

Sexual Assault Investigation Checklist

Case #:	Date:
Location:	Time:
Investigator #1:	Investigator #2:

CRIME SCENE ACTIONS	
<input type="checkbox"/>	Make sure the scene is safe
<input type="checkbox"/>	Secure the scene. Set up physical barriers (e.g., ropes, cones, crime scene tape, available vehicles, personnel, other equipment) or use existing boundaries (e.g., doors, walls, gates).
<input type="checkbox"/>	Protect the scene. Control the flow of personnel and animals entering the scene to maintain integrity of the scene. Use a crime scene entry log to record the persons present at a crime scene for investigative and prosecutorial purposes
<input type="checkbox"/>	Perform a "walk through" of the crime scene to identify valuable and/or fragile evidence and determine investigative procedures.
<input type="checkbox"/>	Review the assessment of the scene to determine the type of documentation needed (e.g., photography, video, sketches, measurements and notes).
<input type="checkbox"/>	Determine and request additional investigate resources as required (e.g., personnel/ specialized units, legal consultation/prosecutors/equipment).
<input type="checkbox"/>	Photograph Evidence
<input type="checkbox"/>	Video crime scene
<input type="checkbox"/>	Draw diagram
<input type="checkbox"/>	Prioritize Collection of Evidence to prevent loss, destruction, or contamination.
<input type="checkbox"/>	Establish a secure area for temporary evidence storage in accordance with rules of evidence / chain of custody
<input type="checkbox"/>	Collect, package and label evidence (e.g., panties, weapons, condoms, bed linens, victim's clothing) and place in the proper packaging (if an item is wet allow to dry prior to placing in a paper evidence bag)
<input type="checkbox"/>	Seal evidence
<input type="checkbox"/>	Establish crime scene debriefing to ensure that the crime scene investigation is complete and to verify post-scene responsibilities.
<input type="checkbox"/>	Compile reports and other documentation pertaining to the crime scene investigation into a "case file". This provides a record of the actions taken and evidence collected at the scene.
<input type="checkbox"/>	Examine crime scenes: victim, suspect, location of reported assault, transportation, suspect's residence, etc.
<input type="checkbox"/>	Avoid cross contamination of items.

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<input type="checkbox"/>	Gather, protect, and package all evidence, using paper as much as possible.
<input type="checkbox"/>	Record evidence collected and take photographs of the scenes.
	Submit physical evidence to appropriate agency (lab) for analysis.

VICTIM ACTIONS	
<input type="checkbox"/>	Make contact with the victim. Assess the victims emotional and physical state, provide immediate medical attention if necessary
<input type="checkbox"/>	Forensic Examination for Victim (SANE)
<input type="checkbox"/>	Preliminary Victim Interview
<input type="checkbox"/>	Identify suspect(s)
<input type="checkbox"/>	Identify Outcry witness (s)
<input type="checkbox"/>	Identify other Witnesses
<input type="checkbox"/>	Interview witnesses (Obtain field statements if necessary)
<input type="checkbox"/>	Prepare a photo line up
<input type="checkbox"/>	In depth interview with victim
<input type="checkbox"/>	Ensure that victim, witnesses and suspect(s) are separated (sight and sound).
<input type="checkbox"/>	Record the victim's emotional and physical condition.
<input type="checkbox"/>	Treat the victim with dignity and respect and ensure the victim is safe.
<input type="checkbox"/>	Document any drug or alcohol use by the victim or symptoms or behaviors that may indicate the victim was drugged.
<input type="checkbox"/>	Arrange for a Victim Advocate to assist the victim.
<input type="checkbox"/>	Advise the victim of victims' rights; explain follow-up interviews; confirm that support services information has been given to the victim.
<input type="checkbox"/>	Assess victim's safety and discuss it with the victim (safety plan)
<input type="checkbox"/>	Evaluate the need for protection order or stalking order.
<input type="checkbox"/>	Obtain victim's signature on medical release, tag and place into evidence.
<input type="checkbox"/>	Have Victim Advocate and/or Police Officer transport the victim to the hospital, if not an emergency.
<input type="checkbox"/>	Ensure proper medical examination is completed.
<input type="checkbox"/>	Photograph injuries and make appointment with the victim for follow-up photos in 2 to 3 days.

WITNESS ACTIONS	
<input type="checkbox"/>	Interview all possible witnesses. Include any witnesses who could speak to victim's state of mind, emotional state or spontaneous statements made.

