



Department of Defense INSTRUCTION

NUMBER 6495.02

June 23, 2006

Incorporating Change 1, November 13, 2008

USD(P&R)

SUBJECT: Sexual Assault Prevention and Response Program Procedures

- References:
- (a) Task Force Report on Care for Victims of Sexual Assault, April 2004¹
 - (b) Sections 101(d)(3), 113, 504, 4331, and Chapter 47 of title 10, United States Code
 - (c) DoD Directive 6495.01, "Sexual Assault Prevention and Response (SAPR) Program," October 6, 2005
 - (d) Under Secretary of Defense for Personnel and Readiness Memorandum, "Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001)," November 12, 2004 (hereby canceled)²
 - (e) through (am), see Enclosure 1

1. PURPOSE

This Instruction:

1.1. Implements policy, assigns responsibilities, provides guidance and procedures, and establishes the Sexual Assault Advisory Council (SAAC) for the DoD Sexual Assault Prevention and Response (SAPR) Program consistent with Reference (a) and pursuant to Section 113 of Reference (b) and Reference (c) *and References (aj) through (am)*.

1.2. Supersedes the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Memorandums, "Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001)" (Reference (d)), "Increased Victim Support and a Better Accounting of Sexual Assault Cases (JTF-SAPR-002)" (Reference (e)), "Data Call for CY04 Sexual Assaults (JTF-SAPR-003)" (Reference (f)), "Review of Administrative Separation Action Involving Victims of Sexual Assault (JTF-SAPR-004)" (Reference (g)), "Commander Checklist for Responding to Allegations of Sexual Assault (JTF-SAPR-005)" (Reference (h)), "Department of Defense (DoD) Definition of Sexual Assault (JTF-SAPR-006)" (Reference (i)), "Training Standards for DoD Personnel of Sexual Assault Prevention & Response (JTF-SAPR-007)" (Reference (j)), "Response Capability for Sexual

¹ Copies may be obtained via the Internet at <http://www.sapr.mil/> resource section

² Copies of References (d) through (q) may be obtained via the Internet at <http://www.sapr.mil/> policy section.

Assault (JTF-SAPR-008)” (Reference (k)), “Collaboration with Civilian Authorities for Sexual Assault Victim Support (JTF-SAPR-010)” (Reference (l)), “Training Standards for Sexual Assault Response Training (JTF-SAPR-011)” (Reference (m)), “Training Standards for Pre-Deployment Information on Sexual Assault and Response Training (JTF-SAPR-012)” (Reference (n)), “Essential Training Tasks for a Sexual Assault Response Capability (JTF-SAPR-013)” (Reference (o)), “Sexual Assault Evidence Collection and Preservation Under Restricted Reporting (JTF-SAPR-014)” (Reference (p)), and Deputy Secretary of Defense Memorandum, “Confidentiality Policy for Victims of Sexual Assault (JTF-SAPR-009)” (Reference (q)).

2. APPLICABILITY AND SCOPE

This Instruction:

2.1. Applies to the Office of the Secretary of Defense, the Military Departments (including the Military Service Academies), the *Office of the* Chairman of the Joint Chiefs of Staff *and the Joint Staff*, the Combatant Commands, the Office of the Inspector General of the Department of Defense (IG, DoD), the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the “DoD Components”). The term “Military Services,” as used herein, refers to the Army, the Navy, the Marine Corps, and the Air Force, including their National Guard and Reserve components.

2.2. Applies to National Guard and Reserve members who are sexually assaulted when performing active service and inactive duty training (as defined in Section 101(d)(3) of Reference (b)).

2.3. Supersedes all regulatory and policy guidance within the Department of Defense not expressly mandated by law that is inconsistent with this Instruction.

2.4. Applies to any person who is the victim of a sexual assault, and is eligible to receive treatment in military medical treatment facilities (MTFs).

3. DEFINITIONS

Terms used in this Instruction are defined in *Enclosure 2 of this Instruction*, Enclosure 2, Reference (c), DoD Directive 1350.2 (Reference (r)), and Joint Publication 1-02 (Reference (s)) and shall be uniformly applied in regulations issued by the Secretaries of the Military Departments.

4. POLICY

It is DoD policy, according to Reference (c), to prevent and eliminate sexual assault within the Department by providing comprehensive procedures to better establish a culture of prevention, response, and accountability that enhances the safety and well-being of all DoD members.

5. RESPONSIBILITIES

5.1. The USD(P&R), shall:

5.1.1. Ensure implementation of this Instruction is in compliance with policies, procedures, requirements, and responsibilities set forth in Reference (c).

5.1.2. Serve as Chair of the SAAC in accordance with Reference (a) and paragraph 5.4 of this Instruction.

5.2. The Deputy Under Secretary of Defense for Plans (DUSD(Plans)), under the USD(P&R), shall:

5.2.1. Represent the USD(P&R) in SAPR matters consistent with this Instruction and Reference (c).

5.2.2. Serve as the Executive Secretary of the SAAC.

5.2.3. Exercise authority and direction over the SAPR Office (SAPRO) in developing DoD programs to ensure SAPR education, training, and awareness for DoD personnel consistent with this Instruction and Reference (c).

5.2.4. Assist in developing and monitoring the effectiveness of SAPR policies to ensure DoD Components comply with this Instruction and Reference (c).

5.2.5. Coordinate the management of the SAPR program with similar programs and other services provided to Service members.

5.2.6. Program, budget, and allocate funds and other resources for the SAPRO.

5.2.7. Annually review the Military Services resourcing and funding of the U.S. Army Criminal Investigation Laboratory (USACIL) in the area of sexual assault.

5.2.7.1. Assist the Department of the Army in identifying the funding and resources needed to operate USACIL and ensure forensic evidence is processed within 60 working days from day of receipt. (See Section 113 of Reference (b).)

5.2.7.2. Encourage the Military Services and the DoD agencies and field activities that use USACIL to contribute to the operation of USACIL to ensure USACIL is funded and resourced appropriately to complete forensic evidence processing within 60 working days.

5.3. The Sexual Assault Prevention and Response Office (SAPRO) under DUSD(Plans), shall:

5.3.1. Serve as the Department's single point of responsibility for sexual assault policy matters, except for legal processes provided under the Uniform Code of Military Justice (UCMJ) (Chapter 47 of Reference (b)) and Manual for Courts Martial (Reference (t)), and criminal

investigative policy matters that are assigned to the Judge Advocates General of the Military Departments and the IG, DoD, respectively.

5.3.2. Provide guidance and technical assistance to the DoD Components in addressing matters concerning SAPR. Facilitate the identification and resolution of issues and concerns common to the Military Services and joint commands.

5.3.3. Develop programs, policies, and training standards for the prevention, reporting, response, and program accountability of sexual assaults involving Service members, except for criminal investigative policy matters that are assigned to the IG, DoD. Establish institutional sexual assault program evaluation, quality improvement, and oversight mechanisms to evaluate periodically the effectiveness of the DoD SAPR program.

5.3.4. Develop strategic program guidance and joint planning objectives. Identify legislative changes needed to ensure the future availability of resources in support of DoD SAPR policies except for criminal investigative policy matters that are assigned to the IG, DoD.

5.3.5. Ensure unrestricted sexual assault data is stored and maintained in the Defense Incident Based Reporting System (DIBRS) which is operated by the Defense Manpower Data Center. (Additional explanation of DIBRS is at Enclosure 2.)

5.3.6. Ensure all victim-reported sexual assaults, both unrestricted and restricted reports, are maintained in the Defense Case Record Management System (DCRMS). The system shall include adequate safeguards to protect personal identifiers. Commanders shall not have access to the database. The system was developed for the Sexual Assault Response Coordinator (SARC) and sexual assault program managers to:

5.3.6.1. Document the initiation and progress of a victim's case, treatment options referred to or requested by a victim, and the final disposition of the complaint.

5.3.6.2. Assist with identifying and managing trends, analyzing risk factors or circumstances, and taking action or making plans to eliminate or mitigate those risks as much as possible.

5.3.7. Prepare the annual Congressional report. Establish reporting categories and monitor specific goals to be included in the annual SAPR assessments of each Military Service and its Service Academy, as required by Sections 113 and 4331 of Reference (b), Reference (c), and outlined in Enclosure 8.

5.4. The ASD(HA), under the USD(P&R), shall establish guidance designed to:

5.4.1. Ensure standardized, timely, accessible, and comprehensive healthcare for beneficiaries who are sexually assaulted. Ensure care is consistent with established community standards for healthcare for victims of sexual assault and the collection of forensic evidence from the victims. Ensure forensic evidence collection is followed per the condition and needs of each victim. This responsibility also includes establishing standards and periodic training for healthcare personnel (~~HCP~~) and providers regarding the unrestricted and restricted reporting options. Ensure

licensed *healthcare providers HCP* are eligible to perform sexual assault forensic examinations (SAFE), subject to receiving final authorization from the local privileging authority. These *healthcare providers HCPs* may include, but are not limited to:

5.4.1.1. Licensed physicians practicing in the military healthcare system (MHS) with clinical privileges in emergency medicine, family practice, internal medicine, obstetrics and gynecology, urology, general medical officer, undersea medical officer, flight surgeon, and/or those privileged to perform pelvic examinations.

5.4.1.2. Licensed advanced practice registered nurses practicing in the MHS with clinical privileges in adult health, family health, midwifery, women's health, and/or privileged to perform pelvic examinations.

5.4.1.3. Licensed physician assistants practicing in the MHS with clinical privileges in adult, family, women's health, and/or privileged to perform pelvic examinations.

5.4.1.4. Licensed registered nurses practicing in the MHS who meet the requirements for performing a SAFE as determined by the local privileging authority. This additional capability shall be noted as a competency, not as a credential or privilege.

5.4.1.5. During contingency situations (such as deployments to remote areas, combatant operations, wing deployments, and assignments aboard military conveyances), and when authorized by the local privileging authority due to special circumstances to perform limited aspects of the forensic evidence collection, licensed and unlicensed *healthcare provider HCP* such as a registered nurse, independent duty corpsman, medic, or technician.

5.4.2. Establish minimum standards of initial and refresher training required for all personnel assigned to MTFs providing direct care to victims of sexual assault to include training regarding:

5.4.2.1. DoD- and Military Service- specific sexual assault response policies.

5.4.2.2. DoD restricted and unrestricted reporting policy requirements and limitations.

5.4.2.3. Baseline Responder Training *for Healthcare Provider*. (See Enclosure 6, Healthcare section.) This shall include familiarization training on other members' roles and the requirements for integration of the sexual assault response capability involving chaplains, military criminal investigators, law enforcement, judge advocates, victim advocates (VAs), and the SARC.

5.4.2.4. Victim Advocacy Resources

5.4.2.5. Medical Treatment Resources

5.4.2.6. Sexual Assault Victim Interview

5.4.2.7. Sexual Assault Examination Process

5.4.3. Establish additional minimum standards for the initial and refresher training of *healthcare providers* ~~HCP~~ performing SAFE to include training regarding:

5.4.3.1. Sexual Assault Victim Interview

5.4.3.2. Sexual Assault Examination Process (see Enclosure 6, Healthcare section)

5.4.3.3. Emergency Contraception/Sexually Transmitted Disease/Infections Treatment

5.4.3.4. Physical and Mental Health Assessment (see Enclosure 6, Healthcare section)

5.4.3.5. Medical Record Management

5.4.3.6. Legal Process and Expert Witness Testimony

5.4.4. Minimum standards of healthcare intervention that correspond to clinical standards set in the community shall include The United States Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations (Reference (u)), however, clinical guidance shall not be solely limited to this resource.

5.5. The DoD General Counsel shall provide advice and assistance on legal matters concerning sexual assault that have been elevated to the DoD level, to include the review and coordination on all proposed policies, DoD issuances, proposed exceptions to policy, and the review of all legislative proposals affecting mission and responsibilities of the SAPRO.

5.6. The IG, DoD, shall:

5.6.1 Develop policy for DoD criminal investigative organizations and oversee their investigations of sexual assaults.

5.6.2. Oversee sexual assault training within the DoD investigative and law enforcement communities.

5.6.3. Collaborate with the SAPRO as necessary on sexual assault matters.

5.7. The Secretaries of the Military Departments shall:

5.7.1. Establish comprehensive policies, procedures, and programs implementing this Instruction and consistent with Reference (c), and ensure implementation, monitoring, and evaluation at all levels of military command, including those levels at the National Guard and Reserve components, and training for members of their Military Departments. Program requirements and procedures are further detailed in Enclosure 3.

5.7.2. Establish required standards for command assessment of organizational SAPR climate, to include periodic follow-up assessments.

5.7.3. Publicize policies and procedures for reporting a sexual assault and provide information regarding the availability of medical treatment, advocacy, and referral services.

5.7.3.1. Ensure Service members are aware of the reporting options available to them, to include any exceptions and/or limitations on use applicable to each option. Information on the reporting options available to Service members is included in Reference (c).

5.7.3.2. Personnel shall be made aware that sexual assault includes rape, nonconsensual sodomy, indecent assault, and attempts to commit these acts, which are crimes in violation of specific articles of Chapter 47 of Reference (b).

5.7.3.3. Ensure that victims of unrestricted reports of sexual assaults are afforded throughout the investigative and legal process the information outlined in DoD Directive 1030.1 and DoD Instruction 1030.2 (References (v) and (w)).

5.7.4. Provide quarterly and annual reports of sexual assault involving members of the Armed Forces to DoD SAPRO to be consolidated into the Secretary of Defense annual reports to the House and Senate Armed Services Committees in accordance with Sections 113 and 4331 of Reference (b), and Reference (c). (See Enclosure 8 for additional information on report requirements.)

5.7.5. Annually identify the fiscal and personnel resources necessary to implement, monitor, and evaluate the SAPR policies, and report these resource totals to USD(P&R).

5.7.6. Provide budget program and obligation data, as requested to DoD SAPRO.

5.8. The Heads of the DoD Components, the Commanders of the Combatant Commands, through the Joint Chiefs of Staff, and Directors of Defense Agencies and DoD Field Activities shall be responsible for SAPR within their respective areas of responsibility and shall ensure compliance with the policies set forth in Reference (c) and this Instruction. They shall:

5.8.1. Establish and implement a SAPR program and monitor and evaluate compliance with the guidelines of Reference (c) and this Instruction.

5.8.2. Ensure all DoD SAPR policies and programs are implemented throughout their respective organizations.

5.8.3. Ensure appropriate commanders receive notice of all unrestricted reports of sexual assault incidents.

5.9. In accordance with Reference (a), the SAAC shall:

5.9.1. Advise the Secretary of Defense on policies for sexual assault issues involving members of the Armed Forces.

5.9.2. Coordinate policy and review the Department's SAPR policies and programs consistent with this Instruction and Reference (c).

5.9.3. Monitor the progress of program elements.

5.9.4. Assist in developing policy guidance for the education, training, and awareness of DoD personnel in matters concerning SAPR.

5.9.5. Be comprised of the following membership:

5.9.5.1. The USD(P&R), who shall serve as Chair.

5.9.5.2. The DUSD(Plans), who shall serve as the Executive Secretary.

5.9.5.3. The Assistant Secretaries for Manpower and Reserve Affairs of the Military Departments.

5.9.5.4. The Vice Chairman of the Joint Chiefs of Staff.

5.9.5.5. The Principal Deputy General Counsel of the Department of Defense.

5.9.5.6. A Deputy IG, DoD.

5.9.5.7. The Assistant Secretary of Defense for Health Affairs (ASD(HA)).

5.9.5.8. Representatives from the Departments of Health and Human Services, Justice, State, the Centers for Disease Control and Prevention, and Veterans Affairs invited to serve as advisors to the SAAC.

6. PROCEDURES

6.1. Program requirements and procedures are contained in Enclosures 3 through 14.

6.2. Procedures for responding to the sexual assault of a child under the age of 18 by a parent or caregiver or a by a caregiver in DoD-sponsored or sanctioned out-of-home care shall be in accordance with DoD Directive 6400.1 and DoD Instruction 6400.3 (References (x) and (y)) respectively.

7. INFORMATION REQUIREMENTS

The reporting requirements in this Instruction have been assigned the following Report Control Symbols according to DoD 8910.1-M (Reference (z)).

7.1. The information collected and maintained in DIBRS has been assigned Report Control Symbol DD-P&R(M)1973.

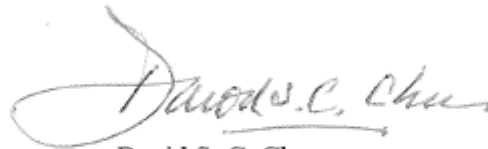
7.2. The information collected and maintained in the DCRMS, as well as the information collected to prepare the Secretary of Defense annual report to the House and Senate Armed Services Committees, has been assigned Report Control Symbol DD-P&R(A)2205.

7.3. The Service Academy Sexual Assault Survey conducted by the Defense Manpower Data Center (DMDC) has been assigned Report Control Symbol DD-P&R(A)2198.

*8. **RELEASABILITY. UNLIMITED.** This Instruction is approved for public release. Copies may be obtained through the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.*

89. EFFECTIVE DATE.

This Instruction is effective immediately.



David S. C. Chu
Under Secretary of Defense for
Personnel and Readiness

Enclosures - 14

- E1. References, continued
- E2. Definitions
- E3. DoD SAPR Program Requirements and Procedures
- E4. SAFE Collection and Preservation Under Restricted Reporting
- E5. Commander Sexual Assault Response Protocols for Unrestricted Reports of Sexual Assault
- E6. First Responder Training Requirements
- E7. Multi-disciplinary Case Management for Unrestricted Reports of Sexual Assault
- E8. Annual Reporting Requirements
- E9. DD Form 2909 (JUN 2006), "Victim Advocate and Supervisor Statements of Understanding"
- E10. Victim Advocate Sexual Assault Response Protocols
- E11. Sample Memorandum of Understanding
- E12. Table for Disposition of Sexual Assault Cases and Authority for Review of Administrative Separation of Victims of Sexual Assault
- E13. DD Form 2910 (JUN 2006), "Victim Reporting Preference Statement"
- E14. DD Form 2911 (JUN 2006), "Forensic Medical Report Sexual Assault Examination"

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Under Secretary of Defense for Personnel and Readiness Memorandum, "Increased Victim Support and A Better Accounting of Sexual Assault Cases (JTF-SAPR-002)," November 22, 2004 (hereby canceled)
- (f) Under Secretary of Defense for Personnel and Readiness Memorandum, "Data Call for CY04 Sexual Assaults (JTF-SAPR-003)," November 22, 2004 (hereby canceled)
- (g) Under Secretary of Defense for Personnel and Readiness Memorandum, "Review of Administrative Separation Actions Involving Victims of Sexual Assault (JTF-SAPR-004)," November 22, 2004 (hereby canceled)
- (h) Under Secretary of Defense for Personnel and Readiness Memorandum, "Commander Checklist for Responding to Allegations of Sexual Assault (JTF-SAPR-005)," December 15, 2004 (hereby canceled)
- (i) Under Secretary of Defense for Personnel and Readiness Memorandum, "Department of Defense (DoD) Definition of Sexual Assault (JTF-SAPR-006)," December 13, 2004 (hereby canceled)
- (j) Under Secretary of Defense for Personnel and Readiness Memorandum, "Training Standards for DoD Personnel on Sexual Assault Prevention & Response (JTF-SAPR-007)," December 13, 2004 (hereby canceled)
- (k) Under Secretary of Defense for Personnel and Readiness Memorandum, "Response Capability for Sexual Assault (JTF-SAPR-008)," December 17, 2004 (hereby canceled)
- (l) Under Secretary of Defense for Personnel and Readiness Memorandum, "Collaboration with Civilian Authorities for Sexual Assault Victim Support (JTF-SAPR-010)," December 17, 2004 (hereby canceled)
- (m) Under Secretary of Defense for Personnel and Readiness Memorandum, "Training Standards for Sexual Assault Response Training (JTF-SAPR-011)," December 17, 2004 (hereby canceled)
- (n) Under Secretary of Defense for Personnel and Readiness Memorandum, "Training Standards for Pre-Deployment Information on Sexual Assault and Response Training (JTF-SAPR-012)," December 13, 2004 (hereby canceled)
- (o) Under Secretary of Defense for Personnel and Readiness Memorandum, "Essential Training Tasks for a Sexual Assault Response Capability (JTF-SAPR-013)," April 26, 2005 (hereby canceled)
- (p) Under Secretary of Defense for Personnel and Readiness Memorandum, "Sexual Assault Evidence Collection and Preservation Under Restricted Reporting (JTF-SAPR-014)," June 30, 2005 (hereby canceled)
- (q) Deputy Secretary for Defense Memorandum, "Confidentiality Policy for Victims of Sexual Assault (JTF-SAPR-009)," March 16, 2005
- (r) DoD Directive 1350.2, "Department of Defense Military Equal Opportunity (MEO) Program," August 18, 1995
- (s) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition
- (t) Executive Order 12473 as amended by Executive Order 13387

- (u) A National Protocol for Sexual Assault Medical Forensic Examinations, United States Department of Justice, September, 2004, NCJ 206554³
- (v) DoD Directive 1030.1, "Victim and Witness Assistance," April 13, 2004
- (w) DoD Instruction 1030.2, "Victim and Witness Assistance Procedures," June 4, 2004
- (x) DoD Directive 6400.1, "Family Advocacy Program (FAP)," August 23, 2004
- (y) DoD Instruction 6400.3, "Family Advocacy Command Assistance Team," February 3, 1989
- (z) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," June 30, 1998
- (aa) Section 596 of the National Defense Authorization Act for Fiscal Year 2006 (Pub. L. 109-163)⁴
- (ab) Section 552 of title 5, United States Code
- (ac) Health Insurance Portability and Accountability Act of 1996, P. L. 104-191, Section 1177, August 21, 1996⁵
- (ad) DoD 5210.42-R "Department of Defense Nuclear Weapon Personnel Reliability Program (PRP) Regulation," January 2001
- (ae) Military Rules of Evidence Rule 412, "Nonconsensual Sexual Offenses: Relevance of Victim's Behavior or Sexual Predisposition"⁶
- (af) Military Rules of Evidence Rule 413, "Evidence of Similar Crimes in Sexual Assault Cases"
- (ag) Military Rules of Evidence Rule 615, "Exclusion of Witnesses"
- (ah) DoD Directive 5400.11, "DoD Privacy Program," November 16, 2004
- (ai) DoD Instruction 1241.2, "Reserve Component Incapacitation System Management," May 30, 2001*
- (aj) Public Law 109-163, "The National Defense Authorization Act for Fiscal Year 2006," Section 552, January 6, 2006.*
- (ak) Public Law 108-375, "Ronald Reagan National Defense Authorization Act for Fiscal Year 2005," Section 577, October 28, 2004.*
- (al) Public Law 109-364, "John Warner National Defense Authorization Act for Fiscal year 2007," Section 532, October 17, 2006.*
- (am) Public Law 106-64, "National Defense Authorization Act for fiscal Year 2000," Section 585, October 5, 1999.*

³ Copies may be obtained via the Internet at <http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

⁴ Copies may be obtained via the Internet at <http://www.defenselink.mil/dodgc/olc/docs/PL109-163.pdf>

⁵ Copies may be obtained via the Internet at <http://aspe.hhs.gov/admnsimp/pl104191.htm#1177>

⁶ Copies of references (ad) through (af) may be obtained via the Internet at <http://www.army.mil/usapa/epubs/pdf/mcm.pdf>

E2. ENCLOSURE 2

DEFINITIONS

E2.1.1. Confidential Reporting. For the purposes of the policies and procedures of the SAPR Program, confidential reporting is restricted reporting that allows a Service member defined in Reference (c), to report or disclose to specified officials that he or she has been the victim of a sexual assault. This reporting option gives the member access to medical care, counseling, and victim advocacy, without requiring those specific officials to automatically report the matter to law enforcement or initiate an official investigation. The restricted reporting option is only available to those sexual assault victims who are Service members; however, it may not be an option if the sexual assault occurs outside of the military installation or the victim first reports to a civilian facility and/or a civilian authority. This will vary by state, territory, and/or overseas local agreements. For additional information on restricted reporting, see Reference (c).

E2.1.2. Defense Case Record Management System (DCRMS). A Department-wide data system, developed in coordination with the Military Services, to document support services requested by or referred for victims, standardized data on sexual assault incidents for trends, and record data on restricted reports of sexual assault. The DCRMS assists SARCs to manage the SAPR Program and meet reporting requirements, including restricted reports, victim support services, and the reporting requirements of section 596 of the National Defense Authorization Act for Fiscal Year 2006 (Reference (aa)) on cases hindered by lack of materials or processing delay. It allows the Services to obtain consistent data, assess trends, improve service delivery, and adjust policies as needed. Additionally, it provides standardized reports as required.

E2.1.3. Defense Incident Based Reporting System (DIBRS). A database system for the central storage of statistical information on criminal and high interest incidents within the Department of Defense. These incidents include situations where the military has exclusive jurisdiction, or if they share jurisdiction, where they coordinate with civilian law enforcement authorities. This system requirement meets uniform Federal crime reporting requirements, statutory requirements, and enables the Department of Defense to provide responses to internal and external response requests for statistical data on criminal incidents.

E2.1.4. Final Disposition. The conclusion of any judicial, non-judicial, or administrative actions, to include separation actions taken in response to the offense, whichever is later in time. If the final command determination is that there is insufficient evidence or other legal issues exist that prevent judicial or administrative action against the alleged perpetrator, this determination shall be conveyed to the victim in a timely manner.

E2.1.5. Healthcare Personnel. For the purpose of this Instruction, all healthcare providers. This also includes persons assisting or otherwise supporting healthcare providers in providing healthcare services (e.g., administrative personnel assigned to a military medical treatment facility).

E2.1.6. Healthcare Provider. For the purpose of this Instruction, those individuals who are employed or assigned as healthcare professionals, or are credentialed to provide health care

services, at a military medical or military dental treatment facility, or who provide such care at a deployed location or in an official capacity. This also includes military personnel, DoD civilian employees, and DoD contractors who provide health care at an occupational health clinic for DoD civilian employees or DoD contractor personnel.

E2.1.57. Military Criminal Investigative Organizations (MCIOs). The United States Army Criminal Investigation Command, Naval Criminal Investigative Service, and Air Force Office of Special Investigations.

E2.1.68. Identifying Personal Information. For the purpose of this Instruction, this term applies to the victim or alleged offender of a sexual assault, and is that information which would disclose or have a tendency to disclose the person's identity. Identifying personal information includes the person's name or a particularly identifying description (e.g., physical characteristics or identity by position, rank, or organization), or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g., a female in a particular squadron or barracks when there is only one female assigned).

E2.1.79. Non-identifying Personal Information. Includes those facts and circumstances surrounding the sexual assault incident or information about the individual that enables the identity of the victim or alleged offender to remain anonymous.

E2.1.810. Reprisal. Taking or threatening to take an unfavorable personnel action, or withholding or threatening to withhold a favorable personnel action, or any other act of retaliation, against a DoD member for making, preparing, or receiving a covered communication.

E2.1.911. Sexual Assault Advisory Council (SAAC). A senior executive-level decision-making body that provides advice and counsel to the Secretary of Defense and Deputy Secretary of Defense on all SAPR matters.

E3. ENCLOSURE 3

DoD SAPR PROGRAM REQUIREMENTS AND PROCEDURES

E3.1. MANAGEMENT RESPONSIBILITY. Commanders, supervisors, and managers at all levels are responsible for the effective implementation of SAPR policies. Military and DoD civilian officials at each management level shall advocate a strong SAPR program and provide education and training that shall enable them to prevent and appropriately respond to incidents of sexual assault.

E3.2. PREVENTION AND RESPONSE. The Military Services shall:

E3.2.1. Provide periodic, mandatory education and training in SAPR at installation and fleet unit commands, during pre-commissioning programs and initial-entry training, and throughout the professional military education systems.

E3.2.1.1. This training shall be provided as part of the overall effort to achieve sexual assault awareness and prevention within the Department of Defense and shall be provided to all DoD Military Service members, including flag and general officers, and at a minimum to all civilian personnel who supervise military Service members. The focus of this training is to ensure that all Service members and civilian supervisors of Service members have a working knowledge of what constitutes sexual assault, why sexual assaults are crimes, and the meaning of consent. Additionally, the training should provide personnel with information on the reporting options available to them and the exceptions and/or limitations of each option.

E3.2.1.2.. The term sexual assault as defined in Reference (c) shall be used in all training programs. Training should also emphasize the distinction between the terms sexual assault and sexual harassment which is defined in Reference (r).

E3.2.2. Conduct an annual sexual assault awareness training update.

E3.2.2.1. To help Service members understand the nature of sexual assaults in the military environment, this training should be scenario-based, using real-life situations to demonstrate the entire cycle of reporting, response, and accountability procedures.

E3.2.2.2. Training for junior personnel should incorporate adult learning theory, which includes group participation and interaction.

E3.2.3. Ensure Service members who deploy to locations outside the United States are cognizant of sexual assault issues, as well as DoD-specific and Military Service-specific policies addressing sexual assault prevention, offender accountability, and victim care. This training shall include risk reduction factors that are tailored to the specific deployment location(s), and at a minimum shall:

E3.2.3.1. Provide a brief history of the specific foreign countries or areas anticipated for deployment, and address the area's customs, mores, and religious practices. The cultural customs, mores, and religious practices of coalition partners in the deployed location shall also be addressed.

E3.2.3.2. Address procedures for reporting a sexual assault to ensure Service members are aware of the full range of options available at the deployed location.

E3.2.3.3. Develop a mechanism for identifying trained sexual assault first responders, and identify those first response personnel who shall be available during the deployment, to include the SARC, VAs, *healthcare personnel* HCPs, and chaplains.

E3.2.4. Establish guidelines for a 24-hour, 7-days per week sexual assault response capability for all locations, including deployed areas. Non-eligible civilians requiring emergent care for sexual assault shall be given appropriate life-saving intervention, if available, and assisted with the transition to civilian healthcare, law enforcement, and/or other support resources. While the installation may provide information on community resources, it shall be the decision of the civilian whether to pursue follow-on intervention, unless the individual is physically unable to make that determination. Regardless of the location, coordinate the efforts and resources to ensure optimal and safe administration of unrestricted and restricted reporting options, with appropriate protection, medical care, counseling, and advocacy. The guidelines shall:

E3.2.4.1. Ensure first responders are trained and identified, and response times are continually monitored to ensure timely response to reports of sexual assault. First responders shall include law enforcement, SARC, VAs, MCIOs, and *healthcare personnel* HCPs. Additional explanation of first responders is provided at Enclosure 6.

E3.2.4.2. Maintain adequate supplies of SAFE kits and ensure personnel are appropriately trained on protocols for their use and comply with prescribed chain of custody procedures. Modified procedures applicable in cases of restricted reports of sexual assault are explained in Enclosure 4.

E3.2.4.3. Establish a multi-disciplinary case management group, as prescribed in Enclosure 7 and include provisions to provide for continuity of victim care and case management when a victim has a temporary or permanent change of station, or is deployed.

