

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*

<i>Domestic Violence Patrol Report Checklist</i>	<i>Comment</i>
<i>Case # _____</i>	
<input type="checkbox"/> Time of officers' arrival and time of the incident <input type="checkbox"/> Relevant 911 information, including details about any violence or threats communicated 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"/> Any existing OFP, HRO, DANCO, probation, warrants, prior convictions <input type="checkbox"/> Threats suspect has made to victim if s\he sought or cooperated with help from the courts or police <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) <input type="checkbox"/> Account of evidence collected (e.g., pictures, statements, weapons, other) <input type="checkbox"/> If an arrest was not made, the reason why	

<p><i>Domestic Violence Patrol Report Checklist</i></p> <p><i>Case # _____</i></p>	<p><i>Comment</i></p>
<p>For each party involved:</p> <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"/> Injuries or impairment, (including pain, strangulation effects, breathing, mobility) <input type="checkbox"/> Emotional state or demeanor of everyone at the scene <input type="checkbox"/> Alcohol or drug impairment of those involved <input type="checkbox"/> Relationship to witnesses or other parties involved <input type="checkbox"/> Locating the person for follow-up, including: <ul style="list-style-type: none"> ○ Home address and phone (cell) numbers ○ Employer, address; phone numbers 	
<p>Information from the victim, including history of violence and contact information:</p> <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 	

<p><i>Domestic Violence Patrol Report Checklist</i></p> <p><i>Case # _____</i></p>	<p><i>Comment</i></p>
<p>you think so? What makes you think not?</p> <p>2. How frequently and seriously does he/she intimidate, threaten, or assault you? Is it changing? Getting worse? Getting better?</p> <p>3. Describe the time you were the most frightened or injured by him/her.</p> <p><input type="checkbox"/> Threats to the victim for seeking help, particularly regarding help sought from the police or courts</p> <p><input type="checkbox"/> Name and phone numbers of someone who can always reach the victim</p> <ul style="list-style-type: none"> <input type="radio"/> Record victim contact information in the confidential section of the report and on the Victim Information Form. <input type="radio"/> 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. 	

<p>Additional information related to the suspect:</p> <p><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</p>	
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<ul style="list-style-type: none"> <input type="checkbox"/> Suspect’s county and state of residence during the past <u>ten years</u> <input type="checkbox"/> Whether Miranda is given and or a request for an attorney was made, and when this occurred <input type="checkbox"/> Whether a custodial interview of the suspect was conducted and a Scales tape made <input type="checkbox"/> Any spontaneous statements given by the suspect after the arrest 	
<p>Additional information related to the case:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Witnesses: Names, addresses, phone numbers and contact information for any witnesses at the scene <input type="checkbox"/> Children at the scene: Details regarding their presence, involvement, and welfare <input type="checkbox"/> Existence of language, communication or cognition barriers <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 <input type="checkbox"/> Presence or involvement of elderly people or people with disabilities 	

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: