

**HAMPTON POLICE DIVISION
FELONY/FATAL ACCIDENT INVESTIGATION CHECKLIST**

Officer Name _____ **Accident Location** _____

The following checklist is to be used as an investigative aid. It is intended to be used by an officer in order to minimize inadvertent procedural omissions. This checklist is to be maintained with the completed case file.

<i>ACTION COMPLETED</i>	<i>TIME</i>	<i>DATE</i>
AT THE SCENE:	XXXXXXXX	XXXXXXXX
Ambulance/Fire – Obtain names of Paramedics & Fire OIC		
Wreckers		
Dominion Power, Verizon or Cox Cable – notifications made		
Crime Scene Unit		
Medical Examiner – Put Dr’s. Name Here		
Watch Commander and Supervisor		
City Employee Supervisor (if applicable)		
City Attorney (if city involved)		
Next-of-Kin notified		
Owner of vehicle notified		
Police Accident Report (FR-300-p)		
I.B.R. Completed Incident #		
Photographs/Video		
Measurements		
Evidence Collected/Labeled (with CSU assistance)		
Driver(s) Identified/Statements		
Witnesses Identified/Statements		
Tow Sheet Completed		
DWI Screening		
Miranda Rights Advised to Accused		
AT THE HOSPITAL:	XXXXXXXX	XXXXXXXX
Obtain list of injuries		
Time of Death		
Attending Physician		
Blood Alcohol Test requested for deceased		
Blood Alcohol Test requested for accused		
Request Autopsy of Deceased (with assistance of CSU)		
FOLLOW-UP:	XXXXXXXX	XXXXXXXX
Formal Statements – Accused w/rights form		
Formal Statements – Witnesses		
VSP Fatal Accident Message (File 41) SHALL BE COMPLETED BEFORE OFFICER COMPLETES TOUR OF DUTY		
Notify City Dept. of Risk Management (next work day)		
Photographs developed by Crime Scene Unit		
D.W.I. Report		

Information for Supervisors Incident Report		
Commonwealth Attorney contacted		
Warrants Authorized/obtained/served (copy for case file)		
Cover letter written for case file		
Evidence processed by Crime Scene Unit		
Complete Diagrams		
Case File completed with all photographs, evidence, statements and paperwork, etc. included and maintained in Fatal Accident File in Records Section.		