E3.2.4.4. Promote expedient resolution of unrestricted sexual assault cases. Unless otherwise expressly excused by operation of law, regulation, or policy, a unit commander who receives a report of an incident of sexual assault shall refer the matter as soon as practicable to investigative authorities assigned to the appropriate MCIO.

E3.2.4.5. Establish a policy which encourages commanders to be responsive to a victim's desire to discuss his or her case with the senior commander tasked by the Military Service with oversight responsibility for the SAPR program as determined in Reference (c).

E3.2.5. Establish the position of the SARC.

E3.2.5.1. Establish standardized criteria for selection of the SARC.

E3.2.5.2. At the Military Service's discretion, the SARC may be a military member, DoD civilian employee, or DoD contractor. The SARC shall:

E3.2.5.2.1. Report to the Military Service-designated senior commander, as defined in Reference (c).

E3.2.5.2.2. Provide regular updates to the senior commander and assist the commander to meet annual SAPR training requirements, to include providing orientation briefings for newly assigned personnel, and, as appropriate, providing community education publicizing available SAPR services.

E3.2.5.2.3. Provide the senior commander with non-identifying personal information, as defined in Enclosure 2, within 24 hours of a restricted report of sexual assault. Recognizing there may be extenuating circumstances in the deployed environments, this notification may be extended to 48 hours after the restricted report of the incident. Command and installation demographics shall be taken into account when determining the information to be provided.

E3.2.5.2.4. Serve as the single point of contact (POC) to coordinate community sexual assault response when a sexual assault is reported. The SARC shall assist the senior commander to ensure victims of sexual assault receive the appropriate responsive care.

E3.2.5.2.5. Personnel assigned as SARCs, provided that they are regularly appointed DoD military or civilian personnel, may exercise oversight responsibility for VAs authorized to respond to sexual assaults when they are providing victim advocacy services.

E3.2.5.2.6. Facilitate education of command personnel on sexual assault and victim advocacy services.

E3.2.5.2.7. Facilitate briefings on victim advocacy services to Service members, DoD civilian employees, DoD contractors, and other command or installation personnel as appropriate.

E3.2.5.2.8. Facilitate and document appropriate training of all military first responders who attend the multi-disciplinary case management group. An additional explanation of the case management group is included in Enclosure 7.

E3.2.5.2.9. Facilitate practical training for military sexual assault medical examiners and *healthcare providers HCPs*, as needed, in order to maintain optimal readiness and ensure the same level of care is provided in deployed, overseas, and remote environments.

E3.2.5.2.10. Facilitate the development and collaboration of SAPR public awareness campaigns for victims of sexual assault, to include planning local events for Sexual Assault Awareness Month which is nationally observed during the month of April.

E3.2.5.2.11. Coordinate medical and counseling services between military installations and/or deployed units related to care for victims of sexual assault.

E3.2.5.2.12. Conduct an ongoing assessment of the consistency and effectiveness of the SAPR within the assigned area of responsibility.

E3.2.5.2.13. Collaborate with other agencies and activities to improve SAPR responses to, and support of victims of sexual assault.

E3.2.5.2.14. Advocate to ensure the views of the victim of the sexual assault are considered in the decision-making process.

E3.2.5.2.15. Maintain liaison with commanders, military law enforcement, and MCIOs as appropriate to ensure protocols and procedures:

E3.2.5.2.15.1. Activate victim advocacy 24 hours a day, 7 days a week for all incidents of reported sexual assault occurring either on or off the installation involving Service members.

E3.2.5.2.15.2. Collaborate on public safety, awareness, and preventive measures.

E3.2.5.2.15.3. Facilitate ongoing training of military and civilian law enforcement and criminal investigative personnel on the SAPR policy and the roles and responsibilities of the SARC and VAs.

E3.2.5.2.16. Consult with command legal representatives, *healthcare personnel HCPs* and MCIOs to assess the potential impact of state laws governing the reporting requirements for adult sexual assault that may affect compliance with the DoD restricted reporting option and develop or revise applicable memorandums of understanding (MOUs) as appropriate. (See Enclosure 11.)

E3.2.5.2.17. Collaborate with MTFs within their area of responsibility to establish protocols and procedures to ensure notification of the SARC and/or a VA for all incidents of reported sexual assault, and facilitate ongoing training of *healthcare personnel HCPs* on the roles and responsibilities of SARCs and VAs.

E3.2.5.2.18. Document the services referred to and/or requested by the victim from the time of the initial report of a sexual assault through the final disposition and/or until the victim no longer desires services.

E3.2.5.2.18.1. The SARC shall maintain in the DCRMS an account of the services referred to and/or requested by the victim for all reported sexual assault incidents, from medical treatment through counseling, and from the time of the initial report of a sexual assault through the final disposition and/or until the victim no longer desires services.

E3.2.5.2.18.2. The DCRMS shall capture information regarding all incidents from the moment the report is initiated until final disposition. The SARC will provide aggregate information to assist senior-level commanders to better understand and manage trends and

characteristics of sexual assault crimes at the Military Service-level, and to better understand and mitigate the risk factors that may be present within the associated environment.

E3.2.5.2.19. SARCs, provided that they are regularly appointed DoD military or civilian personnel, shall serve as chairperson of a multi-disciplinary case management group that meets monthly to review individual cases of unrestricted reports of sexual assault, unless this responsibility is otherwise delegated by the Military Service. (See Enclosure 7 for further explanation of the case management group.)

E3.2.5.2.20. Familiarize the unit commanders and/or supervisors of sexual assault VAs with the VA roles and responsibilities, using DD Form 2909, "VA and Victim Advocate Supervisor Statement of Understanding," at Enclosure 9 or a comparable Military Service-developed, standardized form. Unit commanders and supervisors shall not interfere with, or otherwise attempt to negatively influence, VA's sexual assault advocacy duties. If there is a conflict between a VA's primary duty and advocacy responsibilities, the VA's Unit Commander and/or supervisor should consult with the SARC to resolve the conflict. (See paragraph E3.2.11. for additional information.)

E3.2.6. Ensure victim advocacy is available for victims of sexual assault.

E3.2.6.1. Ensure standardized criteria for the selection and training of sexual assault VAs complies with Military Service's specific guidelines. All VA's must acknowledge their understanding of their advocacy roles and responsibilities using DD Form 2909, at Enclosure 9, or comparable Military Service-developed, standardized form.

E3.2.6.2. At the Military Service's discretion, victim advocacy may be provided by military personnel, DoD civilian employees, or DoD contractors, volunteers, or accomplished through partnership agreements with civilian advocacy organizations. Personnel responsible for providing victim advocacy shall:

E3.2.6.2.1. Be notified and respond within Military Service-designated timelines upon receipt of a report of sexual assault.

E3.2.6.2.2. Provide crisis intervention, victim service referrals, and on-going, non-clinical support to the victim of a reported sexual assault, in accordance with the sexual assault response protocols prescribed in Enclosure 10. A VA's primary responsibility is to help the victim navigate those processes required to obtain care and services needed. It is not the VA's role or responsibility to be the victim's therapist or to act as an investigator.

E3.2.6.2.3. Report directly to the SARC while providing sexual assault advocacy responsibilities.

E3.2.7. Ensure that, at a minimum, the following medical care is made available to a victim of sexual assault, and provided if the victim elects:

E3.2.7.1. Complete physical assessment, examination, and treatment of injuries including immediate life-saving interventions with follow-up and referral care as needed.

E3.2.7.2. Once clinically stable, the *healthcare provider HCP* shall consult with the victim regarding further healthcare options which shall include, but are not limited to:

E3.2.7.2.1. Testing, prophylactic treatment options, and follow-up care for possible exposure to human immunodeficiency virus (HIV) and other sexually transmitted infections or diseases.

E3.2.7.2.2. Assessment of the risk of pregnancy, options for emergency contraception, and any necessary follow-up care and/or referral services.

E3.2.7.2.3. Assessment for the need for behavioral health services and providing a referral, if necessary and/or requested by the victim.

E3.2.7.3. Ensure that the *healthcare provider HCP* consults with the victim regarding the availability of an optional SAFE. (Additional explanation of SAFE is at Enclosure 4.)

E3.2.7.3.1. If performed in the MTF, the *healthcare provider HCP* shall utilize a SAFE collection kit (SAFE kit) and the most current edition of the DD Form 2911, "Forensic Medical Report Sexual Assault Examination," at Enclosure 14.

E3.2.7.4. Designate an official who, in cases of restricted reporting, shall generate an alpha-numeric restricted reporting case number (RRCN), unique to each incident, that shall be used in lieu of personal-identifying information to label and identify evidence collected from a SAFE (i.e., SAFE kit, accompanying documentation, personal effects, and clothing).

E3.2.7.5. Designate an activity that, in cases of restricted reporting, will receive forensic evidence from the *healthcare provider HCP* and label and store such evidence in accordance with the following: (See Enclosure 4 for further information.) The activity representative shall be trained and capable of collecting and preserving evidence to assume custody of the evidence using established chain of custody procedures.

E3.2.7.6. Ensure SAFE evidence collection procedures are the same for both a restricted and unrestricted report of sexual assault. Additionally, for restricted reports of sexual assault, procedures shall be as follows:

E3.2.7.6.1. The Service-designated official shall provide the *healthcare provider HCP* with the appropriate RRCN to use in place of personally identifiable information about the victim should the victim elect restricted reporting, according to prescribed procedures for SAFE collection and preservation under restricted reporting. (See Enclosure 4.)

E3.2.7.6.2. Upon completion of the SAFE and securing of the evidence, the *healthcare provider HCP* will turn the material over to the appropriate Service-designated activity as determined by the selected reporting option.

E3.2.7.6.3. Evidence shall be stored until a victim changes to unrestricted reporting, but may not exceed 1 year from the date of the victim's restricted report of the sexual assault.

E3.2.8. Establish an official collateral duty within each MTF for the assignment of an *healthcare provider HCP* as the primary POC concerning DoD and Military Service SAPR policy, as well as updates in sexual assault care.

E3.2.9. Maintain liaison with installation Family Advocacy Program and Domestic Violence intervention and prevention staff to ensure coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

E3.2.10. Maintain liaison with civilian sexual assault victim resources. Where necessary, recommend that commands establish an MOU or support agreements with the appropriate local authorities and civilian service organizations to maximize cooperation, reciprocal reporting of sexual assault information, and/or consultation regarding jurisdiction for the prosecution of Service members involved in sexual assault. The purposes of these MOUs or agreements are to:

E3.2.10.1. Enhance communications and the sharing of information regarding sexual assault prosecutions, as well as of the sexual assault care and forensic examinations that involve Service members.

E3.2.10.2. Collaborate with local community crisis counseling centers, as necessary, in order to augment or enhance their SAPR programs.

E3.2.10.3. Provide liaison with private sector sexual assault councils as appropriate.

E3.2.10.4. Provide information on medical and counseling services related to care for victims of sexual assault that may not be available on military installations, but are available in the civilian community.

E3.2.10.5. Facilitate and document training for civilian service providers about SAPR policy and the roles and responsibilities of the SARC and VA.

E3.2.11. Designate an appropriate level of command, commensurate with the maturity and experience needed, to be the disposition authority for allegations of sexual assault. These commanders shall take appropriate actions to ensure the fair, impartial, and timely investigation, resolution, and disposition of unrestricted reports of sexual assault. (See Enclosure 12.) Use the commander's sexual assault response protocols at Enclosure 5 as the baseline for commander's response. Military Services may expand the response protocols to meet Service-specific requirements and/or procedures.

E3.2.12.. Ensure commanders understand that taking action on victim collateral misconduct may be delayed until final disposition of the sexual assault case. Military Services will also ensure procedures are established that do not penalize commanders or organizations for delaying actions for collateral misconduct by the victim. Commanders must also be mindful of any potential speedy trial and/or statute of limitations concerns when determining whether to defer action.

E3.2.13. Ensure the victim of a sexual assault receives monthly updates regarding the current status of any on-going investigative, medical, legal, or command proceedings regarding his or her sexual assault until the final disposition of the reported assault, and to the extent permitted under the

Privacy Act of 1974 (Reference (ab)), Reference (z), and the Health Insurance Portability and Accountability Act of 1996 (Reference (ac)).

E3.2.14. Designate an appropriate level of command, commensurate with the maturity and experience needed, to review all administrative separation actions involving victims of sexual assault which occur within 1 year of the unrestricted report of sexual assault, and to exercise the administrative responsibilities involved as appropriate. (See Enclosure 12.)

E3.2.15. Establish procedures to protect the SARC and VA from coercion, discrimination, or reprisals, as defined in Enclosure 2, related to the execution of SAPR duties and responsibilities.

E3.2.16. Ensure that members of the Reserve Component are able to access medical treatment and counseling for injuries and illness incurred from a sexual assault inflicted upon a Service member while in a status where the member is eligible to make a restricted report.

E3.2.16.1. The Service shall ensure that the process for making line of duty (LOD) determinations may be made: without the victim being identified to law enforcement or command; solely for the purpose of enabling the victim to access medical care and psychological counseling; and without identifying injuries from sexual assault as the cause.

E3.2.16.2. The commander of the Reserve Command in each component and the Directors of the Army and Air National Guard Bureaus shall identify appropriate individuals within their respective organizations to process LODs for victims of sexual assault who are eligible to make restricted reports. Designated individuals should possess the maturity and experience to assist in a sensitive situation and safeguard covered communications. These individuals are specifically authorized to receive covered communications as defined by paragraph E2.1.3 for the purpose of determining LOD status. The appropriate SARC will brief these individuals on restricted reporting policies and the limitations of disclosure of covered communications as specified in Enclosure 3 of Reference (c). The SARC and these individuals may consult with their servicing legal office, in the same manner as other recipients of privileged information for assistance, exercising due care to protect covered communications by disclosing only non-identifying information.

E3.2.16.3. For LOD purposes, the victim's SARC may provide documentation that substantiates the victim's duty status as well as the filing of the restricted report to the designated official.

E3.2.16.4. If medical or mental health care is required beyond initial treatment and follow-up, a credentialed medical or mental health provider must recommend a continued treatment plan.

E3.2.16.5. This policy modifying the LOD process for restricted reporting does not extend to pay and allowances or travel and transportation incident to the healthcare entitlement. However, at any time the Service member may request an unrestricted LOD to be completed in order to receive the full range of entitlements authorized under DoD Instruction 1241.2 (Reference (ai)).

E4. ENCLOSURE 4

SAFE COLLECTION AND PRESERVATION UNDER RESTRICTED REPORTING

E4.1. GENERAL

E4.1.1. Medical services offered to victims of sexual assault include the ability to elect a SAFE in addition to the general medical management related to sexual assault response. The SAFE is an examination of a sexual assault victim by *a healthcare provider* ~~an HCP~~ who, ideally, has specialized education and clinical experience in the collection of forensic evidence and treatment of these victims. The forensic component includes gathering information from the victim for the medical forensic history, an examination, documentation of biological and physical findings, collection of evidence from the victim, and follow-up as needed to document additional evidence.

E4.1.2. The process for collecting and preserving sexual assault evidence under the restricted reporting option is the same as takes place under the unrestricted reporting option, except that the restricted reporting option does not trigger the official investigative process and any evidence collected has to be documented in a way that ensures the confidentiality of a victim's identity.

E4.2. POLICY

E4.2.1. In accordance with Reference (c), restricted reporting allows a victim of sexual assault who is a Service member to disclose on a requested confidential basis the details of his or her assault to specifically identified individuals and receive medical treatment and counseling, without triggering the official investigative process.

E4.2.2. Additionally, at the victim's request, the *healthcare provider* ~~HCP~~, if appropriately trained and/or supervised, shall conduct a SAFE as indicated, which may include the collection of evidence, in accordance with Reference (u) and clinical community standards of care.

