

Law Enforcement Report # _____ **Date of Assault:** _____

Forensic Examiner Program: _____ **Record #** _____

Complete for all felony sexual assault offenses, both attempted and completed. Cases should be included if the victim was 14 or older at the time of the assault. If there are multiple victims involved in a single incident, complete a separate tracking form for each.

Please mark "unspecified" if the answer to a question is unknown. This could be because the victim did not know or did not disclose.

REPORTING AND AGENCY CONTACT:

Reporting Party (please mark only one)

Victim

Third Party Report

Family member

Friend or acquaintance

Forensic examiner (e.g., SANE, SAFE)

Health care professional (other than forensic examiner)

Other professional (e.g., teacher, counselor), please specify:

Other third party, please specify:

Unspecified

Type of Report (please mark only one)

Crime report (elements of crime are met) (also called "offense report," "incident report," "scored case," etc.)

Informational report (elements of crime not yet met) (also called "information-only report," "officer's report," etc.)

Other type of report, please specify:

Unspecified

Identifying Information for Victim? (please mark only one)

No, victim name and identifying information unknown (anonymous or "blind" report)

Yes, victim identity known and recorded on case materials (standard report with victim name)

Yes, victim identity known but NOT recorded on case materials (pseudonym used, "Jane Doe" report)

Unspecified

Which of the following was the first agency contact for this victim? (please mark only one)

Forensic examiner (SANE, SAFE, or other health care professional conducting a medical forensic examination)

Health care professional other than forensic examiner (hospital staff, physician, nurse, midwife, etc.)

Law enforcement (911 communications personnel, police officer)

Community-based advocacy agency (rape crisis center, YWCA, hospital, community legal services, other non-profit)

System-based advocacy agency (working in police department, prosecutor's office, or other government unit)

Other type of advocate (e.g., military, campus, tribal), please specify:

Other agency contact, please specify:

Unspecified

Did the victim first disclose to agency staff or to a personal support person? (please mark only one)

Agency contact was the victim's first disclosure of the sexual assault (criminal justice or community professional)

Victim first disclosed the sexual assault to a personal support person (friend, family member)

Unspecified

VICTIM INFORMATION:

Victim Gender (please mark only one, based on self-definition by the victim)

Female

Male

Transgender

Unspecified

Victim Race/Ethnicity (please mark only one, using self-identification by victim or best estimate)

Asian / Pacific Islander

Caucasian / White

Native American / Native Alaskan

African American / Black

Hispanic / Latino(a)

Biracial / Multi-racial

Other, please specify:

Unspecified

Victim Age at the Time of the Sexual Assault:

(please indicate the victim's age in years, at the time of the assault or most recent assault if more than one)

