

# Suspect Paperwork

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/departments procedures. For suspects who have invoked their right to silence, utilize the notes section of the step 1a forensic history form for documentation purposes.**

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**

*Fill out the information requested and initial where indicated.*

*No other forms will be accepted.*

*These forms may not be altered.*

*\*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>)**

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.

*Immediately after collection, swabs are to be returned to the swab sleeve, cotton tip down. The swab sleeve is then placed in the appropriate white Step envelope.*

***DO NOT use a swab dryer or leave swabs out to dry.***

**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.***

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

**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*:

- a. **Female** - Mons and outer aspect of labia majora
- b. **Female** - Remainder of vulva (inner aspect of labia majora, labia minora, etc.)
- c. **Male** - Penis (glans and shaft) - If uncircumcised, retract the foreskin when swabbing
- d. 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.

***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.***

**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.

**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.

**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.***

**STATE OF ALASKA  
Suspect Sexual Assault Evidence Kit**

**Forensic History – Step 1A**

Agency Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Was the suspect interviewed?  Yes  No

If yes,  
Time Interview started: \_\_\_\_\_  am  pm

Time Interview ended: \_\_\_\_\_  am  pm

Suspect refused to provide a statement  Yes  No

**SUSPECT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

APSIN Number: \_\_\_\_\_

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

Is the suspect an identical twin/triplet, etc.?  No  Yes  Unknown

Describe suspect's appearance/demeanor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interpreter Used  Yes  No Language Used \_\_\_\_\_ Language Line: Ref # \_\_\_\_\_

Name of interpreter \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**CIRCUMSTANCES OF THE MEETING, COMMUNICATION BEFOREHAND, ESPECIALLY RELATING TO SEXUAL ACTS:**

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

Did you have any interactions with the victim before the assault (even briefly, or shortly before the assault)?

**If yes**, ask following questions (skip this section if the answer is no):

*History—only ask if assailant was previously known to victim*

- Tell me about how you knew victim before this event.
- Tell me about your past history with this victim.
- Tell me about your past communications with the victim.
  - o If electronic evidence is not disclosed using the above prompt, then state “tell me about any electronic communication you have had with the victim leading up to this incident. Electronic communication includes things such as texts or messaging i.e., “snaps.”
- Tell me about any past sexual history with this victim?
- If they describe prior sexual history:

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

- Tell me about how you have communicated previously with the victim when s/he 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 victim when s/he did not agree, or did not want, to engage in sexual acts? (This could include verbal or nonverbal communication)

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

**MEDICAL HISTORY:**

Has the suspect had a bone marrow transplant?  No  Yes  unknown

Has the suspect *received* a blood transfusion? (note: this does *not* include donating blood)  No  Yes  unknown  
If yes, approximately how long ago? \_\_\_\_\_

**If male suspect:**

Has the suspect had a vasectomy?  No  Yes  N/A  
If yes, has the suspect had a vasectomy reversal?  No  Yes

**If female suspect:**

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

Has the suspect started her menses since the assault?  No  Yes  N/A  
If yes, how many hours/days after: \_\_\_\_\_

HYGIENE/ACTIVITY (since the assault and prior to the exam)		SUSPECT'S DESCRIPTION	
If <24 hours since the assault, has the suspect:			
Ate/Drank	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Brushed teeth/Gargled/Rinsed Mouth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Urinated	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Wiped genitals (not while using bathroom)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what and where is it?

If <72 hours since the assault, has the suspect:			
Had a bowel movement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Used a douche/enema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Showered/Bathed/Steamed/Washed Genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Vomited	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

<i>If female</i> , since the assault, has the suspect:		
Inserted a <input type="checkbox"/> feminine hygiene product <input type="checkbox"/> birth control device	What? _____	Is suspect still wearing it? <input type="checkbox"/> No (where is the item now? _____) <input type="checkbox"/> Yes (Tampons worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.)
Used a <input type="checkbox"/> pad or <input type="checkbox"/> panty liner		Is suspect still wearing it? <input type="checkbox"/> No (where is the item now? _____) <input type="checkbox"/> 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**

