

WATERTOWN POLICE DEPARTMENT

119 South Maple Street
Watertown, South Dakota 57201-3653
RISK ASSESSMENT MATRIX

Type of Operation / Investigation

Search Warrant: _____

Planned Arrest: _____

Other: _____

Case Number: _____

Date: _____ **Lead Officer:** _____

Form Prepared By: _____

Primary Suspect's Name: _____

Date Of Birth: _____

Address: _____

Description of Premises: _____

Notes: _____

List additional suspects on attachments or prepare additional forms if substantial violator at alternate location.

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SUSPECT ASSESSMENT

- | | | | | | | |
|---|-----|---|-----|---|-----|-----------|
| I. Known or suspected of violence | [] | Y | [] | N | [] | Unknown |
| i. Homicide (x_____) | [] | Y | [] | N | [] | Unknown |
| ii. Assault (x_____) | [] | Y | [] | N | [] | Unknown |
| iii. Armed Robbery (x_____) | [] | Y | [] | N | [] | Unknown |
| iv. Major Drug Violator (Class1) | [] | Y | [] | N | [] | Unknown |
| v. Other (Resisting Arrest, Assault on police) | [] | Y | [] | N | [] | Unknown |
| vi. Describe:_____ | | | | | | |
| _____ | | | | | | |
| II. Is suspect on parole? | [] | Y | [] | N | [] | Unknown |
| a. Where:_____ | | | | | | |
| _____ | | | | | | |
| III. Is suspect on probation? | [] | Y | [] | N | [] | Unknown |
| a. Where:_____ | | | | | | |
| _____ | | | | | | |
| IV. Is suspect a drug abuser? | [] | Y | [] | N | [] | Unknown |
| a. Type:_____ | | | | | | |
| _____ | | | | | | |
| V. Is suspect an alcohol abuser? | [] | Y | [] | N | [] | Unknown |
| VI. Does suspect have a history of violence while intoxicated? | [] | Y | [] | N | [] | Unknown |
| VII. Is the suspect mentally unstable? | [] | Y | [] | N | [] | Unknown |
| a. Condition:_____ | | | | | | |
| _____ | | | | | | |
| b. Information obtained where:_____ | | | | | | |
| _____ | | | | | | |
| VIII. Does suspect have military/police background? | [] | Y | [] | N | [] | Unknown |
| a. Branch / Department:_____ | | | | | | |
| b. Length of Service:_____ | | | | | | |
| c. Specialties:_____ | | | | | | |
| _____ | | | | | | |
| IX. Is suspect currently / historically associated with an organization which is known or suspected of violent criminal activity? | [] | Y | [] | N | [] | Unknown |
| a. Who/Group:_____ | | | | | | |
| b. Information obtained where:_____ | | | | | | |
| _____ | | | | | | |
| c. * Can organization be classified as: | [] | Y | [] | N | [] | Unknown * |
| Para Military – Terrorist – Religious Extremists – Gang | | | | | | |

WEAPON ASSESSMENT

- | | | | | | | |
|---|-----|---|-----|---|-----|-----------|
| I. Is suspect known or believed to possess: | [] | Y | [] | N | [] | Unknown |
| a. Rifle (x____) Type:_____ *Auto_____* | [] | Y | [] | N | [] | Unknown |
| b. Shotgun (x____) Type:_____ Sawed Off?_____ | [] | Y | [] | N | [] | Unknown |
| c. Handgun (x____) Type:_____ | [] | Y | [] | N | [] | Unknown |
| d. * Explosives (x____) Type:_____ | [] | Y | [] | N | [] | Unknown * |
| e. Knives (x____) Type:_____ | [] | Y | [] | N | [] | Unknown |
| f. Animals (x____) Type:_____ | [] | Y | [] | N | [] | Unknown |
| g. Other (x____) Type:_____ | [] | Y | [] | N | [] | Unknown |

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SITE ASSESSMENT

- I. Are there geographical barriers or considerations? [] Y [] N [] Unknown
a. Describe: _____
- II. Is the site fortified? [] Y [] N [] Unknown
a. Describe: _____
- III. * Is the site bobby trapped? [] Y [] N [] Unknown *
a. Describe: _____
- IV. Does the site have surveillance/monitoring devices? [] Y [] N [] Unknown
a. Describe: _____
- V. * Are armed counter surveillance personnel present? [] Y [] N [] Unknown *
a. Describe: _____
- VI. Are friends, relatives, children, elderly, handicapped, persons at site? [] Y [] N [] Unknown
a. Explain: _____
- VII. Site location: _____ Time of Service _____
a. [] Urban [] Rural [] Daylight [] Dark
- VIII. Type of structure: _____
a. [] Residential [] Commercial [] Other
- IX. Probable hours of operation: _____
- X. Address: _____
- XI. Description: _____
- XII. If business, hours open: _____
- XIII. Other related building: _____
a. How related: _____

TIME ASSESSMENT

Note: Analysis should seriously consider the time factor. The general rule is that the less time available for planning the higher the risk value.

- I. Unlimited planning time available [] = 0 points
 - II. Less than 30 days to plan [] = 0 points
 - III. Less than 15 days to plan [] = 0 points
 - IV. Less than 7 days to plan [] = 1 point
 - V. Less than 3 days to plan [] = 2 points
 - VI. Less than 1 day to plan [] = 3 points
 - VII. Less than 12 hours to plan [] = 4 points
- Time Factor Point Value _____ points

INFORMATION ASSESSMENT

Information source: Confidential Informant: _____
 Concerned Citizen: _____
 Agent: _____
 Other Police Officer: _____
 Other: _____

Reliability of source/information:
 0%-24% _____ 25%-49% _____ 50% - 74% _____ 75%-100% _____

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POINT VALUE WORK AREA

Total Yes Answers: _____ X 2 = _____

Total Unknown Answers: _____ X 1 = _____

Total No Answers: _____ X 0 = _____

Total Time Assessment Points: _____

Total Points: _____

RECOMMENDED OPTIONS

0 – 14 Points Service/Execution may be handled by the unit supervisor

15 – 20 Points Consultation with SWAT Commander is optional. Warrant service requires approval of Unit Commander or designee.

21 – 24 Points Consultation with SWAT Commander is required. Warrant service requires approval of Unit commander or designee.

25 + Points SWAT Team is required for service. Warrant service requires approval of Unit commander and notification of commanding officer of supporting units.

Yes answer to any “*” question requires the mandatory use of the Departmental Tactical Unit or specialty team in the planned operations. All tactical call out regulations apply.

ACTION TAKEN

1. Investigating group will manage the event: [] Yes [] No

2. Investigating officer _____ Date: _____ Time: _____

3. Unit Supervisor: _____ Date: _____ Time: _____

4. Tactical/Special Unit will be activated to manage event: [] Yes [] No

5. Tactical/Special Unit Commander consulted: [] Yes [] No Date: _____ Time: _____

6. Person activating Tactical/Special Team:

Print: _____

Signature: _____

Date: _____ Time: _____

NOTES: _____

Supervisor Signature

Date