

# Elder & Vulnerable Adult Abuse/Exploitation/Neglect Incident Report

## Section 1: General Information *(This section must be completed in its entirety)*

Officer Name:	Case #:	Date:
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### Source of Referral *(Please use additional paper as necessary)*

Name:	Contact #	Rel to victim:
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Brief Description of Referral Report:

Abuse/Neglect/Exploitation: Physical  Sexual  Financial  Emotional

### **Incident Narrative—Enter on Page 6**

### Victim Information *(Please use additional paper as necessary)*

Name:	Contact #:	DOB:
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Residence Address:

Residence Type: Private  Public Housing  Licensed Facility  Hospital  Homeless  Unknown

Emergency Contact Name:	Rel to Victim:
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Contact Information:

Does victim have a caregiver? Y  N

Caregiver Name:	Rel to Victim:
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Contact Information:

### Who else lives with victim (Name, age, rel. to victim)?

Victim capacity to communicate	Observed Impairments (Y= apparent impairment)
Verbal: Y <input type="checkbox"/> N <input type="checkbox"/>	Vision: Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
Non-Verbal: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Hearing: Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
Writing: Y <input type="checkbox"/> N <input type="checkbox"/>	Memory / Cognition: Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
Other:	Bed Bound: Y <input type="checkbox"/> N <input type="checkbox"/> Limited Mobility: Y <input type="checkbox"/> N <input type="checkbox"/> Explain:

Prescribed Medications / medications on scene:

Does victim have a legal guardian? Y  N

Legal Guardian Name:	Rel to Victim:
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Contact Information:

<b>Does victim have a Power of Attorney ?</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
Financial Power of Attorney? Y <input type="checkbox"/> N <input type="checkbox"/>	Medical Power of Attorney? Y <input type="checkbox"/> N <input type="checkbox"/>	
Name:	Name:	
Address:	Address:	
Contact Number:	Contact Number:	
Rel. to Victim:	Rel. to Victim:	
<b>Other Service Providers (Ex. Caregivers, case manager / social worker, Meals on Wheels, etc.?)</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
Name:	Service:	Contact #:
Name:	Service:	Contact #:
Name:	Service:	Contact #:
<b>Vulnerable Adult (If victim = 18 YO+ and meets 1 other criteria listed below → required reporting to APS at 1-800-564-1612 for all suspected forms of abuse, neglect, or exploitation)</b>		
Is victim 18 or older: Y <input type="checkbox"/> N <input type="checkbox"/>		
Resident of licensed facility (asst living, res. care, nursing or community care home)?	Y <input type="checkbox"/>	N <input type="checkbox"/> N/A <input type="checkbox"/>
Patient in a psychiatric unit or psychiatric unit of hospital?	Y <input type="checkbox"/>	N <input type="checkbox"/> N/A <input type="checkbox"/>
Received personal care services for at least 1 month?	Y <input type="checkbox"/>	N <input type="checkbox"/> N/A <input type="checkbox"/>
Due to impairment from brain damage, aging, or a physical/mental/developmental disability, victim unable to care for self or protect self from exploitation?	Y <input type="checkbox"/>	N <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Suspect Information</b> <i>(Please use additional paper as necessary)</i>		
Name:	DOB:	
Residence Address:		
Rel to Victim:	Contact #	Caregiver to Victim Y <input type="checkbox"/> N <input type="checkbox"/>
If caregiver to victim, describe role:		
Legal Guardian over victim? Y <input type="checkbox"/> N <input type="checkbox"/>	Power of Attorney over victim? Y <input type="checkbox"/> N <input type="checkbox"/> Financial: Y <input type="checkbox"/> N <input type="checkbox"/> Medical: Y <input type="checkbox"/> N <input type="checkbox"/>	
Drugs or alcohol involved? Y <input type="checkbox"/> N <input type="checkbox"/>	Drug diversion suspected? Y <input type="checkbox"/> N <input type="checkbox"/> Explain:	
Suspect Statement: _____ : Written (Attached) _____ : Audio Recorded _____ : Video Recorded _____ : None Provided		

## Section 2: Physical Abuse, Sexual Abuse, and/or Neglect

**Important Evidence Considerations** (Check box if completed)

Photograph victim's injuries upon initial inspection and 48-72 hours late (for developed bruising)

Seize physical evidence, including weapons or other objects/mechanisms of injury

Photograph physical conditions and signs/symptoms of neglect

Photograph living conditions

Video all witness/suspect interviews

Description of injuries observed:

Victims description of how their injuries occurred (also use body image chart):

Other signs/symptoms of abuse/neglect observed:      Wounds / ulcers: Y  N  Dehydration:      Y  N

Malnutrition: Y  N  Dirty / unbathed: Y  N  Unkempt: Y  N  Inadequately Dressed: Y  N

