Victim Paperwork
**STATE OF ALASKA**

**Sexual Assault Evidence Kit**

**Evidence Collection Instructions**

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**THIS KIT IS DESIGNED FOR THE COLLECTION OF FORENSIC EVIDENCE (WITHIN 7 DAYS OF A REPORTED SEXUAL ASSAULT) FOR ANALYSIS BY THE ALASKA STATE CRIME LABORATORY. USE ONLY ONE KIT PER PERSON**

**IF THIS KIT IS BEING COLLECTED FOR A FEMALE SUSPECT, INTIMATE SAMPLES MUST BE COLLECTED BY A MEDICAL PROFESSIONAL.**

**CONSENT FORMS** *REQUIRED for victim kits only*

- Consent Form – Victim Reported Case
- Or
- Consent Form – Anonymous Victim Case
  
  Review the appropriate form with the victim and have them initial/sign where indicated.

If the suspect has exercised the right to remain silent, follow normal agency/department procedures. For suspects who have invoked their right to silence, utilize the notes section of the step 1a forensic history form for documentation purposes.

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**Step 1A **

*VICTIM INTERVIEW FORM*

*SUSPECT FORENSIC HISTORY FORM*

*ANONYMOUS FORENSIC HISTORY FORM*

**Step 1B**

*VICTIM ONLY*

MEDICAL HISTORY FORM AND DIAGRAMS

**Step 1C**

*SUSPECT ONLY*

ANATOMICAL DIAGRAMS

**Step 1D**

EVIDENCE COLLECTION LOG

*Please be aware that the Victim Interview (History of Incident), Suspect Forensic History and the Anonymous Forensic History forms are all Step 1A. Complete only one of the Step 1A forms.*

**A copy of the completed forms must be returned within the kit AND provided to law enforcement [except for in anonymous victim cases].**

**The kit instructions and forms are available under Forms on the Crime Lab webpage at:**

(https://dps.alaska.gov/comm/crimelab/home)

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**Wear gloves and mask during evidence collection.**

Change gloves often.

Maintain other universal precautions as needed.

Once a sample has been collected, the swab(s) should be placed back in the swab package immediately. The swab package is then placed into the appropriate envelope.

**Swabs SHOULD NOT be left out in the open to dry.**

If more swabs are needed than are provided in the kit, use hospital or agency supplied swabs to collect samples.

The plastic sleeves containing the paperwork are for organizational purposes only. They may be discarded upon opening.
PHOTO DOCUMENTATION GUIDELINES

1. If collecting a victim kit, explain the purpose of the exam photographs (to document exam findings) and obtain consent.

2. Take an identification photo at the beginning and end of the series; this may consist of a photo of an Identification Card, hospital face sheet or other label that clearly identifies the date, photographer, agency, and victim/suspect (name, case number, or medical record number).

3. For overall photos:
   - Photograph the subject overall, including front and back, and right and left sides with clothing.
   - Photograph for facial identification (frontal, R/L sides).
   - Note all injuries, skin disruptions, and scars on the anatomical diagrams provided. Indicate if from assault or other event (per subject).

4. Photo document each injury noted (separately). Use the “Rule of Threes”:
   - Orientation photo to identify location of injury or finding (Overall of area).
   - Close up of injury or finding.
   - Close up of injury or finding using a scale. Be careful not to cover any part of the injury.

5. For colposcopic photos, be systematic:
   - Photograph overall area, top to bottom, side to side.
   - External genital structures to more internal structures.
   - Lowest magnification to highest.
   - Note all injuries on the anatomical diagrams provided.

6. Download photos to digital storage media or print per agency policy, maintaining copy for medical record. Ensure successful transmission to digital storage media before deleting from camera.

7. Label photos or digital storage media.

8. Place any photos and/or digital storage media in a separate envelope. Encryption is not permitted. Label and seal the envelope. Initial and date the seal.

FOR REPORTED CASES
DO NOT place the Photo Documentation media inside the evidence box. These photos should be given to law enforcement and/or the case officer.

FOR ANONYMOUS VICTIM CASES
Place the sealed evidence sample envelopes, the sealed Photo Documentation, and a copy of the signed consent form and Step 1 forms in the evidence box.

The Photo Documentation media will be removed and returned to law enforcement by the laboratory should the case become reported at a later date.
FOREIGN MATERIAL SHEET

Under some circumstances, for example when the suspect is a complete stranger to the victim, you may want to consider trace evidence collection.

1. Place a clean hospital bed sheet on the floor.
2. Obtain a white paper drape and place it on top of the clean bed sheet.
3. Instruct the person to stand in the center of the white paper drape and have them carefully remove all clothing and undergarments with assistance, if necessary, to collect any foreign material that may fall off the clothing.
4. Instruct the person to carefully step off the white paper drape.
5. Fold the white paper drape to securely retain any trace evidence recovered.

Place the white paper drape in a clean paper bag. Seal the bag with tape. Initial and date the seal. Fill out all information on the front of the bag and submit the item to law enforcement along with other clothing items. **DO NOT place this item in the kit. It should be packaged separately and given to law enforcement.**

The hospital bed sheet should not be collected as evidence.

**CLOTHING**

1. Collect each clothing item as it is removed.
   - Wet or damp clothing should be air dried before packaging (when possible).
   - Do not cut through any existing holes, rips or stains on the clothing.
   - Do not shake out the clothing (trace evidence is easily lost).
   - Remove all items from the pockets. Consult with law enforcement to determine if items from pockets need to be collected as evidence.
2. **Place each item of clothing into a clean brown paper bag. DO NOT place more than one item in each bag.**
3. If additional clothing/underwear are carried into the exam (items worn during assault, etc.), place the clothing into brown paper bags and label accordingly.
4. Label the bag(s) with the relevant case information (agency number, subject’s name, contents, etc.)

*It is not necessary to document the date and time collected, and the name of the individual collecting the sample, on each sample envelope unless there was a significant delay during collection or the samples were collected by someone other than the examiner named on the outside of the kit.*

**Step 2 UNDERWEAR / BRIEFS**

Place the underwear/briefs *(worn at the time of the exam)* into the bag labeled “Underwear”. Seal the bag with tape. Initial and date the seal. Fill out the information on the front of the bag.

