| Dod Sexual Assault Forensic Examination (SAFE) REPORT | | | | | | | | | |
|---|--|--|---|---|---|--|--|--------------|--|
| PRIVACY AC | T STATE | MENT | | | | | | | |
| AUTHORITY: 10 U.S.C. Chapter 55, Medical and Assault Prevention and Response (SAPR) Program Prevention and Response (SAPR) Program Proce PRINCIPAL PURPOSE(S): Information on this fo examination of the sexual assault victim. The DD (Restricted or Unrestricted) of the sexual assault | m; and Dedures. Form will be Form 29 | oD Instruction 649 e used to documer 11 also documents | 95.02, Sexual on the medical of the reporting | Assault /forensic preference | | | | | |
| response program. ROUTINE USE(S): None. DISCLOSURE: Completion of this form is volunta | | | | | | | | | |
| information requested impedes the effective mana | agement o | of care and suppor | rt required by | the | | | | | |
| procedures of the sexual assault prevention and re | esponse | | | | | Patient | Identification | | |
| | | | ve Informa | | | | | | |
| PART I (NOTE: Conduct a SA | | up to one full | week follo | owing a | sexual assau | ılt, or longer if | circumstances dicta | ite.) | |
| A. GENERAL INFORMATION (Print or | type) | | | | | | Type of Eveninetien: | | |
| Name of Medical Facility: | | | | | | | Type of Examination: Victim | spect | |
| 1a. NAME OF PATIENT (Last, First, Middle In | nitial) (Ski | p if Restricted Rep | port) | | b. PATIENT II | D NUMBER <i>(Unres</i> | tricted Report only) | | |
| | | | | | | | | | |
| 2a. ADDRESS | b. CITY | | c. COUNT | Y | d. STATE | rea Code) | | | |
| 3a. AGE b. DATE OF BIRTH c. GENDE | R (X) | d. RACE AND ET | THNICITY (X / | All That App | ly) | | (2) Work: | _ | |
| (YYYY/MM/DD) M | | American In | dian or Alaska | 1 | Asian | Black or A American | frican Hispanic or | Latino | |
| | | | ern or North A | frican | Native Hawaiian Pacific Islander | | Other | | |
| 4a. ARRIVAL DATE (YYYY/MM/DD) | | b. TIME | | | | E (YYYY/MM/DD) | b. TIME | | |
| | | | | | | | | | |
| B. NOTIFICATION AND AUTHORIZA | TION: | | | <u>.</u> | | | <u>'</u> | | |
| Location of Assault: J | urisdic | tion: | | Civiliar | or Foreign | Assisting Age | ncy: | | |
| On Installation Off Installation | City | County | Other | | | | | | |
| 1a. NAME OF SEXUAL ASSAULT RESPO (SARC) (Last, First, Middle Initial) | NSE CO | DORDINATOR | | | | DECLINED SARC | c. TELEPHONE (Include | Area Code) | |
| 2a. NAME OF SEXUAL ASSAULT FOREN | ISIC EX | AMINER lb i | RANK | c. TITLE | | | d. TELEPHONE (Include | Area Code) | |
| (Last, First, Middle Initial) | | | | | | | | | |
| 3a. NAME OF VICTIM ADVOCATE (VA) (L | ast, First, | Middle Initial) | | | | b. TELEPHONE | (Include Area Code) | | |
| 4a. NAME OF MILITARY CRIMINAL INVES (Last, First, Middle Initial) | STIGAT | IVE OFFICER (I | UNRESTRIC | CTED REP | PORT) | b. TELEPHONE | (Include Area Code) | | |
| c. AGENCY | | | | TA IDNIII | MDED | | - DATE (((()()()()()()()()()()()()()()()()()(| | |
| C. AGENCT | | | | d. ID NU | MREK | | e. DATE (YYYY/MM/DD) | 1 | |
| 5a. NAME OF SERVICE DESIGNATED EV | IDENCE | COLLECTING | OFFICER (| PESTRICT | TED DEDORT | | b. TELEPHONE (Include | Area Code) | |
| (Last, First, Middle Initial) | IDENOL | OOLLEGIING | OI I IOEK (| LOTRIO | ILD KEI OKI) | _ | b. TEELITIONE (molade | Area Code) | |
| c. AGENCY | | d. ID NUMBER | | e. DATE | (YYYY/MM/DD) | f. TIME | g. RESTRICTED REPOR CONTROL NUMBER | RT (RRCN) | |
| C. REPORTING INFORMATION | | | | <u>.</u> | | • | | | |
| In unrestricted reporting, I understand that Defense regulations to report sexual assistances, the report makes and In Restricted reporting, I understand that Defense regulations to report sexual assistance. | aults to I lust state Military | Military Criminal the name of th Medical Treatm | Investigative injured per ent Facilities | e Organiza rson, curre s and Heal | ation (MCIO) au ent whereabouts thcare Provider | uthorities (e.g., C s, and the type a | IĎ, NČIS, AFOSI). nd extent of injuries. | (Initial) | |
| 2. a. The Sexual Assault Response Coordin explained the difference between Unre | ator (SA estricted | ARC) and/or Sex | ual Assault Reporting or | Prevention otions. | and Response | | , | (Initial) | |
| b. I understand that I have the right to sp reporting option. | | | | | | , | - | (Initial) | |
| c. I have elected: UNRESTRICTED | REPOR | | | | | | uty, and Reserve and dult military dependent.) | (Initial) | |
| 3. I understand what my options are and do not have questions. | | | | | | | | | |

