

Onyx

First Responder and SOLO Booklet

Date and Log No:

Complainant:

OCCURRENCE No:

SOLO:

OIC:

Crisis Worker:

Risca SARC: 01495 233 971 / 731 2800 **Out of Hours:** 07423 437 020
Risca.sarc@newpathways.cjsm.net



**This booklet is to be completed initially by the first officer to speak with the victim, whether that is a response officer or a SOLO officer.
If not SOLO, then only pages 1-10 to be completed.
If SOLO, then all relevant pages to be completed**

**The following documents will be removed from the Booklet
Pages 14 & 15 – Request for medical statement of evidence
Pages 18 to 20 New Pathways Referral**

First Officers Attending and obtaining initial details

Date	Name	Station

Continuity of SOLO officers dealing with victim

Date	Time	Rank, Collar No and Name	Signature

In exceptional circumstances there will be a change of SOLO. In the event of more than one SOLO please ensure boxes are completed:

Subsequent Appointed SOLO

Date	Name	District

Hand-over Details

Date	Time	Handed to	Reason

Issues raised: (e.g. anything that may impact on the complainants needs such as confidence in police, childcare difficulties, previous victimisation, attrition etc)

Any outstanding urgent enquiries:

DETAILS OF COMPLAINANT

Name of Complainant:

D.o.B: Age: Sex: M / F

Home Address:

.....

.....

Contact Address (if different):

.....

.....

Contact Telephone No.: Mobile No:

Is the victim **vulnerable** as per Section 16 of the Youth Justice and Criminal Evidence Act 1999 by –

- Having a mental disorder (as defined under the Mental Health Act 1983) **Yes / No**
- Having an impairment of Intelligence & Social functioning (disorder of communication)
Yes/ No
- Having a physical impairment or physical disorder **Yes / No**

VA1 TO BE COMPLETED**Complainant under 18 years only – SOCIAL SERVICES REFERRAL FORM TO BE COMPLETED**

Details of Parent/Guardian/Local Authority:

.....

.....

.....

Physical description of complainant (including clothing):

.....

.....

.....

Clothing and Jewellery seized from complainant. **Yes / No** Officer Seizing:

Location Property No.:

Early Evidence Kit Used. **Yes / No** Officer Seizing:

Location:

Early Evidence Seal No.:

DETAILS OF OFFENDER (S)

Personal details of offender

DV 1 TO BE COMPLETED IF PAST OR CURRENT RELATIONSHIP DISCLOSED

Is offender known to victim Yes / No

Name: Age / D.O.B.....

Address:

Occupation:

To include how complainant knows offender:

If offender is known is there anybody else at risk?

To be completed whether offender is Known or Unknown

Physical Description (Age, height, build, facial features, hair style/colour)

.....

Description of Clothing (Shoes, jacket, shirt, top, trousers, underwear)

.....

Has complainant seen offender before the attack, e.g. in a pub or shop? Consider early seizure of CCTV.

Other Points of interest (Odours, (e.g. tobacco, alcohol, perfume), scars, tattoos, accent, repeated use of words)

Weapons used

VERBAL ACCOUNT OF COMPLAINANT (Continued)

[illegible]

Signed Date

Any property lost/damaged, vehicles used, map of the scene

[illegible]

Signed Date.....

CONTACT SHEET FOR PERSONS MENTIONED BY COMPLAINANT

IDENTIFY FIRST PERSON REPORTED TO:

Name:

Address:

Contact No: Mobile No.:

Relationship to Victim:

Other Witnesses

Name:

Address:

Contact No: Mobile No.:

Relationship to Victim:

Name:

Address:

Contact No: Mobile No.:

Relationship to Victim:

Name:

Address:

Contact No: Mobile No.:

Relationship to Victim:

Name:

Address:

Contact No: Mobile No.:

Relationship to Victim:

Name:

Address:

Contact No: Mobile No.:

Relationship to Victim:

EARLY EVIDENCE COLLECTION

I, ... hereby consent to taking some or all of the following samples.

I understand that these samples might be subject to scientific analysis and legal purposes.

Signed:

Early Evidence Kit

Urine Taken?

☐

Yes

☐

No

Saliva Taken?

☐

Yes

☐

No

SOLO Camera used to record any injuries / damage to clothing etc

☐

Yes

☐

No

Other considerations

Has any clothing been recovered?

☐

Yes (exhibit items)

☐

No

Has complainant changed/discarded clothing or items of property?

☐

Yes (seize items)

☐

No

Has complainant used anything to wipe themselves (tissue / flannel)?

