In this training bulletin, I address one of the most common topics I am asked about – forensic evidence collection from the body and clothing of sexual assault suspects. I originally published this material as a *Promising Practices* article in the June, 2007 newsletter for my private company, Sexual Assault Training & Investigations (SATI, Inc.). It was later reprinted with permission in the December/January 2008 issue of *Sexual Assault Report* published by Civic Research Institute. However, I have to say it continues to amaze me that all these years later, this is still one of the most frequent questions I am asked. The critical need for suspect exams remains, and I would argue today – just as I did in 2007 when this article was first published – that suspect exams are one of the most overlooked aspects of a successful sexual assault investigation.

Joanne Archambault  
Executive Director, EVAWI  
Training Director, SATI, Inc.

**Forensic Exams for the Sexual Assault Suspect**

One source of evidence that is critically important but all too often overlooked in a sexual assault investigation is the suspect examination. In my experience, I have found that most law enforcement agencies have failed to establish appropriate policies and procedures for obtaining comprehensive forensic examinations for sexual assault suspects which is unfortunate, given the potential for recovering probative evidence from the body as well as the clothing of suspects.

The purpose of this Promising Practices article is to make the case for the importance of suspect examinations, to explore some of the reasons why they often are not done, and to provide concrete recommendations for overcoming these barriers and using suspect examinations effectively in your community.

**The importance of suspect exams**

When evaluating potential sources of evidence, we as law enforcement professionals often focus on anything that might have transferred from the suspect to the victim; thus, forensic examinations of the victim are seen as critically important. However, we need to keep in mind that any evidence that could potentially be transferred from the suspect to the victim may also be transferred from the victim to the suspect. Therefore, depending on the type of contact involved in a sexual assault offense, the suspect’s body may actually be a better source of probative evidence than the victim’s.

- For example, in the case of a digital penetration of the victim’s vagina, the suspect’s fingers will often be the best source of probative evidence. This can even be true if the suspect has bathed since the sexual assault, because most people do not routinely scrub underneath their fingernails with hot soapy water.
• As another example, if the suspect forced his penis into the victim’s mouth during the sexual assault, his penis may be a richer source of evidence than the victim’s mouth.

To highlight this point, consider a study conducted by Isacc T. Caain, entitled: “The Use of Physical Evidence in the Investigation and Prosecution of Sexual Assault Cases.” (This study was submitted as a Master's Thesis in Forensic Sciences to National University in July of 2002). The research was conducted while I was supervising the Sex Crimes Unit at the San Diego Police Department, and it involved analyzing the findings from 77 sexual assault cases that received laboratory analysis from our Forensic Biology Unit between 1998 and 1999. Results of this study revealed the following:

• In cases involving an adolescent victim, 44% of the suspect’s rape kits that were examined by a criminalist identified the victim’s DNA. In fact, DNA analysis of epithelial cells found on penile swabs of the known suspect were the most common pieces of suspect evidence associated with victim identification.

• In the cases with an adult victim, as many as 30% of the suspect’s rape kits that were examined by a criminalist identified the victim’s DNA. Again, DNA analysis of epithelial cells found on penile swabs of the known suspect were the most common pieces of suspect evidence associated with victim identification.

Clearly, any evidence from the suspect’s body that establishes the identity of the victim will be important in the investigation and prosecution of sexual assault. It is therefore surprising that so few law enforcement agencies routinely collect forensic evidence from the body of the suspect.

The clothing of the suspect

Equally surprising is the frequent failure to seize the suspect’s clothing, which again could be a terrific source of probative evidence. In many cases, the clothing worn by the suspect during the sexual assault is still available and – depending on the specific case history and the time since the assault – it is often a better source of evidence than the forensic examination of the victim. All of these potential sources of evidence should therefore be considered when “thinking outside the box” during a sexual assault investigation. Turning again to the Caain study:

• When the suspect’s clothing and other crime scene evidence such as condoms, bottles and tissue, were examined, 80% of the items examined by a criminalist included the victim’s DNA profile and 20% included the suspect’s DNA profile.
Training Bulletin:
Forensic Exams for the Sexual Assault Suspect

- Of the 51 adult cases, 16.7% of the items examined by a criminalist included the suspect’s DNA profile and 50% included the victim’s DNA profile.

Clearly, important evidence can often be obtained from the body and clothing of a suspect in a sexual assault case. This is especially significant because so many people think of sexual assault cases as not having physical evidence – that they are simply a question of “he said, she said.” In many cases, however, physical evidence can be obtained if we look in the right place.

**It’s not just about DNA identification**

Yet the importance of the suspect examination is not solely based on the potential for documenting the victim’s DNA for identification purposes. Depending on where the victim’s DNA is found on the suspect’s body, it may provide a better idea of the specific acts that were involved in the sexual assault (e.g., penile-vaginal penetration, digital penetration, oral copulation). This type of evidence may be particularly helpful with very young victims, or with victims who are under the influence of drugs or alcohol, because they may not recall or may not be able to articulate exactly what happened to them. Evidence of the victim’s DNA on the suspect’s body can also be important in cases involving multiple perpetrators, where the victim knows that a suspect participated in the assault but is not sure if he penetrated her.

Even beyond DNA evidence, the suspect examination is important because it can provide documentation of the suspect’s clothing, appearance (e.g., shaven or unshaven), physical anomalies, tattoos, piercings, and other characteristics that may become important later on during the course of an investigation and prosecution (thanks to Assistant District Attorney Cathy Stephenson in San Diego, California for these ideas). It can also corroborate information that the victim provides about sensory experiences, such as the suspect’s smell (e.g., aftershave, cigarettes, body odor, bad breath). Evidence from the suspect examination can also provide other types of information that “fill in pieces” of what happened before, during, or after the sexual assault. For example, debris from leaves could be found on the suspect’s body that came from the bushes outside the victim’s home, or paint chips could remain from the suspect’s work earlier in the day. A thorough suspect examination certainly demonstrates diligence on the part of law enforcement investigators and establishes a critical focus on the suspect – both of which are important for juries considering the evidence in the case (thanks to Senior Deputy Prosecuting Attorney Patti Powers in Yakima, Washington for these ideas).

Yet one of the most important reasons for conducting a suspect examination is to document evidence of force, resistance, and injury. As you know, most sexual assault cases result in a consent defense these days – even when the suspect is a stranger to the victim. Therefore, biological and trace evidence may not be as critical for establishing the identity of the suspect as one might initially think. Yet many investigators assume that this means a suspect examination will not be particularly
useful, and that is not necessarily true. A suspect examination may still be extremely useful in a consent defense case, because the evidence that is obtained may corroborate the victim’s (and/or suspect’s) account of events. The evidence may also document force or injury, which is obviously critical for overcoming a consent defense. In fact, any time a victim describes a great deal of force involved in their sexual assault – or when victims state that they bit, kicked, or scratched the suspect – injuries to the suspect might still be identified and documented for days afterward.

Clearly, the decision to obtain a suspect examination should not be based solely on an understanding of how long trace and biological evidence might be available on the suspect’s body. In the majority of sexual assault cases where consent is going to be the primary issue, any evidence that provides corroboration of the victim’s account and documents force or injury is absolutely critical. As a result, the determination of whether or not to obtain a suspect examination can only come from a careful consideration of the case history. Investigators must think through the facts of the case and determine what kinds of evidence might prove useful – and for what purposes. At a minimum, I can recommend that a forensic examination of the suspect should be conducted any time (1) the suspect is arrested shortly after the sexual assault, (2) the law enforcement investigator believes that the suspect has not bathed since the sexual assault (however, keep in mind that depending on the type of assault, an exam may still be warranted even if the suspect has bathed), or (3) if there is reason to believe there might still be evidence of injury to the suspect.