| D. | PATIENT CONSENT | | |
|-----|--|------------------------|-----------|
| 1. | I understand that the Sexual Assault Forensic Examination (also known as a "SAFE") that I am about to undergo is optional. When I give my consent, a healthcare professional may examine me to find and collect evidence of an assault. I understand that as part of the examination, the provider can collect specimens such as urine and/or blood. | Patient Identification | |
| | <u> </u> | YES | (Initial) |
| 2. | I understand that I may withdraw my consent at any time for any portion of the examination and that will not impact my right to medical care. | nt it | |
| | | YES | (Initial) |
| 3. | I understand that collection of evidence may include photographing injuries and that these photogramay include the genital area. | aphs NO | |
| 4. | I understand that samples of my blood and/or urine may need to be tested for drugs as part of my | | (Initial) |
| | treatment. I also understand that testing for drugs will also show prescriptions, other drugs, and | YES | |
| | alcohol that I have voluntarily consumed. I understand that illegal drugs or alcohol (if I am under | NO | |
| | age 21) in my body could be used to show that I engaged in misconduct if I am a Service member. | | |
| | I consent to this testing. | | 4 44 6 |
| 5. | I understand that some of the information that I provide may be collected for health and forensic | YES | (Initial) |
| | purposes and provided to health authorities and other qualified persons for a valid educational or | | |
| | scientific interest and/or epidemiological studies. However, none of my personally identifying data (name, patient identification number, etc.) will be disclosed for these purposes. | NO | |
| | (table, parent learning and the first section of the parent learning and the first section of | | (Initial) |
| | | YES | (Initial) |
| 6. | I hereby consent to a sexual assault medical forensic examination (SAFE). | | |
| | | NO | |
| 1 | Kilberra alastada mala an ilmustriatad Danad I medanatan dan dan sasarata the release of more | YES | (Initial) |
| 7. | If I have elected to make an Unrestricted Report, I understand and consent to the release of my recand all evidence collected from this exam to MCIO. | orus | |
| | and all evidence collected from this exam to more. | NO | |
| | | YES | (Initial) |
| 8. | In cases where the military does not have jurisdiction over the offense, evidence may be turned ov | er TES | |
| | to a state or Federal law enforcement agency. | NO | |
| | | | (Initial) |
| 9. | If I have elected to make a Restricted Report, I understand that my records and all evidence collect | ted YES | |
| | should not be reviewed or tested unless I choose to convert to an Unrestricted Report. | NO | |
| 10 | . I understand that any evidence, including personal property, collected in an Unrestricted Report sh | nall he | (Initial) |
| 10 | retained by MCIO and not returned to me until the conclusion of all legal, adverse action, and adm | \/=0 | |
| | trative proceedings. Additionally, in a Restricted Report any personal property retained as part of | | |
| | Sexual Assault Forensic Examination (SAFE) will be retained and not returned to me for a period of 5 years in accordance with legal requirements and DoD policy. | of NO | |
| 11 | a. PATIENT SIGNATURE | b. DATE | c. TIME |
| ' ' | a. I ATILITI SISIMI SIL | (YYYY/MM/DD) | J. THE |
| | | | |
| 12 | . WITNESS TO PATIENT SIGNATURE | <u> </u> | |
| | . SIGNATURE b. ADDRESS (Include ZIP Code) | c. DATE | d. TIME |
| | | (YYYY/MM/DD) | |
| | | | |

