

## Appendix 3N

### Supervising Patrol Response to Domestic Violence Patrol Report Checklist

Instructions: Check all elements included in patrol report.  
Reference *Blueprint Chapter 3, Protocol 1: Patrol Response to Domestic Violence*

<b>Domestic Violence Patrol Report Checklist</b>	<b>Comment</b>
<b>Case # _____</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Time of officers' arrival and time of the incident</li> <li><input type="checkbox"/> Relevant 911 information, including details about any violence or threats communicated in the 911 call</li> <li><input type="checkbox"/> Immediate statements of either party and any witnesses at the scene</li> <li><input type="checkbox"/> A complete description of the scene</li> <li><input type="checkbox"/> Any existing OFP, HRO, DANCO, probation, warrants, prior convictions</li> <li><input type="checkbox"/> Threats suspect has made to victim if s\he sought or cooperated with help from the courts or police</li> <li><input type="checkbox"/> Summary of actions taken by officers (e.g., arrest, non-arrest, attempts to locate, transport, referrals, victim notification, seizing firearms, rationale for self-defense or primary aggressor determination)</li> <li><input type="checkbox"/> Account of evidence collected (e.g., pictures, statements, weapons, other)</li> <li><input type="checkbox"/> If an arrest was not made, the reason why</li> </ul>	
<p>For each party involved:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> His/her account of events and responses to follow-up questions</li> <li><input type="checkbox"/> Officer observation related to the person's account of events</li> </ul>	

<p><b>Domestic Violence Patrol Report Checklist</b></p> <p><b>Case # _____</b></p>	<p><b>Comment</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Injuries or impairment, (including pain, strangulation effects, breathing, mobility)</li> <li><input type="checkbox"/> Emotional state or demeanor of everyone at the scene</li> <li><input type="checkbox"/> Alcohol or drug impairment of those involved</li> <li><input type="checkbox"/> Relationship to witnesses or other parties involved</li> <li><input type="checkbox"/> Locating the person for follow-up, including:               <ul style="list-style-type: none"> <li>○ Home address and phone (cell) numbers</li> <li>○ Employer, address; phone numbers</li> </ul> </li> </ul>	
<p>Information from the victim, including history of violence and contact information:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Responses to the risk questions:               <ol style="list-style-type: none"> <li>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?</li> <li>2. How frequently and seriously does he/she intimidate, threaten, or assault you? Is it changing? Getting worse? Getting better?</li> <li>3. Describe the time you were the most frightened or injured by him/her.</li> </ol> </li> <li><input type="checkbox"/> Threats to the victim for seeking help, particularly regarding help sought from the police or courts</li> <li><input type="checkbox"/> Name and phone numbers of someone who can always reach the victim               <ul style="list-style-type: none"> <li>○ Record victim contact information in the confidential section of the report and on the Victim Information Form.</li> <li>○ 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.</li> </ul> </li> </ul>	

<p>Additional information related to the suspect:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GOA: details about where the suspect might have gone and where he/she lives or stays when not at the address of the incident</li> <li><input type="checkbox"/> Suspect’s county and state of residence during the past <u>ten years</u></li> <li><input type="checkbox"/> Whether Miranda is given and or a request for an attorney was made, and when this occurred</li> <li><input type="checkbox"/> Whether a custodial interview of the suspect was conducted and a Scales tape made</li> <li><input type="checkbox"/> Any spontaneous statements given by the suspect after the arrest</li> </ul>	
<p>Additional information related to the case:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Witnesses:</b> Names, addresses, phone numbers and contact information for any witnesses at the scene</li> <li><input type="checkbox"/> <b>Children at the scene:</b> Details regarding their presence, involvement, and welfare</li> <li><input type="checkbox"/> Existence of language, communication or cognition barriers</li> <li><input type="checkbox"/> Description of medical help offered or used, the name of medical facility that was used and a medical release obtained and appropriate boxes checked</li> <li><input type="checkbox"/> Presence or involvement of elderly people or people with disabilities</li> </ul>	

***Report review summary***

How could the patrol report in this case have been more thorough and complete according to departmental policy and protocol regarding patrol response to domestic violence cases?

Reviewed by:

Signature:

Date: