Sexual Assault Supplemental Report Form

- It is recommended that the Sexual Assault Supplemental Report be used in the reporting, recording and investigation of *all* sexual assault incidents, for each and every incident reported
- Supervisory review of all sexual assault cases is encouraged
- This form is not intended for use when the victim is a minor

Agency	ORI	Incident #	Case #

Name of Person Who Contacted Police *(optional on information reports)*	Method Report Received ☐ 911 Call ☐ Non-emergency number ☐ Online ☐ Other *(describe)* _____

Address of Person Who Contacted Police	City	State	Zip Code

Telephone: Home	Work	Cell	Email

Relationship to Victim	Others Present with Victim During Interview

Location of Interview ☐ Hospital ☐ On Scene ☐ At Department ☐ Other *(describe)* _____

Dates

Date of Report *(mm/dd/yyyy)*	Time of Report	Date(s) of Incident *(mm/dd/yyyy)*	Time of Incident From To

Victim

Victim's identifying or contact information may be exempt from disclosure under the Freedom of Information Act and Crime Victim's Rights Act or if this is a blind report.

Last Name	First Name	Middle Name

Any Aliases	Primary Language	Special Needs, Disability, Requests, etc.

Race/Ethnicity	Sex ☐ M ☐ F	Date of Birth *(mm/dd/yyyy)*	Height	Weight

Address	City	State	Zip Code

Telephone: Home	Work	Cell	Email

Emergency Contact	Emergency Contact Telephone	Best Way to Safely Contact Victim

Victim Demeanor Observed at Time of Interview *(select all that apply) Include detailed description in narrative*

☐ Afraid/Fearful ☐ Confused ☐ Shaking/Trembling ☐ Other *(describe)* _____
☐ Angry ☐ Flat Affect ☐ Tearful/Crying
☐ Calm/Controlled ☐ Nervous/Agitated ☐ Withdrawn/Quiet/Flat Affect

Are there any injuries? ☐ Y ☐ N ☐ Follow up needed *If yes, detail in narrative*	Does the victim report pain? ☐ Y ☐ N If yes, describe
Were weapons used to hurt/injure/threaten? ☐ Y ☐ N ☐ Follow up needed *If yes, detail in narrative*	Does the victim believe she/he may have been drugged? ☐ Y ☐ N ☐ Unsure *If yes or unsure, detail in narrative*
Did the victim voluntarily consume alcohol within 24 hours of incident? ☐ Y ☐ N ☐ Follow up needed *If yes, detail in narrative*	Did the victim voluntarily take other controlled substance within 96 hours of incident? ☐ Y ☐ N ☐ Follow up needed *If yes, detail in narrative*
Has sexual abuse by suspect been ongoing? ☐ Y ☐ N ☐ Follow up needed If yes, how long?	Any other known or possible victims? ☐ Y ☐ N ☐ Follow up needed If yes, list names and contact information

Victim Assistance Checklist

☐ Victim's Personal Safety Concerns Addressed
☐ Victim Given Department Contact Information
☐ Sexual Assault Victim Rights and Services Information Provided
☐ Crime Victim's Rights and Compensation Information Provided

Case # _____

Incident Information

Location of Interaction Before Assault(s) (*detail in narrative)*

Location(s) of Assault(s) (*detail in narrative)*	Locations Suspect Took Victim After the Assault(s) *(detail in narrative)*

Type of Coercion/Force/Fear Involved *(select all that apply)*

- ☐ Disregarding the victims' stated or otherwise communicated lack of consent
- ☐ Verbal pressure/coercion
- ☐ Position of authority (teacher, supervisor, boss, parent)
- ☐ Threat of physical force or violence
- ☐ Victim was incapacitated (see below)
- ☐ Presence of weapon
- ☐ Stalking
- ☐ Physical restraint
- ☐ Physical force
- ☐ Threat of death
- ☐ Abduction
- ☐ Other *(describe)* _____

Describe all types of coercion/force/fear involved. *(Include detailed description in narrative)*

Type of Assault *(select all that apply)*

Attempted	Completed	
☐	☐	Rape (penile/vaginal penetration against the will, by force, threat, or intimidation)
☐	☐	Forced sodomy (penile/anal penetration against the will, by force, threat, or intimidation)
☐	☐	Forced oral-genital contact (oral copulation)
☐	☐	Forced sexual penetration with an object or finger
☐	☐	Sexual battery *(*forced touching of intimate parts, fondling, kissing, oral contact but not penetration)
☐	☐	Physical assault/battery
☐	☐	Strangulation
☐	☐	Other *(describe)* _____

Additional Crimes to be Investigated:

Victim Incapacitated or Incapable of Consenting or Communicating Unwillingness to Engage in Sexual Contact Due to: *(select all that apply)*

- ☐ Age
- ☐ Alcohol
- ☐ Drugs
- ☐ Mental incapacity
- ☐ Physical incapacity
- ☐ Subordinate position
- ☐ Unconsciousness or sleep
- ☐ Other *(describe)* _____

Initial Investigation

Victim Medical Treatment *(select all that apply)*	Where	By Whom	Date
☐ First aid rendered			
☐ Medical exam			
☐ Forensic exam/rape kit			
☐ Admitted to hospital			
☐ Will seek own			
☐ Declined			

Suspect Forensic Exam Conducted? Y ☐ N ☐ Follow up needed ☐ If yes, by whom? Date

Photos	Taken By	Date Taken	Digital	Polaroid	35 mm	Video
☐ Victim injuries			☐	☐	☐	☐
☐ Suspect injuries			☐	☐	☐	☐
☐ Crime scene(s)			☐	☐	☐	☐
☐ Property damage			☐	☐	☐	☐

Evidence Collected *(select all that apply)*	By Whom	Location Stored	Analyzed
☐ Physical evidence *(i.e. clothing, sheets, tissue) (list)* _____			Y ☐ N ☐
☐ Property damage *(list)* _____			Y ☐ N ☐
☐ Weapons *(list)* _____			Y ☐ N ☐

	Victim	Attached	Suspect	Attached
911 print out	☐	☐		
Forensic exam report	☐	☐	☐	☐
Toxicology report	☐	☐	☐	☐

	Victim	Attached	Suspect	Attached
Suspect polygraph			☐	☐
Pretext phone call			☐	☐

Follow up needed, specify _____

Case # _____

Suspect *Photocopy and complete the following information for each suspect on a separate page and attach to the report.*

No. of Suspects	Last Name (Suspect # _____)	First Name	Middle Name

Aliases	Height	Weight	Hair Color	Eye Color

Race/Ethnicity	Sex M ☐ F ☐	Date of Birth *(mm/dd/yyyy)*	Social Security No.	Driver's License No./State

Address	City	State	Zip Code

Telephone: Home	Work	Cell	Email

Primary Language *(if not English)*	Suspect's Defining Characteristics *(i.e. tattoos, scars, physical disabilities, etc.)*

Suspect on Scene Y ☐ N ☐ | Suspect Arrested Y ☐ N ☐ If Yes, Arrest Number

Suspect Conduct Prior to Incident *(select all that apply)*
Include detailed description as gathered from interviews of suspect, victim, and associated persons in narrative

- ☐ Grooming *(i.e. targeting vulnerability, testing boundaries, building trust)*
- ☐ Electronic contact *(i.e. internet, text messaging)*
- ☐ Isolating victim
- ☐ Monitoring victim *(tracking patterns of conduct)*
- ☐ Providing alcohol/controlled substances
- ☐ Other *(describe)* _____

Relationship to Victim *(select all that apply)*

- ☐ Recent acquaintance
- ☐ Casual acquaintance of victim
- ☐ Friend *(non-romantic)*
- ☐ Internet relationship
- ☐ Planned first meeting/date
- ☐ Intimate partner/dating
- ☐ Former intimate partner/dating
- ☐ Domestic partner
- ☐ Married
- ☐ Legally separated
- ☐ Divorced
- ☐ Father of children
- ☐ Cohabitating
- ☐ Neighbor
- ☐ Parent of victim
- ☐ Relative of victim
- ☐ Position of authority
- ☐ Co-worker
- ☐ Stranger
- ☐ Other *(describe)* _____

Suspect Demeanor as Observed at Time of Interview
(select all that apply) Include detailed description in narrative

- ☐ Angry
- ☐ Apologetic
- ☐ Belligerent
- ☐ Calm/controlled
- ☐ Confused
- ☐ Nervous/Agitated
- ☐ Threatening
- ☐ Tearful/Crying
- ☐ Withdrawn/Quiet/Flat Affect
- ☐ Other *(describe)* _____

Did the Suspect Consume Alcohol Within 24 Hours Prior to Incident? Y ☐ N ☐ *If yes, detail in narrative* Follow up needed ☐	Did the Suspect Take Controlled Substances Within 96 Hours Prior to Incident? Y ☐ N ☐ *If yes, detail in narrative* Follow up needed ☐	Visible Suspect Injuries? Y ☐ N ☐ *If yes, detail in narrative*