If underwear is carried into the exam, place in a brown paper bag and submit item to law enforcement along with other clothing items. **Underwear carried into the exam are not to be placed in the kit.**

*Before collection of a sample from the body, inspect the area for injury and document findings on the diagrams provided in Step 1B.*

**Step 3 DEBRIS COLLECTION**

Remove the paper bindle(s) from the envelope. Unfold and place on a flat, clean surface. Collect any foreign debris (dirt, fibers, hairs, leaves, etc.) found on the head or body and place it in the center of the paper. Carefully refold the bindle. Note the location the sample was collected from on the bindle. Collect debris from different areas/body parts in separate bindles.

**Do not seal the bindle(s).** Place the bindle(s) back in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.
**Step 4  ORAL SWABS**

Collect a sample within 24 hours of an oral assault for the detection of semen. If time of the assault has not been determined, use your discretion, based on the physical exam, in deciding whether or not to collect.

Simultaneously using both swabs provided (do not moisten the swabs), carefully swab the oral cavity. Include the gum line, teeth, roof of the mouth, surface of the tongue, and beneath the tongue.

Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

*Use the Step 9 Miscellaneous Swabs envelope for collection of fluids from the face in an oral assault.*

**Step 5  REFERENCE BUCCAL [CHEEK] SWABS  *REQUIRED***

*Have the subject rinse their mouth with water several times prior to collection of known sample.*

Simultaneously using both swabs provided (do not moisten the swabs), swab the inside of the subject’s left and right cheeks (at least six times).

Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

*The crime lab will NOT proceed with any case-related DNA analysis without a known sample.*

**Step 6  FINGERNAIL SCRAPINGS**

*Used for the collection of foreign DNA in cases involving scratching or digital penetration.*

Remove the contents of the envelope labeled “FINGERNAIL SCRAPINGS-LEFT HAND”. Unfold the paper bindle and place it on a clean, flat surface. Hold the subject’s left hand over the paper and using the thin-pointed swab provided; carefully scrape under all five fingernails allowing any loose debris present to fall onto the paper. Place the swab in the center of the bindle and refold the paper (you will need to refold the bindle to accommodate the swab) and place the bindle back in the sample envelope.

Repeat this procedure for the right hand. Place the thin-pointed swab in the center of the bindle and refold the paper (refold the bindle to accommodate the swab) and place the bindle back in the sample envelope.

Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelopes.
Step 7  **FINGER SWABS**

*Used for the collection of foreign DNA in cases involving forceful contact, scratching and/or digital penetration.*

Moisten the swab provided with sterile/distilled water and thoroughly swab each of the subject’s five fingers on the left hand using the one swab provided, including the area around the cuticles.

Place the swabs back in the swab sleeve, cotton tip down, and place the sleeve in the sample envelope labeled “FINGER SWABS-LEFT”.

Repeat this procedure for the right hand using the swab provided. Place the swabs back in the swab sleeve, cotton tip down, and place the sleeve in the sample envelope labeled “FINGER SWABS-RIGHT”.

Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelopes.

Step 8  **PUBIC HAIR COMBINGS**

*Used for the collection of foreign hairs.*

*Do not allow the subject to comb their own pubic hairs.*

Remove the paper bindle and comb from the envelope. Unfold and place the paper partially under the subject’s buttocks. Using the comb provided, comb the pubic hair in a downward stroke so that any loose hairs and/or debris will fall onto the paper sheet. **Do not comb more than twice.** Refold the bindle and place the comb and any hairs collected into the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

**Use of an alternate light source (ALS) at a wavelength of 450 nm may aid in locating possible saliva, semen, or other biological fluids for collection.**

Step 9  **MISCELLANEOUS SWABS**

*Used for the collection of suspected SEMEN stains on the body (non-genital).*

*Used for the collection of suspected SALIVA from bite marks and licked/sucked areas (non-genital).*

*Used for the collection of foreign BLOOD stains on the body.*

*Used for the collection of OTHER suspected contact sources of DNA (strangulation, forceful grasping, etc.)*

**DO NOT** swab bleeding wounds, cuts or abrasions.

*If you are collecting Facial Swabs, DO NOT swab the lips.*

Moisten the swab provided with sterile/distilled water and thoroughly, but gently swab the area of interest, using a separate swab for each collection.

Place each swab back in a swab sleeve, cotton tip down, and then place the sleeve in one of the sample envelopes provided. Note the location of the area swabbed on the envelope.

Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelopes.

**IF THIS KIT IS BEING COLLECTED FOR A FEMALE SUSPECT, THE FOLLOWING SAMPLES MUST BE COLLECTED BY A MEDICAL PROFESSIONAL.**
Step 10 EXTERNAL GENITALIA / ANAL SWABS

*Used for the detection of foreign DNA in cases of oral contact or extensive skin to skin (including penile or digital) contact.*

Using the single swabs provided, lightly moisten the swabs with sterile/distilled water and carefully swab the relevant external genitalia *in separate collections, as follows:*

- **Female** - Mons and outer aspect of labia majora
- **Female** - Remainder of vulva (inner aspect of labia majora, labia minora, etc.)
- **Male** - Penis (glans and shaft) - If uncircumcised, retract the foreskin when swabbing
- **Perineum and Anus** (external only)

Place each of the swabs back in a separate swab sleeve, cotton tip down, and then place the sleeves in the respective labeled sample envelopes provided.

Seal the envelope(s) with tape. Initial and date the seal(s). Fill out the information on the front of the envelopes.

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**Assemble provided swab boxes. Immediately after collection, vaginal, cervical and rectal swabs are to be placed in the provided swab boxes, cotton tip down. The swab boxes are then placed in the appropriate white Step envelopes.**

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Step 11 VAGINAL SWABS

*Used for the detection of foreign DNA in case of penile/digital vaginal penetration.*

Simultaneously using both swabs provided (do not moisten the swabs), carefully swab the vaginal vault.

Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled “VAGINAL SWABS”.

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

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Step 12 CERVICAL SWABS

*Used for the detection of semen in case of penile/vaginal penetration.*

Simultaneously using both swabs provided (do not moisten the swabs), carefully swab the Cervical Os.

Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled “CERVICAL SWABS”.