**Barriers to suspect exams: Lack of research and feedback**

So, assuming for the moment that I’ve convinced you of the importance of suspect examinations, let’s explore some of the reasons why they are not routinely conducted in many communities.

One of the barriers I see is that community professionals don’t always appreciate how important forensic evidence is for the successful investigation and prosecution of sexual assault. In recent years we have seen increased understanding among many community professionals for the importance of forensic evidence gathered and documented during the victim’s examination. However, this has not typically extended toward seeing the importance of suspect exams.

As you certainly know, most Sexual Assault Response and Resource Teams (SARRTs) have been established to provide victim-centered services, including appropriate medical care and the identification and collection of potential forensic evidence from the victim. This certainly reflects an increased appreciation of the importance of forensic evidence gathered from the victim. Yet there were many times during my law enforcement career when I was frustrated with the lack of attention to the forensic part of the medical forensic examination.
On the one hand, victims who were examined by health care providers in my community typically received the most competent and compassionate medical care available.

- At the same time, I observed a serious lack of understanding among community professionals regarding how and when rape kits were processed by the crime lab. Many did not understand why there was and (in many jurisdictions still is) a back log of DNA evidence in our property rooms and crime laboratories.

This makes it clear to me that we still have a long way to go before we fully appreciate the role that forensic evidence can play in these cases. If community professionals do not yet understand the role that forensic evidence gathered from the victim’s examination can play in successful investigation and prosecution of sexual assault, it is unlikely that they will recognize the critical role that could be played by forensic evidence gathered from the suspect’s examination.

Further complicating matters, we are still waiting for the type of research that is needed to determine which types of evidence are typically found from which sources – and how long after the sexual assault it can be recovered. This research would need to be conducted by evaluating findings from the crime lab and comparing them with the unique characteristics of sexual assault cases. It would need to include the analysis of case variables such as:

- The type of assault (e.g., penile/vaginal rape, sodomy, oral copulation, penetration with a foreign object, including digital penetration, and attempted sexual assault)
- The time delay between the sexual assault and the forensic examination
- Hygiene activities of the victim and/or the suspect
- The source of the probative evidence (e.g., crime scene evidence such as foreign objects, condoms, clothing, oral swabs, internal vaginal swabs, external vaginal swabs, or swabs taken from the victim’s breast or neck based on her verbal history of the activities involved in the assault).

Like the Caain study, the findings from this research would help us to determine which types of evidence are found from which sources and for what length of time after the sexual assault. With such research findings in hand, we would then be much better equipped to provide guidelines for the forensic examination (of both victim and suspect) that are relevant to the current state of forensic science.

In many communities, it is difficult to establish or revise policies regarding forensic evidence collection because we do not know the answers to these
questions. Until such research is available, it is all too easy for communities to continue to collect forensic evidence “the way we’ve always done it.” But my opinion is that we cannot wait until we have all the answers before we improve our collection procedures. We need to establish policies and protocols for conducting forensic examinations of the victim and the suspect – and seek feedback from our crime laboratories regarding what evidence they find, and from which sources.

**Other barriers to suspect exams**

In addition to the lack of research and feedback, additional barriers also get in the way of routinely conducting suspect examinations in many communities. In many jurisdictions, for example, there are no protocols in place for trained forensic examiners to conduct suspect examinations. I believe there are a number of reasons for this, and a number of factors to consider when developing such policies and procedures.

- First, the programs and facilities that were established to provide medical forensic examinations for victims were designed to be compassionate and victim-centered. As a result, their staff (e.g., SANEs, SAFEs) typically do not want to have suspects – often in handcuffs – within the same environment as sexual assault victims. Even if the suspect is not the suspect in the sexual assault victim’s own case, just having suspects in the same location may be very upsetting to a crime victim. Therefore, while I recommend that suspect exams be conducted by trained examiners, it may not be ideal to have these exams conducted at the same facility as the forensic examinations of victims. For example, one scenario is for the victim’s exam to be conducted in the SANE facility or hospital while the suspect’s examination is conducted at the police department.

- In addition to the emotional distress it may cause victims, any facility that conducts both suspect and victim forensic examinations will significantly increase the potential for cross contamination of the evidence. Therefore, if the victim and suspect are examined in the same facility, or possibly even by the same examiner, policies and procedures must address the steps that will be taken in order to prevent such cross contamination. In fact, any community that is expanding the role of forensic examiners to conduct exams with suspects as well as victims will need to ensure that they receive sufficient training to do so. Clearly, many of the issues are very different for suspect exams yet many forensic examiners have only received specialized training in how to conduct victim exams.

- Another reason why suspect exams are not routinely conducted in some communities is that they are expected to be performed by crime lab personnel or law enforcement officers. In some jurisdictions, this has actually become a labor issue because officers and crime lab personnel do not believe it is appropriate for them to do such an intimate examination of the suspect. I actually share this concern. To obtain the best forensic evidence possible, I believe that suspect exams must be
conducted by examiners with specialized training and clinical experience. In most cases, this will be a health care provider, not a law enforcement officer or employee of the crime lab.

- Of course, some law enforcement agencies might be reluctant to use trained forensic examiners to conduct suspect examinations because it is more expensive than using their own personnel. This clearly reflects a concern with the prioritization of resources, and any law enforcement agency that is serious about investigating and prosecuting sexual assault must take a hard look at this question. While it is clearly less expensive to use law enforcement personnel to conduct suspect exams, the evidence that can be collected is extremely limited when compared to the documentation and evidence that can be collected by a trained forensic examiner with specialized expertise in this area.

- Another barrier is that many communities are currently experiencing a shortage of nurses. As a result, they are often unable to provide forensic examiner coverage around the clock even for victims – let alone suspects. Having forensic examiners conduct suspect examinations would stretch these limited nursing resources even further. Any effort to conduct suspect exams must therefore take into account alternative ways of addressing the reality of a nursing shortage that may exist in the community. For example, the City of San Diego Forensic Examiner program utilizes both LVN’s and paramedics. Both have the ability to check for vital signs, document injuries, collect hair samples, swabs, and draw blood. Clearly, protocols that are developed must be realistic and based on the resources that currently exist in your community.

- In many communities, there are still debates about who is going to pay for forensic examinations – even with sexual assault victims. I believe this stems from a failure to recognize the victim’s forensic exam as evidentiary (rather than solely medical). To the extent that the forensic examination of a sexual assault victim is an evidence collection procedure, I do not believe it should be treated differently than other law enforcement evidentiary procedures. In other words, whoever pays for other evidentiary procedures (such as processing a bank following a robbery or conducting a traffic accident investigation) should also pay for the forensic exam of a sexual assault victim. In a sexual assault case, the body is a crime scene -- whether it is the victim’s or the suspect’s. However, any community that fails to see the victim’s forensic exam as evidentiary will most likely also fail to recognize that the suspect’s examination is evidentiary as well. Clearly, payment procedures should be in place for law enforcement agencies to pay forensic examiner programs to conduct forensic exams with both victims and suspects. (For more information on payment issues and the implications of the 2005 re-authorization of the Violence Against Women Act known as VAWA 2005, please see the Promising Practices article from our e-newsletter dated June 26, 2006 (at http://www.mysati.com/enews/Jun2006/enews_062606.htm).
Lack of standardized guidelines, kits, and forms

Beyond such philosophical issues, some of the barriers to suspect exams are more concrete. For example, the National Protocol for Sexual Assault Medical Forensic Examinations that was published in September 2004 (by the Office on Violence Against Women, U.S. Department of Justice) does not even address the topic of suspect examinations. In addition, very few states provide any sort of standardized guidelines regarding forensic examinations for suspects.