Suspect History

		Date(s)	Type(s)
Arrest record	Y ☐ N ☐		
Prior sexual assault offenses	Y ☐ N ☐		
Prior use of weapons in a sex related offense	Y ☐ N ☐		
Currently on probation	Y ☐ N ☐		
Currently on parole	Y ☐ N ☐		
Subject of protection order(s)	Y ☐ N ☐		

Associated Persons *Photocopy and complete the following information for each witness on a separate page and attach to the report.*

Last Name (Witness # _____)	First Name	Middle Name

Aliases	Height	Weight	Hair Color	Eye Color

Race/Ethnicity	Sex M ☐ F ☐	Date of Birth *(mm/dd/yyyy)*	Social Security No.	Driver's License No./State

Address	City	State	Zip Code

Telephone: Home	Work	Cell	Email

Relationship to Victim *(see above categories)* | Relationship to Suspect *(see above categories)*

Aware of Incident Y ☐ N ☐ | Contact with Victim Prior to Incident Y ☐ N ☐ *If yes, detail in narrative* | Contact with Suspect Prior to Incident Y ☐ N ☐ *If yes, detail in narrative*

Present During Incident Y ☐ N ☐ *If yes, detail in narrative* | Contact with Victim After the Incident Y ☐ N ☐ *If yes, detail in narrative*

Did Victim Disclose Y ☐ N ☐ *If yes, detail in narrative* | Contact with Suspect After the Incident Y ☐ N ☐ *If yes, detail in narrative* | Did Suspect Disclose Y ☐ N ☐ *If yes, detail in narrative*

Case # _____

Interview History

	Date(s)	Time	Location	Officer Initials
Victim				
Suspect(s)				
Associated Person(s)				

Case Review Checklist *Select all that apply*

☐ Follow-up photos taken of the victim's injuries
(mm/dd/yyyy) _____
☐ Available witness(es) interviewed
☐ Witness(es) provided a written statement
☐ Unable to contact or interview the following person(s)

_____
_____
_____

☐ Case referred to the prosecutor's office
(mm/dd/yyyy) _____

Contacts Initiated by Police
(select all that apply)
☐ Community-based advocate
☐ Dept./Victim/Witness advocate
☐ Language translation
☐ Medical
☐ Mental health
☐ Probation/Parole
☐ Prosecutor
☐ Other agency ____

Contacts Initiated by Victim
(select all that apply)
☐ Community-based advocate
☐ Medical
☐ Mental health
☐ Other _____

Evidence Follow-Up *(select all that apply)*

	Victim	Attached	Suspect	Attached
Forensic exam results	☐	☐	☐	☐
DNA results	☐	☐	☐	☐
Toxicology results	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

_____
Officer Printed Name *Rank* *Badge Number*

_____
Officer Signature *Date (mm/dd/yyyy)*

_____
Investigator Printed Name *Rank* *Badge Number*

_____
Investigator Signature *Date (mm/dd/yyyy)*

_____
Supervisor Printed Name *Rank* *Badge Number*

_____
Supervisor Signature *Date (mm/dd/yyyy)*

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Officer Narrative *(See next page)*

Narrative Report Checklist

Describe and Document:

- ☐ How case was received
- ☐ Observations on approach—document what you saw, heard, etc.
- ☐ Spontaneous statements and demeanor at time of statement
  - ☐ Victim
  - ☐ Victim during transport
  - ☐ Suspect
  - ☐ Suspect during transport and booking
- ☐ Injuries of all parties
  - ☐ Type and extent
  - ☐ How the injuries occurred
- ☐ Interview and provide detailed account of incident
  - ☐ Victim
  - ☐ Suspect
  - ☐ Witness(es), esp. first disclosure
  - ☐ Medical personnel
- ☐ Drugs/alcohol used/involved
- ☐ Weapons used/involved
- ☐ Coercion, force, fear
- ☐ Crime scene and physical evidence
- ☐ Actions taken (i.e. evidence collected, arrest decision, exams, follow up photographs and interviews)
- ☐ Documents included with report (search/arrest warrants, affidavits, subpoenas, 911 print-out, pretext phone call synopsis, transcripts, crime lab reports, victim/suspect forensic exam reports, photos, etc.)

Officer Printed Name | *Rank* | *Badge Number*

Officer Signature | *Date (mm/dd/yyyy)*

Officer Narrative *(Continued) Use additional pages as needed.*

Victim / Suspect / Witness Interview *Photocopy and complete one for each interview and attach to report.*

Note: *Due to the nature of trauma and sexual assault, victims may find it difficult to recall the incident chronologically or remember details fully, following the incident. This is a preliminary statement. As additional details are recalled and as the investigation evolves, additional interviews are warranted.*

Victim/ Suspect / Witness Interview *(Continued) Use additional pages as needed.*