| E. PATIENT HISTORY | | | | | | | | | |
|--|---------------|-------------------|-------------------------|------------|----------|----------------|---|-----------|-----|
| 1a. NAME OF PERSON PROVIDING HISTORY (Last, First, Middle Initial) | | | | | | | | | |
| | | | | | | | | | |
| b. RELATIONSHIP TO PATIENT | | c. DATE | E (YYYY/MM/DD) | | | | | | |
| | | | | | | | | | |
| 2. PERTINENT MEDICAL HIS | STORY | Ш | | | | | Patient Identification | | |
| a. LAST MENSTRUAL PERIOD | b. Any re | cent (60 d | ays) anal-genital inj | juries, s | urgeries | , diagnost | ic procedures, or medical treatment that may affect the interpretat | tion of | |
| current physical findings? (If yes, describe) No Yes | | | | | | | | | |
| c. Any other pertinent medical con- | dition(s) t | hat may af | fect the interpretation | on of cu | rrent ph | ysical find | ings? (If yes, describe) | | |
| No | | | | | | | | | |
| Yes | | | | | | | | | |
| d. Any pre-existing physical injuries | s? (If ye | s, describe |) | | | | | | |
| No | | | | | | | | | |
| Yes | | | | | | | | | |
| 3. PERTINENT NON-ASSAUL | T DEL / | TED HIS | TOPY | | | | | | |
| | | | | d any o | thor in | formatio | on regarding sexual history on this form. | | |
| | | | | - | | | no, then check the "No" box to the left and proceed to item 4. | | |
| (X and complete as applicable) | | es Unsi | | | | | · · | | |
| b. Anal (within past 5 days)? | | | When? | | | | | | |
| c. Vaginal (within past 5 days)? | | | When? | | | | | | |
| d. Oral (within past 5 days)? | | | When? | | | | | | |
| e. Did ejaculation occur? | | | Where? | | | | | | |
| f. Was a condom used? | | | | | | | | | |
| 4. POST-ASSAULT HYGIENE | Z/ACTIV | ITY | Not Applicable if | over 5 | davs | | | | |
| (X and complete as applicable) | | | | No | Yes | | | No | Yes |
| a. Urinated | | | | | | h. Brush | ned teeth | | |
| b. Defecated | | | | | | i. Gargl | ed/mouthwash | | |
| c. Genital or body wipes (If yes, de | escribe) | | | | | j. Vomit | red | | |
| | | | | | | k. Ate o | r drank | | |
| d. Douched (If yes, with what) | | | | | | I. Used descri | cream/ointment/lotion on body part involved in assault (If yes, be) | | |
| e. Removed/inserted | | | | | | m. Chan | ged clothing (If yes, describe) | | |
| Tampon Diaphragr | m N | uva ring | | | | | | | |
| f. Oral gargle/rinse | | | | | | n. Chan | ged body piercings (If yes, describe) | | |
| g. Bath/shower/wash | | | | | | | | | |
| F. ASSAULT HISTORY | | | | | | | | | |
| 1a. DATE OF ASSAULT(S) (Y | YYY/MM/ | DD) 2. L | OCATION AND | PERTI | NENT | PHYSIC | AL SURROUNDINGS | | |
| | | | | | | | | | |
| b. TIME | | | | | | | | | |
| | | | | | | | | | |
| 3. PHYSICAL EFFECTS OF A | ASSAUL | T If injur | ies are described | d or if re | emarka | ble findir | ngs or possible trauma are observed, please photograph. | | |
| a. Non-genital injury, pain and/or b | leeding (i | ncluding te | enderness). (If yes, | , describ | pe.) | | | | |
| No Yes | | | | | | | | | |
| b. Genital/rectal injury, pain and/or | bleeding | (including | tenderness). (If ye | s, desc | ribe.) | | | | |
| No Yes | | | | | | | | | |
| | ON THE | ASSAIL 4 | NT(S) DURING | ASSAI | JLT? // | f ves. desi | cribe injuries, possible locations on the body, and how they were i | inflicted |) |
| No | | | (=)==::::0 | | (/ | ,, | James, personal resultance on the wody, and non they work | | , |
| Yes | | | | | | | | | |
| 5a. NUMBER OF ASSAILANT | (S) b. | ASSAILA | NT(S) RELATIONS | HIP TO | VICTIN | (Indicate | number all that apply) | | |
| | | Stı | ranger Ac | quainta | nce | Re | lative (Specify) | | |
| | | Ot | her (Specify) | | <u> </u> | | | | |