Even fewer states provide forms for documenting the suspect examination, similar to the ones that are used for the examinations of victims. Clearly, statewide guidelines and standardized forms provide helpful guidance on how to handle suspect exams. They also offer the potential to increase consistency in the practices used from jurisdiction to jurisdiction. California and North Dakota are exceptions, because both have standardized guidelines and a form that is used for forensic examinations of sexual assault suspects. These materials are also available in the appendix:


Similarly, very few communities have created evidentiary kits for the suspect forensic examination. Some exceptions include San Diego (California) and (South Carolina) which have developed their own evidentiary kits for use with suspect examinations. The SDPD crime lab puts together their own kits whereas the South Carolina State Crime Lab contracts with a private company (Tri-Tech, Inc.) to produce custom kits (see http://www.tritechusa.com/custom.htm).

Another private company that sells evidentiary kits for the suspect examination is Lightning Powder Company, Inc:


Some jurisdictions use the same kit for both victim and suspect examinations, like the state of North Dakota does. Unfortunately, one of the problems in some communities is the lack of communication between forensic examiners, law enforcement investigators, and crime lab personnel – so the kit that is used for suspect examinations may be missing elements that are necessary for thorough evidence collection.

Clearly, some of these barriers are easier to overcome than others. Some are more philosophical in nature and require cross-disciplinary dialogue and training to better appreciate the importance of suspect exams. Others are more concrete and can be addressed with collaborative effort to develop policies, protocols, and resources. As described above, these resources may include standardized guidelines, forms, and
Training Bulletin:  
Forensic Exams for the Sexual Assault Suspect

evidentiary kits for suspect examinations. It is therefore important to take stock in your community, to see where the barriers lie, and then design a strategy for overcoming them. In the Appendix of this article, I will also provide some materials that you might find helpful as you work through this process.

Designing a protocol for conducting suspect examinations

To summarize, I believe that law enforcement policies and SARRT protocols must ensure that a forensic examination is conducted as soon as possible in any sexual assault case where:

1. The suspect is arrested shortly after the sexual assault;
2. The investigator believes that the suspect has not bathed since the sexual assault, or;
3. The history suggests that there might be evidence of injury on the suspect.

(As a side note, suspect examinations can also be extremely valuable for many other types of crime such as homicide, child abuse, robbery, domestic violence, etc. Therefore, much of the information in this article will be equally relevant for those types of crimes as well.)

In addition, the clothing worn by the suspect during the sexual assault is often still available at the time of the law enforcement investigation, regardless of how much time has passed. As I have already noted, the suspect’s clothing may be a better source of evidence than the forensic examination of the victim, depending on the specific case history and the time since the assault. As a result, community protocols can also highlight the need to collect this critical evidence without respect to any particular timelines. If the clothing that the suspect wore at the time of the sexual assault (and/or immediately afterward) is available, it should be collected as evidence. To provide guidance on the collection of clothing as evidence, please see the documentation form that is provided in the Appendix.

Legal requirements for a suspect forensic examination

The next question that people typically ask me is how to get the legal authorization to conduct a suspect examination. Essentially, there are three ways that a suspect examination may take place: (1) The suspect may consent to a forensic examination; (2) An examination may be conducted incident to an arrest, or; (3) A warrant or court order can be obtained. Even in situations where a full examination cannot be conducted, law enforcement personnel can still often obtain a mouth (buccal) swab of a suspect. I'll address each of these in turn.
First, let’s talk about suspect consent. It is clear that law enforcement officers are allowed by law to use the consent of the suspect as a basis for obtaining a forensic examination. However, some law enforcement agencies have policies prohibiting this practice. Therefore, law enforcement professionals must check with their own Department, as well as the prosecuting attorney’s office, to learn about the protocol in their community. For guidance, we have provided a consent form for the suspect examination in the Appendix that is used by the COVERSA (Collection of Victim Evidence Regarding Sexual Assault) program in North Kansas City, Missouri. This was provided by Dr. Rebecca Hierholzer, President / CEO for COVERSA.

Perhaps surprisingly, most suspects will in fact consent to a forensic examination when asked. Of course, investigators must be careful that the consent is not coerced as it may be challenged by the defense in court. If this option is chosen, I strongly recommend that the suspect’s consent to the forensic exam be obtained in writing. Other precautions can also be taken such as:

- Having an investigator offer the examination (rather than an officer in uniform with a visible weapon);
- Limiting the number of law enforcement officers present at the time of the request, and;
- Making sure that the suspect understands that he is not in custody, that he is free to leave at any time, and that he is free to stop the forensic examination or refuse any part of the forensic examination at any time.

All of these issues will be examined by a judge if the suspect’s consent is challenged.

The second way that a suspect examination can be obtained is incident to an arrest. In some jurisdictions like California, law enforcement agencies are allowed to obtain a complete forensic examination of the suspect incident to an arrest. In these jurisdictions, the courts have allowed the practice based on exigent circumstances – because the evidence may no longer be available if too much time elapses. Although we rarely had a problem in California with suspects being combative during the forensic examination – in fact, most were actually quite cooperative – we were even allowed to use force to obtain the suspect examination as long as we did not shock the conscience of the court.

In most of the jurisdictions I have trained in, however, law enforcement personnel are required to obtain a search warrant or court order in order to conduct a suspect exam; this is the third way it can be obtained. Although this clearly adds another step to the investigative process, and can sometimes be seen as unnecessarily time consuming, I do not believe it should stand in the way. As I have said, the evidence obtained from a suspect examination can be extremely valuable and therefore should not be overlooked when conducting a sexual assault investigation. Therefore, in those jurisdictions where
a warrant or court order is needed, I recommend that all officers have a template available on their computers for easy access. To help with this, I have provided a sample template as an Appendix to this article.

- Keep in mind, however, that any time a warrant is issued for collection of forensic evidence from a suspect, the issuing judge typically sets applicable time limits. The investigator will then need to present the court order or search warrant to the forensic examiner.

- The search warrant will also state exactly which samples have been authorized by the judge for the examiner to collect. The items explicitly stated on the search warrant are the only samples that can be obtained during the suspect examination. For this reason, the investigator should carefully articulate as many samples as possible that can be supported by the probable cause alleged in the warrant. For an example of a search warrant and supporting affidavit, see the Appendix.

Before concluding this section on legal requirements, I want to note that even in those cases where a full examination cannot be conducted with a suspect, it is often still possible for law enforcement personnel to obtain a mouth (buccal) swab for DNA. In fact, I believe that all law enforcement professionals should be encouraged to carry mouth swab kits in the field.

Remember, however, that the collection of evidence from a mouth swab is governed by the same requirements and exceptions described above. Mouth swabs can be used to collect a DNA reference sample with suspects, and they can be used by any law enforcement professional who has received training in how to collect, store, and transfer them. They can be particularly useful because suspects often consent to providing mouth swabs to law enforcement personnel in the field, in order to avoid being transported to a medical facility. The procedure is also much less intrusive than drawing blood. As a result, many law enforcement agencies actually prefer mouth swabs over a forensic examination of the suspect, because medical personnel are not needed and it is therefore less expensive and time consuming. On the other hand, a mouth swab can only be used to obtain a DNA sample and not the other types of forensic evidence I have talked about in this article, so I see it as a valuable tool – but not one that replaces the need for a full forensic examination of the suspect when appropriate. For information on how to use mouth swabs, detailed guidance is provided in the Appendix.

**Components of a suspect examination**

To address the issue regarding whether police personnel are qualified to conduct suspect forensic examinations, it is important for SARRT communities to first agree on what is to be included in a complete and thorough suspect examination. Clearly, agencies that use officers or even evidence technicians to collect such evidence are
Training Bulletin:
Forensic Exams for the Sexual Assault Suspect

only doing a very superficial examination. As with the victim, a thorough forensic examination of a sexual assault suspect will include the following:

- taking a limited medical history (based on the type of legal consent/authorization);
- checking vital signs;
- conducting a general and genital examination, and;
- collecting any physical evidence such as clothing, hair samples, foreign debris, and swabs.