E4.3. PROCEDURES

E4.3.1. Sexual assault reporting procedures require that the SARC be notified of all incidents of reported sexual assault. The SARC, in turn, will assign a VA to assist the victim. If a victim initially seeks assistance at a medical facility, SARC notification must not delay the treatment of any medical conditions requiring immediate attention for the health of a victim. Once any emergent medical injuries have been treated, the SARC or VA shall advise the victim of the reporting options available to him or her, explain the benefits and limitations of each, and document the reporting option the victim selects using DD Form 2910, "Victim Reporting Preference Statement" (VRPS), at Enclosure 13. The SARC or VA shall also inform the victim about the availability of an optional SAFE. If a victim chooses to undergo a SAFE, and the *healthcare provider* ~~HCP~~ determines a SAFE is indicated by the facts of the case, *healthcare*

providers HCPs at military facilities shall conduct the examination according to the most current version of Reference (u) and other applicable community standards of care.

E4.3.2. Installations that do not have a SAFE capability will be responsible for transporting the victim to a military facility or local off-base, non-military facility that has a SAFE capability. They may also contract with a local Sexual Assault Nurse Examiner or other *healthcare providers HCPs* who are trained and credentialed to perform a SAFE, and have them report to the MTF to conduct the examination.

E4.3.2.1. Whenever possible, military installations should have a formal MOU in place between military facilities and off-base, non-military facilities for the purpose of conducting a SAFE.

E4.3.2.2. The SARC or VA shall ensure that the victim is aware of any local or state sexual assault reporting requirements that may limit the possibility of restricted reporting prior to proceeding with the SAFE at the off-base, non-military facility.

E4.3.3. For restricted reporting cases, the Military Service designated official shall generate an alpha-numeric RRCN, unique to each incident, that shall be used in lieu of personal-identifying information to label and identify the evidence collected from a SAFE (i.e., SAFE kit, accompanying documentation, personal effects, and clothing). Upon completion of the SAFE, the *healthcare provider HCP* will package, seal, and label the evidence container(s) with the RRCN and notify the Military Service designated activity (hereafter referred to as “the activity”). The activity representative shall be trained and capable of collecting and preserving evidence to assume custody of the evidence using established chain of custody procedures. MOUs with off-base, non-military facilities should include instructions for the notification of a SARC regardless of whether a restricted or unrestricted report of sexual assault is involved, evidence receipt procedures, application of an RRCN, and disposition of evidence back to the activity. The RRCN and general description of the evidence shall be entered into a log to be maintained by the activity. Evidence shall be stored for 1 year from the date of the victim’s restricted report of the sexual assault.

E4.3.4. At least 30 days prior to the expiration of the 1-year storage period, the activity shall notify the appropriate SARC that the 1-year storage period is about to expire. Accordingly, the SARC shall ensure notification to the victim. If the victim does not desire to change from a restricted report to an unrestricted report, and does not request the return of any personal effects or clothing maintained as part of the evidence prior to the expiration of the 1-year storage period, in compliance with established procedures for the destruction of evidence, the activity shall destroy the evidence maintained under that victim’s RRCN. The evidence shall similarly be destroyed if, at the expiration of 1-year, a victim does not advise the SARC of his or her decision, or the SARC is unable to notify a victim because the victim’s whereabouts are no longer known. If, prior to the 1-year period, a victim changes his or her reporting preference to the unrestricted reporting option, the SARC shall notify the respective MCIO, who shall then assume custody of the evidence maintained by the RRCN from the activity under established chain of custody procedures. MCIO established procedures for documenting, maintaining, and storing the evidence shall thereafter be followed.

E5. ENCLOSURE 5

COMMANDER'S SEXUAL ASSAULT RESPONSE PROTOCOLS FOR UNRESTRICTED
REPORTS OF SEXUAL ASSAULT

E5.1. The Commander's Sexual Assault Response Checklist at Attachment E5. A1 is provided to assist unit commanders in successfully navigating the myriad of competing demands placed upon them once a sexual assault is reported. The use of the checklist has the primary objective of ensuring that there is an appropriate balance between a victim's right to feel secure and the alleged offender's rights to due process under the law. Its use also provides guidelines and standards for addressing unit interests in sexual assault cases.

E5.2. Each Military Service shall use this checklist as a baseline commander's guide to respond to unrestricted sexual assault reports. Additional Service-specific guidelines may be incorporated as needed.

E5.3. Commanders have the authority to expand upon this checklist, if necessary, to protect victims from further harm or trauma, to protect the rights of the alleged offender or to safeguard the unit.

Attachment – 1

A1. Commander's Sexual Assault Response Checklist for Unrestricted Reports of Sexual Assault

E5. A1. ATTACHMENT 1 TO ENCLOSURE 5

COMMANDER'S CHECKLIST FOR UNRESTRICTED REPORTS OF SEXUAL ASSAULT

VICTIM'S COMMANDER

- () Ensure the physical safety of the victim--determine if the alleged offender is still nearby and if the victim desires or needs protection.
- () Determine if the victim desires or needs any emergency medical care.
- () Notify the MCIO concerned, as soon as the victim's immediate safety is assured, and medical treatment procedures elected by the victim are initiated.
 - () To the extent practicable, strictly limit knowledge of the facts or details regarding the incident to only those personnel who have a legitimate need-to-know.
 - () Take action to safeguard the victim from any formal or informal investigative interviews or inquiries, except those conducted by authorities who have a legitimate need-to-know.
- () Ensure the SARC is notified immediately.
- () Collect only the necessary information (e.g., victim's identity, location, and time of the incident, name and/or description of offender(s)). **DO NOT ASK DETAILED QUESTIONS AND/OR PRESSURE THE VICTIM FOR RESPONSES OR INFORMATION ABOUT THE INCIDENT.**
- () Advise the victim of the need to preserve evidence (by not bathing, showering, having anything by mouth, voiding bladder, or washing garments) while waiting for the arrival of representatives of the military criminal investigative organization.
- () If needed, assist with or provide immediate transportation for the victim to the hospital or other appropriate medical treatment facility.
- () Ensure the victim understands the availability of victim advocacy and the benefits of accepting advocacy and support.
- () Ask if the victim needs a support person, which can be a personal friend or family member, to immediately join him or her. Be sure to advise the victim this support person could later be called to testify as a witness if the case goes to trial.
- () Ask if the victim would like a chaplain to be notified and notify accordingly.

- () Throughout the investigation, consult with the victim, and listen/engage in quiet support, as needed, and provide the victim appropriate emotional support resources. To the extent practicable, accommodate the victim's desires regarding safety, health, and security, as long as neither a critical mission nor a full and complete investigation is compromised.

- () Continue to monitor the victim's well-being, particularly if there are any indications of suicidal ideation, and ensure appropriate intervention occurs as needed.

- () If needed, confer with victim's *healthcare provider(s) HCP(s)* and consider the need for convalescent leave or other administrative leave options as Military Service policy permits.
 - () Determine if the victim desires or needs a "no contact" order or a DD Form 2873, "Military Protection Order (MPO)," to be issued, particularly if the victim and the alleged offender are assigned to the same command, unit, duty location, or living quarters. Coordination with other commanders may be necessary if the alleged offender is assigned to a different commander.

 - () Determine the need for temporary reassignment to another unit, duty location, or living quarters on the installation of the victim or the alleged offender being investigated, working with the alleged offender's commander if different than the victim's commander, until there is a final legal disposition of the sexual assault allegation, and/or the victim is no longer in danger. To the extent practicable, consider the desires of the victim when making any reassignment determinations.

 - () Ensure the victim understands the availability of other referral organizations staffed with personnel who can explain the medical, investigative, and legal processes and advise the victim of his or her victim support rights.

 - () Emphasize to the victim the availability of additional avenues of support; refer to available counseling groups and other victim services.

- () Attend the monthly case management meeting as appropriate.

- () Ensure the victim receives monthly reports regarding the status of the sexual assault investigation from the date the investigation was initiated until there is a final disposition of the case.

- () Consult with servicing legal office, as needed, to determine when and how best to dispose of the victim's collateral misconduct, if any.
 - () Absent extenuating or overriding considerations which, in the commander's judgment, make it inappropriate to delay taking action, the commander should consider deferring discipline for such victim misconduct until all investigations are completed and the sexual assault allegation has been resolved. Keep in mind the implications of this decision on speedy trial and/or statute of limitations.

() When practicable, consult with the servicing legal office, MCIO, and notify the assigned VA or SARC prior to taking any administrative or disciplinary action affecting the victim.

() Avoid automatic suspension or revocation of a security clearance and/or Personnel Reliability Program (PRP) access, understanding that the victim may be satisfactorily treated for his/her related trauma without compromising his/her security clearance or PRP status. Consider the negative impact that suspension of a victim's security clearance or PRP may have on building a climate of trust and confidence in the Military Service's sexual assault reporting system, but make final determination based upon established national security standards. (See DoD 5210.42-R (Reference (ad) for specific requirements.)

ALLEGED OFFENDER'S COMMANDER

() Notify the appropriate MCIO as soon as possible after receiving a report of a sexual assault incident.

() Avoid questioning about the sexual assault allegation with the alleged offender, to the extent possible, since doing so may jeopardize the criminal investigation.

() Any contact with a Service member suspected of an offense under Chapter 47 of Reference (b) may involve rules and procedures, that ensure due process of law and are unique to the military criminal justice system. Therefore, before questioning or discussing the case with the alleged offender, commanders and other command representatives should first contact the servicing legal office for guidance.

() However, if questioning does occur, advise the Service member suspected of committing a UCMJ offense of his or her rights under Article 31 of Chapter 47 of Reference (b).

() Safeguard the alleged offender's rights and preserve the integrity of a full and complete investigation, to include limitations on any formal or informal investigative interviews or inquiries by personnel other than those by personnel with a legitimate need-to-know.

() Strictly limit information pertinent to an investigation to those who have a legitimate need-to-know.

() Ensure procedures are in place to inform the alleged offender, as appropriate, about the investigative and legal processes that may be involved.

() Ensure procedures are in place to inform the alleged offender about available counseling support. As appropriate, refer the alleged offender to available counseling groups and other services.

() With the benefit of the SARC, VA, legal, and/or investigative advice, determine the need for a "no contact" order, or the issuance of an MPO, DD Form 2873.

- () Monitor the well-being of the alleged offender, particularly for any indications of suicide ideation, and ensure appropriate intervention occurs if indicated.

UNIT COMMANDER OF VICTIM AND/OR ALLEGED OFFENDER

PREVENTION

- () Establish a command climate of prevention that is predicated on mutual respect and trust, that recognizes and embraces diversity, and that values the contributions of all its members.
- () Emphasize that sexual assault violates the core values of what being a professional in the Armed Forces is all about and is something that ultimately destroys unit cohesion and the trust that is essential for mission success.
- () Emphasize DoD and Military Service policies on sexual assault and the potential legal consequences for those who commit such crimes.
- () Keep a “finger on the pulse” of the organization’s climate and respond with appropriate action toward any negative trends that may emerge.

IN THE EVENT OF A SEXUAL ASSAULT

- () Discourage members from participating in “barracks gossip” or grapevine speculation about the case or investigation. Remind everyone to wait until all the facts are known and final disposition of the allegation has occurred before reaching conclusions.
- () Remind members that discussion of a possible sexual assault incident might compromise an ensuing investigation.
- () Emphasize that the alleged offender is presumed innocent until proven guilty.
- () Advise those who may have knowledge of the events leading up to or surrounding the incident to fully cooperate with any investigation involved.
- () Consider some form of unit refresher training; or have an outside expert address the unit regarding preventive measures, as well as some of the emotional or psychological feelings that may manifest themselves, affect the unit, and require the unit’s response during the course of the investigation.
- () Continuously monitor the unit’s overall climate to ensure neither the victim and/or the alleged offender is being ostracized and prevent organizational splintering.

E6. ENCLOSURE 6

FIRST RESPONDER TRAINING REQUIREMENTS

E6.1. To ensure there is a standard of care throughout the Department as required in Reference (c), all DoD sexual assault first responders shall receive the same baseline training. Required periodic training shall be determined by each Military Service. These standards, developed during a series of meetings with representatives from all of the Military Services, form the baseline that the Military Services and specialized communities can build on.

E6.2. First responders are comprised of personnel in the following disciplines or positions: SARC; VAs; *healthcare personnel* HCPs; law enforcement; MCIOs; judge advocates; and Chaplains.

E6.3. The following essential training tasks are mandatory for personnel assigned from each of the respective response disciplines. Compliance shall be made the subject of command inspections:

E6.3.1. SARC. All SARCs shall receive initial and periodic refresher training on the following essential tasks:

E6.3.1.1. VA knowledge and skills shall be a prerequisite

E6.3.1.2. Roles and Responsibilities and Command Relationship

E6.3.1.3. VA Screening

E6.3.1.3.1. Recent Victims

E6.3.1.3.2. Offenders

E6.3.1.3.3. Recognizing Personal Biases

E6.3.1.4. Case Management Skills

E6.3.1.5. Management Skills

E6.3.1.5.1. Required Reports

E6.3.1.5.2. Proper Documentation

E6.3.1.5.3. Restricted Reporting

E6.3.1.5.4. Unrestricted Reporting

E6.3.1.5.5. Required Reports

E6.3.1.5.6. Change in Victim Reporting Preference Election from Restricted to Unrestricted Reporting

E6.3.1.5.7. Training of:

E6.3.1.5.7.1. VAs

E6.3.1.5.7.2. Installation Personnel (or Military Service equivalent)

E6.3.2. VA. All VAs shall receive initial and periodic refresher training on the following essential tasks:

E6.3.2.1. Sexual Assault Response Policies

E6.3.2.1.1. DoD Policies

E6.3.2.1.2. Military Service-Specific Policies

E6.3.2.1.3. DoD Confidentiality Policy and exceptions to Restricted Reporting and Limitations on Use

E6.3.2.1.4. Change in Victim Reporting Preference Election from Restricted to Unrestricted Reporting

E6.3.2.2. Critical Advocacy Skills

E6.3.2.2.1. Basic Interpersonal and Assessment Skills

E6.3.2.2.1.1. Appropriate Relationship/Rapport Building

E6.3.2.2.1.2. Sensitivity Training to prevent re-victimization

E6.3.2.2.2. Crisis Intervention

E6.3.2.2.3. Roles and Limitations

E6.3.2.2.3.1. Command Relationship

E6.3.2.2.3.2. VA's Rights and Responsibilities

E6.3.2.2.3.3. Reporting to the SARC

E6.3.2.2.3.4. Recognizing Personal Biases/Issues

E6.3.2.2.4. Local Protocols and Procedures

E6.3.2.2.4.1. Resources

E6.3.2.2.4.2. Referrals

E6.3.2.2.4.3. Military and Civilian

E6.3.2.2.5. Proper Documentation

E6.3.2.2.6. Record Keeping Rules for Protected Disclosures

E6.3.2.2.7. Ethics

E6.3.2.2.8. Individual vs. System Advocacy

E6.3.2.2.9. Collaboration/Knowledge of Resources/Referrals

E6.3.2.3. Knowledge of the Military (i.e., Command, Mission, Programs, and Military Justice, and Adverse Administrative Actions)

E6.3.2.4. Overview of criminal investigative process and military judicial and evidentiary requirements.