Other:

**Sexual Abuse?** Y  N  (Note: if victim's report is immediate, secure scene/bedding, including at facility)

Location of sexual abuse:

SANE exam? Y  N  Penetration? Y  N  Condom use: Y  N

Pattern of Evidence? Y  N  Describe:

Evidence of victims inability to consent / lack of consent:

Prior sexual history between suspect and victim? Y  N  Explain:

**Medical treatment** (for any form of abuse)? Y  N  Not yet, but planning to seek

Provider Name:

PC #:

EMS on scene: Y  N

Name:

Transported to hospital? Y  N

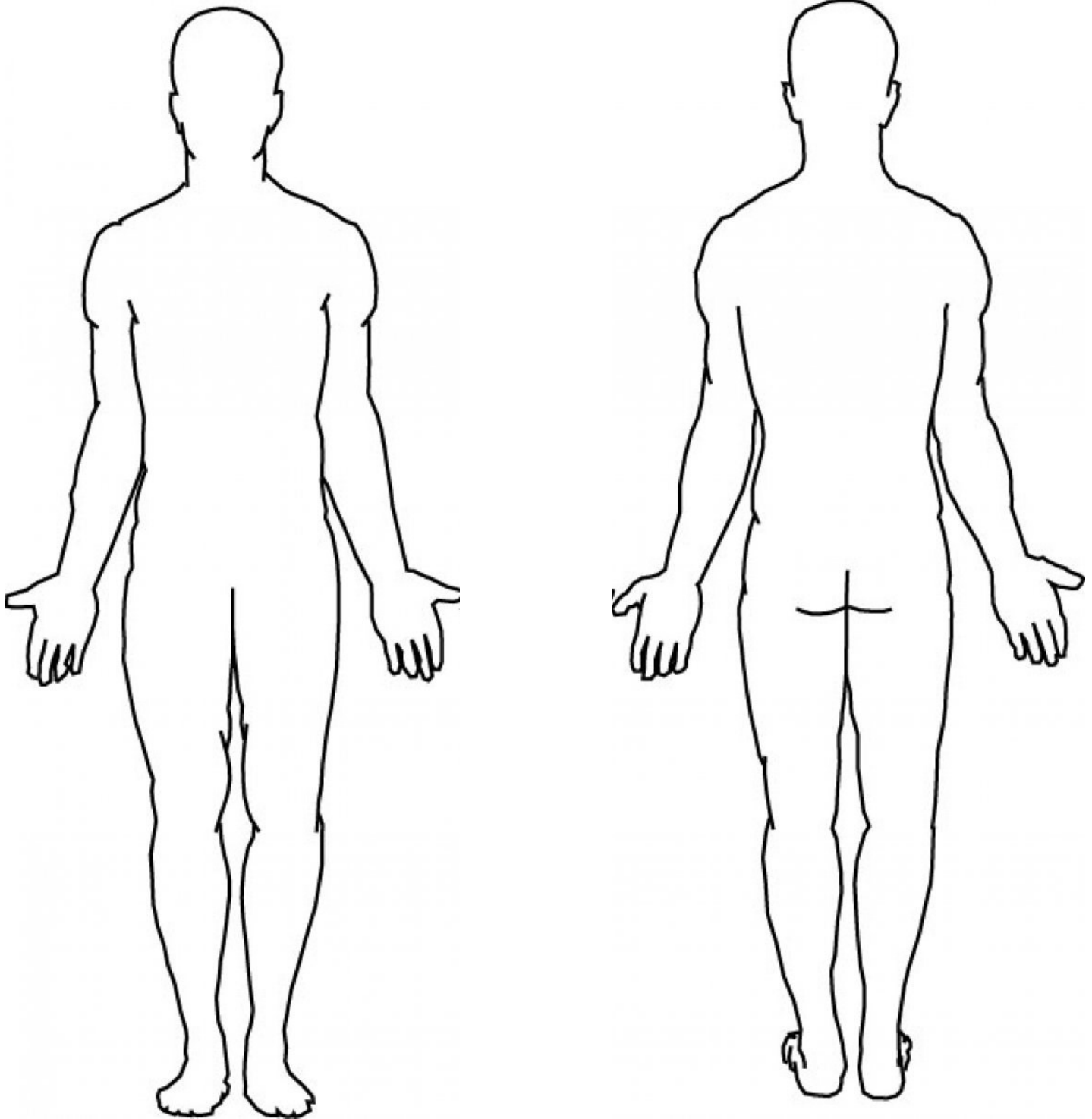
By whom (name)?