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

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Step 13 RECTAL SWABS (INTERNAL)

*Used for the detection of foreign DNA in case of penile/digital rectal penetration.*

Simultaneously using both swabs provided, carefully swab the rectum (the swabs may be moistened to assist with insertion if an anoscope is not being used).

Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled “RECTAL SWABS”.

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.
FINAL PACKAGING INSTRUCTIONS

1. Verify that the Underwear bag and any of the sample envelopes used are properly labeled and sealed.

2. Place the Underwear bag (underwear worn to exam only) and sample envelopes inside the evidence kit box.

3. **Place a copy of the completed consent form and Step 1 forms inside the evidence kit box.** Please do not staple or paper clip the pages.

   **A second copy of the paperwork should be given to law enforcement and/or the case officer (except in anonymous victim cases).**

4. Fill out all information on the front of the evidence kit box.

5. Seal the evidence kit box with the tape provided. Initial and date the seal(s).

   **It is NOT necessary to completely seal around all edges of the kit. A seal is sufficient if the contents cannot be accessed without breaking the seal.**

6. Place any photos and/or digital storage media in a separate envelope. **Encryption is not permitted.** Seal the envelope. Initial and date the seal.

   **Photos and/or digital media storage should only be sealed inside the evidence kit box in anonymous victim cases. In all other cases, the envelope containing these items should be given to law enforcement and/or the case officer.**

7. Verify that all additional clothing collected (including underwear carried to exam) is properly packaged, labeled and sealed (in individual brown paper bags). Clothing is submitted to the crime lab (as needed) as separate items of evidence.

8. Check the appropriate box on the outside of the kit if **ONLY** the known/reference buccal swab (Step 5) was collected or if the kit only contains the completed paperwork.

   **Unused kit components may be disposed of or recycled for agency use as needed.**
A copy of this form must be placed in the evidence box and one must be provided to the victim.

<table>
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<tr>
<th>Examiners Initials</th>
<th>I understand that I am consenting to a medical-forensic examination in which evidence of sexual assault will be collected by a forensic nurse or other health care provider. I may stop the interview and/or withdraw consent for any portion of the examination at any time.</th>
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<td>I understand that once an item of evidence has been collected, I may not withdraw my consent to the collection of that item.</td>
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<td>I understand that, if my assault is reported to law enforcement, the agencies responding to my report of sexual assault will exchange information in order to facilitate services that best meet my medical-forensic needs.</td>
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<td>I understand that the documentation and collection of evidence may include photographing injuries, including injuries to the genital area, and a forensic evidence collection kit will be used to gather evidence such as biological fluids for DNA testing, my clothing, and any other items.</td>
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<td>I understand that the health care provider will release a copy of the medical-forensic examination report and all forensic evidence, including photographic evidence, to law enforcement for their use. I understand that once this evidence is disclosed it may be re-disclosed as required to facilitate criminal prosecution.</td>
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<td>I understand that health care providers are mandated reporters in regards to children, vulnerable adults, and certain types of injuries. A mandated reporter is required to report to the designated agency whenever medical care is sought for such injuries and is required to report any other information that falls under the mandated reporting statutes.</td>
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<td>I understand that a victim of sexual assault who is over the age of 16 years may not be required to pay, directly or indirectly, for the costs of the forensic portion of the examination. The forensic portion includes all steps necessary to collect evidence for a forensic examination kit as per AS1868.040. I understand that any treatment beyond the forensic examination, such as emergency room care, laboratory, testing, medications, etc., is at my own expense.</td>
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**Note:**

A. Signature of parent or guardian if victim is an unemancipated minor or mentally incompetent. 

B. If minor child is presenting, and parent or guardian is not present, a police officer may take immediate action to protect the well-being of the child, who may require immediate medical attention. The police officer shall, at the earliest opportunity, notify the Department of Health and Social Services, Office of Children’s Services.

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<th>Victim’s Signature</th>
<th>Victim’s Name (Print)</th>
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<th>Guardian’s Signature (if applicable)</th>
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* AS 25.20.025 provides that minor children may give consent for their own health care under certain circumstances.

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<th>Law Enforcement Signature</th>
<th>Advocate</th>
<th>Examiner’s Signature</th>
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<td>Advocate Agency</td>
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Examiner’s Initials: ____________________
Victim interview to be conducted by law enforcement. 1A form may be charted by medical provider based on the law enforcement interview. 

**RECOMMENDED INTRODUCTION:**

“The information and evidence that is being collected from you is critical to the success of the investigation of your assault. Some of the questions you will be asked may be very personal, but we ask them to help us provide you with medical treatment and also to make decisions about testing the evidence in this kit.”

**VICTIM INFORMATION:**

Name: ___________________________  DOB: _______________  Age: ________

Biological sex at birth:  □ Female  □ Male  Gender identity: ___________________________

Race/Ethnicity:  □ Alaska Native  □ Caucasian/White  □ African American/Black  □ Asian  □ Native American/Indian  □ Hispanic/Latino  □ Other: ___________________________  □ Stated  □ Observed

Interpreter Used  □ Yes  □ No  Language Used _____  Language Line: Ref # _____

Name of interpreter _______  Relationship _____  Telephone _______

**RECOMMENDATIONS FOR STARTING INTERVIEW:**

*It is recommended the interview be started with an open-ended prompt such as:

- “Help me understand how you are feeling right now.”

After the victim provides a response to this prompt, transition to questions such as one of the following:

- “What if anything, can you tell me about what happened?”
- “In as much detail as possible, tell me about what you are able to remember about what happened.”

Allow victim to provide an UNINTERRUPTED NARRATIVE to the above question(s). If necessary, prompt with brain-based cues (help me understand...tell me more about...). These brain-based cues should be used throughout your victim interview.

*CHARTING OR DOCUMENTATION OF RESPONSES SHOULD BE NOTED BEGINNING ON PAGE 3.*

After the UNINTERRUPTED NARRATIVE, the investigating officer may need to ask some or all the following questions to obtain additional details not provided in the initial narrative. *When asking the questions on this form, use the people’s names, do not use terms assailant/suspect and victim. NOT ALL OF THESE QUESTIONS MAY BE NECESSARY.*

**CIRCUMSTANCES OF THE MEETING:**

- In as much detail as possible, what, if anything, are you able to tell me about what happened **leading up** to the incident?