Condition/Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Intact <input type="checkbox"/> Dirty <input type="checkbox"/> Wet <input type="checkbox"/> Torn <input type="checkbox"/> Apparent blood	Clothing worn at time of exam: (List) <input type="checkbox"/> Shirt/T-shirt Describe: _____ <input type="checkbox"/> Jeans/Pants Describe: _____ <input type="checkbox"/> Coat/Jacket Describe: _____ <input type="checkbox"/> Underwear Describe: _____ <input type="checkbox"/> Bra Describe: _____ <input type="checkbox"/> Socks/Shoes Describe: _____ <input type="checkbox"/> Other Describe: _____
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Has the suspect 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)**

Clothing worn at time of assault: (List)  
 Shirt/T-shirt Describe: \_\_\_\_\_  
 Jeans/Pants Describe: \_\_\_\_\_  
 Coat/Jacket Describe: \_\_\_\_\_  
 Underwear Describe: \_\_\_\_\_  
 Bra Describe: \_\_\_\_\_  
 Socks/Shoes Describe: \_\_\_\_\_  
 Other Describe: \_\_\_\_\_

If the suspect has changed clothing since the assault, where is the clothing now?  
 Unsure  At scene  With suspect  Given to law enforcement  Other  
\_\_\_\_\_

Were any items laundered?  No  Yes  
If yes, please describe: \_\_\_\_\_

RECENT SEXUAL HISTORY:

**Prior to the assault**, did the suspect 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: \_\_\_\_\_
  - 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 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**, has the suspect 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: \_\_\_\_\_

ALCOHOL AND DRUG INFORMATION:

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

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

If yes, describe. How was alcohol obtained?: \_\_\_\_\_  
\_\_\_\_\_

What was consumed (by victim and by suspect)? \_\_\_\_\_  
\_\_\_\_\_

How much (by victim and by suspect)? \_\_\_\_\_  
\_\_\_\_\_

Approximate time of first and last drink? \_\_\_\_\_  
\_\_\_\_\_

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

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

If yes, describe. How was the drug obtained?: \_\_\_\_\_  
\_\_\_\_\_

What was consumed (by victim and by suspect)? \_\_\_\_\_  
\_\_\_\_\_

How much (by victim and by suspect)? \_\_\_\_\_  
\_\_\_\_\_

Approximate time of first and last use? \_\_\_\_\_  
\_\_\_\_\_

NOTES:

FEMALE/MALE - HEAD/NECK

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)
I	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

Notes:

Examiner's Initials: \_\_\_\_\_

FEMALE/MALE - HEAD/NECK

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AB	Abrasion
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PE	Petechiae
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TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



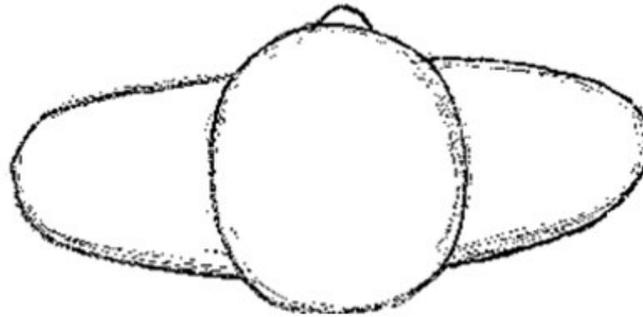
No injuries noted

Notes:

Examiner's Initials: \_\_\_\_\_

FEMALE/MALE - HEAD/NECK

LEGEND (Type of findings)	
AB	Abrasion
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OF	Other finding (describe)
I	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

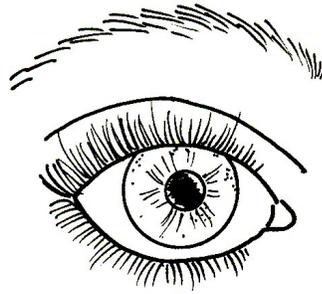
Notes:

Examiner's Initials: \_\_\_\_\_

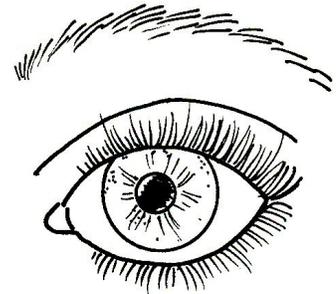
**FEMALE/MALE – EYES**

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 <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