Name of Hospital:

**Please complete body diagram on page 4**

**Body Diagram** *(Please use additional paper as necessary)*

Instructions: Mark and describe (1) injuries noted by victim and (2) other observable signs/symptoms of abuse/neglect



## Section 3: Financial Exploitation *(Complete as necessary)*

### **Financial Exploitation** *(Please use additional paper as necessary)*

Ask the following questions whether the referral regards financial exploitation or physical abuse/exploitation or neglect. (Note: to report online/phone scams, call Attorney General: 1-800-649-2424)

What are victim's financial resources (bank accounts, social security payments, credit cards, etc.)?

Does suspect claim basis for deserving payments/assets from victim? Y  N

If so, what is alleged basis (power of attorney, health care proxy, trust document, etc.)? **Collect supporting documents**

If suspect accessing victim's financial resources/accounts, what is suspect's alleged authority (power of attorney, health care proxy, trust document, etc.)? **Collect supporting documents**

Suspect's place(s) of Employment, position(s), and monthly wage(s)?

Are suspect's assets & recent spending inconsistent with known financial resources? If so, explain:

Does suspect have criminal history? Y  N  Drug Problems? Y  N

Explain:

Does victim have family members/friends/neighbors that could provide historical perspective on relationship between victim and suspect and any change in victim's health/ condition? Y  N  If so, who?:

## Section 4: Referral Considerations *(Check box if completed)*

Victim's emergency contacts

Adult Protective Services (report within 48 hours) 1-800-564-1612. Hours: M-F, 7:30a-4:30p

AGO Medicaid Fraud & Residential Abuse Unit 1-802-828-5511. Hours: M-F, 9a-5p

Victim Advocate

AAA Case Manager 1-800-642-5119. Hours: M-F, 8:30a-4:30p

VT 2-1-1 (for guidance on other relevant agencies) 2-1-1. Hours: M-F, 8a-8p

Other service providers/agencies:

**Narrative**

## Charges to Consider

OFFENSE	TITLE	SECTION
<b>Physical abuse/neglect/exploitation</b>		
Abuse by unlawful restraint & unlawful confinement	13	1377
Abuse of a Vulnerable Adult	13	1374
Aggravated Assault	13	1024
Aggravated Sexual Assault	13	3253
Cruelty by Person Having Custody of Another	13	1305
Domestic Assault	13	1042/1043/1044
Violation of Abuse Order	13	1030
Homicide	13	2301
Kidnapping	13	2405
Maiming	13	2701
Manslaughter	13	2304
Mistreatment of Person of Unsound Mind	13	1306
Neglect of a Vulnerable Adult	13	1378
Reckless Endangerment	13	1025
Simple Assault	13	1023
Unlawful Restraint (1st)	13	2407
Unlawful Restraint (2nd)	13	2406
Interference with Access to Emergency Services	13	1031
<b>Sexual Crimes</b>		
Sexual Abuse of a Vulnerable Adult	13	1379

Sexual Assault	13	3252
Disclosure of Sexually Explicit Images Without Consent	13	2606
Lewd & Lascivious Conduct	13	2601
Prohibited Acts	13	2632
<b>Mental/Emotional Abuse/Neglect Crimes</b>		
Abuse of a Vulnerable Adult	13	1374
Abuse by unlawful restraint & unlawful confinement (including threats of)	13	1377
<b>Property/Financial Crimes</b>		
Armed Robbery	13	608
Arson	13	502
Assault and Robbery	13	608
Bribery	13	1101
Burglary	13	1201
Embezzlement	13	2531
Exploitation of services of a vulnerable adult	13	1381
Extortion	13	1701
False Pretense	13	2002
Financial Exploitation of a Vulnerable Adult	13	1380
Forgery	13	1801
Fraud	33	141
Fraud/False Impersonation	13	2001
Grand Larceny	13	2501

Identity Theft	13	2030
Insufficient Funds	13	2022
Larceny From a Person	13	2503
Petit Larceny	13	2502
Possession of Stolen Property	13	2561
Unlawful Taking of Personal Property	13	3833
Unlawful Trespass	13	3705
<b>Stalking/Voyeurism/Obtrusiveness</b>		
Stalking	13	1062
Voyeurism	13	2605
Disorderly Conduct	13	1026
<b>Obstruction &amp; Evasion Crimes</b>		
False Information to a Police Officer	13	1754
False Report	13	1754
Impeding Public Officers	13	3001
Obstruction of Justice	13	3015

<b>Drug Related Crimes</b>		
False Prescription	18	4223
Manufacturing of a Regulated Drug	18	4224
Obtain a Regulated Drug by Deceit	18	4223
Sale of a Regulated Drug	18	4224
<b>Other Crimes</b>		
Violation of Condition of Release (V.C.R.)	13	7559
Cruelty to Animals	13	352
<b>Victim Assistance &amp; Compensation</b>		
Victim's Compensation (Physical or Mental Injury/Funeral Expenses)	13	5351
Victim's Assistance (Property)	13	5301