**VERBAL AND NON-VERBAL COMMUNICATION BY AND BETWEEN ASSAILANT AND VICTIM:**

- Tell me about what [the assailant] said to you **before** the incident, if anything.
- Tell me about what you said, **before** the incident, if anything, to [the assailant].
- What are you able to tell me about what [the assailant] did physically (OR: with his body) to you **before** the incident, if anything?
- Tell me about what you did physically (OR: with your body), if anything, to [the assailant] **before** the incident.
- Tell me about what you said to [the assailant] **during** the incident, if anything.
- Tell me about what [the assailant] said to you **during** the incident, if anything.
- Tell me about what [the assailant] did physically (OR with his body) to you, if anything, **during** the incident.
Tell me about what you did physically, if anything, **during** the incident.

Tell me about what you did physically to [the assailant], if anything, **during** the incident.

Help me understand your thoughts when all of this was happening.

What can you tell me about you and [your assailant’s] clothing being removed, if it was?

Tell me about how the incident stopped or what made [the assailant] stop.

Help me understand, if you are able, how [the assailant] would have known that you did not consent to this.

What happened **afterwards**?

Tell me about what [the assailant] said to you, if anything, **after** the incident.

Help me understand your thoughts **after** the incident.

Is there anything about this experience that specifically sticks out in your mind, or that you cannot forget?

Did you have any interactions with [the assailant] before the assault (even briefly, or shortly before)? (These can be in person, phone, text, other messages.) **If yes**, ask following questions under HISTORY below. **If no**, the HISTORY section must be skipped.

**HISTORY:**

(Only ask the questions in this section if assailant was previously KNOWN to victim)

Help me understand your relationship with [the assailant]. You may need to use the following prompts:

- Tell me about how you knew [the assailant] **before** this event.
- Tell me about any **past** sexual or physically intimate history with [this assailant].
- Tell me about your **past** communications with [the assailant], generally.
  - If electronic evidence is **not** disclosed using the above prompt, then prompt with “tell me about any electronic communication you have had with [the assailant], if any?” This includes texts or messaging i.e., “snaps.”
- Tell me about any communication (in person, by phone, text, apps, email) you may have had with [the assailant] **after** the event.

If the victim describes prior sexual/intimate history with the assailant:

- Were any of the prior sexual encounters without your consent?
- Tell me about how you have communicated previously with [the assailant] when you agreed, or wanted, to engage in sexual acts. (This could include verbal or nonverbal communication.)
- Tell me about how you have communicated previously with [the assailant] when you did not agree, or did not want, to engage in sexual acts. (This could include verbal or nonverbal communication.)
- Tell me about how [the assailant] responded to those communications previously.

**COMMUNICATION REGARDING CONSENT IN THE CURRENT INCIDENT, IF ANY:**

**DO NOT ASK THESE QUESTIONS IF THIS CASE INVOLVES FORCE BETWEEN STRANGERS (no prior contact/completely unknown to the victim).**

- What, if anything, can you tell me about sexual encounters that you **did** consent to with [the assailant]? (If prior encounters are disclosed, prompt with “help me understand.”)
- **Before** this incident?
- **During** this incident?
- **After** this incident?
- Did your agreement to any sex acts change during the course of the incident?
  - If yes or no, prompt with “help me understand that.”
  - “Help me understand how you communicated that.”
  - “Help me understand your thoughts.”
  - Tell me how [the assailant] responded to this change. (verbally/nonverbally)
- Tell me about the sex acts that you did not consent to.
- What if anything, can you tell me about how [the assailant] knew that you were not consenting?
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<td>Unknown</td>
</tr>
<tr>
<td>Outdoors</td>
</tr>
<tr>
<td>Vehicle</td>
</tr>
<tr>
<td>Residence/Home</td>
</tr>
<tr>
<td>Place of business</td>
</tr>
<tr>
<td>Place of employment</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF LOCATION:**

**LOCATION OF ASSAULT**  
<table>
<thead>
<tr>
<th>(Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>Outdoors</td>
</tr>
<tr>
<td>Vehicle</td>
</tr>
<tr>
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<tr>
<td>Place of business</td>
</tr>
<tr>
<td>Place of employment</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

"Now I’m going to go ask some very specific questions. I know you may have already answered some of these when you explained what happened. I apologize if I make you repeat yourself, but I want to make sure that we don’t miss any important information. These questions may also help you remember other details."

**ACTS DESCRIBED BY VICTIM (note method/manner)**

<table>
<thead>
<tr>
<th>Did you:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scratch [the assailant(s)]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bite [the assailant(s)]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hit [the assailant(s)]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kick [the assailant(s)]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any injuries to [assailant(s)] resulting in bleeding?  
| No | Yes | Unsure |

<table>
<thead>
<tr>
<th>Did [the assailant(s)]:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scratch you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bite you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hit or kick you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kiss and/or lick you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any injuries to you resulting in bleeding?  
| No | Yes | Unsure |

**Were your hands in contact with:**

| [the assailant’s] breasts/chest | No | Yes | Attempted | Unsure |
| [the assailant’s] external genitalia/penis |     |     |           |        |
| [the assailant’s] anus           |    |     |           |        |

**Were [the assailant(s)] hands in contact with:**

| your breasts/chest               | No | Yes | Attempted | Unsure |
| your external genitalia/penis     |    |     |           |        |
| your anus                        |    |     |           |        |

**Did [the assailant(s)]:**

| Force you to masturbate?         | No | Yes | Attempted | Unsure |
| Masturbate on you?               |    |     |           |        |
| Masturbate near you?             |    |     |           |        |

**Was there oral contact of your genitalia by [the assailant(s)]?**  
| No | Yes | Attempted | Unsure |

**Was there oral contact of [the assailant’s] genitalia by you?**  
| No | Yes | Attempted | Unsure |

**Was there penetration of your genital opening by [the assailant(s)]?**  
| No | Yes | Attempted | Unsure |

Penis  | Finger  | Foreign object / other
### Victim Interview (History of Incident) – Step 1A

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was penetration of your anal opening by [the assailant(s)]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a lubricant used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a condom used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the condom discarded?</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did ejaculation occur?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position(s) during assault:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Loss of Memory?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lapse of consciousness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHODS EMPLOYED BY ASSAILANT(S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threats or fear/intimidation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grabbing, grasping, or holding?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical blows?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a weapon or other object used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were physical restraints used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns (chemical or thermal)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes to any of the following, see Strangulation Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strangulation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffocation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were pictures / video taken?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes to the above:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Methods Employed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examiner's Initials: _______________
“We need to ask you some questions about any drug use or alcohol use around the time of the assault. The use of drugs and alcohol is not the main focus of the investigation, but this information is very important in your medical care and the investigation of the sexual assault.”

