



Cleveland Division of Police Investigation Checklist

LERMS #: 22-259310 HOM# 22-117 FIT #22-17 Assigned To: TUSING

Victim(s):
First Last Maalik Roquemore/PO Ragland Location: 4562 West 174th Street Date: 9/5/2022

	Submitted	Date	N/A
PROCEDURE			
Victim Notification	<input checked="" type="checkbox"/>	9-05-22	<input type="checkbox"/>
Body Camera Recordings	<input type="checkbox"/>		<input type="checkbox"/>
Vehicle(s) Processed:	<input type="checkbox"/>		<input type="checkbox"/>
Contact other district detectives and determine any crimes in area have possible connection	<input type="checkbox"/>		<input type="checkbox"/>
Contact gang unit and determine any crimes in area have possible connections	<input type="checkbox"/>		<input type="checkbox"/>
RECORD REQUEST			
EMS Run Sheet	<input type="checkbox"/>		<input type="checkbox"/>
911 & Dispatch Recordings	<input checked="" type="checkbox"/>	9-05-22	<input type="checkbox"/>
Crime Scene Photos (CS# _____)	<input type="checkbox"/>		<input type="checkbox"/>
Medical Records Hospital: _____	<input type="checkbox"/>		<input type="checkbox"/>
EVIDENCE			
Post Mortem Results (If applicable)	<input checked="" type="checkbox"/>	9-06-22	<input type="checkbox"/>
Complete CCRFL Evidence & DNA Submission Sheets	<input type="checkbox"/>		<input type="checkbox"/>
Ballistics	<input type="checkbox"/>		<input type="checkbox"/>
Firearms	<input checked="" type="checkbox"/>	11-16-22	<input type="checkbox"/>
Narcotics	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Fingerprints	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Trace	<input type="checkbox"/>		<input type="checkbox"/>
DNA	<input checked="" type="checkbox"/>	1-9-23	<input type="checkbox"/>
TECHNOLOGY			
Video cameras / recordings from crime scene	<input type="checkbox"/>		<input type="checkbox"/>
Cell phone download / Phone(s): _____	<input type="checkbox"/>		<input type="checkbox"/>
Cell records / Record(s)	<input type="checkbox"/>		<input type="checkbox"/>
SOCIAL MEDIA			
Google	<input type="checkbox"/>		<input type="checkbox"/>
Facebook	<input type="checkbox"/>		<input type="checkbox"/>
Instagram	<input type="checkbox"/>		<input type="checkbox"/>
Apple	<input type="checkbox"/>		<input type="checkbox"/>
Other 1. _____	<input type="checkbox"/>		<input type="checkbox"/>
Other 2. _____	<input type="checkbox"/>		<input type="checkbox"/>



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	Submitted	Date	N/A
INTERVIEWS			
Photo arrays developed	<input type="checkbox"/>		<input type="checkbox"/>
Victim(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:			
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:			
COURT RELATED DOCUMENTS			
Search Warrants			
	<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"/>
Consent to Search			
	<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"/>
Subpoenas			
	<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"/>
Miranda Forms			
	<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"/>



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	Submitted	Date	N/A
CHARGING			
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: _____