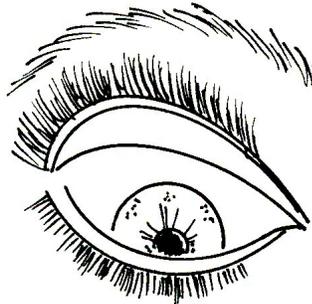
**RIGHT SUBCONJUNCTIVA**



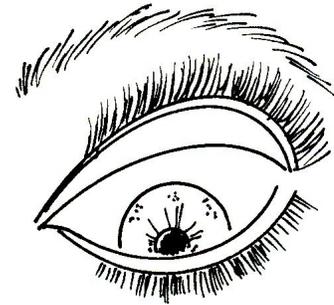
**LEFT SUBCONJUNCTIVA**



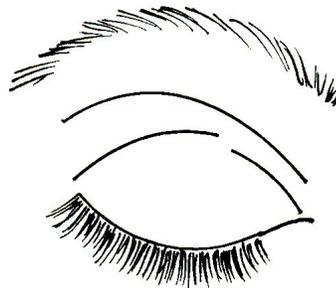
**RIGHT INNER EYELID**



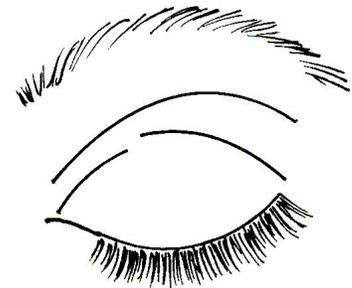
**LEFT INNER EYELID**



**RIGHT EYELID**



**LEFT EYELID**



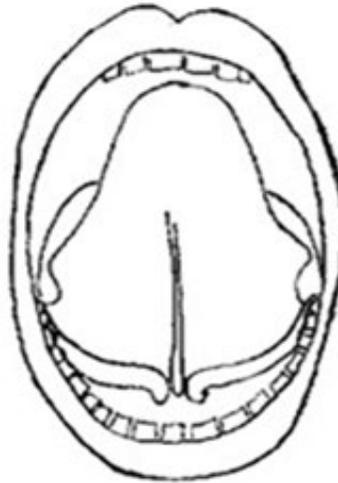
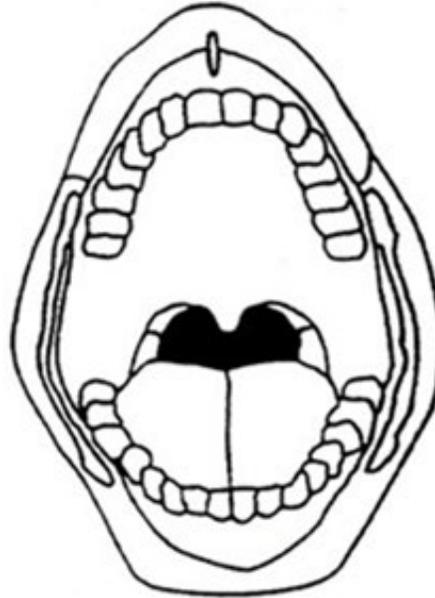
**No injuries noted**

**Notes:**


Examiner's Initials: \_\_\_\_\_

FEMALE/MALE – MOUTH

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 <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