Typically, the forensic examination of a suspect is actually identical to the victim examination – except of course, there is no pelvic examination. Another difference is that -- unlike the victim examination -- law enforcement personnel must remain present at all times during the forensic examination of a suspect. This must be clearly stated in any protocol that is developed. And although it is not a common problem, policies must also address how force will be used if it is necessary with a suspect who is combative or dangerous.

More information about the protocol for suspect examinations is discussed in the Concepts and Issues Paper on Investigating Sexual Assault that was released in 2005 by the National Law Enforcement Policy Center of the International Association of Chiefs of Police (IACP). It was designed to provide background discussion for their Model Policy on sexual assault investigation that was released at the same time. The following excerpt appears on page 12:

At the beginning of the forensic examination, the investigating officer should provide the examiner with a summary of the assault, including the acts reported, the location, any physical identifying information provided by the victim or witness(es), and any potential injuries that the victim described inflicting on the suspect. Because the forensic examiner is an agent of the investigating officer, a Miranda warning must be provided to any suspect who is questioned while in custody. This includes questioning the suspect about his medical history (since the information will be used to evaluate any possible findings). The examiner should then obtain a medical history from the suspect, if possible. This history should include recent information on any anal or genital injuries, surgeries, diagnostic procedures, or medical procedures that may affect the interpretation of the current findings. Such information can help to avoid confusing preexisting lesions with current injuries or findings. If the suspect invokes his or her right to remain silent, the examiner should bypass the medical history and continue the examination.

In addition to the collection of such biological and trace evidence, the forensic examiner should also record the suspect’s vital signs and document (including through the use of body diagrams and photographs) any visible injuries or complaints of pain. Depending on the case history, urine and blood samples may be needed for toxicology or to counter potential defenses that might be raised by the suspect. DNA reference samples of blood and/or saliva should also be obtained.
During the forensic examination, all physical findings must be carefully documented, including any observable or palpable tissue injuries, physiologic changes, or foreign material (e.g., grass, sand, stains, dried or moist secretions). Unlike in the forensic examination of the victim, there should be no conclusion as to whether the findings are consistent with the history provided by the suspect. Both the examiner and attending officer should be prepared to document any spontaneous statements made by the suspect regardless of whether the suspect is in custody or provided with a Miranda warning.

For more information, the IACP’s Model Policy and supporting Concepts and Issues Paper are available at:


In the Appendix of this article, you will also find a checklist for conducting suspect examinations that was developed by forensic examiners in Columbia, South Carolina; these were provided courtesy of Terry Casto with Palmetto Health Richland / Baptist SANE. I hope that you find this information helpful as you craft a protocol and materials to use in your own community.

Of course, if a suspect is not arrested for several days following a sexual assault and the victim was unable to fight or resist at the time, a full forensic examination of the suspect may not be recommended. However, a DNA reference sample should still be obtained in these cases, because evidence still may be recovered from the victim or the crime scene that will connect the suspect to the victim or the location of the crime. Depending on state and local protocol, this DNA reference sample might be obtained using blood or a DNA reference sample might also be obtained using a buccal swab, which could be done by law enforcement personnel or evidence technicians if they have the proper training to do so. This is especially important now that so many states are extending or even abolishing the statute of limitations for sexual assault crimes. Even if the sexual assault being investigated today is not successfully prosecuted, a DNA reference sample should be obtained from the suspect in case there is another one in the future.

**Overcoming the barriers: The SDPD model**

In California, where I spent my law enforcement career, suspect examinations are clearly seen as evidentiary and law enforcement agencies contract with forensic examiner programs in order to conduct them. Therefore, before I conclude this article, I want to describe the protocol that we had in place for suspect examinations in San Diego -- because I believe it provides a model for policies and procedures that can be used effectively in other communities.
The City of San Diego has an exclusive contract with one forensic examiner program for victims 18 and older and another one (Children’s Hospital) for victims under the age of 18. To address the issue of victim/suspect contact as well as possible contamination, the San Diego Police Department (SDPD) decided not to have suspect exams conducted at the same (SART) facility as victim exams. Rather, they decided that suspect exams would be conducted at SDPD Headquarters, so they set up an examination room specifically for this purpose. This was a very attractive option for SDPD because arresting officers already had to bring the suspect to headquarters to get fingerprints, photographs, and booking approval. Eliminating a trip to the SART facility therefore saves their officers valuable time that can then be allocated to the investigation.

Once the suspect is brought to SDPD Headquarters, the examination is conducted by a sexual assault forensic examiner who has undergone a background investigation in order to obtain clearance. Once they are cleared, these examiners are provided with police identification as a subcontractor, so they can respond directly to SDPD Headquarters when a suspect examination is needed, and they do not need to be escorted through a secure building. If they arrive before the arresting officer, they can begin to prepare for the suspect examination. Afterward, they also impound the forensic evidence collected during the suspect examination directly in the property room. This works extremely well because the arresting officer no longer has to wait for the swabs to dry or for the forensic examiner to package the evidence or complete their reports. The forensic examiners also often complete the property tag more thoroughly than officers did before this protocol was implemented, because impounds and property tags were generally completed by officers at the end of a very long shift. For forensic examiners, they are now completed immediately after concluding the examination. Clearly, there are many advantages of this model that can be tailored and adapted for the needs of widely varying communities.

**Resources provided in the Appendix**

For further guidance in developing (or improving) the protocol for conducting suspect examinations in your community, I have provided a number of resources in the Appendix of this article. I have already mentioned that the Appendix includes detailed instructions on how to collect buccal swabs as well as a sample template and affidavit for a warrant to obtain a suspect examination. It also includes the checklist for conducting suspect examinations that was provided by forensic examiners in Columbia, South Carolina as well as a clothing documentation form developed by members of the San Diego County SARRT. Finally, a consent form for the suspect forensic examination has been provided by the COVERSA program in Kansas City, Missouri. I hope that you find all of these materials helpful as you develop policies and protocols for suspect examinations in your own community.

I also provided internet addresses for the materials that are available for suspect examinations in California and North Dakota, as well as the IACP Model Policy and
In this training bulletin, I address one of the supporting Concepts and Issues Paper on sexual assault investigation. In the process of developing a protocol, guidelines, documentation forms, evidentiary kits, and other materials for your community, I expect that the discussion will provide a way for SART members to come to agreement regarding what should be expected of a suspect examination. I hope I have provided both the encouragement and the specific guidance that you need to work together with other professionals in your community to ensure that suspect exams are conducted routinely and according to best practice. Good luck!

