

Good Samaritans
Crime Scene Contact Record

Victim's Name:		Description of Incident: (Check all that apply.)	
Case Number:		Personal:	
PD & Precinct:		<input type="checkbox"/> Assault <input type="checkbox"/> Harassment <input type="checkbox"/> Robbery <input type="checkbox"/> Other (specify)	
Initial Contact (Day/Mo./Yr.):		Property:	
Street Address:		<input type="checkbox"/> Burglary <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (specify)	
City:		Services Provided: <input type="checkbox"/> Phone Contact/Support <input type="checkbox"/> Court Information <input type="checkbox"/> Document Replacement <input type="checkbox"/> Court Accompaniment <input type="checkbox"/> Property Repair/Cleanup <input type="checkbox"/> Emergency Assistance: <ul style="list-style-type: none"> ○ Food ○ Clothing ○ Shelter ○ Transportation ○ Other (describe) <input type="checkbox"/> Childcare <input type="checkbox"/> Other (describe)	
State/ZIP:			
Home Telephone:			
Work:			
Race:	Sex:		
Age:	Marital Status:		
Employer:			
Occupation:			
Location of Incident:			
Time of Incident:			
Date of Service:		Materials used from storage:	
Time of Service:			
Time Spent on Service:			
Volunteer(s)		Prior crime victimization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was crime reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued on Reverse

Case Number:

Synopsis of the Crime:

Victim's Coping Reaction:

Check all that apply.
<input type="checkbox"/> Numbness
<input type="checkbox"/> Shock
<input type="checkbox"/> Denial
<input type="checkbox"/> Calm
<input type="checkbox"/> Controlling
<input type="checkbox"/> Angry
<input type="checkbox"/> Crying
<input type="checkbox"/> Confused
<input type="checkbox"/> Anxious/Fearful
<input type="checkbox"/> Violent
<input type="checkbox"/> Other: _____

Describe the victim's primary support system:
(Who can the victim rely on and to what extent?)

Disposition:

- No further action needed
- Unable to contact, retry on _____
- Client declined further services
- Follow up on _____ re:
(DATE)

Comments/Recommended Services:

Signature of Volunteer(s)

Date