Reviewing Detective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Case Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SYNOPSIS**

**SEXUAL ASSAULT CASE REVIEW CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **NA** | **Comments** |
| Suspect named in original case?\* |  |  |  |  |
| Suspect arrested? |  |  |  |  |
| Suspect known—consent defense? |  |  |  |  |
| Suspect known—prior record? |  |  |  |  |
| Previous prosecution record? |  |  |  | Status: |
| SAK available? |  |  |  | Location: |
| Submitted to laboratory? |  |  |  | Date: |
| Laboratory analysis completed? |  |  |  | Describe: |
| Other evidence available? |  |  |  |  |
| Case entered into ViCAP? |  |  |  |  |
| ViCAP searches conducted for similar cases/offenders? |  |  |  |  |
| Evidence releasable? |  |  |  |  |
| Victim status known? |  |  |  | Describe: |
| Jurisdiction? |  |  |  |  |
| Within statute of limitations?\* |  |  |  |  |
| Witness(es) available? |  |  |  |  |

\*Applies to cold case sexual assaults only.

Current Case Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Case Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Review Team Members Present:

**SEXUAL ASSAULT CASE POST-REVIEW CHECKLIST**

* Review report(s) and all supplements.
* Review evidence and results of forensic analysis.
* Review supplements for all witnesses identified and witnesses to be interviewed or re-interviewed.
* Review identified suspect’s information.
* Review victim status and the notification plan.
* Review any crime analysis.
* Assign specific follow-up tasks and completion dates.

**SUMMARY**

**Evidence and Forensic Analysis:**

*Additional forensic processing possible with existing evidence?*

**Witnesses:**

*Witnesses to be interviewed or re-interviewed?*

**Suspect(s):**

*Suspect(s) identified or outstanding?*

**Victim:**

*Notification?*

**Crime Analysis:**

*Connections or similarities to other cases (via forensic evidence or the facts of the case)?*

**SEXUAL ASSAULT CASE POST-REVIEW CHECKLIST**

* Identify specific follow-up tasks and completion dates.
* Ensure the case management entry and status is accurate and up to date.   
   Document case review in the case management system.
* Schedule additional case review meetings if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **NA** | **Comments** |
| Elements of the offense currently present? |  |  |  |  |
| Additional investigative information needed? |  |  |  | Describe: |
| Additional forensic analysis needed? |  |  |  | Describe: |
| Witnesses to be interviewed or re-interviewed? |  |  |  |  |
| Suspect to be located or interviewed? |  |  |  |  |
| Victim to be located or  re-interviewed? |  |  |  |  |
| Additional crime analysis needed? |  |  |  |  |
| Forward for prosecution? |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Tasks** | **Assigned** | **Completion Date** |
|  |  |  |
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