| G. PATIENT'S DESCRIPTION OF THE ASSAULT | |
|---|------------------------|
| Please record the patient's description of the assault. | |
| Add additional pages if necessary. | |
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| | Patient Identification |
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| H. ACTS DESCRIBED BY PATIENT | Т | | | | | | |
|--|---------|-----------|-----------|----------|--------------------|------------------------|--|
| Describe any penetration of the normatter how slight or brief. | | nital, a | anal or o | oral ope | ning, | | |
| - Type of sexual intercourse (o | ral, va | aginal | , anal). | | | | |
| - If more than one assailant, id | entify | by nu | ımber. | | | Patient Identification | |
| 1. PENETRATION OF VAGINA BY | No | Yes | Attempted | Unsure | Describe: | | |
| a. Penis | | | | | | | |
| b. Finger | | | | | | | |
| c. Object (If yes, describe the object) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. PENETRATION OF ANUS BY | No | Yes | Attempted | Unsure | Describe: | | |
| a. Penis | | | | | | | |
| b. Finger | | | | | | | |
| c. Object (If yes, describe the object) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. ORAL COPULATION OF GENITALS | No | Yes | Attempted | Unsure | Describe: | | |
| | | | · | | | | |
| a. Of patient by assailant | | | | | | | |
| b. Of assailant by patient | | | | | | | |
| 4. ORAL COPULATION OF ANUS | No | Yes | Attempted | Unsure | Describe: | | |
| a. Of patient by assailant | | | | | | | |
| h. Of acceilant by nations | | | | | | | |
| b. Of assailant by patient | | | | | | | |
| 5. NON-GENITAL ACT(S) | No | Yes | Attempted | Unsure | Describe: | | |
| a. Licking | | | | | | | |
| b. Kissing | | | | | | | |
| c. Suction injury | | | | | | | |
| d. Biting e. Strangulation/choking | | | | | | | |
| 6. OTHER ACT(S) (Describe) | | <u> </u> | <u> </u> | | | | |
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| 7. DID EJACULATION OCCUR? | No | Yes | Unsure | | | | |
| (If yes, location(s)) | | | | | | | |
| Mouth Rectum | Other | (note loc | ation(s)) | | | | |
| Vagina Body surface Genitals On clothing | | | | | | | |
| Anus On bedding | | | | | | | |
| 8. CONTRACEPTIVE OR LUBRICANT I | PRODI | JCT(S) | | | | | |
| | No | Yes | Unsure | Describe | Type/Brand, if kno | wn: | |
| a. Condom used? | | | | | | | |
| b. Lubricant used? | | | | | | | |
| a Other Centracentive used? | | | | | | | |

