

## DOMESTIC VIOLENCE INVESTIGATION CHECKLIST

This checklist is for <b>INTERNAL USE ONLY</b> and designed to assist you in your investigation to increase victim safety and successful prosecutions. Please see use notes on reverse.			
Officer	Agency	Date	Case #
Victim		Suspect	
Indicate whether the following were completed and/or captured in report		If 'no' please explain:	
1. Time of arrival and incident	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Relevant 911 information	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Parties' names, SSN, DOB, gender	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Names & contact info of any adult witnesses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a	
5. Names of any other first responders (EMTs, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a	
6. Lethality Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Fax referral to Esperanza/cc'd to DV Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Name and phone number of 2 people who can reach victim (do not include in report)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Names & ages of any children who are present <i>involvement in incident; general welfare</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a	
a. If children present, call CYFD SCI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a	
b. If children not present, ask if any live at residence	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Identify predominant aggressor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Arrest <i>include rationale for arrest/non-arrest decision</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Immediate statements of both parties	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Interview all parties & witnesses, documenting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Relationship of the parties	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Name, address, phone, workplace of each	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Account of events	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. When/how violence started	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Presence/use of weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Past/repeated abuse (incl. non-physical)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Officer observations regarding accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Physical injuries, including those not visible (sexual assault, strangulation, bruising)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Emotional state/demeanor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
j. Alcohol/Drug impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Audio/Video/Photographic evidence entered <i>You are encouraged to leave video/audio recorders on after arrival &amp; after arrest</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Include ALL suspect statements in report	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Investigate existence of Orders for Protection, Warrants, probation, prior convictions <i>Include prior report printouts with current report</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Was medical help offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Was medical help used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Was medical release for DA obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Name of facility, nurses & doctors, security (if, for example, there is a scuffle at facility)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## DOMESTIC VIOLENCE INVESTIGATION CHECKLIST – USE NOTES

CYFD Statewide Central Intake (SCI)	800-797-3260	Esperanza Shelter	800-473-5220
1 <sup>st</sup> Judicial DA's DV Unit	505-827-5000	Santa Fe Rape Crisis	800-721-7273
District Court, Domestic Division	505-476-0373	Crisis Center of Northern NM	800-206-1656
Carol A. Horwitz, SF Police Dept	505-955-5018	Peacekeepers	800-400-8694

1. Time of arrival and time of incident
2. Record information received from 911 dispatch, relevant to call
3. Be sure to gather as much contact information for each party as possible, including their social security numbers (SSN), dates of birth, gender, addresses, workplaces, and phone numbers. This will aid advocates and DA to locate parties later.
4. If present, gather names and contact information, and statements of any adult witnesses
5. Record the names of any other first responders, such as EMTs; they can be called as witnesses and DA can later order the EMT report
6. The Lethality Assessment is a tool to identify those victims at highest risk. If they answer "yes" to any assessment questions, call Esperanza Shelter or Santa Fe Rape Crisis at the scene and allow victim to speak to an advocate. If they do not want to speak to the advocate, the officer speaks with the advocate to help assess the dangerousness of the situation and assist in safety planning.
7. A copy of the Lethality Assessment is faxed to Esperanza and a copy given to the DV coordinator in the department (e.g. Carol Horwitz).
8. Try to get contact information for a victim's parents or grandparents. "Who will be able to reach you when \_\_\_ gets out of jail?" The DA and detention center need numbers of family members' whose phone numbers will not be changing or turned off.
9. Children who witness violence are at greater risk of being involved in violence in the future. Any time there is a child present at the scene of a domestic incident; Statewide Central Intake should be called. Even if they do not see a need to follow up, the incident will be recorded.
10. **"No dual arrests"** (Santa Fe DA). To identify the Predominant Aggressor, compare the following:
  - a. Severity of injuries and their fear
  - b. Use of force and intimidation
  - c. Prior domestic abuse by either party
  - d. Likelihood of either party to commit domestic abuse in the near future
11. Research shows that the greatest factor that will increase the safety of a victim of domestic violence is the arrest of the offender. It may take many interventions to break a cycle.
12. Turn on your recorder the minute you respond to a call and keep it on while you enter and talk to the victim and suspect.
13. Describe physical affect of victims; "She is holding her arm", "He is rubbing his leg", "She complains that her throat hurts, she's coughing, and her voice is raspy."
14. "Turn on the **microphone** in your unit after the defendant is placed in the back of your vehicle. Let it run the whole time back to the station. If you have a belt unit, turn it on while in the vehicle with the defendant. The defendant will often talk to himself or make threats against the victim for having called the police. Leave your **unit video camera** running after you arrive on the scene. If you can park so that the camera is facing the door, even better.... **PUT ALL RECORDINGS INTO EVIDENCE.** Take as many **photos** as possible – disks are good."
15. [Santa Fe DA] "Defendants ALWAYS say something. Put their comments in your report, even if it does not show guilt."
16. You may look at [www.nmcourts.com](http://www.nmcourts.com), call the Judicial Court (number above), the Magistrate Court [other?] – breaking a restraining order or order of protection is arrestible
17. Put the names of treating doctors and nurses in your report. If they take pictures of the victim in the hospital, put that detail in your report so the photos can be ordered. The DA needs the doctors' and nurses' names to list them as possible witnesses