Unspecified

Victim Age at the Time of Agency Contact: (please indicate the victim's age in years, at the time of the original law enforcement contact)				<input type="checkbox"/> Unspecified
Characteristics of the Victim (please mark all that apply)				
<input type="checkbox"/> None of these apply				
<input type="checkbox"/> College / university student			<input type="checkbox"/> Active military service	
<input type="checkbox"/> Limited English language (second language spoken)			<input type="checkbox"/> Works in sex trade	
<input type="checkbox"/> Functionally illiterate (limited reading and writing, in any language)			<input type="checkbox"/> Homeless	
<input type="checkbox"/> Incarcerated (jail, prison, juvenile detention)				
<input type="checkbox"/> Gay / lesbian / bisexual (only if victim self-identifies)				
<input type="checkbox"/> Abuse or addiction to drugs / alcohol (based on victim self-admission)				
<input type="checkbox"/> Prior reports of sexual assault made to law enforcement				<input type="checkbox"/> Unspecified
Consensual Sexual Activity with Suspect (please mark all that apply)				
<input type="checkbox"/> Immediately prior to the assault	<input type="checkbox"/> After the assault	<input type="checkbox"/> Neither of these apply		<input type="checkbox"/> Unspecified
Victim Disability (serious impairment of daily functioning) (please mark all that apply)				
<input type="checkbox"/> None of these apply				
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Psychological / emotional disability		
<input type="checkbox"/> Other disability, please specify:				<input type="checkbox"/> Unspecified
Victim Drug / Alcohol Use at the Time of the Sexual Assault (please mark all that apply)				
<input type="checkbox"/> No drug or alcohol ingestion by victim				
<input type="checkbox"/> Voluntary ingestion of alcohol by victim				
<input type="checkbox"/> Voluntary ingestion of drug(s) by victim (with general knowledge of drug and effects)				
<input type="checkbox"/> Suspected involuntary ingestion of drug(s) by victim (administered covertly, without knowledge or consent of victim)				
<input type="checkbox"/> Mistaken / misrepresented ingestion of drug(s) by victim (victim takes drug voluntarily, but is misled regarding the actual drug taken or the effects it will have)				<input type="checkbox"/> Unspecified
Victim Physical Injury (please mark only one, based on the most serious level of injury)				
<input type="checkbox"/> No known physical injury (other than the sexual assault itself)				
<input type="checkbox"/> Minor physical injury (such as bruises, minor cuts, scrapes, or abrasions)				
<input type="checkbox"/> Serious physical injury (typically requiring medical care)				<input type="checkbox"/> Unspecified
Did the victim have a medical forensic examination? (please mark only one)				
<input type="checkbox"/> Yes, medical forensic examination conducted				
<input type="checkbox"/> No, victim refused medical forensic examination				
<input type="checkbox"/> No examination conducted because of timelines (e.g., too many hours elapsed since the time of the sexual assault)				
<input type="checkbox"/> No examination conducted because of the nature of the assault (e.g., history does not indicate need for examination)				
<input type="checkbox"/> No examination conducted for other reasons, please specify:				<input type="checkbox"/> Unspecified
Did the victim receive medical treatment (other than a forensic examination)? (please mark only one)				
<input type="checkbox"/> No, victim did not receive medical treatment other than the forensic exam				
<input type="checkbox"/> Yes, victim received medical treatment other than a forensic exam (e.g., treatment for injuries)				<input type="checkbox"/> Unspecified
Relationship with the Suspect(s) (please mark all that apply, if more than one suspect)				
<input type="checkbox"/> Stranger (never met before the assault)	<input type="checkbox"/> Brief encounter (met and assaulted within 24 hours)			
<input type="checkbox"/> Family member (not spouse / partner)	<input type="checkbox"/> Internet encounter (met through the internet)			
<input type="checkbox"/> Current or former intimate partner (includes current or former spouses, boyfriends, girlfriends, romantic partners, or domestic partners)	<input type="checkbox"/> Non-stranger (known more than 24 hours, and not in any other category)			
				<input type="checkbox"/> Unspecified

SUSPECT INFORMATION:							
Number of Suspects: (please indicate number, based on victim estimate)						<input type="checkbox"/> Unspecified	
Suspect(s) Gender: (please indicate number of suspects in each gender category, based on victim estimate)							
Male:	Female:	Transgender:					<input type="checkbox"/> Unspecified
Suspect(s) Race/Ethnicity: (please indicate number of suspects in each category, using best estimate)							
Asian / Pacific Islander:	Caucasian / White:	Native American / Native Alaskan:					<input type="checkbox"/> Unspecified
African American / Black:	Hispanic / Latino(a):	Biracial / Multi-racial:					
Other, please specify:							
Suspect(s) Age: (please indicate number of suspects in each age category, using best estimate for the time of the assault)							
Less than 16:	16-20:	21-25:	26-35:	36-50:	51-65:	Over 65:	<input type="checkbox"/> Unspecified
Characteristics of the Suspect(s) (please mark all that apply, for any of the suspects if more than one)							
<input type="checkbox"/> None of these apply <input type="checkbox"/> College / university student <input type="checkbox"/> Limited English language (second language spoken) <input type="checkbox"/> Functionally illiterate (limited reading and writing, in any language) <input type="checkbox"/> Incarcerated (jail, prison, juvenile detention) <input type="checkbox"/> Gay / lesbian / bisexual <input type="checkbox"/> Abuse or addiction to drugs / alcohol <input type="checkbox"/> Active military service <input type="checkbox"/> Involved in sex trade <input type="checkbox"/> Homeless							
<input type="checkbox"/> Unspecified							
Suspect Disability (serious impairment of daily functioning) (please mark all that apply)							
<input type="checkbox"/> None of these apply <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <input type="checkbox"/> Psychological / emotional disability <input type="checkbox"/> Other disability, please specify:							
<input type="checkbox"/> Unspecified							
Suspect Drug / Alcohol Use at the Time of the Assault (please mark only one)							
<input type="checkbox"/> No known drug / alcohol use by suspect(s) <input type="checkbox"/> Suspect(s) believed to be under the influence of alcohol / drugs							
<input type="checkbox"/> Unspecified							
Criminal Record of Suspect(s) (please mark all that apply, if multiple incidents are involved)							
<input type="checkbox"/> No documented criminal record for suspect(s)							
Sex Offenses							
<input type="checkbox"/> Suspect(s) involved in at least one prior <u>investigation</u> of a sex offense that did not lead to an arrest <input type="checkbox"/> Suspect(s) <u>arrested</u> for at least one prior sex offense that did not lead to a conviction <input type="checkbox"/> Suspect(s) <u>convicted</u> for at least one prior sex offense							
Other Offenses							
<input type="checkbox"/> Suspect(s) <u>arrested</u> for a prior crime other than a sex offense <input type="checkbox"/> Suspect(s) <u>convicted</u> for a prior crime other than a sex offense							
<input type="checkbox"/> Unspecified							
CASE CHARACTERISTICS:							
Sexual Acts Involved (please mark all that apply)							
<input type="checkbox"/> None; Sexual assault was attempted but not completed <input type="checkbox"/> Penetration of vagina by penis <input type="checkbox"/> Penetration of anus by penis <input type="checkbox"/> Penetration of vagina or anus by anything other than a penis (e.g., finger, foreign object) <input type="checkbox"/> Oral copulation; Contact between the genitals and mouth <input type="checkbox"/> Other, please describe:							
<input type="checkbox"/> Unspecified							

