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

☐ Ad Seg. hearing office ☐ Assignment office 
☐ Assoc. Supt. office ☐ Back gate
☐ Break room ☐ Breezeway
☐ Captain office ☐ CCO office
☐ Cell ☐ Chapel
☐ Chaplain office ☐ Classroom
☐ Clerical services ☐ Close observation cell
☐ Closet ☐ Clothing room
☐ Community Justice Center ☐ Community setting
☐ Control room ☐ Correctional Industries
☐ Correctional Industries HQ ☐ Counselor office
☐ Court ☐ Criminal justice training center
☐ CUS office ☐ Dayroom
☐ Dental services ☐ Dietician office
☐ Dining hall ☐ Disciplinary hearing office
☐ DNR ☐ DNR work crew
☐ Dock ☐ Dorm room
☐ Education department ☐ Elevator
☐ Extended family visitation ☐ Farm area
☐ Field office ☐ Food preparation area
☐ Foyer ☐ Greenhouse
☐ Grievance office ☐ Group/meeting room
☐ Gym ☐ Hallway
☐ Headquarters ☐ Healthcare manager office
☐ Hobby area ☐ Holding cell
☐ Hospital facility ☐ Infirmary
☐ Infirmary x-ray room ☐ Investigations office
☐ Janitor closet ☐ Kitchen (not prep area or walk in)
☐ Laundry room ☐ Laundry services
☐ Library ☐ Locker room
☐ Mailroom ☐ Maintenance/engineering
☐ Medical office ☐ Medical (other than infirmary room)
☐ Mental health services ☐ Motor pool
☐ Non-DOC jurisdiction ☐ Non-unit custody post
☐ Offender stores ☐ Off-site location
☐ Off-site work crew ☐ Off-site work crew
☐ Optical services ☐ Organizational development/training
☐ Outside law enforcement facility ☐ Outside unit
☐ Outstation ☐ Parking area
☐ Parking area ☐ Perimeter vehicle
☐ Perimeter/Perimeter road ☐ Pharmacy
☐ Programs activities building ☐ Property room
☐ Public access ☐ Receiving unit
☐ Recreation ☐ Residence, offender
☐ Residence, staff ☐ Restroom, offender
☐ Restroom, staff ☐ Segregation
☐ Sexual treatment program ☐ Shift Commander office
☐ Shower ☐ Staff office
☐ Staff training area ☐ Storage room
☐ Strip/UA room ☐ Substance abuse area
☐ Superintendent office ☐ Supervisor office
☐ Tier ☐ Transportation vehicle
☐ Utility closet ☐ Visiting room
☐ Vocational school ☐ Walk-in cooler/freezer
☐ Walkway ☐ Warehouse
☐ Work area ☐ Yard
☐ Unknown ☐ 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
- [ ] Chipped or knocked out teeth
- [ ] Black eye
- [ ] Cuts
- [ ] Broken bones
- [ ] Internal injuries
- [ ] Bruises
- [ ] Knife or stab wounds
- [ ] Knocked unconscious
- [ ] Welts
- [ ] Scratches
- [ ] Sprains
- [ ] No injury sustained/noted
- [ ] Swelling
- [ ] Other: ______________________________

**After the incident was reported, was the victim:**

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

**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.

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