



PREA DATA COLLECTION CHECKLIST

PREA Case Number: _____

Related Case Number(s), as applicable: _____

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, or individual person)

Unit in which alleged incident took place: _____

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"/> Back gate | <input type="checkbox"/> Hallway | <input type="checkbox"/> Property room |
| <input type="checkbox"/> Break room | <input type="checkbox"/> Headquarters | <input type="checkbox"/> Public access |
| <input type="checkbox"/> Breezeway | <input type="checkbox"/> Hobby area | <input type="checkbox"/> Receiving unit |
| <input type="checkbox"/> Cell | <input type="checkbox"/> Holding cell | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Chapel | <input type="checkbox"/> Hospital facility | <input type="checkbox"/> Residence, individual under the Department's jurisdiction |
| <input type="checkbox"/> Classroom/Education Dept. | <input type="checkbox"/> Infirmary room | <input type="checkbox"/> Residence, staff |
| <input type="checkbox"/> Close observation cell | <input type="checkbox"/> Janitor closet | <input type="checkbox"/> Restroom |
| <input type="checkbox"/> Closet | <input type="checkbox"/> Kitchen (not prep area or walk in) | <input type="checkbox"/> Restroom, staff |
| <input type="checkbox"/> Clothing room | <input type="checkbox"/> Laundry room/services area | <input type="checkbox"/> Segregation |
| <input type="checkbox"/> Community Justice Center | <input type="checkbox"/> Library | <input type="checkbox"/> Sexual treatment program area |
| <input type="checkbox"/> Community setting | <input type="checkbox"/> Locker room | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Control room | <input type="checkbox"/> Mailroom | <input type="checkbox"/> Staff office |
| <input type="checkbox"/> Correctional Industries | <input type="checkbox"/> Maintenance/engineering | Identify area _____ |
| <input type="checkbox"/> Court | <input type="checkbox"/> Medical (other than infirmary room) | <input type="checkbox"/> Staff training area |
| <input type="checkbox"/> Dayroom | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Storage room |
| <input type="checkbox"/> Dental services | <input type="checkbox"/> Motor pool | <input type="checkbox"/> Strip/UA room |
| <input type="checkbox"/> Dining hall | <input type="checkbox"/> Non-DOC jurisdiction | <input type="checkbox"/> Substance abuse program area |
| <input type="checkbox"/> Department of Natural Resources | <input type="checkbox"/> Non-unit custody post | <input type="checkbox"/> Tier |
| <input type="checkbox"/> Dock | <input type="checkbox"/> Commissary | <input type="checkbox"/> Transportation vehicle |
| <input type="checkbox"/> Dorm room | <input type="checkbox"/> Off-site location | <input type="checkbox"/> Utility closet |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Optical services | <input type="checkbox"/> Visiting room |
| <input type="checkbox"/> Extended family visitation | <input type="checkbox"/> Outside law enforcement facility | <input type="checkbox"/> Vocational school |
| <input type="checkbox"/> Farm area | <input type="checkbox"/> Outside unit | <input type="checkbox"/> Walk-in cooler/freezer |
| <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Outstation | <input type="checkbox"/> Walkway |
| <input type="checkbox"/> Foyer | <input type="checkbox"/> Parking area | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Perimeter vehicle/perimeter road | <input type="checkbox"/> Work area |
| <input type="checkbox"/> Group/meeting room | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Yard |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Programs activities building | <input type="checkbox"/> Unknown |
| | | <input type="checkbox"/> 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
- 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
- Scratches
- Sprains
- Swelling
- Welts
- No injury sustained/noted
- Other: _____

After the incident was reported, was the victim:

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

Did victim decline forensic evaluation? Yes No

PREA Risk Assessment of the victim

- 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
- 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
- Placed in a camera room, under close surveillance, or increased supervision
- None of the above
- Other: _____

Complete only in individual-on-individual cases:

Name of accused: _____ **DOC number:** _____

PREA Risk Assessment Identifier of the accused

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

COMPLETE ONLY IF SUBSTANTIATED

- No specific victim identified

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 individual-on-individual 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 individual
- 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: _____

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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