

# DSAID Case Checklist

Minimum requirements to **OPEN** a **Restricted** case:

DSAID Case Number: RR-\_\_\_\_\_

<input type="checkbox"/> <b>Report Type</b>	<input type="checkbox"/> <b>SARC Primary Location</b>	<input type="checkbox"/> <b>Victim Age at Time of Incident</b>
<input type="checkbox"/> <b>Assigned SARC(s)</b>	<input type="checkbox"/> <b>Date of Report to DoD</b>	<input type="checkbox"/> <b>DSAID Case Status</b>
<input type="checkbox"/> <b>Restricted Report Reason</b>	<input type="checkbox"/> <b>Reason for Exception</b> (if Restricted Report Exception Applied)	

Minimum requirements to **OPEN** an **Unrestricted** case:

DSAID Case Number: UU-\_\_\_\_\_

<input type="checkbox"/> <b>Report Type</b>	<input type="checkbox"/> <b>SARC Primary Location</b>	<input type="checkbox"/> <b>Assigned SARC(s)</b>
<input type="checkbox"/> <b>Date of Report to DoD</b>	<input type="checkbox"/> <b>DSAID Case Status</b>	<input type="checkbox"/> <b>Victim Last Name</b> (if Case Status is "Open")
<input type="checkbox"/> <b>Victim First Name</b> (if Case Status is "Open")	<input type="checkbox"/> <b>Victim Identification Type</b> (if Case Status is "Open")	
<input type="checkbox"/> <b>Victim Identification Number</b> (if Case Status is "Open")	<input type="checkbox"/> <b>Victim Age at Time of Incident</b>	
<input type="checkbox"/> <b>Reason for Exception</b> (if Restricted Report Exception Applied)		

Minimum Requirements to Convert from **Restricted** to **Unrestricted**:

DSAID Case Number: RU-\_\_\_\_\_

<input type="checkbox"/> <b>Date Victim Signed Form Electing to Convert from Restricted to Unrestricted</b>	<input type="checkbox"/> <b>VA Assigned?</b> (+ additional fields response produces)
<input type="checkbox"/> <b>Victim Last Name</b>	<input type="checkbox"/> <b>Victim First Name</b>
<input type="checkbox"/> <b>Victim Identification Type</b>	<input type="checkbox"/> <b>Victim Identification Number</b>

Minimum requirements to **CLOSE** an **Unrestricted** case:

## Main DSAID Case Page

<input type="checkbox"/> <b>Restricted Report Exception Applied</b> (+ additional fields response produces)	
<input type="checkbox"/> <b>Are All Referrals Completed?</b>	<input type="checkbox"/> <b>Is DSAID Case Still Under Case Management Group Review?</b>

## Victim Case Information

<input type="checkbox"/> <b>Date Victim Informed of Options</b>	<input type="checkbox"/> <b>Date victim Signed Election Form</b>	
<input type="checkbox"/> <b>Relationship to Subject(s)</b>	<input type="checkbox"/> <b>Commander Name</b>	
<input type="checkbox"/> <b>Command Notification Accomplished within 24 hrs?</b> (+ additional fields response produces)		
<input type="checkbox"/> <b>Incident Occurred on Deployment?</b>	<input type="checkbox"/> <b>Incident Occurred on TDY?</b>	<input type="checkbox"/> <b>Incident Occurred on Leave?</b>
<input type="checkbox"/> <b>Does Location Require Mandatory Reporting for Medical Care For a Sexual Assault?</b>		

# DSRID Case Checklist

## Victim Demographic

<input type="checkbox"/> <b>Victim Birth Date</b>	<input type="checkbox"/> <b>Victim Gender</b>	<input type="checkbox"/> <b>Victim Race</b>	<input type="checkbox"/> <b>Victim Ethnicity</b>
<input type="checkbox"/> <b>Victim Type</b> (+ additional fields response produces)		<input type="checkbox"/> <b>Victim Recruit/Training Status</b> (Only if Victim Type is: Military)	
<input type="checkbox"/> <b>Victim Assigned Location</b> (Only if Victim Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)		<input type="checkbox"/> <b>Victim Assigned Unit UIC</b> (Only if Victim Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)	
<input type="checkbox"/> <b>Victim Assigned Unit Name</b> (Only if Victim Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)		<input type="checkbox"/> <b>Was Victim in Military at Time of Assault?</b> (Only if Victim Type is: Military, DoD Civilian, DoD Contractor, Other Government Civilian or U.S. Civilian)	
<input type="checkbox"/> <b>Is Victim Administratively Discharged Within One Year of Reporting?</b> (Only if Victim Type is: Military)		<input type="checkbox"/> <b>Victim Dependent Status</b> (Only if Victim Type is: DoD Civilian, DoD Contractor, Other Government Civilian, U.S. Civilian, Foreign National or Foreign Military)	