E6.3.2.5. Victimology

E6.3.2.5.1. Types of Assault

E6.3.2.5.2. Health Consequences

E6.3.2.5.2.1. Mental Health

E6.3.2.5.2.2. Physical Health

E6.3.2.5.3. Myths and Facts

E6.3.2.5.4. Secondary Victimization

E6.3.2.5.5. Cultural/Religious Differences

E6.3.2.6. Victim Rights and the Role of the Victim in Accountability Actions and limitations on accountability actions created by restricted reports

E6.3.2.7. Healthcare Management of Sexual Assault and Medical Resources/Treatment Options

E6.3.2.7.1. Medical Examinations

E6.3.2.7.2. Forensic Examinations

- E6.3.2.7.3. Mental Health and Counseling
- E6.3.2.7.4. Pregnancy
- E6.3.2.7.5. Sexually Transmitted Diseases/Infections (STD/Is), HIV
- E6.3.2.8. Safety Planning
 - E6.3.2.8.1. Retaliation or Reprisal Actions Against the Victim
 - E6.3.2.8.2. Intimidation
 - E6.3.2.8.3. Separation of Victim and Offender
 - E6.3.2.8.4. Military Protective Orders

E6.3.3. Healthcare. There are two distinct training categories of training for *healthcare personnel HCPs*, and training for the respective categories shall be as follows:

E6.3.3.1. All *healthcare* personnel assigned to the MTF will receive initial and refresher training on the following essential tasks:

- E6.3.3.1.1. Sexual Assault Response Policies
 - E6.3.3.1.1.1. DoD Policies
 - E6.3.3.1.1.2. Military Service-Specific Policies
 - E6.3.3.1.1.3. DoD Confidentiality Policy Rules and Limitations
- E6.3.3.1.2. Victim Advocacy Resources
- E6.3.3.1.3. Medical Treatment Resources
- E6.3.3.1.4. Sexual Assault Victim Interview
- E6.3.3.1.5. Sexual Assault Examination Process

E6.3.3.2. Healthcare Providers HCP Performing SAFE in MTF. The following healthcare providers are most likely to be called upon to provide medical treatment to a sexual assault victim, to include performing SAFEs: licensed physicians; advanced practice nurses with specialties in - midwifery, women's health, family health, pediatrics; physician assistants trained in family practice or women's health; and, registered nurses with documented education, training, and clinical practice in sexual assault examinations. These *healthcare providers HCPs* performing SAFEs shall also receive additional initial and periodic refresher training, to include but not be limited to, the following essential tasks:

- E6.3.3.2.1. Sexual Assault Victim Interview
- E6.3.3.2.2. Sexual Assault Examination Process
 - E6.3.3.2.2.1. SAFE Collection Kit
 - E6.3.3.2.2.2. Chain of Custody
 - E6.3.3.2.2.3. Translation of Findings
 - E6.3.3.2.2.4. Proper Documentation
- E6.3.3.2.3. Emergency Contraception/STD/Is Treatment
- E6.3.3.2.4. Trauma
 - E6.3.3.2.4.1. Types of Injury
 - E6.3.3.2.4.2. Photography of Injuries
 - E6.3.3.2.4.3. Behavioral Health and Counseling Needs
 - E6.3.3.2.4.4. Consulting/Referral Process
 - E6.3.3.2.4.5. Appropriate Follow-up
- E6.3.3.2.5. Medical Record Management
- E6.3.3.2.6. Legal Process and Expert Witness Testimony

E6.3.4. Law Enforcement. All Military Service Law Enforcement professionals shall receive initial and periodic refresher training on the following essential tasks:

- E6.3.4.1. Sexual Assault Response Policies
 - E6.3.4.1.1. DoD Policies
 - E6.3.4.1.2. Military Service-Specific Policies
 - E6.3.4.1.3. DoD Confidentiality Policy Rules and Limitations
- E6.3.4.2. Responding to Sexual Assault
 - E6.3.4.2.1. Notification to Command and SARC
 - E6.3.4.2.2. Working with VAs and SARCs

E6.3.4.3. Crime Scene Management

E6.3.4.3.1. Securing Crime Scene

E6.3.4.3.2. Identification and Preservation of Fragile Evidence

E6.3.4.3.3. Chain of Custody

E6.3.4.4. Preliminary Interviews

E6.3.4.4.1. Victim Sensitivity

E6.3.4.4.2. Transition to MCIOs

E6.3.4.5. Victimology

E6.3.4.5.1. Victimization Process

E6.3.4.5.2. Potential Victim Responses

E6.3.4.5.2.1. Trauma

E6.3.4.5.2.2. Behavioral Health Concerns including Post Traumatic Stress Disorder

E6.3.4.6. Sex Offenders

E6.3.5. MCIOs. All military and civilian criminal investigators assigned to MCIOs shall receive initial and periodic refresher training on the following essential tasks:

E6.3.5.1. Sexual Assault Response Policies

E6.3.5.1.1. DoD Policies

E6.3.5.1.2. Military Service-Specific Policies

E6.3.5.1.3. DoD Confidentiality Policy Rules and Limitations

E6.3.5.2. Victimology

E6.3.5.2.1. Victimization Process

E6.3.5.2.2. Potential Victim Responses

E6.3.5.2.2.1. Trauma

E6.3.5.2.2.2. Post Traumatic Stress Disorder

E6.3.5.3. Sex Offenders

E6.3.5.4. Crime Scene Management

E6.3.5.4.1. Securing Crime Scene

E6.3.5.4.2. Identification and Collection of Fragile Evidence

E6.3.5.4.3. Chain of Custody

E6.3.5.5. Interview Techniques

E6.3.5.5.1. Suspect

E6.3.5.5.2. Victim

E6.3.5.6. Investigating Difficult Cases

E6.3.5.6.1. Impaired Victims

E6.3.5.6.1.1. Alcohol Impairment

E6.3.5.6.1.2. Drug Facilitated Sexual Assaults

E6.3.5.6.2. Multiple Suspects

E6.3.5.6.3. Domestic Violence Sexual Assaults

E6.3.5.7. Recantations and False Information

E6.3.5.7.1. Proper Investigation of Recantations

E6.3.5.7.2. Factors Influencing False Reports

E6.3.5.8. Working with VA and SARC

E6.3.5.8.1. VA and SARC Roles, Responsibilities, and Limitations

E6.3.5.8.2. Victim Services and Support Programs

E6.3.6. Judge Advocates. There are two distinct training categories for judge advocates. Training for the respective categories shall be as follows:

E6.3.6.1. Judge Advocates. All judge advocates shall receive initial and periodic refresher training on the following essential tasks:

E6.3.6.1.1. Sexual Assault Response Policies

E6.3.6.1.1.1. DoD Policies

E6.3.6.1.1.2. Military Service-Specific Policies

E6.3.6.1.1.3. DoD Confidentiality Policy Rules and Limitations and use of restricted reports by command, investigative agencies, and trial and defense counsel

E6.3.6.1.2. Victim Rights

E6.3.6.1.2.1. Familiarity with Victim/Witness Assistance Program (VWAP)

E6.3.6.1.2.2. VWAP challenges in the deployed environment

E6.3.6.1.3. Victimology

E6.3.6.1.3.1. Victimization Process

E6.3.6.1.3.2. Victim Responses

E6.3.6.1.3.2.1. Trauma

E6.3.6.1.3.2.2. Post Traumatic Stress Disorder

E6.3.6.1.4. Sex Offenders

E6.3.6.1.5. Current Scientific Standards for Evidence

E6.3.6.1.5.1. Forensic

E6.3.6.1.5.2. Biological

E6.3.6.1.6. Recantations and False Information

E6.3.6.1.7. Deployment Issues including remote location assistance

E6.3.6.2. Judge Advocate Trial Counsel. All Trial Counsel (i.e., judge advocate prosecutors at courts-martial) shall receive initial and periodic refresher training on the following additional essential tasks:

E6.3.6.2.1. Sexual Assault Response Policies

E6.3.6.2.1.1. DoD

E6.3.6.2.1.2. Military Service- Specific

E6.3.6.2.1.3. DoD Confidentiality Policy Rules and Limitations

E6.3.6.2.2. Evidence

E6.3.6.2.2.1. Forensic and Scientific. Working knowledge of: the SAFE Collection Kit, Basic Forensic Photography, and Lab Results.

E6.3.6.2.2.2. Rules of Evidence. Military Rules of Evidence (MRE) 412, “Nonconsensual Sexual Offenses: Relevance of Victim’s Behavior or Sexual Predisposition” (Reference (ae)); MRE 413, “Evidence of Similar Crimes in Sexual Assault Cases” (Reference (af)); MRE 615, “Exclusion of Witnesses” (Reference (ag)).

E6.3.6.2.3. Interviews

E6.3.6.2.3.1. Victim

E6.3.6.2.3.2. Prosecution Witnesses

E6.3.6.2.3.3. Defense Witnesses

E6.3.6.2.3.4. Expert Witnesses

E6.3.6.2.4. Sexual Assault Victim Trial Preparation

E6.3.7. Chaplains. All chaplains shall receive initial and periodic refresher training on the following essential tasks:

E6.3.7.1. Sexual Assault Response Policies

E6.3.7.1.1. DoD Policies

E6.3.7.1.2. Military Service- Specific Policies

E6.3.7.1.3. Privileged Communications and the DoD Confidentiality Policy Rules and Limitations

E6.3.7.2. Victimology

E6.3.7.2.1. Types of Assault

E6.3.7.2.2. Health Consequences

E6.3.7.2.2.1. Mental Health

E6.3.7.2.2.2. Physical Health

E6.3.7.2.3. Myths and Facts

E6.3.7.2.4. Secondary Victimization

E6.3.7.2.5. Cultural/Religious Differences

E6.3.7.3. Victim Rights

E6.3.7.4. Trauma Training with Pastoral Applications

E6.3.7.4.1. Types of Injury

E6.3.7.4.2. Consulting/Referral Process

E6.3.7.5. Documentation

E7. ENCLOSURE 7

CASE MANAGEMENT FOR UNRESTRICTED REPORTS OF SEXUAL ASSAULT

E7.1. GENERAL

E7.1.1. The multi-disciplinary case management group shall be convened by the SARC, or other Military Service-designated authority, on a monthly basis to review individual cases, facilitate monthly victim updates and ensure system coordination, accountability, and victim access to quality services. A SARC who is a DoD contractor may not chair the multi-disciplinary case management group because only regularly appointed military and DoD civilian personnel may perform inherently governmental functions. At a minimum, each group shall consist of the following additional military or civilian professionals who are involved and working on a specific case:

E7.1.1.1. VA

E7.1.1.2. Military Criminal Investigator

E7.1.1.3. Military Law Enforcement

E7.1.1.4. *Healthcare Provider HCP* and Mental Health/Counseling Services

E7.1.1.5. Chaplain

E7.1.1.6. Command Legal Representative or Staff Judge Advocate

E7.1.1.7. Victim's Commander

E7.1.2. The SARC shall ensure that the case management participants have received the appropriate sexual assault prevention and response training according to this Instruction. (See Enclosure 6.)

E7.2. PROCEDURES

E7.2.1. The members of the Case Management Group shall:

E7.2.1.1. Carefully consider and implement immediate, short-term, and long-term measures to help facilitate and assure the victim's well-being and recovery from the sexual assault.

E7.2.1.2. Closely monitor the victim's progress and recovery.

E7.2.1.3. Strive to protect the victim's privacy, ensuring only those with a need-to-know have the victim's name and related details.

E8. ENCLOSURE 8

SEXUAL ASSAULT QUARTERLY AND ANNUAL REPORTING REQUIREMENTS

E8.1. ANNUAL REPORTING FOR THE MILITARY SERVICES

E8.1.1. Per Section 113 of Reference (b), the Secretary of Defense submits calendar year annual reports to the House and Senate Armed Services Committees on the sexual assaults involving members of the Armed Forces (to include Military Service Academies and the National Guard and Reserve Components). Each Secretary of the Military Departments must submit their Service report to the Secretary of Defense through the SAPRO, not later than 15 January of each year. The Secretary of the Navy must provide separate reports for the Navy and the Marine Corps. The annual report includes:

E8.1.1.1. The policies, procedures, and processes in place or implemented during the year in response to incidents of sexual assault.

E8.1.1.2. The Secretary of the Military Department's assessment of the implementation of the policies and procedures on the prevention of, and response to sexual assaults to determine the effectiveness of those policies and procedures.

E8.1.1.3. Any plans for the following year on the prevention of and response to sexual assault specifically in the areas of advocacy, healthcare provider/medical response, mental health, counseling, investigative services, legal services, and chaplain response.

E8.1.1.4. Matrices for restricted and unrestricted reports of the number of sexual assaults involving members of the Armed Forces, and the synopsis and disciplinary actions taken in substantiated cases.

E8.1.1.5. Military Department Secretaries' analyses of the matrices.

E8.1.2. Sexual assault cases include alleged offenses of rape (Article 120, Chapter 47 of Reference (b)), non-consensual sodomy (Article 125, Chapter 47 of Reference (b)), indecent assault (Article 134, Chapter 47 of Reference (b) and Paragraph 63, Part IV of Reference (t)), and an attempt to commit any of these offenses (Article 80, Chapter 47 of Reference (b)). They exclude all cases involving a child (i.e., a person who at the time of the assault had not yet attained the age of 16).

E8.1.3. UNRESTRICTED Reports. The following data on sexual assaults reported to military officials and SARCs during the previous calendar year (CY) is required as a minimum, as well as any other information set by current DoD guidelines (NOTE: the term Subject is used since the reports are a mix of offender and alleged offender):

E8.1.3.1. The number of sexual assaults against members of the Armed Forces, and the number of sexual assaults by members of the Armed Forces in the following categories:

E8.1.3.1.1. The number of sexual assaults against Service members by Service members.

E8.1.3.1.2. The number of sexual assaults against Service members by non-Service members.

E8.1.3.1.3. The number of sexual assaults against Service members by unidentified subjects.

E8.1.3.1.4. The number of sexual assaults by Service members against non-Service members.

E8.1.3.2. Provide a gender table on reported sexual assaults involving Military Service members in the E8.1.3.1. categories with the column headers of male on female, male on male, female on female, and female on male.

E8.1.3.3. The number of subjects and victims by gender, age, grade, status, the type of offense, the average time between when the offense was reported and before the final command action or disposition, the number of cases where SAFEs were conducted and evidence collected, the number of cases where SAFEs were not available at time of exam, and the number of cases where evidence processing took longer than 60 days.

E8.1.3.4. The number of investigations opened during the CY for each reported sexual assault in the E8.1.3.1. categories.

E8.1.3.5. Of those investigations opened during the CY:

E8.1.3.5.1. The number of investigations completed during the CY.

E8.1.3.5.2. The number of investigations still pending completion at the end of the CY.

E8.1.3.6. The number of sexual assaults that occurred on and off an installation or other military conveyance.

E8.1.3.7. The total population of active duty Service members including mobilized Guardsmen and Reservists.

E8.1.3.8. The synopsis of the completed investigation includes:

E8.1.3.8.1. The number of investigations with more than one victim, or subject, or both.

E8.1.3.8.2. The number of subjects involved in the completed investigations in the following categories:

E8.1.3.8.2.1. Number of Military Service member subjects.

E8.1.3.8.2.2. Number of another Military Service's Service member subjects.

E8.1.3.8.2.3. Number of Non-Service member subjects.

E8.1.3.8.2.4. Number of unidentified subjects.

E8.1.3.9. The number of victims involved in the completed investigations in the following categories:

E8.1.3.9.1. Number of Military Service member victims.

E8.1.3.9.2. Number of another Military Service's Service member victims.

E8.1.3.9.3. Number of non-Service member victims.

E8.1.3.10. Of those completed investigations, the number of final dispositions for subjects in the following categories:

E8.1.3.10.1. Number of unidentified subjects.

E8.1.3.10.2. Number of unsubstantiated or unfounded, insufficient evidence, victim recanted, and/or death of subject, when no action could be taken.

E8.1.3.10.3. Number of those investigations still pending civilian or military disposition at the end of the CY.

E8.1.3.10.4. Number of those investigations transferred to another Military Service for final disposition.