List of Appendix Materials

In the Appendix, you will find a number of sample materials from various jurisdictions:

1. **Sexual Assault Suspect Examination Form (fillable)**
   State of California, California Emergency Management Agency
   Fillable version created by Eisenhower Medical Center, Rancho Mirage, California

2. **Suspect Forensic Exam Form**
   North Dakota Sexual Assault Evidence Collection Protocol (4th edition)
   North Dakota Office of the Attorney General, North Dakota Council on Abused Women’s Services, Coalition Against Sexual Assault in North Dakota, and the Otto Bremer Foundation

3. **Guidelines for the Suspect Examination**
   Palmetto Health Richland / Baptist SANE, Columbia, South Carolina

4. **Instructions for Obtaining Mouth (Buccal) Swabs**
   San Diego Police Department, San Diego, California

5. **Consent Form for Suspect Forensic Examination**
   COVERSA (Collection of Victim Evidence Regarding Sexual Assault), Kansas City, Missouri

6. **Affidavit for Search Warrant for Suspect Forensic Examination**
   King County, Washington, San Diego County, California

7. **Search Warrant**
   San Diego County, California

8. **Clothing Addendum / Documentation Form**
   Eisenhower Medical Center, Rancho Mirage, California
FORENSIC MEDICAL REPORT:
SEXUAL ASSAULT SUSPECT EXAMINATION

STATE OF CALIFORNIA
CALIFORNIA EMERGENCY MANAGEMENT AGENCY
CalEMA 2-950

Confidential Document

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

1. Name of Patient: Patient ID #:
2. Address City: Zip Code:
   County: Phone: Phone:
3. Age: DOB: Gender: Ethnicity:
   Date of Arrival: Time of Arrival: Date of Discharge: Discharge Time:

B. AUTHORIZATION Jurisdiction (City County Other):

1. Name of Office Agency: ID Number: Telephone:
   Request a forensic medical examination for suspected sexual assault at public expense.
   Law Enforcement Signature Date/Time: Case Number:

C. MEDICAL HISTORY

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

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

3. Any pre-existing physical injuries? If yes, describe:

D. RECENT HYGIENE INFORMATION

   Urinated: Defecated: Bath/shower/wash: Ate or drank: Brushed Teeth:
   Oral/Gargle/rinse: Genital or body wipes: if yes, describe:
   Changed Clothing If yes, describe:

E. GENERAL PHYSICAL EXAMINATION

1. Blood Pressure Pulse: Respirations: Temperature:
   Date/Time of Examination
   Started: Completed
   Handled:

3. Height: Wt.: Hair color: Eye Color:

4. General Physical Appearance

5. Describe general demeanor

6. Describe condition of clothing upon arrival

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

DISTRIBUTION OF CalEMA 2-950

Original-Law Enforcement Copy within evidence kit-Crime lab Copy-Medical Records
E. GENERAL PHYSICAL EXAMINATION

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

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

Diagram A

Diagram B

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>AB</th>
<th>Abrasion</th>
<th>DE</th>
<th>Debris</th>
<th>F/H</th>
<th>Fiber/hair</th>
<th>OF</th>
<th>Other Foreign Materials (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI</td>
<td>Bite</td>
<td>DF</td>
<td>Deformity</td>
<td>IN</td>
<td>Induration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>Body Piercing</td>
<td>DS</td>
<td>Dry Secretion</td>
<td>IW</td>
<td>Incised Wound</td>
<td>OI</td>
<td>Other Injury (describe)</td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td>LA</td>
<td>Laceration</td>
<td>PE</td>
<td>Petechiae</td>
</tr>
<tr>
<td>CS</td>
<td>Control Swab</td>
<td>ER</td>
<td>Erythema (redness)</td>
<td>MS</td>
<td>Moist Secretion</td>
<td>PS</td>
<td>Potential Saliva</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Name:

Patient ID #:

Case Number:

Examiner’s Name:

Diagram A

Diagram B
F. HEAD, NECK, AND ORAL EXAMINATION

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

1. Examine the face, head, hair, scalp and neck for injury and foreign material.
   - [ ] Findings [ ] No Findings

2. Collect dried and moist secretions, stains and foreign materials from face, head, hair, scalp and neck.
   - [ ] Findings [ ] No Findings

3. Examine the oral cavity for injury and foreign materials.
   - Collect foreign material (if indicated by assault history).
   - Exam Done: [ ] N/A [ ] Yes [ ] Findings [ ] No Findings

4. Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs

5. Collect head hair and facial hair reference samples according to local policy

---

**LEGEND: Types of Findings**

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI</td>
<td>Bite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>Body Piercing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CS</td>
<td>Control Swab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DE</td>
<td>Debris</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DF</td>
<td>Deformity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS</td>
<td>Dry Secretion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER</td>
<td>Erythema (redness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F/H</td>
<td>Fiber/hair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Induration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IW</td>
<td>Incised Wound</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>Laceration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>Moist Secretion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OF</td>
<td>Other Foreign Materials (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OL</td>
<td>Other Injury (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE</td>
<td>Petechiae</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>Potential Saliva</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>Scars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHX</td>
<td>Sample Per</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>Tattoos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>Toluidine Blue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TE</td>
<td>Tenderness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V/S</td>
<td>Vegetation/Soil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WL</td>
<td>Wood's Lamp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Diagram C

Diagram D

Diagram E

Diagram F
G. GENITAL EXAMINATION

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

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

- [ ] No Findings
- [ ] Inner Thighs
- [ ] Glans penis
- [ ] Scrotum
- [ ] Perineum
- [ ] Penile Shaft
- [ ] Testes
- [ ] Foreskin
- [ ] Ureteral Meatus

2. Circumcised

3. Collect dried and moist secretions, stains, and foreign material. Scan the area with the Wood’s Lamp

- [ ] Findings
- [ ] No Findings

4. Collect pubic hair combings or brushing

5. Collect pubic hair reference samples according to local policy

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

- [ ] N/A

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

- [ ] N/A

8. Record other findings per history

If yes, describe:

---

**LEGEND: Types of Findings**

<table>
<thead>
<tr>
<th>Locator</th>
<th>Type</th>
<th>Description</th>
<th>Locator</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI</td>
<td>Bite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>Body Piercing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CS</td>
<td>Control Swab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DF</td>
<td>Deformity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DE</td>
<td>Debris</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER</td>
<td>Erythema (redness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER</td>
<td>Erythema (redness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FS</td>
<td>Foreskin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IA</td>
<td>Incision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IB</td>
<td>Incision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC</td>
<td>Incision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF</td>
<td>Incision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Induration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IU</td>
<td>Incision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IW</td>
<td>Incised Wound</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>Laceration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE</td>
<td>Petechiae</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>Potential Saliva</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>Scars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHX</td>
<td>Sample Per</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>Tattoos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>Toluidine Blue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TE</td>
<td>Tenderness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TH</td>
<td>Thrombosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V/S</td>
<td>Vegetation/Soil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WL</td>
<td>Wood’s Lamp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SI</td>
<td>Suction Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SW</td>
<td>Swelling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Diagram I**

**Diagram J**

**Diagram H**

---

**Examiner’s Name:**

**Case Number:**

**Patient Name:**

**Patient ID #:**

---

Page 4 of 5
H. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

<table>
<thead>
<tr>
<th>Evidence Collected</th>
<th>No</th>
<th>Yes</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood samples</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiber/loose hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soil/Debris</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected semen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected saliva</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wood's lamp+ areas</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. TOXICOLOGY SAMPLES

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>No</th>
<th>Yes</th>
<th>Time</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood (gray top tube)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine toxicology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J. REFERENCE SAMPLES

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>No</th>
<th>Yes</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood (lavender)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood (yellow top)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buccal swabs (opt)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saliva swabs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head hair</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K. PHOTODOCUMENTATION METHODS

<table>
<thead>
<tr>
<th>Method</th>
<th>No</th>
<th>Yes</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colposcope/35mm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macrolens/35mm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colposcope/Videocamera</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Optics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L. RECORD EXAM METHODS

<table>
<thead>
<tr>
<th>Methods Used</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colposcopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Magnifier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M. RECORDED EXAM FINDINGS

<table>
<thead>
<tr>
<th>Physical Findings</th>
<th>No Physical Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N. SUMMARIZE FINDINGS

<table>
<thead>
<tr>
<th>Other types</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O. PRINT NAMES OF PERSONNEL INVOLVED

<table>
<thead>
<tr>
<th>History Taken By</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone #</th>
<th>Exam Performed by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimens labeled and sealed by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assisted by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of examiner</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P. EVIDENCE DISTRIBUTION</th>
<th>GIVEN TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clothing (items no place in kit)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence kit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference blood samples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Toxicology samples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Photographs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q. SIGNATURE OR OFFICER RECEIVING EVIDENCE