| - Record a | all findings usir | L EXAMINAT ng diagrams, leg d or if remarkabl | end, and a c | onsecutiv possible | ve numbe trauma a | ring sys re obser | tem. ved, | | | | | | |
|--|------------------------------|---|---|-----------------------|----------------------------|---|--------------------------------|----------------------------|--|-------------|--|-----------------------|---|
| 1a. Weight | b. Blood Pre | essure c. Pulse | d. Res | sp 6 | e. Temp | f. Puls | se Oxygen | | | | | | |
| 2a. Exam Sta | rted | | b. Exam C | completed | | | | | | | | | |
| Date (YYYYMM | | Time | Date (YYY | | | Time | | | | Pati | ient Identification | | |
| | general physvations, not con | sical appearan | ce. | 4. Des and c | cribe ger prientation. | neral de Use ob | emeanor. (In servations, no | ncluding at ot conclusi | ffect, behavior ions.) | | Describe condition arrival. (If the patient the assault) | | |
| | uter and und | erclothing if in | dicated. | | iduct a pl | hysical | examinatio | n. Use th | ne history obta | ained e | earlier to guide your exa | | on and recovery Observed |
| | | with an Alterna ith the location of | | | uch as a | Wood's | Lamp). Co | llect dried | and moist se | cretion | ns, stains, and foreign r Findings No F | | s from the body. Observed |
| 9. Was ther | re a history of | scratching? | No | Yes | Unsure | | s or unsure, c ernails. | collect fing | ernail clipping | gs. If th | nere is not enough fing | ernail to | clip, then swab |
| | | of kissing, licki | | | | body? | No | Yes | Unsu | | s are addressed in the | next se | ctions.) |
| Diagram A | , | | | | | | Diagram B | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | , |
| | Jan Jan | | | } | | | | | Ten de la constitución de la con | | | } | |
| | | | | | | | | | | | ED IN SECTION O. | - | |
| AB Abrasio ALS Alternat Source BI Bite | te Light CS Co | urn ontrol Swab ontusion (bruise) ebris | DF Deformand DS Dry S ER Eryther F/H Fiber/ | ecretion ema (redn | FB IN ness) IW LA | Foreign Indurati Incised Lacerat | on OF Wound | Other F Materi | | | Petechiae Potential Saliva Sample Per History Suction Injury | SW TB TE V/S | Swelling Toluidine Blue⊗ Tenderness |
| Locator # | Type DE | סווט | Description | | LA | Laccidi | Locator # | Type | ijui y (uescribe) | <i>,</i> 31 | Description | 413 | Vegetation/Soil |
| | .,,,,, | | | | | | | .,,,, | | | 2000.194011 | | |
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| J. HEAD, NECK, THROAT AND ORAL EXAMINATION Record all findings, including tenderness and pain, using diagrams, legend, an consecutive numbering system. | d a |
|---|---|
| If injuries are described or if remarkable findings or possible trauma are obser please photograph. | red, |
| Examine the face, head, hair, scalp, neck and throat for injury and foreign materi Findings No Findings Observed | als. |
| Collect dried and moist secretions, stains, and foreign materials from the face, h hair, neck, throat and scalp. Findings No Finding | ead, |
| Examine the oral cavity for injury and foreign material (If indicated by assault histo Collect foreign materials. | |
| Exam done: Not applicable Yes Findings No Findings Observ | |
| Gently comb or brush head hair to collect foreign material. Do not pluc collected from the individual for comparisons to questioned hairs.) | k or pull hair. (Known head hairs are no longer routinely collected. Known hairs are |
| Diagram C | Diagram D |
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| Diagram E | Diagram F |
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| LEGEND: TYPES OF FINDINGS. RECORD A | LL SPECIMENS COLLECTED IN SECTION O |
| AB Abrasion BU Burn DF Deformity FB Foreign | Body MS Moist Secretion PE Petechiae SW Swelling |
| ALS Alternate Light CS Control Swab DS Dry Secretion IN Indurating Source CT Contusion (bruise) ER Erythema (redness) IW Incised | Wound Materials (describe) SHX Sample Per History TE Tenderness |
| BI Bite DE Debris F/H Fiber/Hair LA Lacerat Locator# Type Description | on OI Other Injury (describe) SI Suction Injury V/S Vegetation/Soil Locator # Type Description |
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| K. | GENITAL EXAMINATION - FEMALE - Record all findings, including tenderness and pain, using diagrams, legend, and a consecutive numbering system If injuries are described or if remarkable findings or possible trauma are observed, please photograph. | | | |
|-----|--|-------------------------|--------------------------------------|---|
| | Examine the inner thighs, external genitalia, and perineal area. If there are findings, describe (including location). If available and appropriate, consider the use of toluidine blue dye.) Abdomen Clitoral hood and surrounding area. Clitoral hood and surrounding area. | | | |
| | Thighs Periurethral tissue/ urethral meatus Perineum Hymen | | | Battant Island Gastian |
| | Labia majora Fossa navicularis | 2 Scan th | o aroa w | Patient Identification vith an Alternate Light Source. Collect dried and moist |
| | Labia minora Posterior fourchette | | | and foreign materials. Findings No Findings Observed |
| | Gently comb or brush pubic hair to collect foreign material. Do not plucollected from the individual for comparisons to questioned hairs.) If there is no pubic | hair, conduct | an extern | al swab of pubic mound and genitalia. |
| 4. | Examine the vagina and cervix. If there are findings, describe (including location). (If available and appropriate, consider the use of toluidine blue dye.). Findings No Findings Observed | a. Finding (includir | gs from bo ng location indings | ttocks, anus, and perineum. uttocks, anus, or perineum. If there are findings, describe n) (If available and appropriate, consider use of toluidine blue dye.). No Findings Observed |
| a. | Collect the following swabs: 2 pubic mound (if there is no pubic hair), 2 vaginal, and 2 cervical. | F | indings | moist secretions, and foreign materials. No Findings Observed of the perineum. d. Collect 2 anal swabs. |
| | Conduct a rectal exam (using anoscope if possible) if rectal injury is s a. Rectal exam done: Yes Not applicable b. Rectal bleeding: No Yes c. Was an anoscopic exam done? No Yes d. If exam was done, what position was used? Supine Lithotomy Other (de | e. If exam | | e is any sign of rectal bleeding. e, describe findings: f. Collect a rectal swab if indicated. |
| Dia | agram G | Diagram H | | |
| Dia | agram I | Diagram J | \ | |
| | LEGEND: TYPES OF FINDINGS. RECORD A | | | |
| В | LS Alternate Light CS Control Swab DS Dry Secrétion IN Indurate Source CT Contusion (bruise) ER Erythema (redness) IW Incised | ion OF Wound | Other F Materi | ecretion PE Petechiae PS Potential Saliva Toluidine Blue⊗ SHX Sample Per History Pipury (describe) SI Suction Injury Pescription SI Suction Injury Secription PE Petechiae SW Swelling Toluidine Blue⊗ Tenderness V/S Vegetation/Soil |
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| | GENITAL EXAMINATION - MALE - Record all findings, including tenderness and pain, using diagrams, legen and a consecutive numbering system. - If injuries are described or if remarkable findings or possible trauma are observed, please photograph. | d, | l, |
|------|--|--------------|--|
| | Examine the inner thighs, external genitalia, and perineal area. | | 7 |
| | there are findings, describe (including location). (If available and appropriate, consider the use of toluidine blue dye.) Findings No Findings Observed | Ł | Patient Identification |
| | Abdomen Foreskin Shaft Glans | | |
| | Thighs Urethral meatus Scrotum Testes | | |
| 2. (| Circumcised: No Yes 3. Scan the area with an Alte stains, and foreign materials. | rna | nate Light Source (such as a Wood's Lamp). Collect dried and moist secretions, Findings No Findings Observed |
| | | | pluck or pull hair. (Known pubic hairs are no longer routinely collected. Known hairs are |
| | collected from the individual for comparisons to questioned hairs.) If there is no put findicated by assault history, collect the following swabs: 2 penils | | |
| 6. E | Transition Also britts also and manipulation (Classical Also British | | findings, describe (including location). (If available and appropriate, consider the use of |
| a. | Yes None Observed | lue | ie dye.) |
| b. | Collect dried and moist secretions, and foreign materials. | | |
| | Findings No Findings Observed | | |
| | Collect 2 anal swabs. | | and the second s |
| | Conduct a rectal exam (using anoscope if possible) if rectal injury is Rectal exam done? Yes No e. If exam w | | suspected or it there is any sigh of rectal bleeding. as done, describe findings: |
| | Rectal bleeding: Yes None Observed | iuo | is done, december interrige. |
| | . Was an anoscopic exam done? Yes No | | |
| | I If exam was done, what position was used? Supine | | |
| | Other (describe) | | |
| Diag | gram K | | Diagram L |
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| | * | | |
| Diaç | gram M | | Diagram N |
| | | | |
| | | | |
| | | | ALL SPECIMENS COLLECTED IN SECTION O. |
| ВІ | S Alternate Light CS Control Swab DS Dry Secretion IN Industrial Source CT Contusion (bruise) ER Erythema (redness) IW Inci | urati sed | gn Body ation OF Other Foreign Adequation OI Collection OI Locator # Type Moist Secretion OI Collection OI Collect |
| | 77- | | |
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| 1 |
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| |
| Patient Identification |
| 3. Vomited? (If yes, describe. Include location and number of times.) |
| b. Involuntary ingestion of alcohol/drugs? No Yes Unsure If yes: Alcohol Drugs |
| STRICTED REPORTS: Was a DoD Toxicology Kit completed? No Yes |
| |
| No Yes (If Other, describe) |
| No Yes |
| M No Yes |
| No Yes |
| |
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| |