E8.1.3.10.5. Number of those investigations transferred from another Military Service for final disposition.

E8.1.3.10.6. Number of completed final dispositions.

E8.1.3.11. Final disposition for the sexual assault or related offenses are comprised of the following categories: court-martial, non-judicial punishment (Article 15, Chapter 47 of Reference (b)), civilian authority/foreign authority, administrative discharge in lieu of court-martial, administrative discharge in lieu of disciplinary action, and other adverse military administrative actions (to include letter of caution, letter of reprimand/memorandum (not issued as Article 15 punishment or by court-martial sentence)).

E8.1.4. RESTRICTED Reports. The following data on sexual assaults reported to military officials and SARCs during the previous calendar year (CY) is required as a minimum, as well as any other information set by current DoD guidelines:

E8.1.4.1 The number of sexual assaults against members of the Armed Forces.

E8.1.4.2. The number of sexual assaults that occurred on and off an installation or military conveyance.

E8.1.4.3. The total population of active duty Service members including mobilized Guard and Reserve.

E8.1.4.4. The number of victims by gender, age, grade, Military Service, status, and the time of day (morning, daytime, night) and date of the incident.

E8.1.4.5. The number of cases where SAFEs were conducted and evidence collected, and the number of cases where SAFEs were not available at time of exam.

E8.1.4.6. The synopsis of restricted reports in the following categories:

E8.1.3.6.1. The total number of restricted reports changed to unrestricted reports.

E8.1.3.6.2. The average amount of time needed to change to unrestricted reports (days).

E8.1.3.6.3. The total number of reports remaining restricted.

E8.1.4.7. The total number of military victims in the following categories:

E8.1.4.7.1. The number of Army victims.

E8.1.4.7.2. The number of Air Force victims.

E8.1.4.7.3. The number of Navy victims.

E8.1.4.7.4. The number of Marine victims.

E8.1.4.7.5. The number of Coast Guard victims, when the Coast Guard is operating as a service in the Navy.

E8.1.4.8. The military and/or DoD-facilitated civilian support services referred to or requested by victims of sexual assault.

E8.1.5. The quarterly data reports from the Military Services are the basis for annual reports to include the data fields necessary for comprehensive reporting. In the quarterly reports, the policies and planned actions are not required to be reported. Quarterly reports are due as follows: April 15 for investigations opened during the period of January 1 – March 31; July 15, for investigations opened during the period of April 1 – June 30; and October 15, for investigations opened during the period of July 1 – September 30. The final quarterly report shall be included as part of the CY annual report. Each quarterly report and subsequent annual report shall update the status of those previously-reported investigations that had been reported as opened, but not yet completed or with

action pending at the end of a prior reporting period. Once final action taken is reported, that specific investigation no longer needs to be reported. This reporting system will enable the Department of Defense to track sexual assault cases from date of initiation to completion of command action or disposition.

E8.2. ANNUAL REPORTING FOR THE MILITARY SERVICE ACADEMIES. The Secretary of Defense must submit a report to the House and Senate Armed Services Committees on sexual assaults involving academy students along with the results of program year (PY) surveys to 2008. The DMDC shall administer a survey of all academy students to determine the effectiveness of the academy's policies, training, and procedures on sexual harassment and sexual assault to prevent criminal sexual harassment and sexual assault involving academy students for PY 2006, 2007, and 2008. In accordance with Sections 113 and 4331 of Reference (b), the Superintendents of the Military Department Academies must submit to their respective Military Department Secretaries, the results of the DMDC survey and a report on sexual assaults involving academy students, not later than 1 September of each year. The Secretaries of the Military Departments will submit the survey report and report on sexual assaults to the Secretary of Defense through the SAPRO not later than 15 October of each year. The same sexual assault data collected from the Military Services on sexual assault will also be collected from their Military Service academies. (See E8.1.1. thru E8.1.5.) There is no requirement for a separate quarterly report of sexual assault data for the Military Academies.

E9. ENCLOSURE 9

VA AND SUPERVISOR STATEMENTS OF UNDERSTANDING⁷

VICTIM ADVOCATE AND SUPERVISOR STATEMENTS OF UNDERSTANDING	
PRIVACY ACT STATEMENT	
<p>AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.</p> <p>PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.</p>	
1. VICTIM ADVOCATE STATEMENT OF UNDERSTANDING	
<p>I, <i>(Full name)</i> _____, have volunteered, been assigned, or hired to be a Sexual Assault Victim Advocate. <i>(Initial those that apply to your category and mark "NA" to those that do not.)</i></p>	
a. ALL VICTIM ADVOCATES	
INITIALS	S A M P L E
	(1) I understand that as a victim advocate I will handle confidential information of a personal nature.
	(2) In restricted reporting, I understand and agree that it is my responsibility to keep all oral, written or electronic communications amongst the victim, myself, and the Sexual Assault Response Coordinator (SARC) confidential, unless the victim authorizes disclosure in writing or another exception applies. In unrestricted reporting, I understand and agree with the above unless there is a request from someone with an official need to know.
	(3) I understand that improper disclosure of any communications, whether under restricted or unrestricted reporting, will result in removal as a victim advocate and may also result in disciplinary actions under the Uniform Code of Military Justice, or other adverse personnel or administrative actions.
	(4) I understand that any time I am performing duties in support of victim advocacy, I report directly to a Sexual Assault Response Coordinator (SARC).
	(5) I understand I may be on call and required to respond in person when on call. I acknowledge that if I am unable to be reached or do not respond while on call, I can be removed as a victim advocate.
	(6) I understand I am expected to attend or participate in monthly case management meetings for any case for which I am the assigned victim advocate.
	(7) I understand that, if a case proceeds to an Article 32, UCMJ investigative hearing or a court-martial, I may have to accompany the victim during the duration of the hearing/trial. I understand that I may be called to testify in such a hearing.
	(8) Prior to my serving as a victim advocate, I understand that I am required to complete all required Victim Advocate training.
b. ADDITIONAL AGREEMENTS FOR VOLUNTEER SERVICE AND COLLATERAL DUTY	
	(1) I understand that this collateral duty may impact my normal duty responsibilities.
	(2) I understand that a Sexual Assault Response Coordinator (SARC) will discuss my collateral duty as a victim advocate with my Supervisor prior to my serving as a Victim Advocate.
	(3) I understand that voluntary service to be a victim advocate to provide assistance to victims of sexual assault does not include the provision of counseling services to victims.

DD FORM 2909, JUN 2006

Adobe Designer 7.0

⁷Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

b. ADDITIONAL AGREEMENTS FOR VOLUNTEER SERVICE <i>(Continued)</i>		
INITIALS	(4) I understand that there is no monetary compensation for this service. Volunteers accrue no rights, privileges, or benefits of Federal employment, other than: Subchapter I of Chapter 81 of Title 5, United States Code (work related injuries compensation); Section 2733 of Title 10, United States Code; Chapter 171 of Title 28, United States Code (damages or loss claims); Section 522a of Title 5, United States Code (maintenance of records on individuals); Chapter 11 of Title 18, United States Code (conflicts of interest). Volunteers are not considered Federal employees for any other purpose (ensures compliance with Section 1588d of Title 10, United States Code).	
	(5) I understand that volunteer service confers neither civil service status nor any entitlement to future employment with any Federal agency, department, or organization.	
	(6) I understand that volunteer service may be terminated at any time at the discretion of the Service leadership.	
	(7) I understand that volunteer service may not be used as an alternative to paid employment for the volunteer or any other person.	
S A M P L E		
2. VICTIM ADVOCATE (VA)		
a. SIGNATURE		b. DATE (YYYYMMDD)
3. SUPERVISOR STATEMENT OF UNDERSTANDING		
	a. I understand if the VA is responding after duty hours on a case, it may impact his/her ability to report to work the following morning.	
	b. I also understand that the VA may have to accompany victim to various other referral appointments, and if a case proceeds to an Article 32, UCMJ, investigative hearing or a court-martial, the VA may be absent from the work area for the duration of the hearing/trial.	
	c. I understand that I will be informed of any absences from the work center as soon as possible.	
	d. I understand the VA will not report any details of the case to me, nor will I ask them for any details.	
	e. I understand the responsibilities of the VA and am willing to support them.	
	f. If I should encounter any problems or concerns, I may contact the SARC.	
4. SUPERVISOR		
a. PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE (YYYYMMDD)
5. SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)		
a. SIGNATURE		b. DATE (YYYYMMDD)

DD FORM 2909 (BACK), JUN 2006

E10. ENCLOSURE 10

VA SEXUAL ASSAULT RESPONSE PROTOCOLS

E10.1. The VA Sexual Assault Response Protocols at attachment E10.A1., VA Sexual Assault Response Protocols Checklist, of this enclosure are provided to assist VAs in successfully navigating the myriad of competing demands placed upon them once a sexual assault is reported. The use of these protocols has the primary objective of ensuring that the victim of a sexual assault is provided with the appropriate medical treatment and advocacy support, as well as other referral information which may be of some benefit to him or her.

E10.2. Each Military Service will use these protocols as a baseline VA guide to respond to unrestricted and restricted reported sexual assault allegations. Additional Military Service-specific guidelines may be incorporated as needed.

Attachment - 1

A1. VA Sexual Assault Response Protocols

E10.A1. ATTACHMENT 1 to ENCLOSURE 10

VA SEXUAL ASSAULT RESPONSE PROTOCOLS CHECKLIST

INITIAL RESPONSE

- () Ensure that the victim understands that speaking with the VA is voluntary.
- () Assess for imminent danger of life-threatening or physical harm to the victim by himself or herself (suicidal), by another (homicidal), or to another (homicidal).
 - () Seek immediate consultation from appropriate *healthcare provider HCP* for professional assessment when there is an imminent danger of life-threatening or physical harm to the victim or another person.
 - () If the victim has requested restricted reporting and the *healthcare provider HCP* determines there is an imminent danger, advise the victim of the exception to the Confidential Reporting Policy and notify the SARC.
 - () The SARC shall validate the exception and notify command and/or law enforcement as appropriate, disclosing only the details necessary to satisfy the exception.
- () Ascertain the victim's immediate needs.
- () Encourage the victim to seek medical consultation/examination.
- () Ensure the victim is aware of the actions available to promote his or her safety.
- () As appropriate, thoroughly explain to the victim each of the reporting options available to him or her, including the exceptions and/or limitations on use applicable to each.
- () Review the DD Form 2910 if the victim is eligible to elect the restricted reporting option and it has been determined that none of the exceptions are applicable:
 - () Ensure the victim acknowledges his or her understanding of the explanation of each item by initialing on the space provided by each item.
 - () Ensure the victim indicates the reporting option that he or she elects by initialing in the space which corresponds to his or her selection. Remind the victim that failing to elect a reporting option and initial and sign the VRPS shall automatically result in an unrestricted report and notifications to the command and appropriate military criminal investigative organization.
 - () If the victim elects the "restricted reporting option," reiterate the availability of the option to change to "unrestricted reporting" at any time, which will result in the notification of command and law enforcement for possible initiation of an investigation.

() Advise the victim to keep a signed and dated copy of the form for the victim's records. The form may be used by the victim in other matters before other agencies or for any lawful purpose. For example, the form can be used in proceedings before the Department of Veterans Affairs to provide documentation that the victim made a restricted report of sexual assault even if it does not provide proof that the sexual assault actually occurred.

() Ensure signature and date by the VA and the victim in the designated spaces.

() Provide a copy to the victim for his or her personal safekeeping, and give the original to the SARC as soon as practicable.

() Offer the information, as appropriate, regarding local resources for immediate safety and long-term protection and support, workplace safety, housing, childcare, legal services, clinical resources, medical services, chaplain resources, transitional compensation, and other military and civilian support services.

() Facilitate victim's contact with military and civilian resources, as requested by the victim.

() Advise victim of availability to provide ongoing advocacy services for as long as desired.

() Consult with the SARC on immediate assistance provided.

ONGOING ASSISTANCE RELATED TO RECOVERY FROM SEXUAL ASSAULT

() Serve as a member of the case management group and attend all Sexual Assault Case Management Group meetings involving the victim's case in order to represent the victim and to ensure the victim's needs are met.

() Maintain follow-up contact with the victim as requested by the victim.

() Support the victim in decision-making by providing relevant information and discussing available options.

() Assist the victim with prioritizing actions and establishing short- and long-term goals related to recovery from sexual assault.

() Support the victim in advocating on his or her own behalf.

() Provide the victim comprehensive information and referral on relevant local military and civilian resources and Military One Source.

() Assist the victim in gaining access to service providers and victim support resources that can help the victim explore future options and prioritize actions.

- () Assist the victim in contacting appropriate military and civilian legal offices for personal legal advice and assistance specific to the victim's circumstances or case, including the filing for civilian or military protective orders. The VA shall not provide legal advice, but may provide general information on the civil or criminal legal process.
- () Consult and work with the assigned Victim/Witness Liaison as applicable, consistent with References (v) and (w).
- () Advise the victim of sexual assault clinical resources.
- () Advise the victim of the impact of sexual assault on family members and offer referral information for family members.
- () Accompany the victim to appointments and civilian and military court proceedings, as appropriate and when requested by the victim.
- () Consult regularly with the SARC on ongoing assistance provided.

E11. ENCLOSURE 11

SAMPLE

MOU Between
(INSTALLATION) Installation Law Enforcement Office and
(CITY, COUNTY, or STATE) Law Enforcement Agency

(Consult with the local Staff Judge Advocate and Agreements Manager before completing)

1. **PURPOSE:** To establish written procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction, and coordination of efforts and assets between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency in sexual assault cases involving an active duty Service member.

2. **GENERAL:** This MOU does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. (See DoD Directive 5400.11 (Reference (ah)). As used herein, the term “Service member” refers to an active duty Service member, Military Service Academy cadet or midshipmen, or National Guard or Reserve Service member when performing active service and inactive duty training (as defined in section 101(d)(3) of Reference (a)) or a member of the Coast Guard or Coast Guard Reserve (when the Coast Guard is operating as a service in the Navy).

A. [INSERT PARAGRAPH HERE DEFINING RESPONSE AND INVESTIGATION JURISDICTION FOR THE (INSTALLATION) INSTALLATION LAW ENFORCEMENT OFFICE AND (CITY, COUNTY, OR STATE) LAW ENFORCEMENT AGENCY.]

3. **RESPONSIBILITIES:**

A. The (CITY, COUNTY, or STATE) Law Enforcement Agency agrees to perform the following actions:

- (1) When responding to or investigating sexual assault cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency shall ascertain whether the alleged offender is a Service member. If the alleged offender is a Service member, the responding officer(s) shall note on the top of the incident/investigation report “Copy to the (INSTALLATION) Installation Law Enforcement” and the designated Records personnel shall ensure the copy is forwarded.
- (2) When responding to or investigating sexual assault cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency shall ascertain whether the victim is a Service

member. If the victim is a Service member, the responding officer(s) shall seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's commander. If the victim so consents, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office and shall not direct Records personnel to forward the report, but the report shall be provided to the Installation Sexual Assault Response Coordinator.

- (3) When responding to or investigating sexual assault cases, and the (CITY, COUNTY, or STATE) Law Enforcement Agency ascertains that the alleged offender and the victim are both Service members, the responding officer(s) shall seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's commander. If the victim so consents, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office and shall not direct Records personnel to forward the report, but the report shall be provided to the Installation Sexual Assault Response Coordinator.
- (4) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent civil protection order (CPO) issued by a court of competent jurisdiction, the responding officer(s) shall ascertain whether the alleged offender is an active duty Service member. If the alleged offender is active duty, the responding officer(s) shall note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. [THIS PARAGRAPH MAY NOT BE NECESSARY IF THE INSTALLATION HAS AN MOU WITH THE LOCAL COURT SPECIFYING THAT THE COURT SHALL FORWARD COPIES OF SUCH CPOS TO THE INSTALLATION.]
- (5) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent CPO, the responding officer(s) shall ascertain whether the victim is a Service member. If the victim is a Service member, the responding officer(s) shall seek the victim's consent to forward a copy of the CPO to the (INSTALLATION) Installation Law Enforcement Office. If the victim so consents, the responding officer(s) shall note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall not request that a copy of the CPO be forwarded to the Installation Law Enforcement Office.

