

Case Info

Case No.

Detachment Unit ID

Entered by: Time entered
Date entered:

Reporting Officer PermID Date reported: Time Reported

Activity Code: UCR Numbe Statute / Regulation Type of Activity:
Date of assault: Time of assault ATN #
Location of activity Patrol Zone Domestic Violenc

Brief synopsis of report

Case closure: Date closed: Alcohol or Drugs Involved

Notes (ex. same victim as case #

Suspect Info (1 of 2) Case No.

Is suspect identity reported Yes No **Suspect gender:** Female Male **Prior crimes against same victi** Yes No Unknown

Suspect race (check all that apply) Caucasian Black Asian Hispanic **Other (specify):**
 Alaska Native / American Indian Pacific Islander

Disabilities (check all that apply) Mental Physical Psychiatric None **Was suspect homeless at time of assault** Yes No Unknown

Suspect birthday:

Suspect residence [village, town, city]:

Suspect occupation:

Suspect relationship to victi

- Acquaintance / friend (>24 hours)
- Acquaintance (< 12 hours)
- Former spouse
- Former partner
- Stranger
- Acquaintance (< 24 hours)
- Current spouse
- Current partner
- Relative
- Authority figure

Other (please specify):

Suspect living arrangement with victi

- Separate
- Permanently common
- Temporarily common
- Unknown

Alcohol use by suspect Yes No Unsure

Drug use by suspect Yes No Unsure

What did suspect do before pickup?

Please note anything else you feel is important about this suspect:

Suspect Info (2 of 2) Case No.

Alcohol /drug use before pickup Yes No Unsure
If yes, with victim Yes No Unsure

If yes, where? (check all that apply)

Outdoors Work Vehicle Other's house
 Victim's house Suspect's house Victim's and suspect's house Other's hotel
 Victim's hotel Suspect's hotel Suspect and victim's hotel Bar

Other (please describe):

Alcohol /drug use between pickup and assault? Yes No Unsure
If yes, with victim Yes No Unsure

If yes, where? (check all that apply)

Outdoors Work Vehicle Other's house
 Victim's house Suspect's house Victim's and suspect's house Other's hotel
 Victim's hotel Suspect's hotel Suspect and victim's hotel Bar

Other (please describe):

Alcohol /drug use after assault Yes No Unsure
If yes, with victim Yes No Unsure

If yes, where? (check all that apply)

Outdoors Work Vehicle Other's house
 Victim's house Suspect's house Victim's and suspect's house Other's hotel
 Victim's hotel Suspect's hotel Suspect and victim's hotel Bar

Other (please describe):

Victim Info (1 of 2) Case No.

Victim gender Female Male

Victim race (check all that apply) Caucasian Black Alaska Native / American Indian Asian Hispanic Pacific Islander **Other (specify):**

Disabilities (check all that apply) Mental Physical Psychiatric None **Was victim homeless at time of assault** Yes No Unknown

Victim birthday **Victim residence [village, town, city]** **Victim occupation**

Intentional alcohol use by victi Yes No Unsure
Unintentional alcohol use by victi Yes No Unsure

Intentional drug use by victi Yes No Unsure
Unintentional drug use by victi Yes No Unsure

Alcohol /drug use before pickup Yes No Unsure

If yes, where? (check all that apply)

- Outdoors Work Vehicle Other's house
- Victim's house Suspect's house Victim's and suspect's house Other's hotel
- Victim's hotel Suspect's hotel Suspect and victim's hotel Bar

Other (please describe):

Alcohol /drug use between pickup and assault Yes No Unsure

If yes, where? (check all that apply)

- Outdoors Work Vehicle Other's house
- Victim's house Suspect's house Victim's and suspect's house Other's hotel
- Victim's hotel Suspect's hotel Suspect and victim's hotel Bar

Other (please describe):

Alcohol /drug use after assault

Yes No Unsure

If yes, where? (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Work | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Other's house |
| <input type="checkbox"/> Victim's house | <input type="checkbox"/> Suspect's house | <input type="checkbox"/> Victim's and suspect's house | <input type="checkbox"/> Other's hotel |
| <input type="checkbox"/> Victim's hotel | <input type="checkbox"/> Suspect's hotel | <input type="checkbox"/> Suspect and victim's hotel | <input type="checkbox"/> Bar |

Other (please describe):

What did victim do before picku

Please note anything else you feel is important about this victim:

Victim Info (2 of 2)

Case No.