**ALCOHOL AND DRUG INFORMATION:**

Was alcohol used by [the assailant] in the time surrounding the assault? □ Unknown □ No □ Yes

Was alcohol used by you in the time surrounding the assault? □ Unknown □ No □ Yes

Ingestion □ Voluntary □ Involuntary

If yes, describe. How was alcohol obtained?

____________________________________________________________________________________________________________________________________

What was consumed (by you and by [the assailant(s)]? ___________________________________________________________________

How much (by you and by [the assailant(s)]? ___________________________________________________________________

Approximate time of first and last drinks? __________________________________________________________________

Were drugs (including prescriptions) used by [the assailant] in the time surrounding the assault? □ Unknown □ No □ Yes

Were drugs (including prescriptions) used by you in the time surrounding the assault? □ Unknown □ No □ Yes

Ingestion □ Voluntary □ Involuntary

If yes, describe. How was the drug obtained?

____________________________________________________________________________________________________________________________________

What was consumed (by you and by [the assailant(s)]? ___________________________________________________________________

How much (by you and by [the assailant(s)]? ___________________________________________________________________

Approximate time of first and last use? __________________________________________________________________

**MEDICAL HISTORY:**

Have you had a bone marrow transplant? □ No □ Yes □ unknown

Have you received a blood transfusion? (Note: this does not include donating blood) □ No □ Yes □ unknown

If yes, approximately how long ago? ________________

If biological female victim:

Was victim menstruating at the time of the assault? □ No □ Yes □ N/A

Has the victim started her menses since the assault? □ No □ Yes □ N/A

If yes, how many hours/days after: _______________________

If biological male victim:

Has the victim had a vasectomy? □ No □ Yes □ N/A

If yes, has the victim had a vasectomy reversal? □ No □ Yes

Examiner's Initials: ________________
<table>
<thead>
<tr>
<th>HYGIENE/ACTIVITY (since the assault and prior to the exam)</th>
<th>VICTIM’S DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &lt;24 hours since the assault, have you:</td>
<td>□ N/A (&gt;24 hours since assault)</td>
</tr>
<tr>
<td>Ate/Drank</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>Brushed teeth/Gargled/Rinsed Mouth</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>Urinated</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>Wiped genitals (not while using bathroom)</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>If yes, with what and where is it?</td>
<td></td>
</tr>
<tr>
<td>If &lt;72 hours since the assault, have you:</td>
<td>□ N/A (&gt;72 hours since assault)</td>
</tr>
<tr>
<td>Had a bowel movement</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>Used a douche/enema</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>Showered/Bathed/Steamed/Washed Genitals</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>Number of times:</td>
<td></td>
</tr>
<tr>
<td>Vomited</td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

Since the assault, have you:

| Inserted a □ feminine hygiene product | □ No (where is the item now? __________________________) |
|                                        | □ Yes (Tampons worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.) |
| Inserted a □ birth control device      | □ No (where is the item now? __________________________) |
|                                        | □ Yes (Tampons worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.) |
| Used a □ pad or □ panty liner          | □ No (where is the item now? __________________________) |
|                                        | □ Yes (Pads/pantyliners worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.) |
| Other:                                  |                      |
### CLOTHING WORN AT TIME OF EXAM

<table>
<thead>
<tr>
<th>Condition/Appearance:</th>
<th>Clothing worn at time of exam: (List)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean</td>
<td>☐  Shirt/T-shirt Describe:</td>
</tr>
<tr>
<td>Intact</td>
<td>☐  Jeans/Pants Describe:</td>
</tr>
<tr>
<td>Dirty</td>
<td>☐  Coat/Jacket Describe:</td>
</tr>
<tr>
<td>Wet</td>
<td>☐  Underwear Describe:</td>
</tr>
<tr>
<td>Torn</td>
<td>☐  Bra Describe:</td>
</tr>
<tr>
<td>Apparent blood</td>
<td>☐  Socks/Shoes Describe:</td>
</tr>
<tr>
<td></td>
<td>☐  Other Describe:</td>
</tr>
</tbody>
</table>

Have you changed any clothing since the assault? ☐ No (skip to sexual history)
☐ Yes (continue with remainder of section)

### CLOTHING WORN AT TIME OF ASSAULT (if different from clothing worn to exam) ☐ N/A (same clothing)

<table>
<thead>
<tr>
<th>Clothing worn at time of assault: (List)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐  Shirt/T-shirt Describe:</td>
</tr>
<tr>
<td>☐  Jeans/Pants Describe:</td>
</tr>
<tr>
<td>☐  Coat/Jacket Describe:</td>
</tr>
<tr>
<td>☐  Underwear Describe:</td>
</tr>
<tr>
<td>☐  Bra Describe:</td>
</tr>
<tr>
<td>☐  Socks/Shoes Describe:</td>
</tr>
<tr>
<td>☐  Other Describe:</td>
</tr>
</tbody>
</table>

If the victim has changed clothing since the assault, where is the clothing now?
☐ Unsure ☐ At scene ☐ With victim ☐ Given to law enforcement ☐ Other ________________________________

Were any items laundered? ☐ No ☐ Yes
If yes, please describe: ____________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
"As part of the investigation, it is likely that the samples collected from your body will be tested for DNA. If you have had recent sexual activity with anyone, law enforcement will try to obtain a DNA sample (by taking a swab from the inside of their cheek) so we can determine if the DNA from your kit is from your sexual partner or the person who assaulted you. We understand that these questions may be very personal—we are asking them only to be able to identify any DNA we might find. The sample from your sexual partner will not be used for any other purpose."

