

Appendix: Patrol Supervision - Domestic Violence Patrol Report Review

Domestic Violence Patrol Report Review Case #	Comment
<ul style="list-style-type: none"> <input type="checkbox"/> Time of officers' arrival and time of the incident <input type="checkbox"/> Relevant 911 information, including specific 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 responding 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>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/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>	

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<p><input type="checkbox"/> Responses to the risk questions:</p> <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. <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"> ○ Record victim contact information in the confidential section of the report and on the Victim Information Form. ○ 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> <ul style="list-style-type: none"> <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 <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>	

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<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 	
<p>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?</p>	
<p>Reviewed by:</p>	
<p>Signature:</p>	<p>Date:</p>