☐

Yes (seize items)

☐

No

Was a condom used?

☐

Yes (seize items)

☐

No

Has complainant been forced to perform oral sex upon offender?

☐

Yes (Early evidence kit as above)

☐

No

Is the complainant in possession of any item relating to offender?

☐

Yes (seize items)

☐

No

It is best practice to recover exterior clothing at the earliest opportunity or place complainant in a scene suit to reduce evidential loss.

CLOTHING / PROPERTY SEIZED FROM COMPLAINANT

Date:

Location:

Officer Seizing:

Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

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Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

Exhibit No.: Item: Time:

Property Ref.: Location:

Disclaimer Signed / Record Item:

CONSIDERATIONS FOR MEDICAL EXAMINATION OF COMPLAINANT

DNA 2 to be taken from all Victims

N.B. Examinations for children 12 years old and under can only be carried out in conjunction with a paediatrician.

DNA 2	2 x mouth swabs
Head / Hair	a) hair combings (<i>for fibre/particulates from contact</i>) b) cut near root (20) (<i>as a reference sample</i>) c) any visible staining/clumping (<i>cut section out</i>)
Nail Clippings	Individual pots for Left/Right hand
Pubic Hair	a) hair combings (<i>for foreign hairs/fibres</i>) b) cut near root (20) (<i>as a reference sample</i>) c) any visible staining /clumping (<i>cut section out</i>)
SWABS	
Vaginal	2 x external swabs 2 x low vaginal swabs 2 x high vaginal swabs 2 x endo-cervical swabs 2 x perineal swabs
Anal	2 x Perianal swabs 2 x Rectal swabs 2 x Anal canal swabs
Penile	2 x Coronal Sulcas 2 x Glans & shaft
Oral	2 x Mouth swab (<i>where oral sex (fellatio) has taken place</i>) 2 x Mouth washings (<i>where oral sex (fellatio) has taken place</i>)
Volunteer Buccal Swab	2 x Mouth (consider taking additional blood samples where oral sex (fellatio) has taken place within 24 hours)
Skin	Love bites/kissed/licked by offender - (<i>swabs taken from appropriate surface</i>) Blood or semen shed by offender - (<i>swabs taken from appropriate surface</i>) Gripped/held by offender - (<i>targeted LCN swabs from identified area</i>)
Control Swab	1 x sealed (<i>dry</i>) + moist + skin control
Blood & Urine	Drug/Alcohol
Photograph Injuries	NOT intimate
Early Evidence Kit	Was used Yes / No If not, why?

MEDICAL EXAMINATION

Information disclosed to the Doctor by the SOLO / Onyx Unit:

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Medical Conducted

Date & Time: Location

Doctor: Contact Number:

Video Recording of Medical Examination YES / NO Exhibit No.....

Videos must be placed in storage cabinet at Onyx Unit - Risca

Samples Obtained: YES / NO

Doctor's Statement Requested: YES / NO

Injuries to be Photographed: YES / NO CSI Informed YES / NO

Arrangements for Photographs

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Medical not conducted

Reason:

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MEDICAL EXHIBITS

Date:

Incident No.:

Name: DoB:

Time Commenced: Time Completed:

Persons Present:

Exhibit Number	Item	Time	Seal No.
	DNA Mouth Swabs		
	Hair Combing		
	Hair Cut		
	Hair clumping		
	Left hand nail clippings		
	Right hand nail clippings		
	Pubic hair combings		
	Pubic Hair Cut		
	Pubic Hair Clumps		
	Control Swabs		
	External Vaginal Swabs		
	Lower Vaginal Swabs		
	High Vaginal Swabs		
	Endo Cervical Swabs		
	Perineal Swabs		
	Anal Rectal Swabs		
	Anal Canal Swabs		
	Penile Coronal Sulcas		
	Penile Glans & Shaft		
	Oral Mouth Swabs		
	Oral Mouth Washings		
	Skin Swabs		
	Blood		
	Urine		



Gwent Police Request for Medical Statement of Evidence

PATIENT DETAILS:

Name: _____ D.O.B.: _____

Address: _____

Postcode: _____

Sex (MALE / FEMALE): _____ Hospital Reference (if known): _____

I hereby authorise and request the Hospital Authority and / or the Doctor(s) who treated me to disclose to the Police and through the Police, to the Crown Prosecution Service: -

- (1) *Details of any injuries,
- (2) *Details of any treatment or advice,
- (3) *Provide copies of any medical notes and records created in connection with such injuries, treatment or advice,
- (4) *To release all of my medical records in their entirety.