Victim resistance (check all that apply)- Also note if the technique was effective in stopping the assa

Attacked suspect: Yes No Attempted Unknown Effective

Treatened suspect: Yes No Attempted Unknown Effective

Yelled/screamed at suspect: Yes No Attempted Unknown Effective

Argued/reasoned/pleaded with suspect: Yes No Attempted Unknown Effective

Cooperated or pretended to: Yes No Attempted Unknown Effective

Ran away: Yes No Attempted Unknown Effective

Called police / gave alarm: Yes No Attempted Unknown Effective

Other form of resistance (please describe):

Non genital injuries to victim (check all that appl

Bruising/redness/abrasions/swelling: Yes No Unsure **Fracture:** Yes No Unsure

Lacerations/bite marks: Yes No Unsure **Pain:** Yes No Unsure

Other injury (please describe):

Genital injuries to victim? Yes No Unsure

Victim received emergency medical care for (check all that appl

Nongenital injuries: Yes No Unsure

Genital injuries Yes No Unsure

Alcohol intoxication: Yes No Unsure

Other injury (please describe):

Did victim receive SART exam? Yes No Unsure

Date of exam: **Time of exam:**

Location of exam:

Condition at time of assault (check all that apply)

- Alcohol intoxicated Drug intoxicated Sober
 Sleeping Passed out Unconscious from trauma

Other (describe):

Witness Info Case No.

Was this person an eyewitness to the assault Yes No Explain witness role in case (why are they being interviewed?):

Witness gender Female Male

Witness race (check all that apply) Caucasian Black Alaska Native / American Indian Asian Hispanic Pacific Islander Other (please specify):

Disabilities (check all that apply) Mental Physical Psychiatric None **Was witness homeless at time of assault** Yes No Unknown

Witness birthday **Witness residence [village, town, city** **Witness occupation**

Witness relationship to victi

- Acquaintance / friend (>24 hours)
- Acquaintance (< 12 hours)
- Former spouse
- Former partner
- Stranger
- Acquaintance (< 24 hours)
- Current spouse
- Current partner
- Relative
- Authority figure

Other (please specify):

Witness relationship to suspect

- Acquaintance / friend (>24 hours)
- Acquaintance (< 12 hours)
- Former spouse
- Former partner
- Stranger
- Acquaintance (< 24 hours)
- Current spouse
- Current partner
- Relative
- Authority figure

Other (please specify):

Intentional alcohol use by witness Yes No Unsure

If yes, with who?

Intentional drug use by witness Yes No Unsure

If yes, with who?

Witness notes (please note anything else you feel is important to know about this witness:

Pick-up Info Case No.

Date of pickup

Time of picku

Location of pickup [village, town, city]

Location type for pickup

- Outdoors
- Work
- Vehicle
- Other's house
- Victim's house
- Suspect's house
- Victim and suspect's house
- Other's hotel
- Victim's hotel
- Suspect's hotel
- Suspect and Victim's hotel
- Bar

Other (please describe):

Method of pickup

- Met in a bar
- Met at a party
- Met elsewhere
- Victim invited suspect
- Suspect invited victim
- Live together
- Entered suscep'ts vehicle
- Suspect performing legitimate service
- Jumped in park
- Jumped outdoors
- Jumped indoors

Other (please describe):

Tools and weapons used by suspect at picku

- Gun** Yes No Unsure
- Knife/cutting instrumen** Yes No Unsure
- Blunt object** Yes No Unsure
- Personal (hands, feet, etc.,)** Yes No Unsure
- Drugs:** Yes No Unsure
- Asphyxiation** Yes No Unsure

Other (please describe):

Did suspect have tools prior to pickup Yes No Unsure

What happened between pickup and assault

Drop-off Info Case No.

Date of drop-off: Time of drop-off: Location of drop-off [village, town, city]

Location type for drop-off

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Work | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Other's house |
| <input type="checkbox"/> Victim's house | <input type="checkbox"/> Suspect's house | <input type="checkbox"/> Victim and suspect's house | <input type="checkbox"/> Other's hotel |
| <input type="checkbox"/> Victim's hotel | <input type="checkbox"/> Suspect's hotel | <input type="checkbox"/> Suspect and Victim's hotel | <input type="checkbox"/> Bar |

Other (please describe):

How did drop-off occur?

What happened between assault and drop-off

Location of report [village, town, city]

What happened between drop-off and report

Who did victim consult before reporting? (check all that appl

| | | | |
|---------------------------------------|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Nobody | <input type="checkbox"/> Romantic partner | <input type="checkbox"/> Rape crisis | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Other family | <input type="checkbox"/> Health professional | <input type="checkbox"/> Friend | <input type="checkbox"/> Clergy |

Other (please describe):

Reason for time elapsed between report and exam

Assault Info (1 of 2) Case No.

Date of assault: Time of assault Location of assault [village, town, city]
Length of assault

Location type for assault

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Work | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Other's house |
| <input type="checkbox"/> Victim's house | <input type="checkbox"/> Suspect's house | <input type="checkbox"/> Victim and suspect's house | <input type="checkbox"/> Other's hotel |
| <input type="checkbox"/> Victim's hotel | <input type="checkbox"/> Suspect's hotel | <input type="checkbox"/> Suspect and Victim's hotel | <input type="checkbox"/> Bar |

Other (please describe):

Tools and weapons used by suspect during assault

| | | | |
|--------------------------------|--|-------------------------------------|--|
| Gun | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Personal (hands, feet, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Knife/cutting instrumen | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Drugs: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Blunt object | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Asphyxiation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |

Other (please describe):

What happened during assault

Threats made by suspect before assault
Threats made by suspect during assault
Threats made by suspect after assault

Who stopped the assault?