| P. EVIDENCE COLLECTED | | | | | | | | | | | |
|--|-------------|--------|---------|----------------|----------------------------|------|-------|------------------|--------------|------|--------------|
| | | No | Yes | Time Completed | 1 | | | | | | |
| 1. TOXICOLOGY KIT | | | | | | | | | | | |
| Completed By | | F | Release | d To | | | | | | | |
| | | | | | | | | | | | |
| 2. CLOTHING | <u> </u> | No | Yes | Time Completed | Completed | | Patie | nt Id | entification | | eleased To |
| a. Undergarments placed in evidence kit | | INO | 163 | Time Completed | Completed | ь | | | | INC | eleaseu 10 |
| b. Clothing placed in bags | | | | | | | | | | | |
| 3. OTHER: | | No | Yes | Time Completed | Completed | l Bv | | | | Re | eleased To |
| | | 110 | 100 | Timo Completed | Completed | | | | | | 5,00000 10 |
| a. Swabs, suspected blood | | | | | | | | | | | |
| b. Dried secretions | | | | | | | | | | | |
| c. Fiber/loose hairs | | | | | | | | | | | |
| d. Vegetation | | | | | | | | | | | |
| e. Soil/debris | | | | | | | | | | | |
| f. Swabs/suspected semen | | | | | | | | | | | |
| g. Swabs/suspected saliva | | | | | | | | | | | |
| h. Swabs/Alternate Light Source area(s) | | | | | | | | | | | |
| i. Fingernail cuttings | | | | | | | | | | | |
| j. Fingernail scrapings/swabbings | | | | | | | | | | | |
| k. Matted hair cuttings | | | | | | | | | | | |
| Pubic hair combings/brushings | | | | | | | | | | | |
| m. Intravaginal foreign body (If yes, descri | be) | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| n. Other types (If yes, describe) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4. ORAL, GENITAL, RECTAL SAMPLES | | I | | | | | | I _ . | | | |
| a. External oral swab(s) | e Completed | | Co | mpleted By | f. Perineal swab(s) | # Sw | abs | Time | Completed | | Completed By |
| | | | | | | | | | | | |
| b. Oral cavity swab(s) | | | | | g. Anal swab(s) | | | | | | |
| c. Vaginal swab(s) | | | | | h. Rectal swab(s) i. Other | | | | | | |
| d. Cervical swab(s) | | | | | (If yes, describe) | | | | | | |
| e. Pubic mound swab(s) | | | 1 | | | | | , I | | | |
| 5. REFERENCE SAMPLES No Yes | Time Com | pleted | 1 | Completed By | d Other (description) | | No | Yes | Time Compl | eted | Completed By |
| a. Blood Card | | | 1 | | d. Other (describe) | | | | | | |
| b. Head Hair (gentle combing) | | | | | | | | | | | |
| c. Pubic Hair (gentle combing) | | | | | | | | | | | |

