

# TRAVIS COUNTY SHERIFF'S OFFICE VICTIM SERVICES CALL OUT REPORT

Date Of Call                      Case #                      Deputy Name                      Badge #  
 1st Responder                      VA#                      2nd Responder                      VA#

- Phone       Scene      Address  
 CCP       Hospital                       Other

Name                      Address  
 DOB                      Phone                      Email Address  
 Secondary/Safe Address                      Secondary/Safe Phone  
 Offender                      DOB                      Deceased                      DOB

- Adult Sexual Assault
- Assault
- Burglary
- Child Abuse
- Elder Abuse
- Family/Dating Violence
- Harassment/Threat
- Homicide
- Robbery
- Stalking
- Traffic Accident/Fatality (DUI/DWI)
- Other

African American	Asian/Pacific Islander	Hispanic/Latino	Middle Eastern
Native American	White/Anglo	Unknown	Other
0-5 yrs	6-12 yrs	13-17 yrs	18-64 yrs
			65+ yrs
Male	Female	Other	unknown
Spanish Speaking	Sign Language	Mental Disability	Physical Disability
		Other Language	

Crisis Counseling     In Person     By Phone                       In Person