Victim Suspect Other Unknown

How did the assault stop

Assault Info (cont.) Case No.

Kissing, licking, biting, scratchin Yes No Unsure Attempted

Please describe:

Touching / fondling with the hands of th Of victim by suspect

Breast: Yes No Unsure Attempted

Vagina: Yes No Unsure Attempted

Penis: Yes No Unsure Attempted

Anus: Yes No Unsure Attempted

Masturbation:

Of victim by suspect Yes No Unsure Attempted

Of suspect by victim Yes No Unsure Attempted

Oral copulation of genital

Of victim by suspect Yes No Unsure Attempted

Of suspect by victim Yes No Unsure Attempted

Oral copulation of anus

Of victim by suspect Yes No Unsure Attempted

Of suspect by victim Yes No Unsure Attempted

Penetration of vagina by Of victim by suspect

Finger: Yes No Unsure Attempted

Penis: Yes No Unsure Attempted

Foreign object: Yes No Unsure Attempted

Penetration of anus by Of victim by suspect

Finger: Yes No Unsure Attempted

Penis: Yes No Unsure Attempted

Foreign object: Yes No Unsure Attempted

Lubricants, condoms, contraceptives

Was condom used? Yes No Unsure Attempted

Was contraceptive jelly used? Yes No Unsure Attempted

Was lubricant used? Yes No Unsure Attempted

Did ejaculation occur Yes No Unsure Attempted

If yes, specify ejaculation location (check all that apply):

Vagina Rectum Mouth Stomach

Back Napkin / cloth Bed Clothing

Condom Unknown

Other (please explain):

Suspect Interview Case No.

Who placed initial call to police

Which agency was notified or responded first? (choose on AST VPO VPSO TPO

Was suspect present upon trooper arrival? Yes No

Was initial interview of suspect taken by first responding office Yes No

Date of suspect interview

Time of suspect interview

Suspect interview tape recorded Yes No

Why was interview not taped

Was suspect's story consistent? Yes No

Notes on suspect account:

Was suspect cooperative Yes No

Notes on suspect cooperation:

Victim Interview Case No.

Was initial interview of victim by first responding officer? Yes No

Date of victim interview Time of victim interview

Victim interview done: In person By telephone

Victim interview tape recorded? Yes No

Why was interview not taped?

Was victim cooperative? Yes No

Notes on victim cooperation:

Was victim story consistent? Yes No

Notes on victim account:

Witness Interview Case No.

Were there any witnesses Yes No Unknown

If yes, how many were identified in report

Was witness located and interviewed Yes No

Date of witness interview **Time of witness interview**

Witness interview done in person In person By telephone

If there was a witness, but they were not interviewed explain

Witness interview tape recorded Yes No

Why was interview not taped

Was witness cooperative Yes No

Notes on witness cooperation:

Did witness story support either story given by victim or suspect Yes No Unknown

Notes on witness account in relation to those given by others involved in case:

Was witness' story consistent Yes No

Notes on witness account:

Investigation - Physical Evidence Case No.

Was physical or DNA evidence collected from Suspect? Yes No Unknown

Explain what evidence was taken. If none taken, explain why:

Was physical or DNA evidence collected from victim? Yes No Unknown

Explain what evidence was taken. If none taken, explain why:

Was sexual assault kit collected from suspect? Yes No Unknown

Notes on suspect sexual assault kit:

Was sexual assault kit collected from victim? Yes No Unknown

Notes on victim sexual assault kit:

Was physical evidence removed from the scene? Yes No Unknown

If no, explain why:

If suspect is not someone usually associated with scene, was trace/latent evidence removed? Yes No Unknown Not applicable

If no, explain why:

If applicable was electronic data recovered? Yes No Unknown Not applicable

If no, explain why:

If used, was weapon recovered? Yes No Not applicable

If no, explain why:

Investigation - Part 2

Case No.

Were photographs taken at SART exam by nurse examine Yes No Unknown Not applicable

Were photographs taken of suspect's injuries Yes No Unknown Not applicable

If no, explain why:

Were photographs taken of victim's injuries? Yes No Unknown Not applicable

If no, explain why:

Were photographs taken of the scene Yes No Unknown Not applicable

If no, explain why:

Were photographs taken of the evidence Yes No Unknown Not applicable

If no, explain why:

Notifications given by police (check all that appl) VCCB DV OVR

Evidence sent for forensic examinations (check all that appl) DNA Electronic Trace / latent

Search warrants/records obtained by police (check all that apply): Victim's medical records Suspect's medical records Scene entry Glass

If deceased-did police work with SME and SART nurse to ensure that swabs, scrapings and any other tests for trace evidence were performed? Yes No Unknown Not applicable

Was report reviewed and signed by IO's superviso Yes No

If yes, not supervising officer's name:

Date report was delivered to DA's office

Note all follow-up investigation efforts made by the reporting officer(s): (attempts to contact witnesses/evidence searches et

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