

# Forms and Checklists



Toolkit for Response for Advocates in Colorado



# INCIDENT CHECKLIST

## DETAILS OF EVENT

Type of event:  Transportation Disaster  Shooting  Bombing  
 Other: \_\_\_\_\_

Geographic Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Type of location:  School  Federal Building  Military Installation  Reservation  
 Mall  Community Center  Religious Building  Large Building  
 Other: \_\_\_\_\_

Estimated numbers of fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Population:  Students  Children  Elderly  Non-English Speaking  
 Persons with Disabilities  Military  
 Other: \_\_\_\_\_

Potential special needs of population: \_\_\_\_\_

## INVESTIGATIVE POINTS OF CONTACT

Who is the lead agency/department in the investigation? \_\_\_\_\_

Location and phone number of Command Post: \_\_\_\_\_  
\_\_\_\_\_

Name of Lead Investigator: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Evidence Response Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

ME/Coroner: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**VICTIM ASSISTANCE CONTACTS**

Victim Assistance Lead: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Victim Assistance Team member: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Victim Assistance Team member: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Victim Assistance Team member \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Victim Assistance Team member: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**VOLUNTEER/DONATION MANAGEMENT COORDINATOR:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**PUBLIC INFORMATION OFFICER:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**VICTIM/WITNESS STAGING AREA LOCATION:** \_\_\_\_\_

**HOSPITALS WHERE VICTIMS ARE TRANSPORTED:**

Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**RECEPTION SITE FOR FRIENDS AND FAMILY**

Location: \_\_\_\_\_

Name of individual in charge: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**FAMILY ASSISTANCE CENTER DETAILS**

Is a Family Assistance Center being set up?

Yes  No  If yes, where? \_\_\_\_\_

Name of individual in charge: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT POINTS OF CONTACT/RESOURCES FOR INCIDENT**

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

**MASS CASUALTY PREPAREDNESS: PRE-INCIDENT CHECKLIST**  
(Update every 6 months)

Date of review: \_\_\_\_\_

Name of reviewer: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

1. Are your resource contacts updated? Yes  No
2. Have you reviewed your department's crisis management plan? Yes  No
3. Is Victim Assistance included in your department's crisis management plan? Yes  No

4. Identify special populations, high-risk populations, and geographical issues in your area that may need specialized attention if an event were to occur.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Identify some large hotels, schools, and convention centers in your area that may be used as a possible Family Assistance Center:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Points of Contact/Resources:**

**Department Crisis Management Coordinator (or equivalent):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Department Public Information Officer:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



**Neighboring Law Enforcement Victim Advocates:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

**FBI Victim Specialist:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Capabilities/responsibilities: \_\_\_\_\_

**State Victims' Crime Compensation Program:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Capabilities/responsibilities: \_\_\_\_\_

Are they able to make on scene payments?    Yes     No

**Office of Emergency Management contact(s):**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Capabilities/responsibilities: \_\_\_\_\_

**Additional contacts/resources:**

Examples: Local Crisis Response Teams, Office of the Attorney General, State Attorney's (or District Attorney's) Office Victim Coordinators, Federal Victim Advocates, Department of Children and Families, Local Victim Service Agencies, Level 1 Trauma Hospitals

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_  
Capabilities/responsibilities: \_\_\_\_\_

## ONGOING PREPARATION

- Educate Department regarding Victim Assistance roles, responsibilities, capabilities including VARDT. Ensure senior management is aware.
- Ensure that Victim Assistance is included in Department crisis response plan, has a seat in the command post and access to computers and phones during a response.
- Establish and maintain contact with other local, state and federal resources/contacts. Have awareness of capabilities (childcare, food, emergency management, mental health, victim advocates).
- Have a list of possible family assistance center locations available (hotels , community centers, schools).
- Have awareness of local, state and federal crisis response plans.
- Have awareness of state, local and federal agencies tasked with providing onsite assistance to victims and ensure that agencies understand the agencies' responsibilities for victim assistance.

Form Letter to Assist Accessing Victims in Hospital care

*“The language in this letter was developed by the Federal Bureau of Investigation’s Office of the General Counsel”*

Hospital Name: \_\_\_\_\_

Re: Request for production of protected health information

To Whom It May Concern:

The (Investigative Agency) is conducting a criminal investigation in the (Critical Incident). This letter is to request that you produce information pertaining to all persons admitted to your facility on (Date of critical incident) for medical treatment related to (critical incident). Please provide the names and contact information of the victims to include names, addresses, phone numbers and email addresses for next of kin or guardians of minor children. Please provide the information in paper or electronic format.

The undersigned hereby represents that this request for protected health information is made by a law enforcement agency for law enforcement purposes and is permitted by 45 CFR 164.512(f)(1) in that the disclosure is in compliance with and limited by the relevant requirements of an administrative request, including an administrative subpoena or summons, a civil or authorized investigative demand, or similar process authorized by law. The undersigned further represents that the information sought is relevant and material to a legitimate law enforcement inquiry, the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and de-identified information could not reasonably be used.

Additionally, the (Investigative Agency) is required by statute (correct statute, federal statute is 42 U.S.C. 10607(b)) to identify victims at the earliest possible opportunity and provide them with information and assistance.

Thank you for your assistance in this matter.

Sincerely,



# PREPLAN FOR CRISIS RESPONSE

## Victim Information Form

Date of Contact \_\_\_\_\_

VA Name/Agency/Phone \_\_\_\_\_

Victim Name \_\_\_\_\_

Contact Info. \_\_\_\_\_  
\_\_\_\_\_

### Referral to Law Enforcement

Circle One: Yes/No

Name and Agency of Law Enforcement Referral:

### Services Provided

Crisis Counseling	
Follow-up	
Info/Referral in Person	
Criminal Justice Support/Advocacy	
Emergency Financial Assistance	
Victim Comp Assistance	
Personal Advocacy	
Telephone Contact	
Shelter/Safehouse	
Group Treatment/support	
Written info on trauma	
Other	

### Follow-up Needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_