### RECENT SEXUAL HISTORY:

#### Prior to the assault, did you have sexual activity within the specified time frames?  □ No □ Yes

If yes,

- **Within the last 7 days,**
  - Penile / Vaginal penetration □ No □ Yes OR Digital / Vaginal penetration □ No □ Yes
    - If yes, Date/time: ______________ Name(s): __________________________________
    - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
    - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

- **Within the last 3 days,**
  - Penile / Anal penetration □ No □ Yes OR Digital / Anal penetration □ No □ Yes
    - If yes, Date/time: ______________ Name(s): __________________________________
    - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
    - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

- **Within the last 24 hours,**
  - Oral / genital contact received □ No □ Yes
    - If yes, Date/time: ______________ Name(s): __________________________________
    - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
    - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

  - Oral / genital contact given □ No □ Yes
    - If yes, Date/time: ______________ Name(s): __________________________________
    - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
    - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

#### Since the assault, have you had sexual activity?  □ No □ Yes

If yes,

- Penile / Vaginal penetration □ No □ Yes OR Digital / Vaginal penetration □ No □ Yes
  - If yes, Date/time: ______________ Name(s): __________________________________
  - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
  - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

- Penile / Anal penetration □ No □ Yes OR Digital / Anal penetration □ No □ Yes
  - If yes, Date/time: ______________ Name(s): __________________________________
  - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
  - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

- Oral / genital contact received □ No □ Yes
  - If yes, Date/time: ______________ Name(s): __________________________________
  - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
  - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

- Oral / genital contact given □ No □ Yes
  - If yes, Date/time: ______________ Name(s): __________________________________
  - Did ejaculation occur? □ Unknown □ No □ Yes □ N/A
  - Was a barrier used? □ Unknown □ No □ Yes Type: ____________________________

Examiner's Initials: _______________
STATE OF ALASKA
Victim Sexual Assault Evidence Kit                                              Victim Interview (History of Incident) – Step 1A

Suspect Information: Number of assailants: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4, add supplemental pages, as necessary

1. Name: ________________________________________   Age: ________   Race/Ethnicity: ____________________
   Biological Sex: ☐ Male  ☐ Female

   Relationship to Victim: (Check/circle all that apply)
   ☐ Unknown  ☐ Known  ☐ Stranger  ☐ Spouse (current/former)  ☐ Partner (current/former)  ☐ Relative  ☐ Friend  ☐ Other: _______________

   Physical Characteristics:
   Hair color: ☐ Blonde  ☐ Brown  ☐ Black  ☐ Red  ☐ Other _______________   Length: ☐ Short  ☐ Medium  ☐ Long  ☐ Shaved/Bald
   Facial hair: ☐ No  ☐ Yes   If yes, type: _______________________________________

2. Name: ________________________________________   Age: ________   Race/Ethnicity: ____________________
   Biological Sex: ☐ Male  ☐ Female

   Relationship to Victim: (Check/circle all that apply)
   ☐ Unknown  ☐ Known  ☐ Stranger  ☐ Spouse (current/former)  ☐ Partner (current/former)  ☐ Relative  ☐ Friend  ☐ Other: _______________

   Physical Characteristics:
   Hair color: ☐ Blonde  ☐ Brown  ☐ Black  ☐ Red  ☐ Other _______________   Length: ☐ Short  ☐ Medium  ☐ Long  ☐ Shaved/Bald
   Facial hair: ☐ No  ☐ Yes   If yes, type: _______________________________________

3. Name: ________________________________________   Age: ________   Race/Ethnicity: ____________________
   Biological Sex: ☐ Male  ☐ Female

   Relationship to Victim: (Check/circle all that apply)
   ☐ Unknown  ☐ Known  ☐ Stranger  ☐ Spouse (current/former)  ☐ Partner (current/former)  ☐ Relative  ☐ Friend  ☐ Other: _______________

   Physical Characteristics:
   Hair color: ☐ Blonde  ☐ Brown  ☐ Black  ☐ Red  ☐ Other _______________   Length: ☐ Short  ☐ Medium  ☐ Long  ☐ Shaved/Bald
   Facial hair: ☐ No  ☐ Yes   If yes, type: _______________________________________

4. Name: ________________________________________   Age: ________   Race/Ethnicity: ____________________
   Biological Sex: ☐ Male  ☐ Female

   Relationship to Victim: (Check/circle all that apply)
   ☐ Unknown  ☐ Known  ☐ Stranger  ☐ Spouse (current/former)  ☐ Partner (current/former)  ☐ Relative  ☐ Friend  ☐ Other: _______________

   Physical Characteristics:
   Hair color: ☐ Blonde  ☐ Brown  ☐ Black  ☐ Red  ☐ Other _______________   Length: ☐ Short  ☐ Medium  ☐ Long  ☐ Shaved/Bald
   Facial hair: ☐ No  ☐ Yes   If yes, type: _______________________________________
TO BE COMPLETED BY THE MEDICAL PROVIDER

Time assessment started:  ______  □ am  □ pm  
Time assessment ended:  ______  □ am  □ pm

MEDICAL HISTORY:

Drug allergies:  □ No known allergies  □ Yes  If yes, list:  ______  
Latex allergy:  □ No  □ Yes  
Other allergies:  □ No  □ Yes  If yes, list:  ______  

Vaccine History:

Tetanus:  □ Up to date (last 5 – 10 years)  □ Not current  □ Unsure  
Hepatitis A:  □ No  □ Yes  □ Partial series  □ Unsure  
Hepatitis B:  □ No  □ Yes  □ Partial series  □ Unsure  
Gardasil:  □ No  □ Yes  □ Partial series  □ Unsure

Current medications (prescriptions, contraceptives, over the counter, herbal or home remedies):

□ None  □ Yes  
If yes, list (include dosage and time last taken for each, if known)  ______

Is the victim at risk of having withdrawal/DT's during the exam?  □ No  □ Yes

If yes, is there a seizure history associated with withdrawal?  □ No  □ Yes

Does the victim have any observed disabilities?  □ No  □ Yes  If yes, describe  ______

Does the victim have a safe living environment to return to?  □ No  □ Yes

Any recent medical procedures/treatments (30 days) that may affect the interpretation of any physical or forensic findings?  □ No  □ Yes  If yes, describe  ______