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name &amp; ID #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P. EVIDENCE DISTRIBUTION

<table>
<thead>
<tr>
<th>GIVEN TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
North Dakota
Suspect Forensic Exam Form

Today’s Date: ________________________
Name of Facility: _______________________________________________________
Address of Facility: ____________________________________________________
Facility’s Phone Number: ______________________________________________
Technician’s Name: ____________________________________________________

Suspect’s Name

Suspect’s Address

Suspect’s Phone Number

REQUEST FOR FORENSIC EVIDENCE COLLECTION
☐ The search warrant indicates collection of the following or
☐ Suspect volunteered the following:

☐ Finger Nail Scrapings ☐ Buccal Swabs ☐ Penile Swabs ☐ Urine
☐ Blood ☐ Clothing
Other (specify):________________________________________________________________

Communicable Diseases of Risk:
☐ Hepatitis ☐ TB ☐ Herpes ☐ Syphilis ☐ HIV
☐ Gonorrhea ☐ Chlamydia
☐ Other (specify):________________________________________________________________

I, _____________________________ consent to a physical examination and Forensic
Evidence Collection conducted by the above named individual on _________________.

Today’s Date

X _____________________________ Date
Suspect’s Signature

X _____________________________ Date
Witness’s Signature
Guidelines for the Suspect Examination
Palmetto Health Richland / Baptist SANE

While waiting for the forensic examination do not allow the suspect to wash his hands, change clothes, or use the toilet so that evidence will not be lost.

A law enforcement officer should be with the suspect at all times including during the forensic examination.

1. Introduce yourself and explain your role
2. Review search warrant and what has been authorized to be collected
3. Have medical screening done by MD
4. Open sealed suspect kit
5. Obtain pertinent history from law enforcement
   a. Date, time and location of assault
   b. Victim’s account of assault
      i. Injuries inflicted on suspect
      ii. Bite marks
      iii. Noted tattoos, piercing, or scars
      iv. Acts committed
      v. Was victim on her menses
6. Medical interview, if patient cooperative
   a. Medical conditions
   b. Allergies
   c. Current medications
   d. Recent UTI’s or other anogenital conditions
   e. History of a vasectomy
7. Take an over all photograph of suspect
8. Collect clothing, have undress on top of debris sheet. Look for tears or stains to clothing. Clothing may have already been collected at time of custody.
9. General physical examination
   a. Weight, height, hair color, presence of facial hair, eye color
   b. Vital signs
   c. Note demeanor, affect, speech and coordination. Also note if suspect is right or left handed.
   d. Note any behavior which may be caused from drugs.
   e. Breath and body odor
   f. Note tattoos, scars, birthmarks or piercings
   g. Look for glass, leaves, fibers, etc., in suspect’s hair.
   h. Note needle marks
   i. Note any other identifying marks or lesions
10. Scan entire body with UV light and collect areas of positive fluorescence.
11. *Photograph* all nongenital trauma including defense wounds.

12. If *bite mark* present: photograph, collect swabs using double swab technique, and consider having an impression made by a forensic odontologist.

13. Collect *oral swabs*, if indicated. Also note oral cavity.

14. Collect *pulled head hair samples*. Consider collection of facial and/or body hair.

15. *Fingernail scraping/cutting*, if indicated. This evidence may be important when the assault history included digital penetration.

16. Obtain *lab specimens*. Legal blood alcohol and toxicology for crime lab. When drawing a legal blood alcohol prep site with Iodine only, swabbing site with alcohol can alter results. For hospital lab: HIV, hepatitis panel, herpes culture, gonorrhea/chlamydia from urethra and rectum, gonorrhea culture from throat, urinalysis (checking for possible trichomoniasis).

17. **Genital exam**
   a. Collect any matted pubic hair.
   b. Comb pubic hair.
   c. Collect pulled pubic hair, 20-40 hairs
   d. Inspect genitals, look for TEARS, also note for any foreign material (blood, feces, or lubricant). Document any genital abnormalities, tattoos and venereal warts.
   i. Penis
   ii. Anus
   iii. Scrotum
   iv. Perineum
   e. Collect swabs from shaft of penis and glans, if uncircumcised swab under foreskin. Collect specimens when assault occurred within 24 hours.
   f. Collect anal swabs, if indicated. Use anoscope, if indicated.
   g. STD collection.

18. *Document* all objective findings.

19. Consider if patient needs a *tetanus shot or antibiotics* for any injuries.

20. *Dry specimens, package and label.*

21. *Sign* suspect kit over to law enforcement officer.
San Diego Police Department
Instructions for Obtaining Mouth (Buccal) Swabs

Collection Kit Contents

(4) Four paper wrapped cotton swabs.
(1) One Manila envelope with attached white information label.
(1) One slightly smaller manila envelope.
(1) One evidence seal.
(1) One pair of latex gloves.

Directions

1. Put on the pair of latex gloves. Remove one of the four cotton swabs from the sterile paper packaging.
2. Rub the cotton tipped end of the swab against the inside of the cheek of the mouth while you slowly rotate the swab. Rub against the inside of the cheek for about 30 seconds.
3. Place the swab in the slightly smaller envelope. The empty paper swab packaging can be discarded. Repeat the process for the remaining three swabs and also place those in the smaller envelope. Remove the latex gloves from your hands and discard.
4. Place the slightly smaller envelope now containing the four swabs in the envelope with the attached white information label.
5. Fill in all the information on the white label.
6. Place the envelope with the white label in the original envelope labeled “Reference Mouth Swab Collection Kit”.
7. Seal the “Reference Mouth Swab Collection Kit” with the evidence seal and mark the seal appropriately.
8. Place the envelope containing the mouth swabs into the Property Room and ask that they be stored frozen.

Warnings

1. Do not handle or contaminate the cotton tipped end of the swabs. They should only come in contact with the subject’s mouth.
2. The swabs are not to collect saliva but are for collection cells from the lining of the cheek of the mouth. Therefore, vigorously rub them against the inside cheek of the mouth.
3. Make sure to rotate the swabs in the suspect’s mouth so that the entire cotton surface of the swab is used for collection.
Consent Form for Suspect Forensic Examination

Collection of Victim Evidence Regarding Sexual Assault (COVERSA)
Kansas City, Missouri

CONSENT FOR EVIDENCE COLLECTION

I, ____________________________, born on ________________, (PRINT first and last name of client) (Date of Birth)

freely and voluntarily hereby authorize COVERSA and agents of COVERSA to obtain from me the following evidence (boxes checked) and immediately release this evidence to the investigating agency listed below.

- Blood Stain Standard
- Oral Swab
- Head Hair Standard
- Pubic Hair Standard
- Body Swab
- Photograph of Injury
- Blood Draw
- Pubic Hair Combing
- Penile Swab
- Body Swab
- Urethra Swab

_________________________________________  __________________________
(Client Signature)  (Date)

_________________________________________  __________________________
(Parent/Guardian Signature, if applicable)  (Date)

- OR -

Search Warrant Information: __________________________________________
(Attach Copy)

Evidence collected by: _______________________________________________
(Print COVERSA Agent’s Name)

_________________________________________
(COVERSA Agent’s Signature)

On this date: ___________________________ at ______________________ AM / PM

Requesting Agency/Jurisdiction: ______________________________________

Officer Name (printed): ___________________________  S/N: ______________________

Officer Signature: __________________________________________
IN THE SUPERIOR COURT OF WASHINGTON, KING COUNTY

STATE OF WASHINGTON) AFFIDAVIT FOR SEARCH WARRANT

(ss.)