## Victim Safety

<input type="checkbox"/> <b>Victim Safety Assessment Completed?</b> (+ additional fields response produces)	
<input type="checkbox"/> <b>Civilian Protective Order Offered</b> (+ additional fields response produces)	
<input type="checkbox"/> <b>Victim Moved (Local)</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Subject Moved (Local)</b> (+ additional fields response produces)
<input type="checkbox"/> <b>Victim Moved (ie, PCS)</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Subject Moved (ie, PCS)</b> (+ additional fields response produces)
<input type="checkbox"/> <b>Victim Informed of Right to Request Expedited Transfer</b> (Only if Victim Type is: Military)	
<input type="checkbox"/> <b>Victim Requested Expedited Transfer</b> (Only if Victim Type is: Military)	<input type="checkbox"/> <b>Victim Granted Expedited Transfer</b> (Only if Victim Type is: Military)
<input type="checkbox"/> <b>Victim Witness Assistance Program (VWAP) Information Provided?</b> (Only if Victim Type is: Military)	
<input type="checkbox"/> <b>Safety Concern Note</b>	<input type="checkbox"/> <b>Military Protective Order Offered</b>
<input type="checkbox"/> <b>Military Protective Order Requested</b> (+ additional fields response produces)	

## Referral Support

<input type="checkbox"/> <b>Referral Resource Type</b>	<input type="checkbox"/> <b>Type of Referral Support</b> (+ additional fields response produces)
<input type="checkbox"/> <b>Date of Referral</b>	

## Forensic Exam

<input type="checkbox"/> <b>Was Forensic Exam Offered?</b> (+ additional fields response produces)	
<input type="checkbox"/> <b>Forensic Exam Completed?</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Storage Location of SAFE Kit</b>

## Investigative Agency

<input type="checkbox"/> <b>Investigative Case File Opened</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Date Investigation Activity Opened</b>
<input type="checkbox"/> <b>Investigation Activity Completed?</b> (+ additional fields response produces)	

Investigative Case Number Format:

### AFOSI

<b>FORMAT: (N=Number, L= Letter)</b> NNN-L-NNN-LN-NNNNNNNNNNNNNNNN DSRID will only use the last 14 Numbers NNN-L-NNN-LN- NNNNNNNNNNNNNNNN	<b>EXAMPLE:</b> 624-C-120-A1-12345678912345 Input into DSAID 12345678912345
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# DSAID Case Checklist

## NCIS

<b>FORMAT:</b> Report Date (format DDMONYY) - NCIS Office - Serial Number(last 4 characters) - case category    project code	<b>EXAMPLE:</b> 12APR16-MWPE-0148-8DMA
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## Navy/Marine Corps Law Enforcement: Navy

<b>FORMAT:</b> Report Year (format YY)    UIC    Serial Number (all 5 characters)	<b>EXAMPLE:</b> 122141200115
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## Navy/Marine Corps Law Enforcement: Marine Corps

<b>FORMAT:</b> Report Date (format DDMONYY) - MC Org Code - Serial Number (all 5 characters) - case category    project code	<b>EXAMPLE:</b> 08MAR12-25PE-01289-6SMA
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## Subject Information

<input type="checkbox"/> Last Name	<input type="checkbox"/> First Name	<input type="checkbox"/> Middle Name (If no middle name, put "N/A")
<input type="checkbox"/> Identification Type	<input type="checkbox"/> Identification Number	<input type="checkbox"/> Birth Date
<input type="checkbox"/> Age at the Time of Incident	<input type="checkbox"/> Gender	<input type="checkbox"/> Race
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Dependent Status	<input type="checkbox"/> Subject Type (+ additional fields response produces)
<input type="checkbox"/> Subject Assigned Location (Only if Subject Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)	<input type="checkbox"/> Subject Assigned Unit Name (Only if Victim Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)	<input type="checkbox"/> Subject Assigned Unit UIC (Only if Victim Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)
<input type="checkbox"/> Pre-Trial Confinement of Accused Offender (+ additional fields response produces)	<input type="checkbox"/> Can DoD Take Action Against Subject? (+ additional fields response produces)	<input type="checkbox"/> DoD Action Decision Date