Did the victim seek medical care between the assault and this examination that may affect the interpretation of any physical findings or potential forensic evidence?  □ No  □ Yes  If yes, describe  ______

Was a pelvic exam done?  □ No  □ Yes  □ N/A
**GYNECOLOGICAL HISTORY:**

- LMP: _____  Was LMP normal (per victim): □ Yes □ No  If no, describe _____
- G _____  P _____  Delivery in the last 8 weeks: □ No □ Yes  If yes: □ Vaginal □ C-section
- Does victim think she could be pregnant? □ No □ Yes If yes, how many weeks: _____

Has victim been treated for an STI in the last 6 weeks? □ No □ Yes
If yes:  Date: _____  For: _____  Treated with: _____

**REVIEW OF CURRENT SYSTEMS**  □ ROS not assessed

<table>
<thead>
<tr>
<th>System</th>
<th>Symptom</th>
<th>Other: _____</th>
<th>Describe: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitutional</td>
<td><img src="Yes" alt="Current health concerns" /> <img src="No" alt="Fever or chills" /> <img src="Yes" alt="Pain" /> <img src="scale" alt="scale" /> <img src="Other" alt="Other" /></td>
<td>Describe: _____</td>
<td></td>
</tr>
<tr>
<td>DERM: Current skin lesions □ Scars □ Easy bleeding/bruising □ Other: _____</td>
<td>Describe: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT: Problems with: □ speech □ Hearing □ Vision □ Swallowing □ Ever a time pressure was applied to the neck (assess for strangulation) □ Other: _____</td>
<td>Describe: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular: <img src="Yes" alt="Known heart murmur" /> <img src="No" alt="Other heart problems" /> <img src="No" alt="Current chest pain" /> <img src="No" alt="Current palpitations" /> □ Other: _____</td>
<td>Describe: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary: <img src="Yes" alt="Shortness of breath" /> <img src="Yes" alt="Cough" /> <img src="Yes" alt="Coughing up blood" /> ![Other breathing problems](Other: _____)</td>
<td>Describe: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI: <img src="Yes" alt="Nausea" /> <img src="Yes" alt="Vomiting" /> <img src="Yes" alt="Diarrhea" /> <img src="Yes" alt="Abdominal pain" /> <img src="Yes" alt="Bowel incontinence" /> <img src="Yes" alt="Rectal Bleeding" /> <img src="Yes" alt="Rectal Itching" /> <img src="Yes" alt="Rectal discharge" /> □ Other: _____</td>
<td>Describe: _____</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Describe: _____</td>
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<td>Musculoskeletal: <img src="Yes" alt="Muscle or joint pain" /> <img src="Yes" alt="Fractures" /> □ Other: _____</td>
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<td>Other: _____</td>
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Examiner’s Initials: ____________
PHYSICAL ASSESSMENT:
Victim accompanied in exam by: [ ] Forensic examiner  [ ] Advocate  [ ] Other: _____

GENERAL PHYSICAL EXAMINATION

Temperature _____  [ ] PO  [ ] Ax  Pulse _____  Respiration _____  Blood Pressure _____

Height _____  Weight _____  Hair color _____  Eye Color _____

General physical appearance, demeanor, level of alertness, condition of clothing: _____

Additional information: _____

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### FEMALE/MALE - HEAD/NECK

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<td><strong>F/H</strong> Fiber/Hair</td>
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<td>☐ Samples swabbed</td>
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*Diagram of head and neck.*

**Examiner’s Initials:** ________
FEMALE/MALE - HEAD/NECK

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Examiner’s Initials: _____________
### FEMALE/MALE - HEAD/NECK

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- **Notes:** No injuries noted

---

Examiner’s Initials: __________

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VMH, Version 1.0, effective 01/01/2023

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Page 6 of 25

All printed copies are uncontrolled
**STATE OF ALASKA**  
**Victim Sexual Assault Evidence Kit**  
**Medical History – Step 1B**

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**Notes:** □ No injuries noted

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Examiner’s Initials: ____________
FEMALE/MALE – MOUTH

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FEMALE/MALE – HANDS

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No injuries noted
FEMALE - ANTERIOR VIEW

LEGEND (Type of findings)

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Notes: □ No injuries noted

Examiner’s Initials: _____________
FEMALE - POSTERIOR VIEW

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Notes: No injuries noted
STATE OF ALASKA
Victim Sexual Assault Evidence Kit
Medical History – Step 1B

FEMALE - LATERAL VIEW (LEFT)

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Notes: □ No injuries noted

Examiner’s Initials: ____________
LEGEND (Type of findings)

- AB  Abrasion
- BM  Bite mark
- BR  Bruise
- BU  Burn
- DE  Debris, Foreign body
- F/H Fiber/Hair
- IW  Incised wound
- LA  Laceration
- OF  Other finding (describe)
- OI  Other injury (describe)
- PE  Petechiae
- SC  Scar
- TE  Tenderness
- V/S Vegetation/soil
- ALS+ Alternate light source
  - Fluorescence found
  - Samples swabbed

Notes:  No injuries noted
MALE - ANTERIOR VIEW

LEGEND (Type of findings)

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ALS+ Alternate light source
☐ Fluorescence found
☐ Samples swabbed

Notes: ☐ No injuries noted
## LEGEND (Type of findings)

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### Notes:
- [ ] No injuries noted

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Examiner’s Initials: __________
STATE OF ALASKA
Victim Sexual Assault Evidence Kit

MALE - LATERAL VIEW (LEFT)

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Notes: ☐ No injuries noted

Examiner’s Initials: ____________
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**Notes:** ☑ No injuries noted
### ANOGENITAL FINDINGS - FEMALE

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Was TBD used?  
- No  
- Yes  
If yes, was there positive uptake?  
- No  
- Yes

Was speculum exam completed?  
- Not indicated  
- Yes  
- No  
If no, explain: __________

Was a colposcope used?  
- Not indicated  
- Yes  
- No  
If no, explain: __________

Was an anoscope exam completed?  
- Not indicated  
- Yes  
- No  
If no, explain: __________

Lubricant used:  
- Surgilube  
- 2% Lidocaine Jelly  
- Triad  
- Other: __________