- (6) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall designate an employee from Records who shall be directly responsible for forwarding copies of incident/investigation reports and CPOs to the (INSTALLATION) Installation Law Enforcement Office when directed to do so by notations at the top of the reports or CPOs. The (CITY, COUNTY, or STATE) Law Enforcement Agency employee shall also be responsible for receiving and processing of MPOs forwarded from the (INSTALLATION) Installation Law Enforcement Office.
 - (7) When the (CITY, COUNTY, or STATE) Law Enforcement Agency becomes aware of a violation of a term or provision of an MPO, the responding officer(s) shall notify the designated representative from the (INSTALLATION) Installation Law Enforcement Office of the violation.
 - (8) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall provide the (INSTALLATION) Installation Law Enforcement Office with an area for Installation Law Enforcement investigators to conduct interviews of Service members who are involved in sexual assault incidents.
 - (9) The (INSTALLATION) Installation Law Enforcement office shall, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of sexual assault involve Service members.
 - (10) When the victim in a sexual assault incident has been identified as a Service member, the (CITY, COUNTY, or STATE) Law Enforcement Agency responding officer(s) shall provide the victim with basic information, acquired from the Installation Law Enforcement Office (below) about installation resources available to sexual assault victims.
 - (11) As new law enforcement officers begin duty with the (CITY, COUNTY, or STATE) Law Enforcement Agency, their immediate supervisor shall provide them with copies of this MOU and basic instruction for effectuating the provisions of this MOU.
- B. The (INSTALLATION) Installation Law Enforcement Office agrees to perform the following actions:
- (1) The (INSTALLATION) Installation Law Enforcement Office shall designate an individual to act as liaison to the (CITY, COUNTY, or STATE) Law Enforcement Agency and to receive copies of incident/investigation reports stemming from an incident occurring off of the installation and CPOs involving Service members.
 - (2) Upon receipt of a copy of an incident/investigation report stemming from incidents occurring off of the installation or a CPO involving a Service member, the (INSTALLATION) Installation Law Enforcement Office shall immediately notify the Service member's Command.

- (3) When the (INSTALLATION) Installation Law Enforcement Office receives a copy of an MPO from a Service member's Command, and if that Service member is living off of the installation, the (INSTALLATION) Installation Law Enforcement office shall forward a copy of the MPO to the (CITY, COUNTY, or STATE) Law Enforcement Agency with jurisdiction over the area in which the Service member resides.
- (4) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, STATE, OR COUNTY) Police Department with an area for Police Department officers or investigators to conduct interviews of Service members who are involved in sexual assault incidents.
- (5) The (INSTALLATION) Installation Law Enforcement office shall, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of sexual assault involve Service members.
- (6) The (INSTALLATION) Installation Law Enforcement Office shall assist the (CITY, COUNTY, or STATE) Law Enforcement Agency when investigating cases that occurred off base by providing information such as medical records, Military Service records, and incident/investigation reports from incidents occurring under the jurisdiction of the Installation Law Enforcement Office in accordance with the provisions of Section 552a of Reference (ab) and Reference (ac).
- (7) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Law Enforcement Agency with basic information, in the form of quick reference cards or brochures, about installation resources available to sexual assault victims.
- (8) [INSERT A PARAGRAPH HERE STATING PROPER INSTALLATION PROCEDURE FOR RESPONDING TO SEXUAL ASSAULT INCIDENTS OCCURRING ON THE INSTALLATION INVOLVING CIVILIAN ALLEGED OFFENDERS.]
- (9) As new personnel begin duty with the (INSTALLATION) Installation Law Enforcement office, their immediate supervisor shall provide them with copies of this MOU and basic instructions on effectuating the provisions of this MOU.

4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

- A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with 60 days written notice to the other party.
- B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication shall be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.

- C. Personnel from the (INSTALLATION) Installation Law Enforcement Office and from the (CITY, COUNTY, or STATE) Law Enforcement Agency shall meet, as necessary and appropriate, to discuss open cases involving Service members and to share information regarding reciprocal investigations.

- D. The primary POC for this agreement is (INSTALLATION POC NAME; OFFICE OR ACTIVITY NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, ORGANIZATIONAL EMAIL).

E12. ENCLOSURE 12

**Table E12.T1. DISPOSITION AUTHORITY FOR SEXUAL ASSAULT CASES
AND AUTHORITY FOR REVIEW OF ADMINISTRATIVE SEPARATIONS INVOLVING
VICTIMS OF SEXUAL ASSAULT**

SERVICE	ADMINISTRATIVE SEPARATION DISPOSITION AUTHORITY	SEXUAL ASSAULT CASES DISPOSITION AUTHORITY
ARMY	Officer – GCMCA (AR 600-8-24) Enlisted – GCMCA (AR 635-200)	SPCMCA (Typical Level)
NAVY	Deputy Chief of Naval Personnel	SPCMCA (Typical Level)
MARINE CORPS	Officer – Assistant Secretary of the Navy (Manpower and Reserve Affairs) Enlisted - GCMCA	SPCMCA (Typical Level)
AIR FORCE	SPCMCA (Wing Commander Level)	Squadron Commander Level with review by Group Commander

SPCMCA - Special Courts-Martial Convening Authority
GCMCA - General Courts-Martial Convening Authority

E13. ENCLOSURE 13

VICTIM REPORTING PREFERENCE STATEMENT⁸

VICTIM REPORTING PREFERENCE STATEMENT <i>(Please read Privacy Act Statement before completing this form.)</i>	
1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VA OR SARC	
a. I, (Full name) _____, had the opportunity to talk with a Victim Advocate (VA) or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.	
b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.	
INITIALS	I understand that law enforcement and my command will be notified that I am a victim of sexual assault and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic examination to collect evidence if indicated. The full range of victim protection actions may be available to me, such as being separated from the offender(s) or receiving a military protective order against the offender. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge(s) is resolved.
S A M P L E	
c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.	
	(1) I understand that I can confidentially receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic exam to collect evidence if needed, but law enforcement and my command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender(s) as the result of my report.
	(2) I understand that there are exceptions to "Restricted Reporting" (see back). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
	(3) I understand that if I have not made an "Unrestricted Report" within 1 year of any evidence collected, it will be destroyed and no longer available for any future investigation or prosecution efforts.
	(4) I understand that all state laws, local laws or international agreements that may limit some or all of DoD's restricted reporting protections have been explained to me. In _____, medical authorities must report the sexual assault to _____.
	(5) I understand that the SARC will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander within 24 hours of my "Restricted Report" or within 48 hours if at a deployed location and extenuating circumstances apply. This information is required for the purposes of public safety and command responsibility.
	(6) I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from the offender(s) or receiving a military protective order against the offender(s).
	(7) I understand that if I talk about my sexual assault to anyone other than those under the "Restricted Reporting" option (SARC, sexual assault victim advocate, or healthcare providers), and chaplains, it may be reported to my command and law enforcement which could lead to an investigation.
	(8) I understand that I may change my mind and report this offense at a later time as an "Unrestricted Report," and law enforcement and my command will be notified. Delayed reporting may limit the ability to prosecute the offender(s). If the case goes to court, my victim advocate and others providing care may be called to testify about any information I shared with them.
	(9) I understand that if I do not choose a reporting option at this time, my commander and investigators will be notified.
PRIVACY ACT STATEMENT	
AUTHORITY: Section 301 of Title 5, United States Code. and Chapter 55 of Title 10, United States Code. PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program. ROUTINE USE(S): None. DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.	
DD FORM 2910, JUN 2006 <small>Adobe Designer 7.0</small>	

⁸ Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

2. CHOOSE A REPORTING OPTION <i>(Initial)</i>	
<p>a. Unrestricted Report. I elect Unrestricted Reporting and have decided to report that I am a victim of sexual assault to my command, law enforcement, or other military authorities for investigation of this crime.</p>	
<p>b. Restricted Report. I elect Restricted Reporting and have decided to confidentially report that I am a victim of sexual assault. My command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions applies. I understand the information I provide will NOT start an investigation or be used to punish an offender.</p>	
3. RESTRICTED REPORT CASE NUMBER <i>(If applicable)</i>	
4.a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD)
5.a. SIGNATURE OF SARC/VICTIM ADVOCATE	b. DATE (YYYYMMDD)
6. I have reconsidered my previous selection of "Restricted Reporting," and I would like to make an "Unrestricted Report" of my sexual assault to authorities for a possible investigation.	
a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD)
S A M P L E	
c. SIGNATURE OF SARC/VICTIM ADVOCATE	d. DATE (YYYYMMDD)
EXCEPTIONS TO "RESTRICTED REPORTING"	
<p>In cases in which members elect restricted reporting, disclosure of covered communications is authorized to the following persons or organizations when disclosure would be for the following reasons:</p> <ol style="list-style-type: none"> 1. Command officials or law enforcement when authorized by the victim in writing. 2. Command officials or law enforcement to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person. 3. Disability Retirement Boards and officials when required for fitness for duty for disability retirement determinations. Disclosure is limited to only that information necessary to process the disability retirement determination. 4. SARC, victim advocates or healthcare provider when required for the direct supervision of victim services. 5. Military or civilian courts when ordered, or if disclosure is required by Federal or state statute. <p>SARCs, victim advocates and healthcare providers will first consult with the servicing legal office to determine whether the criteria of any of the above exceptions apply, and whether they have a duty to comply by disclosing the information.</p>	
<p><i>NOTICE: DOCUMENTATION FOR RECORD KEEPING PURPOSES. Victims are advised to maintain a signed and dated copy of this form for their records. This form may be used by the victim in other matters before other agencies (e.g., Department of Veterans Affairs) or for any other lawful purpose.</i></p>	

DD FORM 2910 (BACK), JUN 2006

E14. ENCLOSURE 14

FORENSIC MEDICAL REPORT SEXUAL ASSAULT EXAMINATION⁹

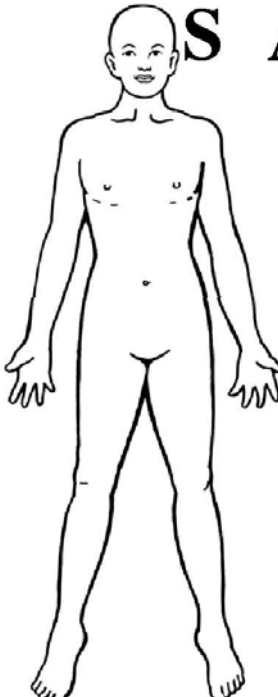
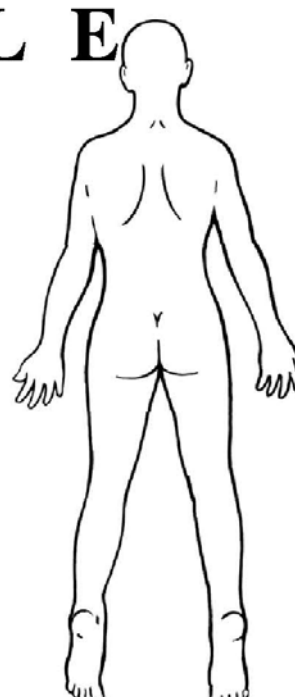
FORENSIC MEDICAL REPORT: SEXUAL ASSAULT EXAMINATION		Patient Identification	
<p>PRIVACY ACT STATEMENT AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C. PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program. ROUTINE USE(S): None. DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program. Sensitive Information Document</p>			
A. GENERAL INFORMATION (Print or type)		Name of Medical Facility:	
1a. NAME OF PATIENT (Last, First, Middle Initial)		b. PATIENT ID NUMBER	
2a. ADDRESS	b. CITY	c. COUNTY	d. STATE e. ZIP CODE
3. TELEPHONE (Incl. Area Code)		a. HOME: b. WORK:	
4. AGE	5. DATE OF BIRTH (YYYYMMDD)	6. GENDER (X) <input type="checkbox"/> M <input type="checkbox"/> F	7.a. RACE (X) <input type="checkbox"/> (1) AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) WHITE <input type="checkbox"/> (5) NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER <input type="checkbox"/> (6) OTHER
b. ETHNICITY (X) <input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO			
8a. ARRIVAL DATE (YYYYMMDD)		b. TIME	9a. DISCHARGE DATE (YYYYMMDD) b. TIME
B. NOTIFICATION AND AUTHORIZATION JURISDICTION (<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> OTHER):			
1a. NAME OF SEXUAL ASSAULT RESPONSE COORDINATOR (SARC) (Last, First, Middle Initial)		b. TELEPHONE (Include Area Code):	
2a. NAME OF SEXUAL ASSAULT EXAMINER (Last, First, Middle Initial)	b. RANK	c. TITLE	d. TELEPHONE (Include Area Code):
3a. NAME OF VICTIM ADVOCATE (VA) (Last, First, Middle Initial)		b. TELEPHONE (Include Area Code):	
4a. NAME OF MILITARY CRIMINAL INVESTIGATIVE OFFICER (UNRESTRICTED REPORT) (Last, First, Middle Initial)		b. TELEPHONE (Include Area Code):	
c. AGENCY		d. ID NUMBER	e. DATE (YYYYMMDD)
5a. NAME OF SERVICE DESIGNATED EVIDENCE COLLECTING OFFICER (RESTRICTED REPORT) (Last, First, Middle Initial)		b. TELEPHONE (Include Area Code):	
c. AGENCY	d. ID NUMBER	e. DATE (YYYYMMDD)	f. TIME
g. RESTRICTED REPORT CONTROL NUMBER (RCRN)			
C. PATIENT INFORMATION			
1. In unrestricted reporting, I understand that Military Medical Treatment Facilities and Healthcare Providers are required by Department of Defense regulations to report to Military Criminal Investigative Organization authorities. Under these circumstances the report must state the name of the injured person, current whereabouts, and the type and extent of injuries. In restricted reporting, I understand that Military Medical Treatment Facilities and Healthcare Providers are required by Department of Defense regulations to report to the SARC.			(Initial)
2. I have been informed of my options for Unrestricted versus Restricted reporting by the Sexual Assault Response Coordinator (SARC) and/or Victim Advocate (VA). I have elected: <input type="checkbox"/> UNRESTRICTED REPORTING <input type="checkbox"/> RESTRICTED REPORTING (Only applicable to Active Duty, and Reserve and National Guard in active service or inactive duty training).			(Initial)
D. PATIENT CONSENT			
1. I understand that a sexual assault forensic examination (SAFE) is optional and with my consent can be conducted by a Health Care Professional to discover and preserve evidence of the assault. I understand that the examination may include the collection of reference specimens and blood samples 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)
2. I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.			(Initial)
3. I hereby consent to a sexual assault forensic examination (SAFE).			(Initial)
4. I understand that data without patient identity (e.g. no names used) may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.			(Initial)
5. PATIENT SIGNATURE			