(Must be countersigned by officers line manager)

*Please delete as appropriate

I understand that the Crown Prosecution Service may be obliged in law to disclose any such information to the Courts and to the defence in the course of Criminal proceedings arising out of the incident in which I received my injuries.

*I am the patient / patient's parent / patient's guardian (delete as applicable).

Signed: _____ Date: _____

HOSPITAL / GP SURGERY WHERE TREATMENT WAS RECEIVED:

Time and date of treatment: _____

Doctors Name (if known) : _____

Admitted as an in-patient (YES / NO): _____ If Yes, details of ward: _____

If known, give brief details of Nature of Injury (e.g. stitches to cut on head etc.): _____

OIC - PLEASE PROVIDE YOUR DETAILS BELOW AND RETURN THIS FORM TO:

MEDICAL EVIDENCE OFFICER

Criminal Justice Department

Vantage Point House,

Tŷ Coch,

Cwmbran,

NP44 7HF

Tel: 01633 647064 Fax: 01633 647076 Internal Extension: 748 3304 Internal Fax: 748 3326

OFFICER IN CASE Name: _____ Collar Number: _____

Station: _____

November 2014 112/17a(z)



NEW PATHWAYS SARC REFERRAL FORM

Date received	
SARC ID	

Type of Referral e.g. client, witness, parental support	
Is there an ongoing investigation?	yes/no
Does the client wish to discuss reporting options?	yes/no
Is the client a previous client?	yes/no

PLEASE COMPLETE ALL SECTIONS

REFERRER CONTACT INFORMATION

Name and Title: Name and address of agency: Telephone No: E-Mail: Date of referral:
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POLICE DETAILS

Occurrence No: Investigating Officer: Investigating Police Station: Telephone No: E-Mail: Date of referral:
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RESTRICTED

CLIENT DETAILS

NAME:			
DOB:		AGE:	
ADDRESS:			
			Postcode:
Telephone number/s:			
EMAIL:			
Is it safe to contact the client at home?		Yes / no	
Can we leave a voice mail message?		Yes / no	
Can we write to the home address?		Yes /no	
Can we text?		Yes /no	
Can we email?		Yes /no	
Preferred mode of contact:			
Venue Choice			
Merthyr	Swansea	Risca	Bridgend
Carmarthen			

CLIENT RISK ASSESSMENT DETAILS		
Does the client have any alcohol/drug issues?		yes/no/previous /unknown
Does the client have any mental health issues?		yes/no/previous /unknown
Has the client experienced Domestic Violence?		yes/no/previous/unknown
Is the client considered to be a Vulnerable Adult?		yes/no/previous/unknown
Is this Human Trafficking/HBV/Sexual Exploitation related?		yes/no/previous/unknown
If yes to any of these questions please give details:		
Are there any other agencies involved with this client?	yes	no
If yes give details:		

REASON FOR REFERRAL

Please provide as much detail as possible

INCIDENT DETAILS

Is the alleged incident:-

Acute (up to 7 days)

Non Acute (up to 12 months)

Historic (over 12 months)

Date/s of incident/s (approx if historic)

How is the suspect related to the client:-

Stranger 1 (stranger)
Relative

Stranger 2 (met but not acquainted)
Acquaintance/friend

Professional
Partner/ex partner

If related state relationship:

Age of suspect:

Known age of suspect at time of incident:

Perceived age of suspect at time of incident:

INVESTIGATION DETAILS

Has the client had a Forensic Medical Examination? yes/no

If yes where did this take place:

Has the client been interviewed? yes / no

If yes where did this take place?

Has a booking been made to interview client? yes/no

Please state venue and date of interview:

Please give interview type: ABE Video Sec 9 Written Statement

Has the suspect been arrested? yes/no

Is the suspect currently on bail or remand?

Has a critical marker been placed on the client's property? yes/ no

If this is a Domestic Violence referral, has a DASH RIC been completed? yes/no

Has the client been referred to MARAC? yes/no

Date of MARAC Meeting:

Email to: Risca.sarc@newpathways.cjsm.net

LOG OF CONTACT WITH VICTIM

(Officers should record here brief details of contact)

[illegible]

RESTRICTED

LOG OF CONTACT WITH VICTIM

[illegible]

RESTRICTED

LOG OF CONTACT WITH VICTIM

[illegible]

RESTRICTED

LOG OF CONTACT WITH VICTIM

[illegible]