

# SEXUAL CRIMES INVESTIGATION PACKET

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## SEXUAL CRIMES INVESTIGATION PACKET

CASE INFORMATION			
Date:		Time:	
Case #		Arrival Time:	
Scene Location:			
Crime Location:	<input type="radio"/> Same as above		
Date of Crime:		Time of Crime:	
Officer Securing Scene:			
CALLING PARTY			
People present on arrival:			
Calling Party:		DOB:	
Relationship to Victim:		Phone:	
Home Address:			
Work Address:			
VICTIM			
Name:		DOB:	
Relationship to Suspect:		Phone:	
Home Address:			
Work Address:			
Overall Demeanor:			

## SEXUAL CRIMES INVESTIGATION PACKET

### WITNESS 1

<b>Name:</b>		<b>DOB:</b>	
<b>Relationship to Victim:</b>		<b>Phone:</b>	
<b>Home Address:</b>			
<b>Work Address:</b>			
<b>Where did they observe the incident?</b>			
<b>Witness Statement Completed?</b>	Yes   No	<b>Interview Time:</b>	
<b>Interview location:</b>			

### WITNESS 2

<b>Name:</b>		<b>DOB:</b>	
<b>Relationship to Victim:</b>		<b>Phone:</b>	
<b>Home Address:</b>			
<b>Work Address:</b>			
<b>Where did they observe the incident?</b>			
<b>Witness Statement Completed?</b>	Yes   No	<b>Interview Time:</b>	
<b>Interview location:</b>			

### WITNESS 3

<b>Name:</b>		<b>DOB:</b>	
<b>Relationship to Victim:</b>		<b>Phone:</b>	
<b>Home Address:</b>			
<b>Work Address:</b>			
<b>Where did they observe the incident?</b>			
<b>Witness Statement Completed?</b>	Yes   No	<b>Interview Time:</b>	
<b>Interview location:</b>			

## SEXUAL CRIMES INVESTIGATION PACKET

<b>SUSPECT</b>			
<b>Name:</b>		<b>DOB:</b>	
<b>Home Address:</b>			
<b>Work Address:</b>			
<b>Relationship to victim:</b>		<b>Phone:</b>	
<b>Gender:</b>		<b>Ethnicity:</b>	
<b>Hair Color:</b>		<b>Hair Length:</b>	
<b>Eye Color:</b>		<b>Facial Hair:</b>	
<b>Deformities:</b>		<b>Scars:</b>	
<b>Tattoos:</b>			
<b>Clothing Description:</b>			
<b>Miranda Date /Time:</b>		<b>Other Features:</b>	
<b>Known Affiliations:</b> <small>(i.e. gangs)</small>			
<b>Known Associates:</b>			
<b>Social Media Usernames:</b>			
<b>SUSPECT VEHICLE</b>			
<b>License Plate:</b>		<b>State:</b>	
<b>Make:</b>		<b>Model:</b>	
<b>Color:</b>		<b>Damage:</b>	
<b>Distinguishing features:</b>			
<b>Registered owner:</b>			

## SEXUAL CRIMES INVESTIGATION PACKET

PENETRATION			
<b>Penetration</b>	Yes   No		Complete   Slight
<b>Area penetrated and with what:</b>			
<b>Ejaculation:</b>		<b>Where:</b>	
<b>Condom Used:</b>	Yes   No	<b>Where is it?</b>	
<b>Lubricant Used:</b>	Yes   No		
<b>Position of Victim when penetrated:</b>			
<b>Additional positions during incident:</b>			
<b>Oral Sex:</b>	Yes   No	<b>Anal Sex:</b>	Yes   No
<b>Duration, Type and Order:</b> <small>(before, intermittent, after)</small>			
FORCE			
<b>Was force used to gain compliance?</b>	Yes   No		
<b>Description of force used:</b>			
<b>How much force used? If none, why not?</b>			
<b>Restraints used?</b>	Yes   No	<b>Defense by Victim?</b>	Yes   No
INJURIES			
<b>Victim Injured?</b>	Yes   No	<b>How?</b>	
<b>Pain in areas where no visible injury?</b>	Yes   No	<b>Where?</b>	
<b>Suspect injuries due to victim resistance:</b>	Yes   No	<b>Where?</b>	
<b>Discharge/Bleeding:</b>	Yes   No	<b>Where?</b>	
<b>Itching or burning:</b>	Yes   No	<b>Vomiting:</b>	Yes   No
<b>Constipation/Incontinence:</b>	Yes   No	<b>How many times?</b>	

