**PREA DATA COLLECTION CHECKLIST**

**PREA Case Number:** ______________________  **Related Case Number(s), as applicable:** _______________

<table>
<thead>
<tr>
<th>INVESTIGATOR COMPLETES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form completed by:</td>
</tr>
<tr>
<td>Multiple victims:</td>
</tr>
<tr>
<td>If multiple victims, complete a form detailing information for each victim.</td>
</tr>
</tbody>
</table>

**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)

- [ ] Back gate
- [ ] Break room
- [ ] Breezeway
- [ ] Cell
- [ ] Chapel
- [ ] Classroom/Education Dept.
- [ ] Close observation cell
- [ ] Closet
- [ ] Clothing room
- [ ] Community Justice Center
- [ ] Community setting
- [ ] Control room
- [ ] Correctional Industries
- [ ] Court
- [ ] Dayroom
- [ ] Dental services
- [ ] Dining hall
- [ ] DNR
- [ ] Dock
- [ ] Dorm room
- [ ] Elevator
- [ ] Extended family visitation
- [ ] Farm area
- [ ] Food preparation area
- [ ] Foyer
- [ ] Greenhouse
- [ ] Group/meeting room
- [ ] Gym
- [ ] Hallway
- [ ] Headquarters
- [ ] Hobby area
- [ ] Holding cell
- [ ] Hospital facility
- [ ] Infirmary room
- [ ] Janitor closet
- [ ] Kitchen (not prep area or walk in)
- [ ] Laundry room/services area
- [ ] Library
- [ ] Locker room
- [ ] Mailroom
- [ ] Maintenance/engineering
- [ ] Medical (other than infirmary room)
- [ ] Mental health services
- [ ] Motor pool
- [ ] Non-DOC jurisdiction
- [ ] Non-unit custody post
- [ ] Offender stores
- [ ] Off-site location
- [ ] Optical services
- [ ] Outside law enforcement facility
- [ ] Outside unit
- [ ] Outstation
- [ ] Parking area
- [ ] Perimeter vehicle/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 area
- [ ] Shower
- [ ] Staff office
- [ ] Identify area ______________
- [ ] Staff training area
- [ ] Storage room
- [ ] Strip/UA room
- [ ] Substance abuse program area
- [ ] 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: ____________________________

Nature of the incident: (Mark all that apply)
☐ Physical force resulting in a non-consensual sexual act
☐ Pressure or abuse of power resulting in a non-consensual sexual act
☐ Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
☐ Wrote letters, showed pictures, or offered gifts or special privileges
☐ Sexual relationship between individual under agency jurisdiction and staff/contractor/volunteer that appeared to be willing

Underlying cause(s) of non-consensual sexual activity:

Unwanted touching for sexual gratification
Sexual harassment
Level of coercion unknown
Other: ________________

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
☐ Sprains
☐ Swelling
☐ Welts
☐ No injury sustained/noted
☐ Other: ________________

After the incident was reported, was the victim:
☐ Transported for forensic evaluation  ☐ Yes  ☐ No
☐ Did victim decline forensic evaluation?  ☐ Yes  ☐ No
☐ Tested for sexually transmitted infections
☐ Contacted by victim advocate
☐ Referred for mental health services
☐ 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
☐ Reason: ________________
☐ 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: ________________

Complete only in Offender-on-Offender cases:

Name of accused: ____________________________ 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  ☐ Unknown

Victim gender identity:
☐ Male  ☐ Female  ☐ Trans-male  ☐ Trans-female  ☐ Intersex  ☐ Gender Non-Conforming

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
☐ Sexual harassment
☐ Surprised victim with unwanted touching, grabbing, or groping while victim was asleep
☐ Threatened with a weapon
☐ Threatened with physical harm
☐ Physically harmed or injured
☐ Physically held victim down or restrained in some way
☐ 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.

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