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<input type="checkbox"/>	Conduct canvass in area or location of the assault. Find out what the witnesses saw or heard, who has been in the area, and whether there was anyone they did not recognize.
<input type="checkbox"/>	Interview anyone who had contact with the victim after the assault and after the reporting of the assault.
<input type="checkbox"/>	Interview all witnesses that can either corroborate or negate suspect's statements.

SUSPECT ACTIONS	
<input type="checkbox"/>	Suspect Interview (Audio and Video if possible)
<input type="checkbox"/>	Obtain a written statement
<input type="checkbox"/>	Arrest(s)
<input type="checkbox"/>	Obtain a complete description of suspect and vehicle.
<input type="checkbox"/>	Document suspect's alcohol or drug use.
<input type="checkbox"/>	Take time to obtain victim and witnesses information first.
<input type="checkbox"/>	Let the suspect tell what he/she thinks happened. Do not stop suspect from talking.
<input type="checkbox"/>	If you have probable cause, arrest the suspect.
<input type="checkbox"/>	Obtain evidence from suspect, using the Sexual Assault Evidence Collection Kit. <input type="checkbox"/> Done by Consent <input type="checkbox"/> Done by Warrant
<input type="checkbox"/>	Collect all of suspect's clothing and everything on the body.
<input type="checkbox"/>	Take photos of the suspect and any injuries.
<input type="checkbox"/>	Enter suspect information into the FBI Violent Criminal Apprehension Database (ViCAP)

PROSECUTION ACTIONS	
<input type="checkbox"/>	Collect SANE Exam kit for evidence
<input type="checkbox"/>	Prepare Probable Cause affidavit
<input type="checkbox"/>	Make contact with the District Attorney's Office
<input type="checkbox"/>	Arrest warrant signed by the judge
<input type="checkbox"/>	Search Warrants for evidence (cell phone, home, car, etc...)
<input type="checkbox"/>	Consent to Search Forms
<input type="checkbox"/>	Grand Jury subpoena for medical records (SANE Exam results)

WRITTEN REPORT ACTIONS	
<input type="checkbox"/>	<i>Type Of Force Used:</i> _____ coercion (verbal pressure/arguments) _____ threats _____ physical force _____ intimidation (implied threat/power relation)
<input type="checkbox"/>	<i>Forced Intercourse</i> _____ vaginal _____ oral

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	anal
<input type="checkbox"/>	<i>Physical Incapacity</i>
	asleep
	physical violence or restrained
	threatened, intimidated, coerced
<input type="checkbox"/>	<i>Non-Consensual Sexual Contact</i>
Explain	
<input type="checkbox"/>	<i>Alcohol Related</i>
How much was consumed by victim?	
What types of alcohol were ingested?	
How much was consumed by suspect?	
What types of alcohol were ingested?	
Did victim consume willingly?	
Condition/result of ingestion (check all that apply):	
	conscious
	unconscious
	physical sickness
	blackout
<input type="checkbox"/>	<i>Drug Related</i>
date rape drug induced	
Type known	
Lab results	
What types of drugs were ingested?	
How much was consumed by suspect?	
What types of drugs were ingested?	
Did victim consume willingly?	
Condition/result of ingestion (check all that apply):	
	conscious
	unconscious
	physical sickness
	blackout

CAMPUS REALTED ISSUES	
<input type="checkbox"/>	Notifications Made to (by and when):
<input type="checkbox"/>	Student Affairs
<input type="checkbox"/>	Health Services
<input type="checkbox"/>	Counseling Center
<input type="checkbox"/>	Student Activities
<input type="checkbox"/>	Campus Housing
<input type="checkbox"/>	ODOP
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	District Attorney

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<input type="checkbox"/>	Other:
<input type="checkbox"/>	Record Clery Act Statistic

IF LOCAL POLICE DEPARTMENT HAS JURISDICTION OVER A CASE INITIALLY REPORTED TO UTPD	
<input type="checkbox"/>	_____ Local Jurisdiction Determined By Chief:
<input type="checkbox"/>	_____ Report To Local Police Sexual Assault Unit
<input type="checkbox"/>	Who Is Report Made To?
<input type="checkbox"/>	Officer Name: _____
<input type="checkbox"/>	Badge #: _____
<input type="checkbox"/>	Type Of Assistance Needed From Local Police:
<input type="checkbox"/>	_____ Entire Investigation
<input type="checkbox"/>	_____ Interviews Only
<input type="checkbox"/>	_____ Crime Scene
<input type="checkbox"/>	_____ Search Warrant
<input type="checkbox"/>	_____ Response Time
<input type="checkbox"/>	_____ Log Entry
<input type="checkbox"/>	_____ Record Clery Act Statistic