| Q. PHOTO | DOCUMENTATION METHOD | S | | |
|----------------------|-----------------------------|-------------------------------|---------------------------------------|----------------------------------|
| 1. TYPE OF CA | MERA Polaroid Digital | Colposcope | | |
| Other 2. DISPOSITIO | N OF FILM/DISK | | | |
| 2. 2.0. 000 | | | | |
| 3. PHOTO LIST | • | | Patient | dentification |
| Photo Number | | | Description of Photo | |
| | | | <u> </u> | |
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| R. OTHER I | DOCUMENTS INCLUDED - I | there are any other docume | nts included with this report, please | e list: |
| | | | | |
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| e pepeon | NEL INVOLVED - Print names | | | |
| 1. HISTORY TA | | Telephone (Include Area Code) | 2. EXAM PERFORMED BY | Telephone (Include Area Code) |
| i. illotoki iz | INLIN DI | | 2. EARINT ERI ORINED DI | |
| | | | | |
| 3. SPECIMENS | LABELED AND SEALED BY | Telephone (Include Area Code) | 4. ASSISTED BY | Telephone (Include Area Code) |
| | | | | |
| T. EVIDENC | E DISTRIBUTION | | | |
| | SY KIT GIVEN TO: | | 2. EVIDENCE KIT AND BAG | SS GIVEN TO: |
| | JRNED TO PATIENT (describe) | | 4. OTHER (describe) | IS SIVER 10. |
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| | | | Given to: | |
| U. PERSON | RECEIVING EVIDENCE - Fo | r Unrestricted Report - MCIO | ; for Restricted Report - See Servic | e Policy. |
| 1. SIGNATURE | | | 2. PRINTED NAME AND ID NUMBER | |
| | | | | |
| 3. AGENCY | | | 4. DATE (YYYYMMDD) | 5. TELEPHONE (Include Area Code) |
| | | | | |

Dod Sexual assault forensic examination report

PART II - DoD TOXICOLOGY KIT - FOR UNRESTRICTED REPORTS ONLY

BLOOD AND URINE SPECIMEN COLLECTION INSTRUCTIONS

Notes:

- (A) This kit is to be used in conjunction with a DoD Medical Forensic Examination Kit when the patient indicates that there was memory loss, lapse of consciousness, involuntary or voluntary ingestion of drugs or alcohol, or if toxicology testing is otherwise indicated.
- (B) Collect both blood and urine specimens in all cases.
- (C) Urine samples should be collected from the victim as soon as possible due to the short window of detection for many of the drugs (including alcohol) involved in sexual assault.
- (D) Based on timing of evidence pick up, refrigerate the sealed kit. However, if you are in a deployed or natural disaster environment that does not have refrigeration, it will be unlikely to preserve specimen.
- STEP 1: Fill out the information requested on the Victim Information Form (next page).

BLOOD SPECIMEN COLLECTION

Note: Blood specimen collection must be performed only by a physician, registered nurse or trained phlebotomist.

STEP 2: Cleanse the blood collection site with the alcohol-free prep pad provided. Following normal hospital/clinic procedure, collect blood using two 10 ml blood collection tubes with 100 mg of sodium fluoride and 20 mg of potassium oxalate. Allow blood tubes to fill to maximum volume.

Notes:

- (A) Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting the blood tube at least five times. **Do NOT shake!**
- (B) Discard venipuncture needle(s) and prep pads as recommended by OSHA guidelines. **Do NOT** place the venipuncture needle(s) or prep pads in the specimen collection box.
- **STEP 3:** Fill out all information requested on two of the three Specimen Security Seals provided. Then remove backing from the two Specimen Seals. Affix center of seals to the blood tube rubber stoppers, and press ends of seals down sides of the blood tubes, then place both filled and sealed blood tubes in specimen holder.

