



## Cleveland Division of Police Investigation Checklist

LERMS #: 22-155518      HOM# 22-06      Assigned To: SCHULTZ/LEGG

Victim(s):  
First Last [REDACTED]      Location: [REDACTED]      Date: 6/2/2022

	Submitted	Date	N/A
<b>PROCEDURE</b>			
Victim Notification	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Body Camera Recordings	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Vehicle(s) Processed:	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Contact other district detectives and determine any crimes in area have possible connection	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Contact gang unit and determine any crimes in area have possible connections	<input type="checkbox"/>		<input checked="" type="checkbox"/>
<b>RECORD REQUEST</b>			
EMS Run Sheet	<input type="checkbox"/>		<input type="checkbox"/>
911 & Dispatch Recordings	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Crime Scene Photos (CS# _____ )	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Medical Records Hospital: _____	<input type="checkbox"/>		<input type="checkbox"/>
<b>EVIDENCE</b>			
Post Mortem Results (If applicable)	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Complete CCRFL Evidence & DNA Submission Sheets	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Ballistics	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Firearms	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Narcotics	<input type="checkbox"/>		<input type="checkbox"/>
Fingerprints	<input type="checkbox"/>		<input type="checkbox"/>
Trace	<input type="checkbox"/>		<input type="checkbox"/>
DNA	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<b>TECHNOLOGY</b>			
Video cameras / recordings from crime scene	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Cell phone download / Phone(s): _____	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Cell records / Record(s)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
<b>SOCIAL MEDIA</b>			
Google	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Facebook	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Instagram	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Apple	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Other 1. _____	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Other 2. _____	<input type="checkbox"/>		<input checked="" type="checkbox"/>



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	Submitted	Date	N/A
<b>INTERVIEWS</b>			
Photo arrays developed	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Victim(s) video interviews (retain DVD's until Prosecutor assigned & copies made)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Obtain Email Accounts (s)	<input type="checkbox"/>		<input type="checkbox"/>
Obtain telephone number(s)	<input type="checkbox"/>		<input type="checkbox"/>
Written Statements:			
Suspect(s) video interviews (retain DVD's until Prosecutor assigned & copies made)	<input type="checkbox"/>		<input type="checkbox"/>
Obtain Email Accounts (s)	<input type="checkbox"/>		<input type="checkbox"/>
Obtain telephone number(s)	<input type="checkbox"/>		<input type="checkbox"/>
Written Statements:			
<b>COURT RELATED DOCUMENTS</b>			
<b>Search Warrants</b>			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
<b>Consent to Search</b>			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
<b>Subpoenas</b>			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
<b>Miranda Forms</b>			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>



### Cleveland Division of Police Investigation Checklist

	Submitted	Date	N/A
<b>CHARGING</b>			
Consult City Prosecutor	<input type="checkbox"/>		<input type="checkbox"/>
Suspect(s) charged	<input type="checkbox"/>		<input type="checkbox"/>
Submit Grand Jury Packet Within 24 Hours of Charging Suspect	<input type="checkbox"/>		<input type="checkbox"/>
Consult with Cuyahoga County Prosecutor's Office	<input type="checkbox"/>		<input type="checkbox"/>

**OTHER NOTES**

Completed By:

**FAMILY MEETING CASE REVIEW**

**3 WEEK UPDATE**

DATE: \_\_\_\_\_

**3 MONTH UPDATE**

DATE: \_\_\_\_\_

**SUPERVISOR'S REVIEW**

**3 MONTH REVIEW**

DATE: \_\_\_\_\_

**6 MONTH REVIEW**

DATE: \_\_\_\_\_