S A M P L E



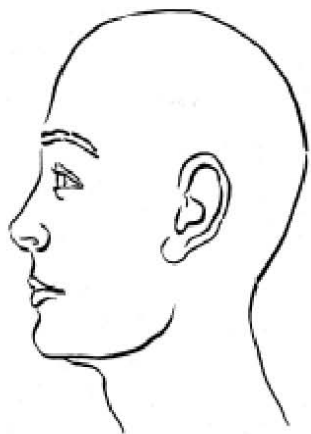
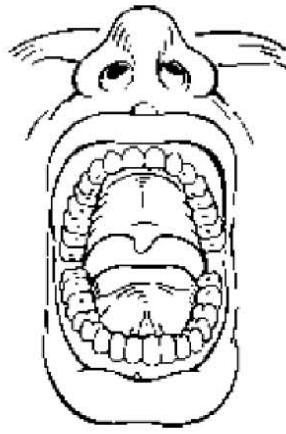
⁹ Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

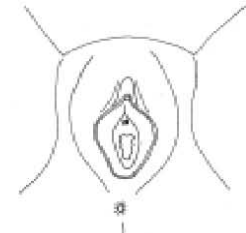
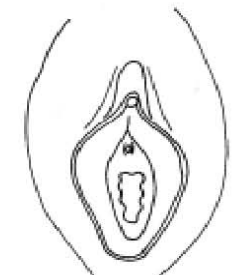
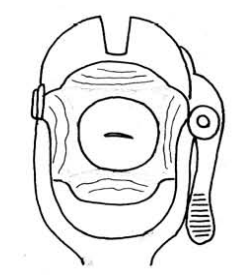
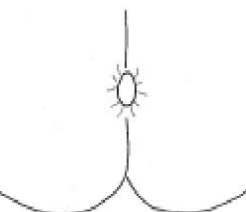
E. PATIENT HISTORY			Patient Identification		
1a. NAME OF PERSON PROVIDING HISTORY (Last, First, Middle Initial)					
b. RELATIONSHIP TO PATIENT	c. DATE (YYYYMMDD)	d. TIME			
2. PERTINENT MEDICAL HISTORY			F. ASSAULT HISTORY		
a. LAST MENSTRUAL PERIOD:			1a. DATE OF ASSAULT(S) (YYYYMMDD)		b. TIME
b. 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: <input type="checkbox"/> No <input type="checkbox"/> Yes			2. LOCATION AND PERTINENT PHYSICAL SURROUNDINGS		
c. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes			3. PHYSICAL EFFECTS OF ASSAULT		
<h1>S A M P L E</h1>			a. Loss of memory? If yes, describe:* <input type="checkbox"/> No <input type="checkbox"/> Yes		
d. Any pre-existing physical injuries? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes			b. Lapse of consciousness? If yes, describe:* <input type="checkbox"/> No <input type="checkbox"/> Yes		
3. PERTINENT AND POST-ASSAULT RELATED HISTORY			* If yes, collection of toxicology samples is recommended according to local policy. <input type="checkbox"/> Blood <input type="checkbox"/> Urine		
a. Other intercourse within past 5 days? If yes: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			c. Vomited? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Anal (within past 5 days)? When: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes			d. Non-genital injury, pain and/or bleeding? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Vaginal (within past 5 days)? When: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes			e. Anal-genital injury, pain and/or bleeding? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Oral (within past 5 days)? When: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes			f. Involuntary ingestion of alcohol/drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure		
Did ejaculation occur? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			If yes: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		
Where? _____ <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes: <input type="checkbox"/> Forced <input type="checkbox"/> Coerced <input type="checkbox"/> Suspected		
Was a condom used? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, toxicology samples collected: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> None		
4. POST-ASSAULT HYGIENE/ACTIVITY <input type="checkbox"/> Not Applicable if over 72 hours			4. INJURIES INFLICTED UPON THE ASSAILANT(S) DURING ASSAULT?		
a. Urinated <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, describe injuries, possible locations on the body, and how <input type="checkbox"/> No <input type="checkbox"/> Yes they were inflicted.		
b. Defecated <input type="checkbox"/> No <input type="checkbox"/> Yes					
c. Genital or body wipes <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, describe: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes					
d. Douched <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, with what: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes					
e. Removed/inserted <input type="checkbox"/> Tampon <input type="checkbox"/> Diaphragm <input type="checkbox"/> No <input type="checkbox"/> Yes					
f. Oral gargle/rinse <input type="checkbox"/> No <input type="checkbox"/> Yes					
g. Bath/shower/wash <input type="checkbox"/> No <input type="checkbox"/> Yes					
h. Brushed teeth <input type="checkbox"/> No <input type="checkbox"/> Yes					
i. Ate or drank <input type="checkbox"/> No <input type="checkbox"/> Yes					
j. Changed clothing <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, describe: _____					

<p>G. ACTS DESCRIBED BY PATIENT</p> <p>- Any penetration of the genital or anal opening, however slight, constitutes the act.</p> <p>- Type of sexual intercourse (oral, vaginal, anal).</p> <p>- If more than one assailant, identify by number.</p>	<p>Patient Identification</p>																																																						
<p>1. PENETRATION OF VAGINA BY:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td>a. Penis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Finger</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Object</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6">If yes, describe the object:</td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:	a. Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If yes, describe the object:																														
	No	Yes	Attempted	Unsure	Describe:																																																		
a. Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
b. Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
c. Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
If yes, describe the object:																																																							
<p>2. PENETRATION OF ANUS BY:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td>a. Penis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Finger</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Object</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6">If yes, describe the object:</td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:	a. Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If yes, describe the object:																														
	No	Yes	Attempted	Unsure	Describe:																																																		
a. Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
b. Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
c. Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
If yes, describe the object:																																																							
<p>3. ORAL COPULATION OF GENITALS:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td>a. Of patient by assailant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Of assailant by patient</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:	a. Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
	No	Yes	Attempted	Unsure	Describe:																																																		
a. Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
b. Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
<p>4. ORAL COPULATION OF ANUS:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td>a. Of patient by assailant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Of assailant by patient</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:	a. Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
	No	Yes	Attempted	Unsure	Describe:																																																		
a. Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
b. Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
<p>5. NON-GENITAL ACT(S):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td>a. Licking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Kissing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Suction injury</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>d. Biting</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:	a. Licking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. Suction injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d. Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
	No	Yes	Attempted	Unsure	Describe:																																																		
a. Licking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
b. Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
c. Suction injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
d. Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
<p>6. OTHER ACT(S):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
	No	Yes	Attempted	Unsure	Describe:																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
S A M P L E																																																							
<p>7. DID EJACULATION OCCUR?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe:</th> </tr> </thead> <tbody> <tr> <td>If yes, note location(s):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> a. Mouth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> b. Vagina</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> c. Anus/Rectum</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> d. Body surface</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> e. On clothing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> f. On bedding</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> g. Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe:	If yes, note location(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> a. Mouth						<input type="checkbox"/> b. Vagina						<input type="checkbox"/> c. Anus/Rectum						<input type="checkbox"/> d. Body surface						<input type="checkbox"/> e. On clothing						<input type="checkbox"/> f. On bedding						<input type="checkbox"/> g. Other						
	No	Yes	Attempted	Unsure	Describe:																																																		
If yes, note location(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
<input type="checkbox"/> a. Mouth																																																							
<input type="checkbox"/> b. Vagina																																																							
<input type="checkbox"/> c. Anus/Rectum																																																							
<input type="checkbox"/> d. Body surface																																																							
<input type="checkbox"/> e. On clothing																																																							
<input type="checkbox"/> f. On bedding																																																							
<input type="checkbox"/> g. Other																																																							
<p>8. CONTRACEPTIVE OR LUBRICANT PRODUCTS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 7.5%;">No</th> <th style="width: 7.5%;">Yes</th> <th style="width: 7.5%;">Attempted</th> <th style="width: 7.5%;">Unsure</th> <th style="width: 40%;">Describe Type/Brand, if known:</th> </tr> </thead> <tbody> <tr> <td>a. Foam used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. Jelly used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Lubricant used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>d. Condom used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		No	Yes	Attempted	Unsure	Describe Type/Brand, if known:	a. Foam used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. Jelly used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. Lubricant used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d. Condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
	No	Yes	Attempted	Unsure	Describe Type/Brand, if known:																																																		
a. Foam used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
b. Jelly used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
c. Lubricant used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			
d. Condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																			

H. GENERAL PHYSICAL EXAMINATION							
Record all findings using diagrams, legend, and a consecutive numbering system.							
1a. Blood Pressure	b. Pulse	c. Resp	d. Temp	2a. Exam Started		b. Exam Completed	
				Date (YYYYMMDD)	Time	Date (YYYYMMDD)	Time
3. Describe general physical appearance.				4. Describe general demeanor.			
Patient Identification							
5. Describe condition of clothing upon arrival.							
6. Collect outer and underclothing if indicated. <input type="checkbox"/> Not indicated							
7. Conduct a physical examination. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings							
8. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings							
9. Collect fingernail scrapings or cuttings according to local policy.							
Diagram A				Diagram B			
							
S A M P L E							
LEGEND: TYPES OF FINDINGS							
AB Abrasion	CT Contusion (bruise)	F/H Fiber/Hair	MS Moist Secretion	PE Petechiae	TB Toluidine Blue®		
ALS Alternate Light Source	DE Debris	FB Foreign Body	OF Other Foreign Materials (describe)	PS Potential Saliva	TE Tenderness		
BI Bite	DF Deformity	IN Induration	OI Other Injury (describe)	SHX Sample Per History	V/S Vegetation/Soil		
BU Bum	DS Dry Secretion	IW Incised Wound		SI Suction Injury			
CS Control Swab	ER Erythema (redness)	LA Laceration		SW Swelling			
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.		Patient Identification																																							
1. Examine the face, head, hair, scalp, and neck for injury and foreign materials. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings																																									
2. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, neck, and scalp. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings																																									
3. Examine the oral cavity for injury and foreign material (if indicated by assault history). Collect foreign materials. Exam done: <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> Findings <input type="checkbox"/> 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 hair reference samples according to local policy.																																									
Diagram C	Diagram D																																								
																																									
S A M P L E																																									
Diagram E	Diagram F																																								
																																									
LEGEND: TYPES OF FINDINGS																																									
AB Abrasion ALS Alternate Light Source BI Bite BU Burn CS Control Swab	CT Contusion (bruise) DE Debris DF Deformity DS Dry Secretion ER Erythema (redness)	F/H Fiber/Hair FB Foreign Body IN Induration IW Incised Wound LA Laceration	MS Moist Secretion OF Other Foreign Materials (describe) OI Other Injury (describe)	PE Petechiae PS Potential Saliva SHX Sample Per History SI Suction Injury SW Swelling	TB Toluidine Blue® TE Tenderness VS Vegetation/Soil																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Locator #</th> <th style="width: 10%;">Type</th> <th style="width: 40%;">Description</th> <th style="width: 10%;">Locator #</th> <th style="width: 10%;">Type</th> <th style="width: 40%;">Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Locator #	Type	Description	Locator #	Type	Description																															RECORD ALL SPECIMENS COLLECTED ON PAGE 8.				
Locator #	Type	Description	Locator #	Type	Description																																				

J. GENITAL EXAMINATION - FEMALES Record all findings using diagrams, legend, and a consecutive numbering																																															
<p>1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> No Findings</td> <td><input type="checkbox"/> Periurethral tissue/urethral meatus</td> </tr> <tr> <td><input type="checkbox"/> Inner thighs</td> <td><input type="checkbox"/> Perihymenal tissue (vestibule)</td> </tr> <tr> <td><input type="checkbox"/> Perineum</td> <td><input type="checkbox"/> Hymen</td> </tr> <tr> <td><input type="checkbox"/> Labia majora</td> <td><input type="checkbox"/> Fossa Navicularis</td> </tr> <tr> <td><input type="checkbox"/> Labia minora</td> <td><input type="checkbox"/> Posterior fourchette</td> </tr> <tr> <td><input type="checkbox"/> Clitoris/surrounding area</td> <td></td> </tr> </table> <p>2. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an Alternate Light Source. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings</p> <p>3. Collect pubic hair combing or brushing.</p> <p>4. Collect pubic hair reference samples according to local policy.</p> <p>5. Examine the vagina and cervix. Check the box(es) if there are assault related findings.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> No Findings</td> <td><input type="checkbox"/> Vagina</td> <td><input type="checkbox"/> Cervix</td> </tr> </table> <p>6. Collect 4 swabs from the vaginal pool. Prepare one wet mount slide and one dry mount slide.</p> <p>7. Collect 2 cervical swabs (if over 48 hours post assault).</p> <p>8. Examine the buttocks, anus, and rectum (if indicated by history). Exam done: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Check the box(es) if there are assault related findings.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> No Findings</td> <td><input type="checkbox"/> Anal verge/folds/rugae</td> </tr> <tr> <td><input type="checkbox"/> Buttocks</td> <td><input type="checkbox"/> Rectum</td> </tr> <tr> <td><input type="checkbox"/> Perianal skin</td> <td></td> </tr> </table> <p>9. Collect dried and moist secretions, stains, and foreign materials. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings</p> <p>10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.</p> <p>11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding. Rectal bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____</p> <p>12. Exam position used: <input type="checkbox"/> Supine Lithotomy <input type="checkbox"/> Other (describe): _____</p>	<input type="checkbox"/> No Findings	<input type="checkbox"/> Periurethral tissue/urethral meatus	<input type="checkbox"/> Inner thighs	<input type="checkbox"/> Perihymenal tissue (vestibule)	<input type="checkbox"/> Perineum	<input type="checkbox"/> Hymen	<input type="checkbox"/> Labia majora	<input type="checkbox"/> Fossa Navicularis	<input type="checkbox"/> Labia minora	<input type="checkbox"/> Posterior fourchette	<input type="checkbox"/> Clitoris/surrounding area		<input type="checkbox"/> No Findings	<input type="checkbox"/> Vagina	<input type="checkbox"/> Cervix	<input type="checkbox"/> No Findings	<input type="checkbox"/> Anal verge/folds/rugae	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Rectum	<input type="checkbox"/> Perianal skin		<p style="text-align: center;">Patient Identification</p> <hr/> <p>Diagram G</p>  <p style="text-align: center; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">S A M P L E</p> <hr/> <p>Diagram H</p>  <hr/> <p>Diagram I</p>  <hr/> <p>Diagram J</p> 																									
<input type="checkbox"/> No Findings	<input type="checkbox"/> Periurethral tissue/urethral meatus																																														
<input type="checkbox"/> Inner thighs	<input type="checkbox"/> Perihymenal tissue (vestibule)																																														
<input type="checkbox"/> Perineum	<input type="checkbox"/> Hymen																																														
<input type="checkbox"/> Labia majora	<input type="checkbox"/> Fossa Navicularis																																														
<input type="checkbox"/> Labia minora	<input type="checkbox"/> Posterior fourchette																																														
<input type="checkbox"/> Clitoris/surrounding area																																															
<input type="checkbox"/> No Findings	<input type="checkbox"/> Vagina	<input type="checkbox"/> Cervix																																													
<input type="checkbox"/> No Findings	<input type="checkbox"/> Anal verge/folds/rugae																																														
<input type="checkbox"/> Buttocks	<input type="checkbox"/> Rectum																																														
<input type="checkbox"/> Perianal skin																																															
LEGEND: TYPES OF FINDINGS																																															
AB Abrasion ALS Alternate Light Source BI Bite BU Burn CS Control Swab CT Contusion (bruise) DE Debris DF Deformity DS Dry Secretion	ER Erythema (redness) FH Fiber/Hair FB Foreign Body IN Induration IW Incised Wound LA Laceration MS Moist Secretion OF Other Foreign Materials (describe)	OI Other Injury (describe) PE Petechiae PS Potential Saliva SHX Sample Per History SI Suction Injury SW Swelling TB Toluidine Blue® TE Tenderness VIS Vegetation/Soil																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Locator #</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Photo #</th> <th style="width: 70%;">Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Locator #	Type	Photo #	Description																																											
Locator #	Type	Photo #	Description																																												
RECORD ALL SPECIMENS COLLECTED ON PAGE 8.																																															

