr. Jingles, as fast as you can!" Mr. Jingles is our code for Daryl to go to the neighbor's and call the police.*

(Use additional page as needed)

**False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.**

Victim/Deponent Signature _____	Date _____
Witness or Officer Signature _____	Date _____
Interpreter Signature and Interpreter Service Provider Name _____	Date _____
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:**  
 Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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