COUNTY OF KING) No.____________________________________

I, (NAME), do on oath make complaint, say and depose the following on this (DATE): that I have substantial probable cause to believe and I do believe that I have cause to search the person known as (VICTIM), (an adult) (an adolescent) (a child) approximately (AGE) years old, having a date of birth of (DOB), being about (HEIGHT) in height and (WEIGHT) lbs. in weight, and believed to be currently inside the (NAME AND ADDRESS OF HOSPITAL) for the following property, to wit: to seize the person and conduct an examination of said person, including all body cavities, with the assistance of hospital staff and “SAFE” personnel; and, using the least amount of force necessary, to take from the described person the following samples sufficient for comparison purposes: dried and moist secretions, blood, urine, stains, foreign materials from the body including the head, hair, and scalp; to record injuries and findings on diagrams including: erythemia, abrasions, bruises, contusions, induration, lacerations, fractures, bites, burns, and stains and foreign materials on the body; to scan the entire body with a “Wood’s Lamp or Alternate Light Source”; to
swab any substance or florescent area with a separate swab; and to preserve the
described evidence for later comparison.

A short definition of terms follows:

“SAFE” - an abbreviation for Sexual Assault Forensic Examiner. SAFEs are medical
personnel with training at or above that of a Registered Nurse who have specialized
forensic training in the collection of evidence in sexual assault cases. “Wood’s Lamp
or Alternate Light Source” - An ultraviolet light that enables the user to detect bodily
fluids including seminal fluid and vaginal secretions.

I am a peace officer employed by the Seattle Police Department
(hereafter SPD) and have been so employed for about (#) years. I am currently
assigned to the Special Assault Unit, and have been so employed for approximately
(#) years. During my career I have been involved in the investigations of over (#)
cases involving sexual assault.

On (DATE), I was contacted by my supervisor to respond to
(HOSPITAL NAME) Hospital to investigate a possible sexual assault. Upon my
arrival I spoke with [SPECIFIC NAME AND TITLE/DEPT/HOSP] and was advised
that the above named [VICTIM] had been brought to the hospital and had been
identified as having a profound cognitive disability and/or impairment that would
prevent him/her from providing informed consent for a forensic examination. In
addition, the victim’s disability might prevent the individual from correctly
perceiving, remembering and/or relating (or otherwise communicating), crucial information about the incident in question.

At the hospital I met with SPD Officer (NAME), ID#(#), and (NAME), who is a certified Sexual Assault Forensic Examiner (SAFE). Officer (NAME) advised me of the following: (In as much detail as possible, basis for believing victim was sexually assaulted).

I advised the hospital that I wished to have the SAFE perform an examination on the named victim, and to have the SAFE collect and preserve the above described evidence. I know this type of examination is critical in order to preserve evidence that may serve to identify the perpetrator of the assault on the victim. I know from my training and experience that victims of sexual assault crimes are often unable to identify their attackers, and that this is particularly true when the individual who has been victimized suffers from a cognitive disability. I also know from my training and experience that, even if they are able to do so, evidence that corroborates their testimony can be critical to a successful investigation and prosecution. Thus circumstantial evidence of the attacker’s identity is critical to a criminal investigation. I know that sexual assaults often yield the type of evidence requested, some of which may have come from the suspect, some from the victim.

Based on my training and experience, I know that DNA is short for deoxyribonucleic acid. DNA molecules are contained within human cells and hold the genetic ‘coding’ that makes each of us individually distinctive (except identical
twins). Using polymerase chain reaction (PCR) testing, a DNA profile can be
developed, which is capable of unique identification and comparison to other DNA
profiles. Based on my training and experience, I also know that such evidence has
been introduced in evidence within the courts of Washington and has successfully
withstood attack on foundational grounds insofar as the comparison technique is
concerned. The Washington Supreme Court has held that PCR-based systems are
generally accepted in the scientific community. State v. Gore, 143 Wash.2d 288
(2001). I submit that the requested samples are necessary for analysis for probable
cause purposes as well as evidentiary purposes. Such samples may also be used for
analysis using more traditional scientific techniques such as trace evidence. Samples
taken from the victim as described more fully above will be compared to any potential
suspect. In obtaining the samples from the victim, the SAFE will use medically
accepted practices, and the least amount of force necessary to collect the described
evidence.

The hospital staff has no objection to my request to have an examination
performed on the victim. However, the SAFE explained to me that she would not
perform the examination without the consent of the victim or a court order. The
victim has been identified as lacking the capacity to communicate informed consent to
such an examination because of the cognitive disability or impairment s/he suffers. I
also know from my experience that the type of evidence to be collected can be lost or
will deteriorate with an increased passage of time. (If the victim is injured and
requires medical attention, you can also add the following: I also know that the medical procedures that the hospital will employ to treat the victim’s injuries could result in the loss of this evidence. These procedures often involve cleansing areas of the body, which necessarily will result in the destruction of evidence.) Therefore, to delay the examination of this victim will result in the loss of evidence that is necessary to identify her perpetrator.

Therefore, based on my training, experience, and the above facts, I have substantial cause to believe the above-named victim [VICTIM] will have or be able to produce the requested property or things when this warrant is executed.

Based on the aforementioned information and investigation, I believe that grounds for the issuance of a search warrant exist as set forth in Washington Court Rule 2.3.

I, the affiant, hereby pray that a search warrant be issued for the seizure of said person and property or portion thereof from said person, at any time of the day, or night, good cause being shown therefore, and that the same be brought before this magistrate or retained subject to the order of this court.

This affidavit has been reviewed for legal sufficiency by Deputy Prosecuting Attorney [NAME].

Given under my hand and dated this [DATE].

Subscribed and sworn to before me
this [DATE],

at [TIME] a.m./p.m.

__________________________________
Judge of the Superior Court
IN THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION

STATE OF CALIFORNIA)          AFFIDAVIT FOR SEARCH WARRANT
(ss. COUNTY OF SAN DIEGO)
No._________________________

I, XX, do on oath make complaint, say and depose the following on this 20th day of June, 2007: that I have substantial probable cause to believe and I do believe that I have cause to search: the person known as -, a male adult having a date of birth of -, being about "" in height and - lbs. in weight, and is believed to be currently residing at-, in-, California, for the following property, to wit: to seize the person to conduct a full body and genital examination, identifying and documenting marks such as tattoos or scars, and identifying and documenting any evidence of injury, as well as collecting any physical evidence such as clothing, hair, blood and saliva samples, foreign debris, and swabs of the penis and scrotum (as well as rectal and any other swabs if appropriate depending on history) sufficient for comparison purposes using the least amount of force necessary to take said samples, and to take a set of major case fingerprints and palm prints. Injury documentation will include not only written documentation of
the injury, but also photographic and any other medically appropriate documentation.

I am a peace officer employed by the San Diego Police Department (hereafter SDPD) and have been so employed for about- years. I am currently assigned to the- Division and have been so assigned for over- years. During my career, I have investigated at least - sexual assault cases.

During the course of my duties, I have learned the following information based upon my discussions with the named witnesses or by having read the reports of or talked with other SDPD officers who have spoken directly with the named witness. All references to dates refer to the current calendar year unless otherwise stated.

(ADD PROBABLE CAUSE HERE. ENSURE THAT PROBABLE CAUSE DESCRIBES THE REASONS FOR ALL SWABS THAT WILL BE TAKEN.)
Numbered Pleading Paper
Press [F9] after required entry
IN THE SUPERIOR COURT OF
CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION

STATE OF CALIFORNIA) AFFIDAVIT FOR SEARCH WARRANT
(ss. COUNTY OF SAN DIEGO) No._________________________

I, Joseph Cristinziani, do on oath make complaint, say and
depose the following on this - day of -, 1999: that I have
substantial probable cause to believe and I do believe that I have
cause to search: the person known as Paul Velasquez, an Hispanic male
adult having a date of birth of 01-06-70, being about 5'8" in height
and 145 lbs. in weight, and is believed to be currently residing and
in custody of the State of California under California Department of
Corrections number E04294, located at the North Kern State Prison; at
2737 West Cecil Avenue, Delano, California; for the following
property, to wit: to seize the person and take hair, blood and saliva
samples sufficient for comparison purposes using the least amount of
force necessary to take said samples.