## Incident Detail

<input type="checkbox"/> Date of Incident	<input type="checkbox"/> Is Date of Incident an Estimate?
<input type="checkbox"/> Incident Time of Day	<input type="checkbox"/> Incident Location
<input type="checkbox"/> Type of Location	<input type="checkbox"/> Incident Location Name
<input type="checkbox"/> Was alcohol involved? (Subject/Victim)	<input type="checkbox"/> Were drugs involved? (Subject/Victim)
<input type="checkbox"/> Weapons Used?	<input type="checkbox"/> Type(s) of Offense Investigated

Minimum requirements to **CLOSE** a **Restricted** case:

## Main DSAID Case Page

<input type="checkbox"/> Restricted Report Exception Applied (+ additional fields response produces)
<input type="checkbox"/> Are All Referrals Completed? <input type="checkbox"/> Is DSAID Case Still Under Case Management Group Review?

# DSAID Case Checklist

## Victim Case Information

<input type="checkbox"/> <b>Date Victim Informed of Options</b>	<input type="checkbox"/> <b>Date Victim Signed Election Form</b>
<input type="checkbox"/> <b>Relationship to Subject(s)</b>	<input type="checkbox"/> <b>Command Notification Accomplished within 24 hrs?</b> (+ additional fields response produces)
<input type="checkbox"/> <b>Incident Occurred on Deployment?</b>	<input type="checkbox"/> <b>Incident Occurred on TDY?</b>
<input type="checkbox"/> <b>Incident Occurred on Leave?</b>	<input type="checkbox"/> <b>Does Location Require Mandatory Reporting for Medical Care For a Sexual Assault?</b>

## Victim Demographic

<input type="checkbox"/> <b>Victim Gender</b>	<input type="checkbox"/> <b>Victim Race</b>	<input type="checkbox"/> <b>Victim Ethnicity</b>
<input type="checkbox"/> <b>Victim Type</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Victim Recruit/Training Status</b> (Only if Victim Type is: Military)	
<input type="checkbox"/> <b>Victim Assigned Location</b> (Only if Victim Type is: Military, DoD Civilian, DoD Contractor or Other Government Civilian)	<input type="checkbox"/> <b>Was Victim in Military at Time of Assault?</b> (Only if Victim Type is: Military, DoD Civilian, DoD Contractor, Other Government Civilian or U.S. Civilian)	
<input type="checkbox"/> <b>Victim Dependent Status</b> (Only if Victim Type is: DoD Civilian, DoD)		

## Victim Safety

<input type="checkbox"/> <b>Victim Safety Assessment Completed?</b> (+ additional fields response produces)	
<input type="checkbox"/> <b>Victim Informed of Right to Request Expedited Transfer?</b> (Defect being worked. To close Restricted Case, select "No")	
<input type="checkbox"/> <b>Victim Requested Expedited Transfer</b> (Defect being worked. To close Restricted Case, select "No".)	
<input type="checkbox"/> <b>Victim Granted Expedited Transfer</b> (Defect being worked. To close Restricted Case, select "No")	<input type="checkbox"/> <b>Safety Concern Note</b>

## Referral Support

<input type="checkbox"/> <b>Referral Resource Type</b>	<input type="checkbox"/> <b>Type of Referral Support</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Date of Referral</b>
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## Forensic Exam

<input type="checkbox"/> <b>Was Forensic Exam Offered?</b> (+ additional fields response produces)	<input type="checkbox"/> <b>Forensic Exam Completed?</b> (+ additional fields response produces)
<input type="checkbox"/> <b>Storage Location of SAFE Kit</b>	<input type="checkbox"/> <b>Evidence Identifier</b>
<input type="checkbox"/> <b>Victim Notified SAFE Kit due to Expire within 60 days</b> (+ additional fields response produces)	

## Subject Information

<input type="checkbox"/> <b>Subject Type for Restricted Reports</b>
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## Incident Detail

<input type="checkbox"/> <b>Date of Incident</b>	<input type="checkbox"/> <b>Type of Location</b>
<input type="checkbox"/> <b>Is Date of Incident an Estimate?</b>	<input type="checkbox"/> <b>Was alcohol involved? (Subject/Victim)</b>
<input type="checkbox"/> <b>Incident Time of Day</b>	<input type="checkbox"/> <b>Were drugs involved? (Subject/Victim)</b>
<input type="checkbox"/> <b>Incident Location</b>	<input type="checkbox"/> <b>Weapons Used?</b>