

State of California
Governor's Office of Emergency Services
(www.caloes.ca.gov)

**FORENSIC MEDICAL REPORT:
SEXUAL ASSAULT SUSPECT
EXAMINATION**

CAL OES 2-950



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California Clinical Forensic Medical Training Center
www.ccfmtc.org

**FORENSIC MEDICAL REPORT:
SEXUAL ASSAULT SUSPECT EXAMINATION**

**STATE OF CALIFORNIA
CALIFORNIA OFFICE OF EMERGENCY SERVICES**

Cal OES 2-950

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type) Name of Medical Facility:

| | | | | | |
|--------------------|-----|-------------------|-----------|----------------------|-------------------------|
| 1. Name of patient | | Patient ID number | | | |
| 2. Address | | City | County | State | Telephone (W) (H) |
| 3. Age | DOB | Gender M F | Ethnicity | Date/time of arrival | Date/time of discharge |

B. AUTHORIZATION Jurisdiction (city county other):

| | | | |
|---|--------|-----------|-------------|
| 1. Name of Law Enforcement Officer | Agency | ID Number | Telephone |
| 2. I request a forensic medical examination for suspected sexual assault at public expense. | | | |
| Law enforcement officer signature | Date | Time | Case number |

C. MEDICAL HISTORY

1. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? No Yes
If yes, describe: _____

2. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? No Yes
If yes, describe: _____

3. Any pre-existing physical injuries? No Yes
If yes, describe: _____

D. RECENT HYGIENE INFORMATION Not applicable if over 72 hours

| | No | Yes | | No | Yes |
|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Urinated | <input type="checkbox"/> | <input type="checkbox"/> | Bath/shower/wash | <input type="checkbox"/> | <input type="checkbox"/> |
| Defecated | <input type="checkbox"/> | <input type="checkbox"/> | Brushed teeth | <input type="checkbox"/> | <input type="checkbox"/> |
| Genital or body wipes | <input type="checkbox"/> | <input type="checkbox"/> | Ate or drank | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe: _____ | | | Changed clothing | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral gargle/rinse | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe: _____ | | |

E. GENERAL PHYSICAL EXAMINATION

| | | | | | |
|-------------------|--------|-------------|-------------|---------------------------------------|-----------|
| 1. Blood Pressure | Pulse | Respiration | Temperature | 2. Date/Time of Examination | |
| | | | | Started | Completed |
| 3. Height | Weight | Hair color | Eye color | <input type="checkbox"/> Right-handed | |
| | | | | <input type="checkbox"/> Left-handed | |

4. Describe general physical appearance.

5. Describe general demeanor.

6. Describe condition of clothing upon arrival.

7. Collect outer and under clothing, if indicated. Not indicated

DISTRIBUTION OF Cal OES 2-950

Original - Law Enforcement Copy within evidence kit - Crime Lab Copy - Medical Facility Records

Cal OES 2-950 (2001) 1

E. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system

- 8. Conduct a physical examination. Record scars, tattoos, skin lesions, and distinguishing physical features. Findings No Findings
- 9. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp Findings No Findings
- 10. Collect fingernail scrapings or cuttings according to local policy.
- 11. Collect chest hair reference samples according to local policy.

Patient Identification

Diagram A

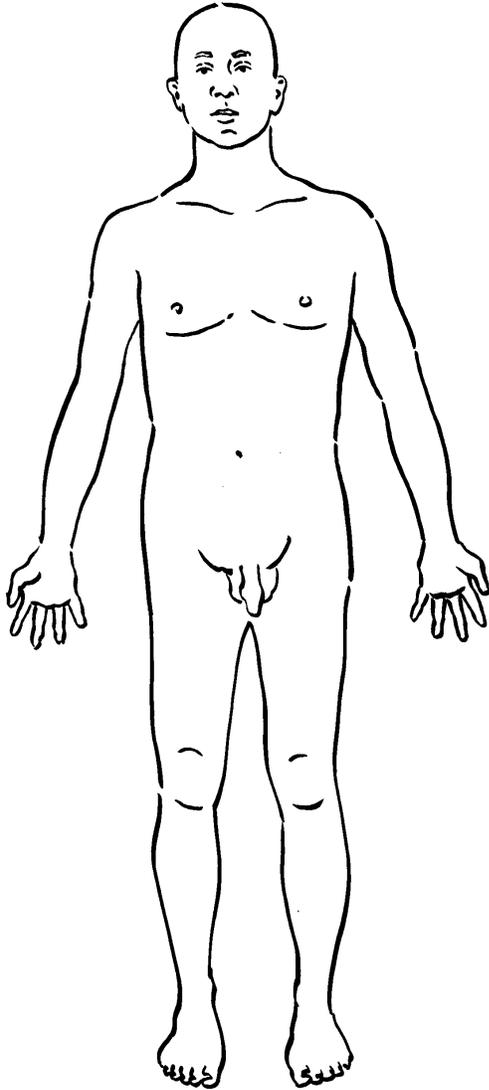
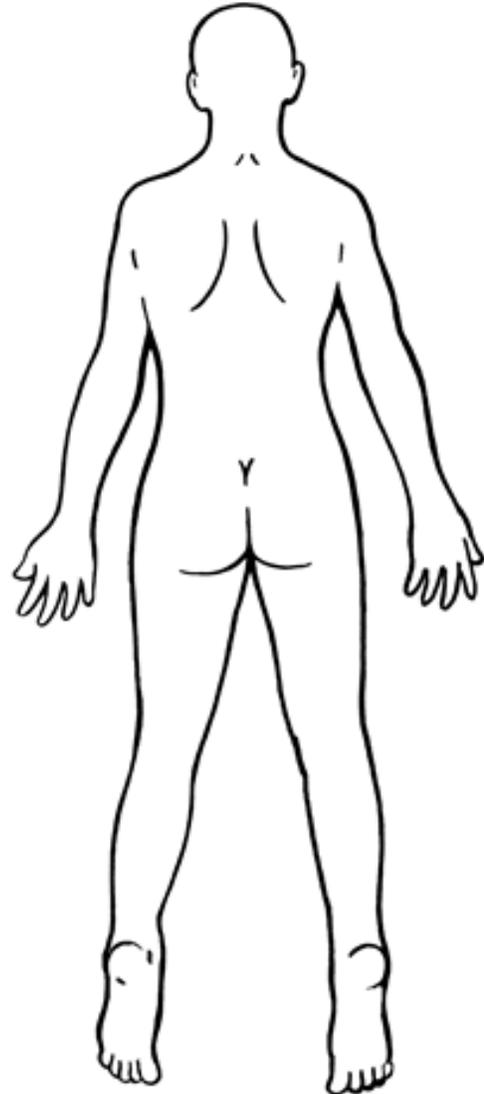


Diagram B



LEGEND: Types of Findings

| | | | | | |
|-------------------------|-------------------------------|---------------------------|--|-------------------------------|----------------------------|
| AB Abrasion | DE Debris | F/H Fiber/hair | OF Other Foreign Materials (describe) | SC Scars | TA Tattoos |
| BI Bite | DF Deformity | IN Induration | OI Other Injury (describe) | SHX Sample Per History | TB Toluidine Blue⊕ |
| BP Body Piercing | DS Dry Secretion | IW Incised Wound | PE Petechiae | SI Suction Injury | TE Tenderness |
| BU Burn | EC Ecchymosis (bruise) | LA Laceration | PS Potential Saliva | SW Swelling | V/S Vegetation/Soil |
| CS Control Swab | ER Erythema (redness) | MS Moist Secretion | | | WL Wood's Lamp⊕ |

| Locator # | Type | Description | Locator # | Type | Description |
|-----------|------|-------------|-----------|------|-------------|
| | | | | | |
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| | | | | | |
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RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

F. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials Findings No Findings
2. Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck. Findings No Findings
3. Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials. Exam done: Not applicable Yes Findings No Findings
4. Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.
5. Collect head and facial hair reference samples according to local policy.

Patient Identification

Diagram D

Diagram C

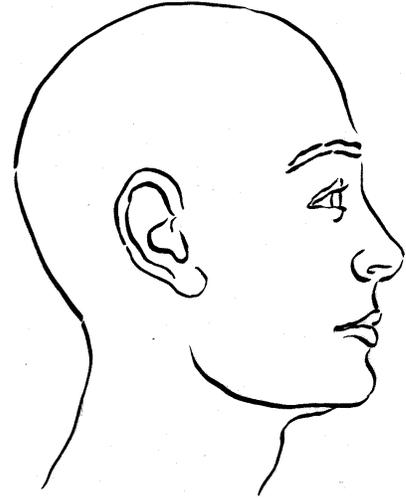


Diagram E

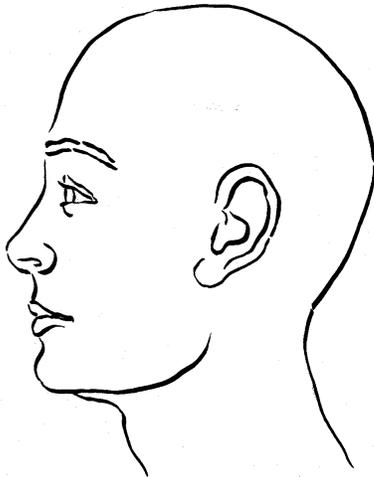
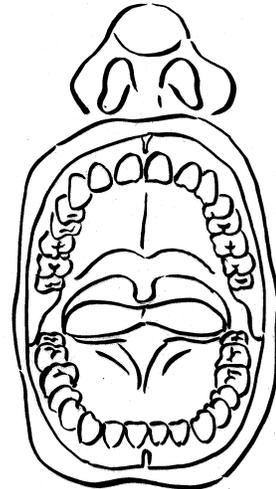


Diagram F



LEGEND: Types of Findings

| | | | | | |
|-------------------------|-------------------------------|---------------------------|--|-------------------------------|----------------------------|
| AB Abrasion | DE Debris | F/H Fiber/hair | OF Other Foreign Materials (describe) | SC Scars | TA Tattoos |
| BI Bite | DF Deformity | IN Induration | OI Other Injury (describe) | SHX Sample Per History | TB Toluidine Blue⊕ |
| BP Body Piercing | DS Dry Secretion | IW Incised Wound | PE Petechiae | SI Suction Injury | TE Tenderness |
| BU Burn | EC Ecchymosis (bruise) | LA Laceration | PS Potential Saliva | SW Swelling | V/S Vegetation/Soil |
| CS Control Swab | ER Erythema (redness) | MS Moist Secretion | | | WL Wood's Lamp⊕ |

| Locator # | Type | Description | Locator # | Type | Description |
|-----------|------|-------------|-----------|------|-------------|
| | | | | | |
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| | | | | | |
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RECORD ALL SPECIMENS COLLECTED ON PAGE 5

G. GENITAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

- No Findings
- Inner thighs Glans penis Scrotum
- Perineum Penile shaft Testes
- Foreskin Urethral meatus

2. Circumcised No Yes

3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. Findings No Findings

4. Collect pubic hair combing or brushing.

5. Collect pubic hair reference samples according to local policy.

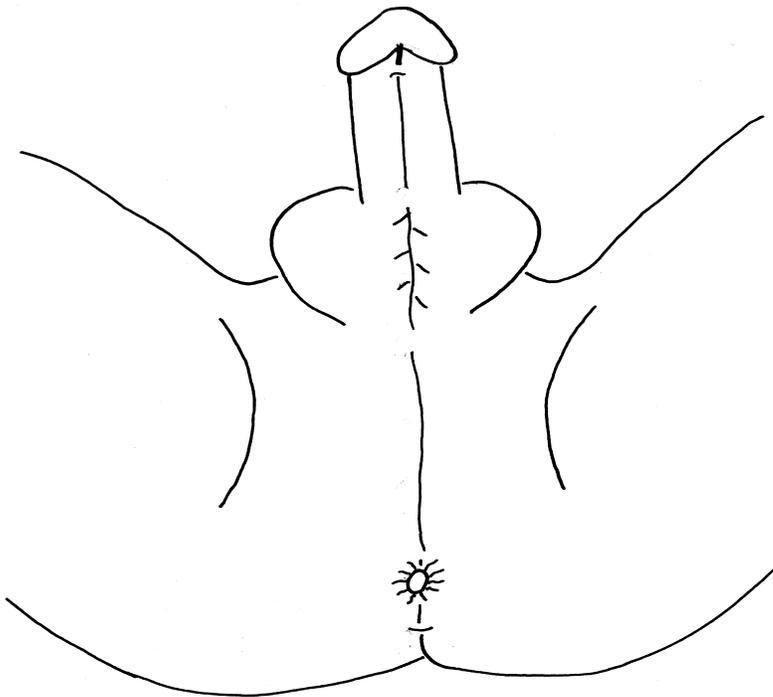
6. Collect 2 penile swabs, if indicated by assault history. N/A

7. Collect 2 scrotal swabs, if indicated by assault history. N/A

8. Record other findings per history. No Yes

If yes, describe:

Diagram G



Patient Identification

Diagram H

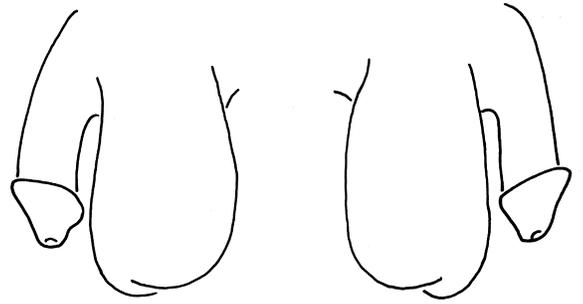


Diagram I

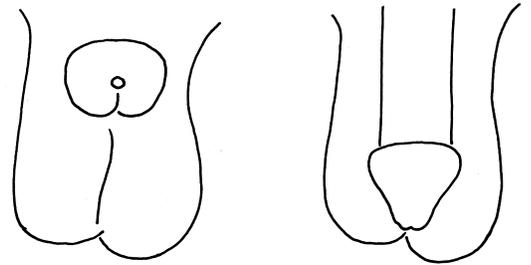
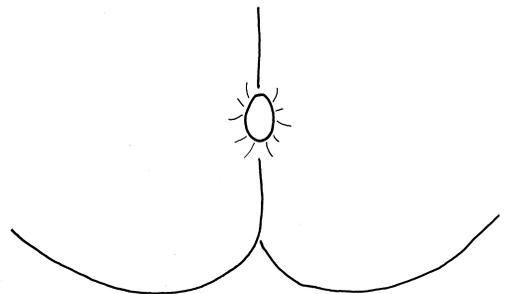


Diagram J



LEGEND: Types of Findings

| | | | |
|-------------------------------|--|-------------------------------|----------------------------|
| AB Abrasion | ER Erythema (redness) | PE Petechiae | V/S Vegetation/Soil |
| BI Bite | F/H Fiber/Hair | PS Potential Saliva | WL Wood's Lamp⊕ |
| BP Body Piercing | IN Induration | SC Scars | |
| BU Burn | IW Incised Wound | SHX Sample Per History | |
| CS Control Swab | LA Laceration | SI Suction Injury | |
| DE Debris | MS Moist Secretion | SW Swelling | |
| DF Deformity | OF Other Foreign Materials (describe) | TA Tattoos | |
| DS Dry Secretion | OI Other Injury (describe) | TB Toluidine Blue⊕ | |
| EC Ecchymosis (bruise) | | TE Tenderness | |

| Locator # | Type | Description |
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RECORD ALL SPECIMENS COLLECTED ON PAGE 5