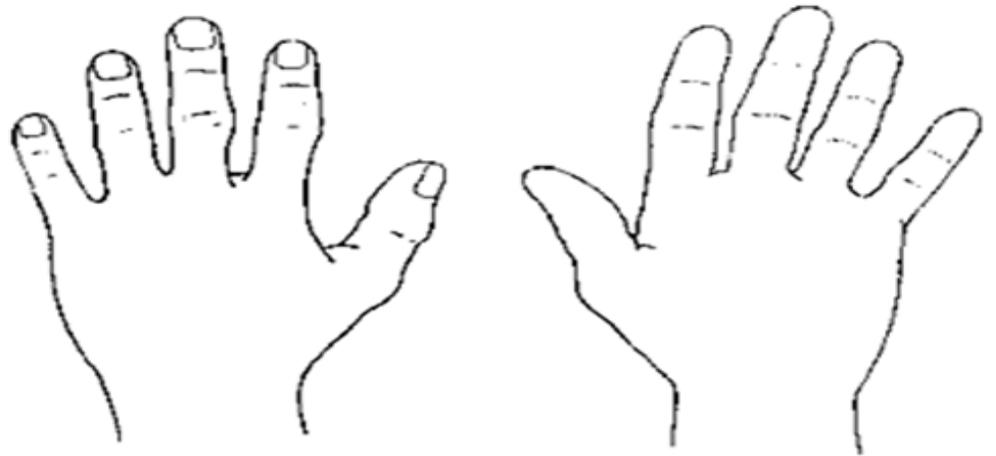
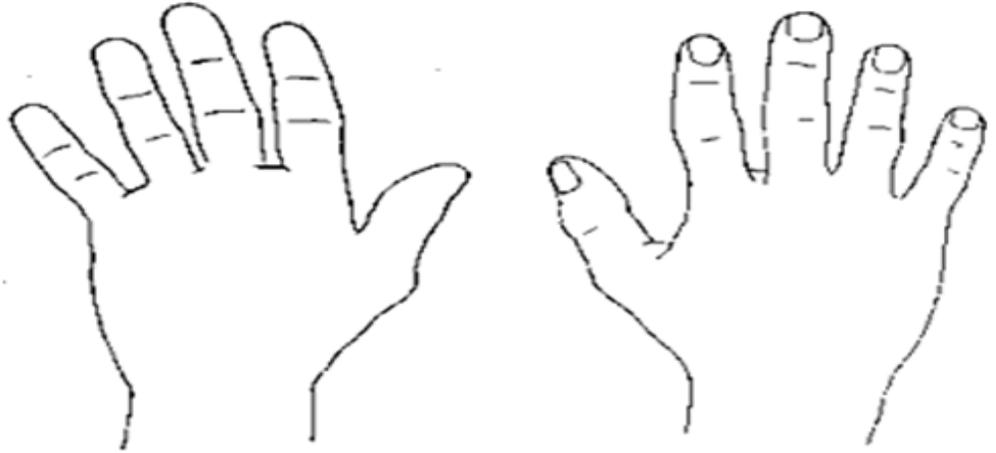
No injuries noted

**Notes:**


Examiner's Initials: \_\_\_\_\_

FEMALE/MALE – HANDS

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 <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



<b>Notes:</b>

Examiner's Initials: \_\_\_\_\_

















ANOGENITAL FINDINGS - MALE		
Exam Method	<input type="checkbox"/> Direct Visualization	<input type="checkbox"/> Colposcope <input type="checkbox"/> Other Magnification _____
Exam Positions/Methods	Separation	Traction
Supine	<input type="checkbox"/>	<input type="checkbox"/>
Knee Chest	<input type="checkbox"/>	<input type="checkbox"/>
Lateral	<input type="checkbox"/>	<input type="checkbox"/>
<p>Was TBD used? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, was there positive uptake? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Was a colposcope used? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Was an anoscope exam completed? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Lubricant used: <input type="checkbox"/> Surgilube <input type="checkbox"/> 2% Lidocaine Jelly <input type="checkbox"/> Triad <input type="checkbox"/> Other: _____</p> <p>Were photographs taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Did the suspect complain of pain or experience pain during the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____</p>		

ANATOMICAL SITE:	WNL	ABN	Not Examined	See Diagram	DESCRIBE:
Inner thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mons Pubis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaft of Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head of Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scrotum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectum (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discharge noted	<input type="checkbox"/>	<input type="checkbox"/>	If abnormal, indicate location <input type="checkbox"/> Rectal <input type="checkbox"/> Penile _____		

**ANOGENITAL FINDINGS - FEMALE**

Exam Method       Direct Visualization       Colposcope       Other Magnification \_\_\_\_\_

Exam Positions/Methods	Separation	Traction
Lithotomy	<input type="checkbox"/>	<input type="checkbox"/>
Knee Chest	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Recumbant	<input type="checkbox"/>	<input type="checkbox"/>

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 suspect complain of pain or experience pain during the exam?  No  Yes If yes, describe \_\_\_\_\_