## SEXUAL CRIMES INVESTIGATION PACKET

STRANGULATION OR POTENTIAL STRANGULATION			
How did it occur?	One Hand   Two Hands   Forearm   Other:		
Suspect utterances:			
Shaken?	Yes   No	Thrown?	Yes   No
How?	What surface?		
Duration:	How many x?		
Pressure Applied (1- 10):	Continuous?		Yes   No
What caused it to stop?			
Difficulty breathing then?	Yes   No	Now?	Yes   No
SIGNS (circle all that apply)			
<p><b><u>SCALP</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bumps</li> <li>Concussion</li> <li>Fracture</li> <li>Hair pulled</li> <li>Petechiae along hairline</li> </ul>	<p><b><u>FACE</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruises</li> <li>Flushed or Redness</li> <li>Scratch marks</li> </ul>	<p><b><u>EYES</u></b></p> <ul style="list-style-type: none"> <li>Blood shot eyes</li> <li>Petechiae</li> <li>(eyes, nose, under lip, in ear, on ear)</li> </ul>	<p><b><u>EARS</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bleeding from ear canal</li> <li>Bruises</li> <li>Redness</li> <li>Scratch marks</li> </ul>
<p><b><u>NOSE</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bloody nose</li> <li>Broken nose</li> <li>Redness</li> <li>Scratches</li> </ul>	<p><b><u>MOUTH</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruising</li> <li>Swollen lips</li> <li>Swollen tongue</li> </ul>	<p><b><u>UNDER CHIN</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruises</li> <li>Redness</li> <li>Scratch marks</li> </ul>	<p><b><u>NECK</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruises</li> <li>Fingernail impressions</li> <li>Ligature marks</li> <li>Scratches</li> <li>Swelling</li> </ul>
<p><b><u>SHOULDERS</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruises</li> <li>Redness</li> <li>Scratch marks</li> </ul>	<p><b><u>CHEST</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruises</li> <li>Redness</li> <li>Scratch marks</li> </ul>	<p><b><u>FINGERTIPS</u></b></p> <ul style="list-style-type: none"> <li>Abrasions</li> <li>Bruises</li> <li>Circle / oval light bruising</li> <li>Scratches</li> <li>Swelling</li> </ul>	<p><b><u>NOTES:</u></b></p>

## SEXUAL CRIMES INVESTIGATION PACKET

### SYMPTOMS (circle all that apply)

Agitation	Coughing	Difficulty breathing	Dizziness
Drooling	Hallucinations	Headaches	Hoarse voice
Hyperventilation	Involuntary defecation	Involuntary urination	Loss of consciousness*
Loss of voice	Nausea	Neck pain	Painful to swallow
PTSD	Raspy voice	Restlessness or combativeness	Trouble swallowing
Unable to breath	Unable to speak	Vomiting	

Other:

### CONSENT

<b>Objections:</b> (no, stop, it hurts, not like this, etc)			
<b>If none, why?</b>			
<b>Coercion / threats by Suspect?</b>		<b>Actions by victim to convey lack of consent:</b>	
<b>Victims thoughts before, during, after:</b>			
<b>Size differences between suspect and victim:</b>		<b>Relationship dynamics:</b>	
<b>Foreplay, kissing, etc.:</b>		<b>Victim actions as foreplay progressed:</b>	
<b>What clothes were removed:</b>		<b>How?</b>	
<b>How does this compare w/ previous partners?</b>		<b>Previous actions by suspect before sex:</b>	
<b>Attempts by suspect to isolate the victim:</b>		<b>Victims reaction to isolation:</b>	
<b>Alcohol use by victim:</b>		<b>Drug use by victim:</b>	
<b>Where did drugs / alcohol come from?</b>		<b>Perceived intoxication level by victim:</b>	
<b>Others perceptions of victims intoxication level:</b>		<b>Emotions conveyed by the victim:</b>	
<b>Victim believe suspect misrepresented themselves:</b> (as husband or another person)	Yes   No	<b>How?</b>	
<b>Suspect comments before, during, after:</b>			
<b>Time spent w/ victim after incident:</b>		<b>Photos / video made of the incident?</b>	Yes   No

## SEXUAL CRIMES INVESTIGATION PACKET

<b>OTHER SUSPECT ACTIONS</b> <small>(other than rape)</small>					
<b>Suspect exposed genitals?</b>	Yes   No	<b>How:</b>			
<b>Victim offended:</b>	Yes   No	<b>Anyone else present?</b>	Yes   No		
<b>CONTACT WITH SUSPECT AFTER THE INCIDENT</b>					
<b>Personal Contact:</b>			<b>Digital Contact:</b>		
<b>Admissions by Suspect:</b>			<b>Apologies by Suspect:</b>		
<b>What was discussed?</b>					
<b>OTHER INFORMATION</b>					
<b>People there during incident?</b>	Yes   No	<b>Who?</b>			
<b>Previous attempts to be intimate with the victim?</b>	Yes   No	<b>What / how?</b>			
<b>Stalking behaviors exhibited by the suspect:</b>					
<b>VICTIM POST INCIDENT HYGIENE</b>					
<b>Urinated?</b>	Yes   No	<b># of times:</b>		<b>Approx. Time:</b>	
<b>Defecated?</b>	Yes   No	<b># of times:</b>		<b>Approx. Time:</b>	
<b>Washed Genitals:</b>	Yes   No	<b>Approximate Time:</b>			
<b>Washed Anus:</b>	Yes   No	<b>Approximate Time:</b>			
<b>Tampon used since incident:</b>	Yes   No	<b>Approximate Time:</b>			
<b>Brushed Teeth?</b>	Yes   No	<b>Approximate Time:</b>			
<b>Gargled?</b>	Yes   No	<b>Approximate Time:</b>			
<b>Changed clothes?</b>	Yes   No	<b>Where is the clothing now?</b>			



## SEXUAL CRIMES INVESTIGATION PACKET

VICTIM EVIDENCE			
<b>Sexual Assault Kit Completed?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Clothing collected?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Fingernail scrapings?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Foreign bodies?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Pubic hair cuttings / combing?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Swabs collected?</b> <small>(non-body)</small>	Yes   No	<b>Date &amp; Time:</b>	
<b>Location collected:</b>			
<b>Control swabs collected from the victim?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Location of swabs:</b> <small>(two additional locations not involved in the incident)</small>			
<b>Swabs of contact points:</b> <small>(bite marks, kissing locations, ejaculation location)</small>		<b>Date &amp; Time:</b>	
<b>Blood samples?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Urine samples?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Photographs of injuries?</b>	Yes   No	<b>Date &amp; Time:</b>	
<b>Additional Information or notes:</b>			