Were photographs taken?  
- Yes  
- No  
If no, explain: __________

Did the victim complain of pain or experience pain during the exam?  
- No  
- Yes  
If yes, describe __________

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Examiner’s Initials: ____________
### ANOGENITAL FINDINGS - MALE

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<tr>
<td>Lateral Recumbent</td>
<td>☐</td>
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</table>

Was TBD used? ☐ No ☐ Yes If yes, was there positive uptake? ☐ No ☐ Yes

Was a colposcope used? ☐ Not indicated ☐ Yes ☐ No If no, explain: _____

Was an anoscope exam completed? ☐ Not indicated ☐ Yes ☐ No If no, explain: _____

Lubricant used: ☐ Surgilube ☐ 2% Lidocaine Jelly ☐ Triad ☐ Other: _____

Were photographs taken? ☐ Yes ☐ No If no, explain: _____

Did the victim complain of pain or experience pain during the exam? ☐ No ☐ Yes If yes, describe _____

### ANATOMICAL SITE:

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| Discharge noted          | ☐   | ☐   | ☐            | ☐           | If abnormal, indicate location ☐ Rectal ☐ Penile
**FEMALE GENITALIA (EXTERNAL)**

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<tr>
<td>TB+ Toluidine Blue uptake</td>
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Examiner’s Initials: ___________
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Notes: ☐ No remarkable findings
MALE GENITALIA (EXTERNAL)

LEGEND (Type of findings)

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Notes:
- No remarkable findings
- Circumcised: [ ] Yes [ ] No

Examiner’s Initials: _____________
STATE OF ALASKA  
Victim Sexual Assault Evidence Kit  
Medical History – Step 1B

FEMALE/MALE - ANAL/RECTAL

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Notes: ☐ No remarkable findings

Examiner’s Initials: ____________
LABORATORY TESTING/SPECIMENS COLLECTED:

Blood sample collected.  □ No  □ Yes  If yes, time completed _____
□ ETOH  □ Bedside Blood Glucose  □ Hepatitis Panel  □ HIV  □ RPR  □ HSV2  □ Quant HCG  □ Secondary LE sample

Urine sample collected.  □ No  □ Yes  If yes, time completed _____
□ UA  □ HCG  □ GC/CT  □ Toxicology  □ DFSA Toxicology  □ Secondary LE sample  □ Trichomoniasis

Swab samples collected.  □ No  □ Yes  If yes, time completed _____

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<td>Trichomoniasis</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

RESULTS OBTAINED AT TIME OF EXAM:

<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETOH</td>
<td>□ NA</td>
</tr>
<tr>
<td>Blood Glucose</td>
<td>□ NA</td>
</tr>
<tr>
<td>Urine HCG</td>
<td>□ Positive  □ Negative □ NA</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>□ Positive  □ Negative □ NA</td>
</tr>
<tr>
<td>Sperm</td>
<td>□ Positive (Motile/Non-motile) □ Negative □ NA</td>
</tr>
<tr>
<td>Bacterial Vaginosis</td>
<td>□ Positive □ Negative □ NA</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>□ Positive  □ Negative □ NA</td>
</tr>
<tr>
<td>Yeast</td>
<td>□ Positive  □ Negative □ NA</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>□ Positive  □ Negative □ NA</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>□ Positive  □ Negative □ NA</td>
</tr>
</tbody>
</table>

Notes:

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Examiner’s Initials: ____________
**Kit Samples Collected**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Deferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Underwear/briefs (worn at time of exam)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Debris Collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Oral Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Reference Buccal [Cheek] Swabs</td>
<td>REQUIRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Fingernail Scrapings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Right Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Left Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Finger Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Right Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Left Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pubic Hair Comings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Miscellaneous Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Semen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Saliva</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>External Genitalia / Anal Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Perineum and anus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Vaginal Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Cervical Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Rectal Swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Items Collected:**

The following items are submitted to law enforcement/case officer separately and **ARE NOT** to be included in the kit.

Check all that apply:
- Shirt/T-shirt
- Sweatshirt/Sweater
- Pants/Jeans
- Coat/Jacket
- Bra
- Underwear/briefs (carried into exam)
- Other (describe): ____
- none collected
- Photos/Digital Media

(in kit only if anonymous report)

**NOTES:**

_____
To Be Completed AND Retained by Law Enforcement

Law enforcement agencies are required to comply with AS 44.41.065. This law requires that they make reasonable efforts to notify you that your kit has been tested.

Specifically, this means that, if you choose, you will be notified by the law enforcement agency handling your case that your sexual assault evidence collection kit was tested by the Crime Lab. It is your right to know your kit has been tested.

(A) I want to be notified that my sexual assault kit was tested by opting to use Track-Kit, a web-based portal for tracking the status of sexual assault kits. I have been given log-in information about how to check the status of my kit.

Track-Kit Bar Code: __________ (or sticker) (____) Victim initials

OR

(B) I decline to use Track-Kit and I want law enforcement to notify me that my sexual assault kit was tested by using my contact information below. (____) Victim initials

(If you opt out of Track-Kit, it is important for us to know the best way to reach you. Sometimes phone numbers change. We recommend notification by email. Email also may be more secure than voice mail. However, it is your choice as to how you would like to be notified.)

I would like to be contacted by (please select one):

- Email: ______________________________________________________________________
- Phone: _______________________________________________________________________
  It is okay to leave a voice mail on this number that my kit was tested Yes _______ No ______
- Text: ________________________________________________________________________
- Certified mail: __________________________________________________________________

If the law enforcement agency is unable to reach me by the method I selected above, I request (authorize) them to contact the following person and notify them that my kit was tested:

- Name (friend, family, victim service provider) _________________________________________
- Phone / Email: __________________________________________________________________

OR

(C) I choose not to be notified by law enforcement or Track-Kit that my sexual assault kit was tested. (____) Victim initials

Victim Signature: ________________________ Guardian Signature (if minor): ______________________
Printed Name: __________________________ Printed Name: _________________________________
Date: _________________________ Date: ______________________

NOTICE TO LAW ENFORCEMENT: It is law enforcement’s obligation to notify the victim of when a sexual assault kit has been tested. If the victim does not opt-in to Track-Kit, you must notify the victim of the status of the sexual assault kit. This advisement must be uploaded to your agency’s case management system.