

# REFERRAL

## Teller County Victim Assistance

Even if no arrest is made  
***This referral is required on ANY Crime against Person***  
***Fax to 687-1869 (WPPD) before your shift ends***

Officer / Deputy handling case: <u>J. Peppley</u>	
Your Agency: <u>T.C.S.O.</u>	
Date of Referral: <u>8-5-2017</u>	Type of Case: (Circle all that apply)
DV Other <u>ASSAULT</u>	Sex Assault Child Abuse At Risk Person
(Circle One) VA Called Out <u>Not Called</u>	Explanation: <u>REFUSED</u>
Your Phone # <u>719-687-9652</u>	Best time to reach you: <u>Days</u>
Agency Case # <u>17-24854</u>	Date of Incident: <u>8-5-17</u>
Location of Incident: <u>28124 Hwy 67 N. WP/CO</u>	Time of Incident: <u>1528</u>
Charges: <u>2ND ASSAULT ; 3RD ASSAULT</u>	
(Circle All Applicable) Misdemeanor, # of Counts <u>1</u>	Felony, # of Counts <u>1</u>
Arrested / Warrant Issued Y <u>N</u>	

<b>VICTIM INFO</b>		Juvenile Victim: Y <u>N</u>
Victim's Name/AKA Last, First, MI <u>WALKER, MATTHEW P.</u>		
DOB: <u>5 / 25 / 1981</u>	Race: <u>W</u>	Sex: <u>M</u>
Mailing Address for victim or adult rep.: <u>28124 Hwy 67 N.</u>		
City: <u>WOODLAND PARK</u>	State: <u>CO</u>	Zip: <u>808103</u>
Victim's Phone (H): _____	(W) _____	(Cell) <u>214-592-7446</u>
If Juvenile, Parent / guardian info here. _____		
Contact Info for Parent / Guardian: _____		
Names & Relationship to victim: _____		
Please Circle the Following:		
Given Victim Rights Brochure?: <u>Y</u> <u>N</u>	(If not given, explain: _____)	
Was Victim Injured: <u>Y</u> <u>N</u>		
Victim/Parent Cooperative: <u>Y</u> <u>N</u>	Photos Taken: <u>Y</u> <u>N</u>	
	Substance Abuse: <u>Y</u> <u>N</u>	
	Follow-up Scheduled: <u>Y</u> <u>N</u>	
Interviewed: <u>Y</u> <u>N</u>		
Medical Release Obtained <u>Y</u> <u>N</u>	Hospitalized: <u>Y</u> <u>N</u>	Where? _____
Describe Injuries: <u>RED MARKS ON NECK</u>		
(PLEASE COMPLETE BOTH SIDES)		

## GENERAL INFORMATION

**Information on all children present is required**

Child's Last Name	First Name	DOB	Sex	Lives With Whom?

### OFFENDER INFO

Criminal History Y ☒ N

Name A/K/A Last, First, MI ARMSTRONG, ROBERT E.

DOB: 11 / 8 / 1944 Race: W Sex M SSN: N/A

Address 28124 Hwy 67 N

City WOODLAND PARK State CO Zip 80863

Phone (H) 719-337-2733 (W) \_\_\_\_\_

Employer: UNKNOWN

Substance Abuse Y ☒ N

Was Offender Injured Y ☒ N

Photos Taken Y ☒ N

Interviewed ☒ Y ☒ N

Prior Victimization Y ☒ N

If Hospitalized,  
Where \_\_\_\_\_

Describe Injuries  
NONE

Offender on Probation? Y ☒ N

Offender on Parole? Y ☒ N

*Please Ask These Questions!*

1. Length of relationship? N/A

2. When did domestic violence start? N/A

3. List threats of violence to anyone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Abuse to pets or threats? Y ☒ N

Details: \_\_\_\_\_

\_\_\_\_\_

5. Does offender have access to weapons?

Y ☒ N Types: \_\_\_\_\_

\_\_\_\_\_

TESSA info provided to Victim? Y ☒ N

VINE info given to Victim? Y ☒ N