Type of Assault (please mark all that apply)

- Perpetrated using force, threat, or fear
 Incapacitated victim (victim could not consent because of incapacitation, due to drugs, alcohol, or other reasons)
 Unconscious victim (victim could not consent because of unconsciousness, due to drugs, alcohol, or other reasons)
 Victim unable to consent due to disability (victim unable to legally give consent to sexual activity based on disability)
 Victim unable to consent due to age (victim unable to legally give consent to sexual activity based on age)
 Victim unable to consent based on institutionalization (victim is ward, arrestee, prisoner, resident of a care facility)
 Victim unable to consent due to professional relationship with suspect, as defined in state penal code (e.g., suspect is a public official, medical professional, counselor, clergy member, etc.)
 Other, please describe: Unspecified

Completed vs. Attempted Assault (please mark only one)

- Completed Assault Attempted Assault Unspecified

Tactic Used (please mark all that apply)

- Weapon used or threatened Verbal threat or warning
 Physical force or restraint Chemical restraint (victim rendered helpless by drugs or alcohol, whether provided by the suspect or not)
 None of these apply Unspecified

LAW ENFORCEMENT INVESTIGATION:**Time Between (most recent) Assault and Law Enforcement Contact** (please mark only one)

- Same day as assault (0 to 24 hours) 5-6 days (more than 120 hours but less than 7 days)
 Next day (25 to 48 hours after assault) 1-4 weeks (7 days or more, up to 1 full month)
 Second day (49 to 72 hours after assault) 1-12 months (more than 1 month, less than 12 full months)
 Third day (73 to 96 hours after assault) 1-2 Years (12-24 months)
 Fourth day (97 to 120 hours after assault) Over 2 years (more than 24 months) Unspecified

Length of Investigation (time between the original law enforcement contact and disposition; please mark only one)

- Days (less than 7 days) Months (more than one month, but less than 12 full months)
 Weeks (7 days or more, up to 1 full month) Years (12 full months or more) Unspecified

Investigative Steps Taken (please mark all that apply)

- None of these steps taken

Interviews with Victims, Suspects, and Witnesses

- Preliminary victim interview
 Attempted victim interview(s) – not completed Number of attempted victim interviews (total): _____
 Follow-up victim interview (completed) Number of completed victim interviews (total): _____
 Attempted suspect interview(s) – not completed Number of attempted suspect interviews (total): _____
 Suspect interview(s) completed Number of completed suspect interviews (total): _____
 Attempted witness interview(s) – not completed Number of attempted witness interviews (total): _____
 Witness interview(s) completed Number of completed witness interviews (total): _____

Physical Evidence Collected

- Evidence collected from the body of the suspect(s) Medical forensic examination of suspect(s)
 Victim clothing collected Suspect clothing collected
 Other crime scene evidence collected, please specify:

Analyses Requested from Crime Laboratory

- DNA analysis requested Toxicology analysis requested
 Other forensic analysis requested, please specify:

Identification Procedures

- Live line-up Photo line-up Composite sketch of suspect

Arrest and Referral for Prosecution

- Arrest(s) made
 Referral of the case for prosecution

Number of arrests made (total): _____

Signed Release Waiver

- Signed release waiver used to document victim's wish that case not be investigated Unspecified

