

Appendix 3L

**Domestic Violence Patrol Report Checklist**

<p><b>Background and officers' actions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Time of officers' arrival and time of incident</li> <li><input type="checkbox"/> Relevant 911 information, including specific details about any violence or threats 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"/> Note any existing protection or no-contact orders, probation, warrants, prior convictions</li> <li><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)</li> <li><input type="checkbox"/> Account of evidence collected (e.g., pictures, statements, weapons, other)</li> <li><input type="checkbox"/> Presence of risk factors described in <i>Appendix 1A: Practitioners' Guide to Risk and Danger in Domestic Violence Cases</i></li> <li><input type="checkbox"/> If an arrest was not made, the reason why</li> <li><input type="checkbox"/> When possible, issue a squad pick-up and hold on GOA suspects that are on probation.</li> </ul>	<p><b>For each witness and party involved:</b></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> <li><input type="checkbox"/> Identification, address, and means of locating the person for follow-up, including:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Home address and phone number</li> <li><input type="checkbox"/> Place of employment, work address and phone number</li> <li><input type="checkbox"/> Cell phone number(s)</li> <li><input type="checkbox"/> Relationship to other parties</li> </ul> </li> </ul> <p><b>For each party involved:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Injuries or impairment, (including pain, strangulation effects, breathing, movement impairment)</li> <li><input type="checkbox"/> Emotional state/demeanor</li> <li><input type="checkbox"/> Acts of intimidation or aggression</li> <li><input type="checkbox"/> Presence or use of weapons</li> <li><input type="checkbox"/> Alcohol or drug consumption and impairment of those involved</li> </ul>	<p><b>Information from the victim</b>, including history of violence and stalking 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><b>1.</b> 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><b>2.</b> How frequently and seriously does he/she intimidate, threaten, or assault you? Is it changing? Getting worse? Getting better?</li> <li><b>3.</b> 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 from law enforcement or courts, and stalking behaviors</li> <li><input type="checkbox"/> Name and phone numbers of someone who can always reach the victim</li> </ul> <p>NOTE: Record victim contact information in the confidential section of the report and on the <i>Victim Information Form</i>.</p> <ul style="list-style-type: none"> <li><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</li> </ul>
<p><b>Additional information related to the suspect:</b></p> <ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> Suspect's county and state of residence during the past ten years</li> <li><input type="checkbox"/> Whether Miranda is given and/or request for attorney and when this occurred</li> <li><input type="checkbox"/> Whether a custodial taped interview of the suspect was conducted</li> <li><input type="checkbox"/> Any spontaneous statements given by the suspect after the arrest</li> </ul>	<p><b>Additional information related to the case:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Details regarding presence, involvement, and welfare of children at the scene</li> <li><input type="checkbox"/> Existence of language, communication, or cognition barriers</li> <li><input type="checkbox"/> Medical help offered or used, facility, and medical release obtained with victim's SSN and appropriate boxes checked</li> <li><input type="checkbox"/> Presence or involvement of elderly people or people with disabilities</li> </ul>	