

Appendix 3L

Domestic Violence Patrol Report Checklist

Background and officers' actions: <ul style="list-style-type: none"> <input type="checkbox"/> Time of officers' arrival and time of incident <input type="checkbox"/> Relevant 911 information, including specific details about any violence or threats in the 911 call <input type="checkbox"/> Immediate statements of either party and any witnesses at the scene <input type="checkbox"/> A complete description of the scene <input type="checkbox"/> Note any existing protection or no-contact orders, probation, warrants, prior convictions <input type="checkbox"/> Summarize actions taken by responding officers (e.g., entry, arrest, non-arrest, use of force, attempts to locate, transport, advocacy contact and referrals, victim notification, seizing firearms, rationale for self-defense or primary aggressor determination) <input type="checkbox"/> Account of evidence collected (e.g., pictures, statements, weapons, other) <input type="checkbox"/> Presence of risk factors described in <i>Appendix 1A: Practitioners' Guide to Risk and Danger in Domestic Violence Cases</i> <input type="checkbox"/> If an arrest was not made, the reason why <input type="checkbox"/> When possible, issue a squad pick-up and hold on GOA suspects that are on probation. 	For each witness and party involved: <ul style="list-style-type: none"> <input type="checkbox"/> His/her account of events and responses to follow-up questions <input type="checkbox"/> Officer observation related to the person's account of events <input type="checkbox"/> Identification, address, and means of locating the person for follow-up, including: <ul style="list-style-type: none"> ○ Home address and phone number ○ Place of employment, work address and phone number ○ Cell phone number(s) ○ Relationship to other parties For each party involved: <ul style="list-style-type: none"> <input type="checkbox"/> Injuries or impairment, (including pain, strangulation effects, breathing, movement impairment) <input type="checkbox"/> Emotional state/demeanor <input type="checkbox"/> Acts of intimidation or aggression <input type="checkbox"/> Presence or use of weapons <input type="checkbox"/> Alcohol or drug consumption and impairment of those involved 	Information from the victim , including history of violence and stalking and contact information: <ul style="list-style-type: none"> <input type="checkbox"/> Responses to the risk questions: <ol style="list-style-type: none"> 1. Do you think he/she will seriously injure or kill you or your children? What makes you think so? What makes you think not? 2. How frequently and seriously does he/she intimidate, threaten, or assault you? Is it changing? Getting worse? Getting better? 3. Describe the time you were the most frightened or injured by him/her. <input type="checkbox"/> Threats to the victim for seeking help, particularly from law enforcement or courts, and stalking behaviors <input type="checkbox"/> Name and phone numbers of someone who can always reach the victim NOTE: Record victim contact information in the confidential section of the report and on the <i>Victim Information Form</i>. <input type="checkbox"/> Inform the victim that every effort will be made to protect this information, but that it is possible that the suspect could gain access via court order
Additional information related to the suspect: <ul style="list-style-type: none"> <input type="checkbox"/> GOA: details about where the suspect might be and where he/she stays when not at the address of the incident; physical and vehicle descriptions; aliases <input type="checkbox"/> Suspect's county and state of residence during the past ten years <input type="checkbox"/> Whether Miranda is given and/or request for attorney and when this occurred <input type="checkbox"/> Whether a custodial taped interview of the suspect was conducted <input type="checkbox"/> Any spontaneous statements given by the suspect after the arrest 	Additional information related to the case: <ul style="list-style-type: none"> <input type="checkbox"/> Details regarding presence, involvement, and welfare of children at the scene <input type="checkbox"/> Existence of language, communication, or cognition barriers <input type="checkbox"/> Medical help offered or used, facility, and medical release obtained with victim's SSN and appropriate boxes checked <input type="checkbox"/> Presence or involvement of elderly people or people with disabilities 	

Officer actions

- ☐ Document actions taken (e.g., arrest, non-arrest, use of force, attempts to locate, transport, referrals, seizing firearms, self-defense or primary aggressor determination, replaced phone, statements)
- ☐ Miranda given? Attorney requested?
- ☐ Custodial interview? Tape made?
- ☐ Spontaneous statements made after arrest
- ☐ Evidence collected
- ☐ Advocates notified?

GOA:

- ☐ Where might suspect have gone?
- ☐ Suspect physical & vehicle description
- ☐ Where else he/she lives or stays/aliases
- ☐ Suspect's county/state past ten years

Praxis International

P: 651.699.8000 F: 651.699.8001

www.praxisinternational.org

© 2009 Praxis International, all rights reserved.

The

blueprint
for safety

**Domestic Violence
Patrol Report Checklist**

Initial Contact

- ☐ Time of arrival and incident
- ☐ 911 information, include details re: probable cause
- ☐ Immediate statements of parties or witnesses
- ☐ Entry

For each witness, suspect and victim

- ☐ His/her account of events
- ☐ Officer observation related to the account of events
- ☐ I.D. and locate parties and witnesses:
- Name (including aliases), DOB & relationship to other parties
- Home + employment; address + phone + cell

For both suspect and presumed victim

- ☐ Injuries or impairment, (pain, breathing, speech, movement)
- ☐ Emotional demeanor; acts of intimidation or aggression
- ☐ Presence and involvement of weapons
- ☐ Alcohol or drug (describe impairment)

Background

- ☐ Responses to risk questions:
- 1. Do you think he/she will seriously injure or kill you or your children? What makes you think so? What makes you think not?
- 2. How frequently and seriously does he/she intimidate, threaten, or assault you? Is it changing? Getting worse? Getting better?
- 3. Describe the time you were the most frightened or injured by him/her.
- ☐ Describe any threats for cooperating with police/courts
- ☐ Who can always reach the victim? Name, address, work, phone
- ☐ Victim contact info (Use confidential section of report and Victim Information Form)
- ☐ Describe any factors on D.V. risk guide.
- ☐ A complete description of the scene
- ☐ Existing **OFF, HRO, DANCO**, probation, warrants, prior convictions
- ☐ Presence, involvement, and welfare of **children**
- ☐ Language, communication, or cognition **barriers**
- ☐ Presence of elderly or people with **disabilities**
- ☐ **Medical help** offered or used, facility
- ☐ **Medical release** obtained and appropriate boxes checked

Information from victim regarding risk or danger