Case Disposition (please mark only one)**Cleared by Arrest**

- Cleared by arrest (arrest, charge, AND referral for prosecution, according to UCR criteria)

Please indicate if the case was: Issued by the prosecutor Rejected by the prosecutor

Unfounded

- Unfounded / False (based on investigative findings that crime did not occur, according to UCR criteria)
 Unfounded / Baseless (elements of the crime were not met, but not false, according to UCR criteria)

Exceptionally Cleared

- Exceptionally cleared / VDP (because victim declines prosecution, according to UCR criteria)
 Exceptionally cleared / Other reasons (according to UCR criteria)

Other Case Dispositions

- Suspended/inactivated (but still technically "open")
 Closed as an informational report (elements of a sexual assault offense not met) Unspecified

Basis for terminating/suspending the investigation and/or inactivating the case (please mark all that apply)

- None of these apply; Investigation was not terminated / suspended
 Victim did not provide a statement Victim was hostile / belligerent
 Victim could not be located Victim provided false statements
 Victim did not return telephone calls Victim recanted
 Victim did not show for appointments with the investigator(s) or others
 Other reasons for victim non-participation, please specify: Unspecified

Did the victim cooperate / participate in the investigation? (please mark only one)

- No, victim did not cooperate / participate in the investigation
 Yes, victim did cooperate / participate in the investigation Unspecified

If the victim did not participate, please indicate the reasons given by the victim. (please mark all that apply)

- None of these apply; Victim did participate in the investigation
 Unknown: Victim did not participate, but the reasons were unknown to law enforcement
 Unable to participate due to trauma, emotional distress, or lack of emotional resources ("I just can't do it")
 Fear of others finding out about the incident ("Everyone will find out what happened")
 Fear of reactions by friends and family members ("They won't believe me," "They will think it's my fault")
 Actual reactions of friends and family members ("They don't want me to report," "They think it is all my fault")
 Fear of the potential disruption of personal and professional life ("I just want to go on with my life")
 Fear for physical safety/fear of retaliation ("He will hurt me or my family," "His friends might come after me")
 Fear of disbelief or mistreatment by police/ prosecutors ("They won't believe me," "They will be treat me badly")
 Actual disbelief or mistreatment by first responders ("They didn't believe me," "They treated me badly")
 Fear of being arrested for involvement in illegal activity (e.g., underage drinking, drugs, prostitution)
 Fear that the case will not be successfully prosecuted ("What's the point?" "Nothing will come of it." "Why bother?")
 Fear of participating in the criminal justice process (investigation, courtroom procedures, trial)
 Other, please specify: Unspecified

VICTIM ADVOCACY SERVICES:**During the initial response to this victim:**

- | | | | |
|--|-----------------------------|------------------------------|--------------------------------------|
| Were advocacy services <u>verbally described</u> and offered to the victim? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Was an advocate <u>contacted to respond</u> to this victim and offer services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Did the victim <u>accept</u> the offer of advocacy services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Was an advocate <u>available</u> to provide services for this victim? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Did the advocate <u>provide services</u> to the victim and/or support people? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Was the victim given <u>written information</u> about advocacy services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |

Please indicate which type(s) of advocate provided services to the victim (please mark all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Advocate(s) from a community-based agency (e.g., rape crisis center, YWCA, hospital, community legal services) | |
| <input type="checkbox"/> Advocate(s) from a law enforcement agency (e.g., Victim Services Unit) | |
| <input type="checkbox"/> Advocate(s) from a prosecutor's office (e.g., Victim-Witness Assistance) | |
| <input type="checkbox"/> Other type of advocate, please specify (e.g., military, campus, tribal): | <input type="checkbox"/> Unspecified |

Was an advocate present to accompany the victim during:

- | | | | |
|--|-----------------------------|------------------------------|--------------------------------------|
| The medical forensic examination? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| The preliminary law enforcement interview? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Any follow-up law enforcement interviews? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Any other investigative steps? (e.g., pretext phone call, ID procedures) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Any interviews with a prosecutor? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |
| Any court proceedings (e.g., arraignment, court testimony, sentencing) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unspecified |

Note: Case tracking materials were developed by End Violence Against Women (EVAW) International, as part of the Making a Difference (MAD) project. They are available for dissemination and can be adapted for use by community professionals. Alternate versions are available for a number of professional disciplines: (1) Law Enforcement, (2) Forensic Medicine, (3) Prosecution, and (4) Victim Advocacy. For more information and additional materials from the MAD project, please visit the dedicated section of the website at: <http://www.evawintl.org/mad.aspx>.