URINE SPECIMEN COLLECTION

- STEP 4: Have subject void directly into the urine specimen bottle provided. A minimum of 60 ml is required.
- STEP 5: After specimen is collected, replace cap and tighten down to prevent leakage.
- **STEP 6:** Fill out the information requested on the remaining Specimen Security Seal. Affix center of seal to the bottle cap and press ends of seal down sides of bottle, then place urine bottle in specimen holder.
- **STEP 7:** Place specimen holder inside the zip lock bag, then squeeze out excess air and close the bag. Place specimen holder in kit box.
- Note: Do not remove liquid absorbing sheet from specimen bag.
- STEP 8: Place DoD Toxicology Kit Victim Information form in Toxicology Kit. Retain a copy of the form with the SAFE Report.
- STEP 9: Close kit box and affix kit box shipping seal where indicated.
- STEP 10: Fill out all information requested on kit box top under "For Hospital Personnel".
- STEP 11: MCIO agent should mail kit with Form 1323, "Toxicology Request Form" (found at: www.afip.org) to:

Armed Forces Medical Examiner

Division of Forensic Toxicology Bldg 115 Purple Heart Drive Dover AFB, DE 19902

| Dod Toxicology Kit | | |
|---|------------------------|--------|
| VICTIM INFORMATION FORM | | |
| FOR UNRESTRICTED REPORTS ONLY | | |
| TON ONNEOTHIOTED REPORTS ONE | Patient Identification | |
| 1. VICTIM'S NAME (Last, First, Middle Initial) | | |
| | | |
| 2. VICTIM'S DATE OF BIRTH (YYYY/MM/DD) | | |
| | | |
| | | |
| 3a. DATE OF SPECIMEN COLLECTION (YYYY/MM/DD) | b. TIME | |
| | | |
| 4. IS VICTIM A SMOKER? | | |
| Yes No | | |
| | | |
| 5. IS VICTIM TAKING ANY PRESCRIPTION DRUGS? | | |
| Yes No | | |
| a. IF YES, NAME OF DRUG(S) | | |
| | | |
| | | |
| b. DATE DRUG(S) LAST TAKEN (YYYY/MM/DD) | c. TIME | |
| | | |
| 6. IS VICTIM TAKING ANY OVER-THE-COUNTER DRUGS? | | |
| Yes No | | |
| a. IF YES, NAME OF DRUG(S) | | |
| | | |
| | | |
| L. DATE DRUGGO LAGT TAKEN GGAGGIANDD | - TIME | |
| b. DATE DRUG(S) LAST TAKEN (YYYY/MM/DD) | c. TIME | |
| | | |
| 7. WHY IS DRUG SCREEN BEING REQUESTED? | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| 8. PERSON COLLECTING SAMPLE | | |
| a. NAME (Last, First, Middle Initial) b. TITLE | c. DATE (YYYY/MM/DI |)) |
| | | |
| l | | |

DoD TOXICOLOGY KIT

| DOD TOXICOLOGT KIT | | |
|---|------------------------|----------------------|
| VICTIM INFORMATION FORM | | |
| FOR UNRESTRICTED REPORTS ONLY | | |
| | Patient Identification | 1 |
| 1. VICTIM'S NAME (Last, First, Middle Initial) | | |
| 2. VICTIM'S DATE OF BIRTH (YYYY/MM/DD) | | |
| 3a. DATE OF SPECIMEN COLLECTION (YYYY/MM/DD) | b. TIME | |
| 4. IS VICTIM A SMOKER? | L | |
| Yes No | | |
| 5. IS VICTIM TAKING ANY PRESCRIPTION DRUGS? Yes No | | |
| a. IF YES, NAME OF DRUG(S) | | |
| | | |
| b. DATE DRUG(S) LAST TAKEN (YYYY/MM/DD) | c. TIME | |
| 6. IS VICTIM TAKING ANY OVER-THE-COUNTER DRUGS? | | |
| Yes No | | |
| a. IF YES, NAME OF DRUG(S) | | |
| | | |
| b. DATE DRUG(S) LAST TAKEN (YYYY/MM/DD) | c. TIME | |
| 7. WHY IS DRUG SCREEN BEING REQUESTED? | | - |
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| | | |
| 8. PERSON COLLECTING SAMPLE a. NAME (Last, First, Middle Initial) b. TITL | E | c. DATE (YYYY/MM/DD) |
| a. IVAIVIE (Last, Filst, Mildule IIIIIIai) | ıL. | C. DATE (TTTT/MM/UU) |
| ı | | • |