



Planned Operations PRE-DEPLOYMENT RISK ASSESSMENT for SWAT Teams



Note: Other forms may be used to assist investigators in determining whether they should contact SWAT for guidance or assistance.

Date Received:

Date of Service:

Activation #:

Form Completed By:

Mission Type:

Requesting Unit / Agency:

Case #:

Deconfliction: Y N

Deconfliction #:

Case Investigator:

Subject Address:

Jurisdiction:

SWAT Team Scouts:

Authorizing Judge:

Warrant Expiration:

Detailed Case Synopsis:



Suspect Information Sheet



SUSPECT INFORMATION (Complete Separate Assessment for each Suspect/Known Person Associated with the Residence) For all sections include applicable case number(s). Include facts relative to the suspect's history that indicates that he/she may be a threat.

Name: _____ DOB: _____

Sex: M F Height: _____ Weight: _____

In Custody: Y N Arrest Warrant: Y N

Scars, Marks, Tattoos, Features: _____ Arrest Warrant(s) Details: _____

Criminal History:

Probation/Parole: Y N Case Agent/Contact Number: _____

Known Associates:

Associations / Organizations / Gang Affiliation:

Violence / Weapon History:

Department Contacts:



Suspect Information Sheet

(Continued)



DRUG / ALCOHOL HISTORY: Does the suspect use illegal drugs, if so, what and when? Does the suspect abuse alcohol?

MENTAL / EMOTIONAL STABILITY: Provide all intelligence available regarding suspects mental & emotional stability. Describe incidents, diagnosis, physician's care, medication and hospitalization.

SPECIALIZED TRAINING: Describe any type of specialized training the suspect has had or claims to have had. Is suspect an avid shooter? Does the suspect physically train on a regular basis? Does the suspect have a current or past martial arts background? Is the suspect former, or current, military or police?

VEHICLES: Describe all vehicles owned or used by the suspect, year, make, model, color, license plate #, identifying features and where normally parked on the property.

CURRENT PHOTOGRAPH: Please attach the most currently available photo of the suspect.

ARREST WARRANTS: Please attach a copy of the arrest warrant for this suspect.



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Location Information Sheet



Residential Apartment Business Industrial

Will the location be under surveillance just prior to warrant service? Y N

Are keys to the location available? Y N

Is the location in close proximity to a school, business, daycare center, etc. that is open during the service of the search warrant? Y N

Construction Intelligence:

Geographic Barriers (Fences, Hazards, etc.):

Fortifications:



Location Information Sheet

(Continued)



Point of Primary Entry:

Secondary Point of Entry:

Surveillance (Type and Locations):

Children / Elderly / Uninvolved:



Location Information Sheet

(Continued)



Health Concerns:

Animals (Type, Location, Contained, Aggressive):

Weapons:

Surrounding Area Threats / Neighborhood Hazards:



Location Information Sheet

(Continued)



Information Assessment (Information Reliability, CI, Officer, etc.):

Describe Vehicles / Foot Traffic / Volume at Proposed Time of Service:

Copy of Affidavit Received: Y N Copy of Search Warrant Received: Y N

Does the location match the description provided in the warrant? Y N

Additional Pertinent Details:

Location Diagrams: On additional pages, provide diagrams of the location structure (include doors, windows, interior walls, stairways, etc.). Provide separate diagrams for each floor of the structure. Include driveway access, location of utilities, location of weapons and/or hazardous materials, location of any furniture that may obstruct movement, known booby traps and any other pertinent information.

Photographs: Please provide a photograph of the structure from each of its sides.



Review / Approval



Reviewed By:

Requesting Supervisor:

Date:

SWAT Supervisor:

Date:

Mission Approved for SWAT: Y N

Mission Approved By:

Date:

Mission Declined by SWAT Reason(s):

Warrant Night Service Endorsed: Y N

No-Knock Service Endorsed: Y N

SWAT Commander: