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

FORENSIC MEDICAL REPORT:
ACUTE (<120 HOURS)
ADULT/ADOLESCENT
SEXUAL ASSAULT EXAMINATION

CAL OES 2-923
July 2018

For copies of this form or assistance in completing the Cal OES 2-923, please contact

California Clinical Forensic Medical Training Center
www.ccfmtc.org
## Patient Identification

<table>
<thead>
<tr>
<th>1. Name of patient</th>
<th>Patient ID number</th>
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<table>
<thead>
<tr>
<th>2. Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Telephone (C) (W)</th>
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<thead>
<tr>
<th>3. Age</th>
<th>DOB</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Arrival date</th>
<th>Arrival time</th>
<th>Discharge date</th>
<th>Discharge time</th>
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</table>

### B. REPORTING AND AUTHORIZATION

| Jurisdiction (☐ City ☐ County ☐ Other): |

<table>
<thead>
<tr>
<th>1. Telephone report made to law enforcement agency</th>
<th>Reported by:</th>
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<tbody>
<tr>
<td>Name of Officer</td>
<td>Agency</td>
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<tr>
<th>2. Responding Officer</th>
<th>Agency</th>
<th>ID Number</th>
<th>Telephone</th>
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### C. PATIENT INFORMATION

I understand that hospitals and health care professionals are required by Penal Code sections 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries.

________ (initial)

### D. PATIENT CONSENT

Minors: Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions for parental notification requirements for minors.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.

_______ (initial)

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.

_______ (initial)

- I hereby consent to a forensic medical examination for evidence of sexual assault.

_______ (initial)

- I understand that data without patient identity may be collected from this report for health and forensic purposes and may be provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic or epidemiological studies.

_______ (initial)

Signature ________________________________________________________________________

☐ Patient ☐ Parent ☐ Guardian

### DISTRIBUTION OF CAL OES 2-923

☐ Original—Law Enforcement ☐ Copy within Evidence Kit—Crime Lab ☐ Copy—Child Protective Services (if patient is a minor) ☐ Copy—Medical Facility Records
E. PATIENT HISTORY

1. Name of person providing history | Relationship to patient | Date | Time
---|---|---|---

2. Pertinent medical history

Are you menstruating now? ☐ No ☐ Yes ☐ Unsure

Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? If yes, describe:

Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? If yes, describe:

Any pre-existing physical injuries? ☐ No ☐ Yes
If yes, describe:

3. Pertinent pre- and post-assault related history

Other intercourse within past 5 days? ☐ No ☐ Yes
If yes:
- Anal (within past 5 days)? When _________ ☐ No ☐ Yes
- Vaginal (within past 5 days)? When _________ ☐ No ☐ Yes
- Oral (within past 24 hours)? When _________ ☐ No ☐ Yes
- If yes, did ejaculation occur? When _________ ☐ No ☐ Yes
- If yes, where? ☐ No ☐ Yes ☐ Unsure
- If yes, was a condom used? ☐ No ☐ Yes ☐ Unsure
- Any voluntary alcohol use w/in 24 hrs. prior to assault?* ☐ No ☐ Yes
- Any voluntary drug use w/in 120 hrs. prior to assault?* ☐ No ☐ Yes
- Any voluntary drug or alcohol use between the time of assault and forensic exam?* ☐ No ☐ Yes

4. Post-assault hygiene/activity ☐ Not applicable if over 120 hours

Unurinated? ☐ No ☐ Yes
Defecated? ☐ No ☐ Yes
Genital or body wipes? ☐ No ☐ Yes
If yes, describe:
Douched? ☐ No ☐ Yes
If yes, with what?
- Removed/inserted ☐ tampon ☐ diaphragm
- Oral gargle/rinse? ☐ No ☐ Yes
- Bath/shower/wash? ☐ No ☐ Yes
- Brushed teeth? ☐ No ☐ Yes
- Ate or drank? ☐ No ☐ Yes
- Changed clothing? ☐ No ☐ Yes
If yes, describe:

5. Assault-related history

Loss of memory?* ☐ No ☐ Yes
If yes, describe:
Lapse of consciousness?* ☐ No ☐ Yes
If yes, describe:

* If yes, follow Loss of Awareness Protocol (see Cal OES 2-923 instructions for page 5)
Vomited? ☐ No ☐ Yes
If yes, describe:

Non-genital injury, pain, and/or bleeding? ☐ No ☐ Yes
If yes, describe:

Anal-genital injury, pain, and/or bleeding? ☐ No ☐ Yes
If yes, describe:

F. ASSAULT HISTORY

1. Date of assault(s) | Time of assault(s)
---|---

2. Pertinent physical surroundings of assault(s)

3. Alleged assailant(s) name(s) | Age | Gender | Ethnicity | Relationship to Patient
---|---|---|---|---
#1 | ☐ M ☐ F
#2 | ☐ M ☐ F
#3 | ☐ M ☐ F
#4 | ☐ M ☐ F

4. Methods employed by assailant(s)

Weapons?
- Threatened? ☐ No ☐ Yes
If yes, describe:
Injuries inflicted?
- ☐ No ☐ Yes
If yes, describe:
Type(s) of weapons? ☐ No ☐ Yes
If yes, describe:

Physical blows? ☐ No ☐ Yes
Grabbing/holding/pinching? ☐ No ☐ Yes
Physical restraints? ☐ No ☐ Yes
Strangulation/choking? ☐ No ☐ Yes
Burns (thermal and/or chemical)? ☐ No ☐ Yes
If yes, describe:

Threat(s) of harm? ☐ No ☐ Yes
If yes, describe:
Target(s) of threat(s)? ☐ No ☐ Yes
If yes, describe:
Other methods? ☐ No ☐ Yes
If yes, describe:

Involuntary ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure
If yes, ☐ Alcohol ☐ Drugs
If yes, ☐ Forced ☐ Coerced ☐ Suspected

Vomited? ☐ No ☐ Yes
If yes, describe:

*Collection of blood-alcohol and urine toxicology sample required on all patients regardless of history.

5. Injuries inflicted upon the assailant(s) during assault

☐ No ☐ Yes If yes, describe injuries, possible locations on the body, and how they were inflicted:
### 1. Penetration of vagina

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted*</th>
<th>Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>By penis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By finger?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>By object?</td>
<td></td>
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</tbody>
</table>

*If yes, describe the object: __________________________________________

### 2. Penetration of anus

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted*</th>
<th>Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>By penis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By finger?</td>
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<tr>
<td>By object?</td>
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</tbody>
</table>

*If yes, describe the object: __________________________________________

### 3. Oral copulation of genitals

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted*</th>
<th>Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of patient by assailant</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Of assailant by patient</td>
<td></td>
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</tbody>
</table>

*Describe: ____________________________

### 4. Oral copulation of anus

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted*</th>
<th>Unsure*</th>
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</thead>
<tbody>
<tr>
<td>Of patient by assailant</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Of assailant by patient</td>
<td></td>
<td></td>
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</tbody>
</table>

*Describe: ____________________________

### 5. Non-genital act(s)

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted*</th>
<th>Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kissing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bitting</td>
<td></td>
<td></td>
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</tbody>
</table>

*Describe: ____________________________

### 6. Other act(s)

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted*</th>
<th>Unsure*</th>
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<tbody>
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</tbody>
</table>

*Describe: ____________________________

### 7. Did ejaculation occur?

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*Describe: ____________________________

### 8. Contraceptive or lubricant products

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*Describe type/brand, if known: ____________________________

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**Patient Identification**

- Any penetration of the genital or anal opening, however slight, constitutes the act.
- Oral copulation requires only contact.
- If more than one assailant, identify by number.
H. GENERAL PHYSICAL EXAMINATION

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

<table>
<thead>
<tr>
<th>1. Blood pressure</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Temp.</th>
<th>2. Exam Started</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date &amp; Time</td>
<td>Date &amp; Time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Describe general physical appearance

4. Describe general demeanor

5. Describe condition of clothing upon arrival

6. Collect outer and under clothing if indicated

7. Conduct a physical examination

8. Collect dried and moist secretions, stains, and foreign materials from the body

Scan the entire body with an ALS (Alternate Light Source) and indicate ALS if there are findings

9. Collect fingernail swabblings (Use two (2) microtipped swabs per hand)

Diagram A

Diagram B

LEGEND: TYPES OF FINDINGS

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Type</th>
<th>Description</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td>DF</td>
<td>Deformity</td>
<td>FB</td>
<td>Foreign Body</td>
</tr>
<tr>
<td>ALS</td>
<td>Alternate Light Source</td>
<td>DS</td>
<td>Dry Secretion</td>
<td>IN</td>
<td>Induration</td>
</tr>
<tr>
<td>BI</td>
<td>Bite</td>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td>IW</td>
<td>Incised Wound</td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td>ER</td>
<td>Erythema (redness)</td>
<td>LA</td>
<td>Laceration</td>
</tr>
<tr>
<td>DE</td>
<td>Debris</td>
<td>F/H</td>
<td>Fiber/Hair</td>
<td>MS</td>
<td>Moist Secretion</td>
</tr>
<tr>
<td>OF</td>
<td>Other Foreign Materials (describe)</td>
<td>OI</td>
<td>Other Injury (describe)</td>
<td>PE</td>
<td>Petechiae</td>
</tr>
<tr>
<td>SI</td>
<td>Suction Injury</td>
<td>SW</td>
<td>Swelling</td>
<td>TB</td>
<td>Toluidine Blue</td>
</tr>
<tr>
<td>TE</td>
<td>Tenderness</td>
<td>VS</td>
<td>Vegetation/Soil</td>
<td></td>
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</tbody>
</table>

Locator # | Type | Description |
|----------|------|-------------|

Locator # | Type | Description |
|----------|------|-------------|

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8
I. HEAD, NECK, AND ORAL EXAMINATION

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

1. Examine 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
   - Collection Done
   - No Collection

   Scan areas with an Alternative Light Source (ALS) Indicate ALS if there are findings.
   - Findings
   - No Findings

3. Examine the oral cavity for injury and foreign materials
   - Findings
   - No Findings

4. Collect two (2) swabs from the oral cavity and swap the perioral area separately with two (2) swabs up to 24 hours post-assault

5. Collect head hair reference samples only if foreign hair is found

Legend: Types of Findings

- AB Abrasion
- ALS Alternate Light Source
- BI Bite
- BU Burn
- DE Debris
- DF Deformity
- DS Dry Secretion
- EC Ecchymosis (bruise)
- ER Erythema (redness)
- FI/H Fiber/Hair
- FB Foreign Body
- IN Induration
- IW Incised Wound
- PE Petechiae
- PS Potential Saliva
- SHX Sample Per History
- SI Suction Injury
- SW Swelling
- TB Toluidine Blue
- TE Tenderness
- V/S Vegetation/Soil

Locator # | Type | Description
-----------|------|-------------
           |      |             
           |      |             
           |      |             
           |      |             
           |      |             
           |      |             
           |      |             
           |      |             

Record all clothing and specimens collected on page 8.
J. GENITAL EXAMINATION—FEMALES

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

1. Examine the inner thighs, external genitalia, perineal area
   (Check the boxes if there are assault-related findings.)

   - No Findings
   - Mons pubis (new)
   - Inner thighs
   - Perineum
   - Labia majora
   - Labia minora
   - Clitoris/surrounding area
   - Periurethral tissue/urethral meatus
   - Perihymenal tissue (vestibule)
   - Hymen
   - Fossa navicularis
   - Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials
   - Collection
   - No Collection
   - Collection
   - No Collection
   - Scan area with an Alternative Light Source (ALS). Indicate ALS if there are findings.

3. Swab mons pubis area using two (2) swabs (all patients)

4. Collect pubic hair brushing
   - Pubic hair absent

5. Collect pubic hair reference samples only if a foreign hair is found

6. Examine the vagina and cervix (check boxes below)
   - No Findings
   - Vagina
   - Cervix

7. Collect four (4) swabs from the vaginal pool

8. Collect two (2) cervical swabs

9. Examine the buttocks, anus, and anal area (check boxes below)
   - No Findings
   - Anal verge/folds/rugae
   - Buttocks
   - Perianal skin

10. Collect dried and moist secretions, stains, and foreign materials
    - Collection
    - No Collection
    - Scan area with an Alternative Light Source (ALS). Indicate ALS if there are findings.

11. Collect two (2) anal and/or rectal swabs, if indicated by history

12. Conduct an anoscopic exam if indicated
   - Exam done?
   - No
   - Yes
   - Findings
   - No Findings
   - Rectal bleeding?
   - No
   - Yes
   - If yes, describe:

13. Exam position used
    - Supine
    - Other
    - Describe:

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
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</table>

LEGEND: TYPES OF FINDINGS

- AB Abasion
- ALS Alternate Light Source
- BI Bite
- BU Burn
- DE Debris
- DF Deformity
- DS Dry Secretion
- EC Ecchymosis (bruise)
- ER Erythema (redness)
- F/H Fiber/Hair
- FB Foreign Body
- IN Induration
- IW Incised Wound
- LA Laceration
- MS Moist Secretion
- OF Other Foreign Material (describe)
- SI Suction Injury
- SW Swelling
- TB Toluidine Blue
- V/S Vegetation/Soil
- OI Other Injury (describe)
- PE Petechiae
- PS Potential Saliva
- SHX Sample Per History
- SI Suction Injury
- SW Swelling
- TB Toluidine Blue
- V/S Vegetation/Soil

Illustrations by Eva Mae Natividad Baucom
K. GENITAL EXAMINATION—MALES

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

1. Examine the inner thighs, external genitalia, perineal area
   (Check the boxes if there are assault-related findings.)
   - No Findings
   - Foreskin
   - Inner thighs
   - Glans penis
   - Scrotum
   - Perineum
   - Penile shaft
   - Testes

2. Circumcised
   - No
   - Yes

3. Collect dried and moist secretions, stains, and foreign materials
   Scan area with an Alternative Light Source (ALS). Indicate ALS+ if there are findings.
   - Findings
   - No Findings

4. Collect pubic hair brushing

5. Collect pubic hair reference samples only if a foreign hair is present

6. Collect two (2) penile swabs

7. Collect two (2) scrotal swabs

8. Examine the buttocks, anus, and anal area (check boxes below)
   - No Findings
   - Anal verge/folds/rugae
   - Buttocks
   - Perianal skin

9. Collect dried and moist secretions, stains, and foreign materials
   - Collection
   - No Collection
   Scan area with an Alternative Light Source (ALS). Indicate ALS+ if there are findings.
   - Findings
   - No Findings

10. Collect two (2) anal and/or rectal swabs, if indicated by history

11. Conduct an anoscopic exam if indicated
   Exam done?
   - No
   - Yes
   Rectal bleeding?
   - No
   - Yes
   If yes, describe: __________________________________________________

12. Exam position used
   - Supine
   - Other
   Describe:_____________________________

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
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</tr>
</thead>
<tbody>
<tr>
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</table>

LEGEND: TYPES OF FINDINGS

- AB Abrasion
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- IN Induration
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- LA Laceration
- MS Moist Secretion
- OF Other Foreign Material
- OI Other Injury
- PE Petechiae
- PS Potential Saliva
- SHK Sample Per History
- SI Suction Injury
- SW Swelling
- TB Toluidine Blue
- TE Tenderness
- VS Vegetation/Soil
### 1. Clothing placed in evidence kit

<table>
<thead>
<tr>
<th>Other clothing placed in bags</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### 2. Foreign materials collected

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swabs/suspected blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dried secretions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiber/loose hairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vejclation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soil/debris</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swabs/suspected semen</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Swabs/suspected saliva</td>
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<td></td>
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</tr>
<tr>
<td>Swabs/ALS® areas</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Matted hair cuttings</td>
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<td></td>
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<tr>
<td>Pubic hair brushings</td>
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</tr>
<tr>
<td>Intravaginal foreign body</td>
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</tr>
<tr>
<td>Other types</td>
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</table>

### 3. Other body surface and cavity evidence swabs

<table>
<thead>
<tr>
<th>Area</th>
<th># of swabs</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Oral</td>
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</tr>
<tr>
<td>Perianal</td>
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<td></td>
</tr>
<tr>
<td>Neck</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
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<tr>
<td>Mons pubis</td>
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</tr>
<tr>
<td>Vaginal</td>
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<tr>
<td>Cervical</td>
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<td>Anal</td>
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<td>Rectal</td>
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<td>Penile</td>
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<td>Scrotal</td>
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### M. TOXICOLOGY SAMPLES

<table>
<thead>
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<th>Description</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Blood-alcohol/toxicology (gray stoppered tube)</td>
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<tr>
<td>Urine toxicology</td>
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### N. REFERENCE SAMPLES

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Collect a buccal swab for DNA reference sample</td>
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<td></td>
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<tr>
<td>Head hair, only if indicated</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pubic hair, only if indicated</td>
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</table>

### O. PHOTO DOCUMENTATION METHODS

<table>
<thead>
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<th>Description</th>
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<th>No</th>
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<tbody>
<tr>
<td>Body</td>
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<td></td>
</tr>
<tr>
<td>Genitals</td>
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<tr>
<td>Photographed by</td>
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</table>

### P. RECORD EXAM METHODS

<table>
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<tr>
<th>Description</th>
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<th>No</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colposcopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other magnifier</td>
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<tr>
<td>Loss of Awareness Protocol</td>
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</tr>
</tbody>
</table>

### Q. RECORD EXAM FINDINGS

- Physical findings: [ ]
- No physical findings: [x]

### R. SUMMARIZE POSITIVE FINDINGS


### S. PRINT NAMES OF PERSONNEL INVOLVED


### T. EVIDENCE DISTRIBUTION

- Clothing (item(s) not placed in evidence kit): [ ]
- Evidence kit: [ ]
- Blood-alcohol samples: [ ]
- Urine toxicology samples: [ ]
- Buccal swab for DNA reference sample: [ ]
- Head or pubic hair reference samples (only if indicated): [ ]

### U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

- Signature: ____________________________
- Print name: ____________________________ ID#: ____________________________
- Agency: ____________________________
- Date: ____________________________ Phone: ____________________________