



PREA DATA COLLECTION CHECKLIST

PREA Case Number: _____

INVESTIGATOR COMPLETES

Form completed by: _____

Multiple victims: Yes No If multiple victims, complete a form detailing information for each victim.

Date of incident: From: _____ To: _____

Time of incident: _____

Date and time first reported (if known): Date: _____ Time: _____

Reported to: _____
(e.g., hotline, grievance, letter, etc. or individual person)

Alleged incident unit: _____

Specific unit location within the facility. Indicate "Not applicable" if in the community or facility isn't separated into units.

Alleged incident location: Mark all that apply

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Ad Seg. hearing office | <input type="checkbox"/> Dining hall | <input type="checkbox"/> Laundry room | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Assignment office | <input type="checkbox"/> Disciplinary hearing office | <input type="checkbox"/> Laundry services | <input type="checkbox"/> Residence, offender |
| <input type="checkbox"/> Assoc. Supt. office | <input type="checkbox"/> DNR | <input type="checkbox"/> Library | <input type="checkbox"/> Residence, staff |
| <input type="checkbox"/> Back gate | <input type="checkbox"/> DNR work crew | <input type="checkbox"/> Locker room | <input type="checkbox"/> Restroom, offender |
| <input type="checkbox"/> Break room | <input type="checkbox"/> Dock | <input type="checkbox"/> Mailroom | <input type="checkbox"/> Restroom, staff |
| <input type="checkbox"/> Breezeway | <input type="checkbox"/> Dorm room | <input type="checkbox"/> Maintenance/engineering | <input type="checkbox"/> Segregation |
| <input type="checkbox"/> Captain office | <input type="checkbox"/> Education department | <input type="checkbox"/> Medical office | <input type="checkbox"/> Sexual treatment program |
| <input type="checkbox"/> CCO office | <input type="checkbox"/> Elevator | <input type="checkbox"/> Medical (other than infirmary room) | <input type="checkbox"/> Shift Commander office |
| <input type="checkbox"/> Cell | <input type="checkbox"/> Extended family visitation | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Chapel | <input type="checkbox"/> Farm area | <input type="checkbox"/> Motor pool | <input type="checkbox"/> Staff office |
| <input type="checkbox"/> Chaplain office | <input type="checkbox"/> Field office | <input type="checkbox"/> Non-DOC jurisdiction | <input type="checkbox"/> Staff training area |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Non-unit custody post | <input type="checkbox"/> Storage room |
| <input type="checkbox"/> Clerical services | <input type="checkbox"/> Foyer | <input type="checkbox"/> Offender stores | <input type="checkbox"/> Strip/UA room |
| <input type="checkbox"/> Close observation cell | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Off-site location | <input type="checkbox"/> Substance abuse area |
| <input type="checkbox"/> Closet | <input type="checkbox"/> Grievance office | <input type="checkbox"/> Off-site work crew | <input type="checkbox"/> Superintendent office |
| <input type="checkbox"/> Clothing room | <input type="checkbox"/> Group/meeting room | <input type="checkbox"/> Optical services | <input type="checkbox"/> Supervisor office |
| <input type="checkbox"/> Community Justice Center | <input type="checkbox"/> Gym | <input type="checkbox"/> Organizational development/training | <input type="checkbox"/> Tier |
| <input type="checkbox"/> Community setting | <input type="checkbox"/> Hallway | <input type="checkbox"/> Outside law enforcement facility | <input type="checkbox"/> Transportation vehicle |
| <input type="checkbox"/> Control room | <input type="checkbox"/> Headquarters | <input type="checkbox"/> Outside unit | <input type="checkbox"/> Utility closet |
| <input type="checkbox"/> Correctional Industries | <input type="checkbox"/> Healthcare manager office | <input type="checkbox"/> Outstation | <input type="checkbox"/> Visiting room |
| <input type="checkbox"/> Correctional Industries HQ | <input type="checkbox"/> Hobby area | <input type="checkbox"/> Parking area | <input type="checkbox"/> Vocational school |
| <input type="checkbox"/> Counselor office | <input type="checkbox"/> Holding cell | <input type="checkbox"/> Perimeter vehicle | <input type="checkbox"/> Walk-in cooler/freezer |
| <input type="checkbox"/> Court | <input type="checkbox"/> Hospital facility | <input type="checkbox"/> Perimeter/perimeter road | <input type="checkbox"/> Walkway |
| <input type="checkbox"/> Criminal justice training center | <input type="checkbox"/> Infirmary room | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> CUS office | <input type="checkbox"/> Infirmary x-ray room | <input type="checkbox"/> Programs activities building | <input type="checkbox"/> Work area |
| <input type="checkbox"/> Dayroom | <input type="checkbox"/> Investigations office | <input type="checkbox"/> Property room | <input type="checkbox"/> Yard |
| <input type="checkbox"/> Dental services | <input type="checkbox"/> Janitor closet | <input type="checkbox"/> Public access | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Dietician office | <input type="checkbox"/> Kitchen (not prep area or walk in) | <input type="checkbox"/> Receiving unit | <input type="checkbox"/> Other: _____ |

PREA Case Number: _____

Victim name: _____

Victim DOC number: _____

Victim gang affiliation: _____

Victim job assignment: _____

Victim physical injuries: (Mark all that apply)

- Anal or vaginal tearing
- Black eye
- Broken bones
- Bruises
- Chipped or knocked out teeth
- Cuts
- Internal injuries
- Knife or stab wounds
- Knocked unconscious
- Scratches
- Sprains
- Swelling
- Welts
- No injury sustained/noted
- Other: _____

After the incident was reported, was the victim:

- Transported for forensic evaluation
- Tested for sexually transmitted infections
- Referred for mental health services
- Contacted by victim advocate
- Did victim decline forensic evaluation? Yes No
- Referred for mental health services, but declined

Victim PREA Risk Assessment Classification

- No Risk Identified
- Potential Predator
- Victim Potential
- Dual Identifier
- Not assessed in OMNI

After the incident was reported, was the victim: (Mark all that apply)

- Placed in Administrative Segregation or Protective Custody
- Confined to own cell/room
- Transferred to another facility
- Issued disciplinary report or loss of privileges
- Separated from perpetrator
- None of the above
- Placed in a medical unit, ward, or hospital
- Given a higher custody level within the facility
- Transferred to another housing unit or dorm or given single cell/room
- Place in a camera room, under close surveillance, or increased supervision
- Other: _____

Name of accused (complete only in Offender-on-Offender cases): _____ DOC number: _____

Accused PREA Risk Assessment Classification

- No Risk Identified
- Potential Predator
- Victim Potential
- Dual Identifier
- Not assessed in OMNI

APPOINTING AUTHORITY COMPLETES

Victim sexual orientation: (To be determined by available information, not by questions of the victim)

- Heterosexual
- Gay/Lesbian
- Bisexual
- Transgender
- Intersex
- Unknown

Victim gender identity: Male Female

For substantiated Offender-on-Offender allegations:

What type of pressure or physical force was used by the perpetrator on the victim?

- Bribe or blackmail
- Gave victim drugs or alcohol
- Offered protection from other offenders
- Persuaded or talked into sexual activity
- Physically harmed or injured
- Physically held victim down or restrained in some way
- Sexual harassment
- Surprised victim with unwanted touching, grabbing or groping while victim was asleep
- Threatened with a weapon
- Threatened with physical harm
- None listed
- Other: _____

Appointing Authority/designee

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.