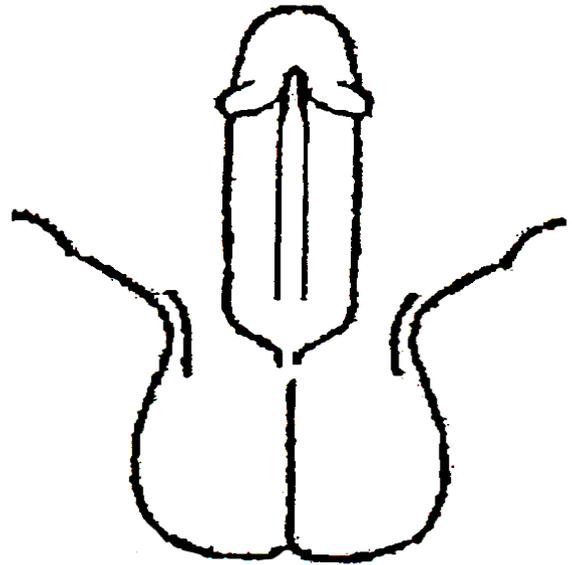
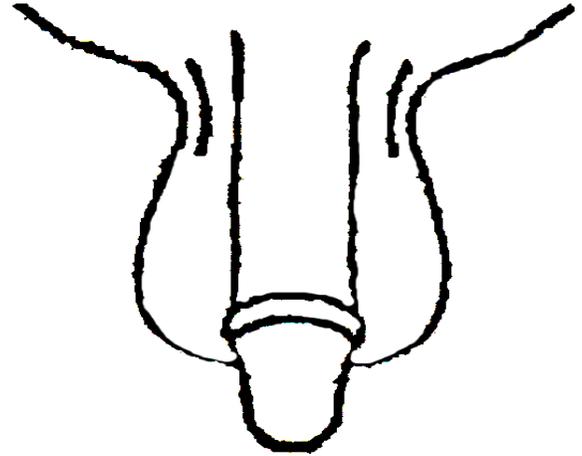
ANATOMICAL SITE:	WNL	ABN	Not Examined	See Diagram	DESCRIBE:
Inner thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mons Pubis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labia Majora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labia Majora/Minora Junction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labia Minora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clitoral Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clitoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perihymenal tissues (urethra/vestibule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hymen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fossa Navicularis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Posterior Forchette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vagina (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cervix (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectum (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discharge noted	<input type="checkbox"/>	<input type="checkbox"/>	If abnormal, indicate location <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal		

MALE GENITALIA (EXTERNAL)

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
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

No remarkable findings

Circumcised  Yes  No



**Notes:**


Examiner's Initials: \_\_\_\_\_

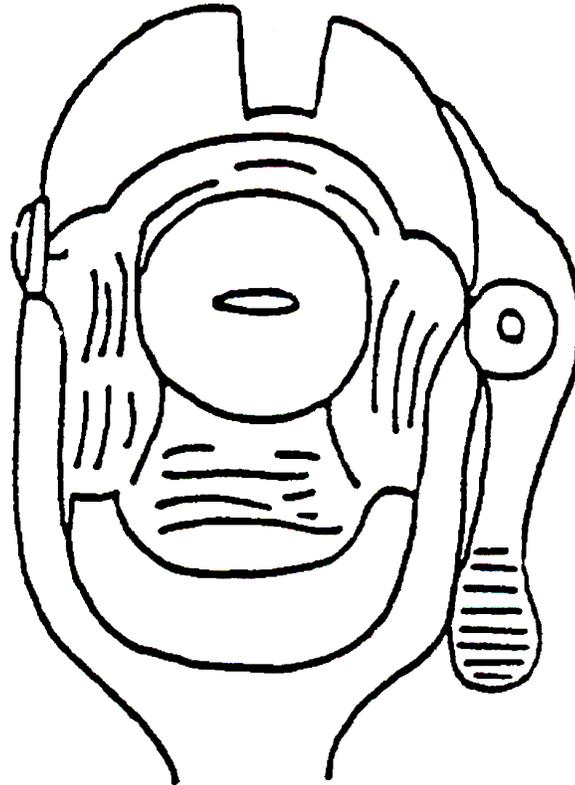






FEMALE GENITALIA (INTERNAL)

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
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No remarkable findings

**Notes:**


Examiner's Initials: \_\_\_\_\_

Kit Samples Collected	
Step 2 Underwear/briefs (worn at time of exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 3 Debris Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 4 Oral Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 5 Reference Buccal [Cheek] Swabs	<b>REQUIRED</b>
Step 6 Fingernail Scrapings	
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 7 Finger Swabs	
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 8 Pubic Hair Combing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 9 Miscellaneous Swabs	
• Semen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Saliva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Blood	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 10 External Genitalia / Anal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• <i>Female</i> Mons and outer aspect of labia majora	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
• <i>Female</i> Remainder of vulva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
• <i>Male</i> Penis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
• Perineum and anus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 13 Vaginal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
Step 14 Cervical Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
Step 15 Rectal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred

**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:**  
 \_\_\_\_\_

<b>ITEMS PLACED IN STORAGE:</b>	<b>Date:</b>	<b>Time:</b>	<input type="checkbox"/> am <input type="checkbox"/> pm
By: _____	Signature: _____		