I am a peace officer employed by the San Diego Police Department
(hereafter SDPD) and have been so employed for about 20 years. I am
currently assigned to the Homicide Division and have been so assigned
for about 4 years. Prior to this assignment, I was assigned to the
Sex Crimes Unit. I was so assigned for approximately 14 months.
During my career, I have investigated at least 100 Homicide cases as
well as approximately 100 sexual assault cases.
During the course of my duties, I have learned the following information based upon my discussions with the named witnesses or by having read the reports of or talked with other SDPD officers who have spoken directly with the named witness. All references to dates refer to the current calendar year unless otherwise stated.

I have prepared the attached 17 page report in the course of my duties. I was assigned the case after the victim initially reported the crime to SDPD patrol officers. I hereby request incorporation by reference herein of said report as if fully set forth and identified by SDPD case number 95-091454 located in the upper left portion of the front page. This crime was a forcible rape, committed in violation of section 261(2) of the California Penal Code. The victim in this case was identified as Ms. Jackie Lindsay.

During the course of the investigation, the victim, Jackie Lindsay, was examined by medical personnel following the rape and biological samples were taken from her vaginal vault. The evidence was analyzed by the San Diego Police Department and biological samples sufficient for DNA testing were identified. The San Diego Police Department used a Polymerase Chain Reaction (PCR) DNA test to identify the genetic markers of the assailant in Lindsay's assault. The evidence was then sent to Cellmark for RFLP testing with the intent to attempt to identify the suspect using the Combined DNA index system computer data base (CODIS) maintained by the FBI. RFLP was obtained, however, there was no match in CODIS.

In June of 1999, Mr. Brian Burritt was hired by the San Diego Police Department Crime Laboratory as a Criminalist. His specific field of expertise is that of a DNA Analyst. Prior to his employment
with the San Diego Police Department, Mr. Burritt was employed as a Criminalist with the California Department of Justice, DNA Laboratory, Berkeley, California. Mr. Burritt has been qualified as an expert witness, in the area of DNA in the Superior Courts of 11 different counties within the State of California. The San Diego Superior Court is included in that list.

Upon his employment with the San Diego Police Department's Crime Laboratory, part of Mr. Burritt's job description was to examine any and all unsolved cases containing DNA evidence and, to create a SDPD data base for unsolved cases with PCR evidence.

On June 20, 1999, Mr. Burritt began an analysis of the PCR profile collected from Lindsay's case. Once the PCR profile from this case was entered into the data base, the data base compares the profile against at least 200 other PCR profiles collected from known sex and/or violent crime scenes from within San Diego County. The data base compares against other PCR profiles searching for matches. The search revealed a PCR profile match to Paul Velasquez, an identified suspect in an indecent exposure investigation. Mr. Burritt examined Velasquez' PCR profile and found that in the Caucasian population the frequency is 1 in 2600; in the Hispanic population the frequency is 1 in 5400 and in the Black population the frequency is 1 in 110,000.

Utilizing official police computers, I conducted a background investigation on Velasquez. I learned Velasquez was not in custody at the time Lindsay was forcibly raped. I learned Velasquez was living within the City of San Diego at the time the rape occurred. Velasquez' residence was located at 7106 Armadillo Street, in the City
and County of San Diego. Armadillo Street is well within a three (3) miles radius of the location where Lindsay was raped. Through my background investigation, I learned Velasquez' physical description matched the suspect description given to me by Lindsay. Additionally, I learned Velasquez has prior convictions for sexually related type crimes.

A biological reference sample is now needed from Velasquez for RFLP testing which will provide additional genetic information to more conclusively include or exclude Velasquez as the person who sexually assaulted Jackie Lindsay. By obtaining saliva swabs from Velasquez, forensic laboratory personnel will be able to make further comparisons to the RFLP identified in Lindsay's case. I know that comparisons can be made between fluids found on or in the victim and that of the suspect. By removing blood and saliva, laboratory personnel will be able to make comparisons with those samples taken from the suspect to those taken from the victim using DNA and/or more conventional laboratory comparisons.

I have been advised that DNA is short for deoxyribonucleic acid. DNA molecules are contained within human cells and hold the genetic 'coding' that makes each of us individually distinctive (except identical twins). While forensic DNA technology cannot yet discriminate among human beings to the same extent as fingerprint evidence, it is capable of identification within a very small percent of major populations depending on the type of analysis employed. Forensic DNA evidence has been routinely admitted in courts of California since 1989. Samples taken from the suspect as described more fully above will be compared against that found on the victim.
In removing the blood and other samples from the suspect, I will use medically accepted practices, utilize the services of a trained person in drawing the blood, and use the least amount of force necessary to collect the described evidence.

The suspect was booked into State Prison on an unrelated charge and was booked under the above described California Department of Corrections number.

I request that this declaration, the affidavit, search warrant and supporting attachments be sealed pending further order of the court. I make the request for the following reason. Without sealing, the affidavit and supporting documentation and warrant become a matter of public record within ten days. Penal Code section 1534(a).

Also, Penal Code section 293 provides that a victim of a sex offense be advised that his or her name will become a matter of public record unless he or she requests that it not become a matter of public record. The victim in this matter has not yet determined whether or not she wishes her name to become a part of the public record. If the information in these documents is not sealed, the victim's name can be revealed to anyone who wishes to examine the court files, and the victim will be denied her rights under Penal Code section 293. For this reason, I believe all information identifying the victim should remain sealed pending further order of the court.

Therefore, based on my training, experience, and the above facts, I believe that I have substantial cause to believe the above described property or a portion thereof will be on said person when the warrant is served. Based on the aforementioned information and investigation, I believe that grounds for the issuance of a search warrant exist as
set forth in Penal Code section 1524. I, the affiant, hereby pray
that a search warrant be issued for the seizure of said property, or
any part thereof, from said person at any time of the day, good cause
being shown therefore, and that the same be brought before this
magistrate or retained subject to the order of this Court.

This affidavit has been reviewed for legal sufficiency Deputy
District Attorney David J. Lattuca.

Given under my hand and dated this - day of -, 1999.

Joseph Cristinziani ID #2913
San Diego Police Department
Homicide Section

Subscribed and sworn to before me
this - day of , 1999
at a.m./p.m.

Judge of the Superior Court
Central Division
IN THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION

SEARCH WARRANT

No._________________

The People of the State of California, to any sheriff, constable, marshal, police officer, or any other peace officer in the County of San Diego: Proof, by affidavit, having been this day made before me by Joseph Cristinziani, a peace officer employed by the San Diego Police Department, that there is substantial probable cause for the issuance of the search warrant pursuant to Penal Code section 1524, you are therefore, commanded to make search at any time of the day, good cause being shown therefore, the: person known as Paul Velasquez, an Hispanic male adult having a date of birth of 01-06-70, being about 5'8" in height and 145 lbs. in weight, and is believed to be currently residing and in custody of the State of California under California Department of Corrections number E04294, located at the North Kern State Prison; at 2737 West Cecil Avenue, Delano, California; for the following property, to wit: to seize the person and take hair, blood and saliva samples sufficient for comparison purposes using the least amount of force necessary to take said samples, and, if you find the same, or any part thereof, to bring it forthwith before me at
the Superior Court of the Central Division, County of San Diego, State of California, or to any other court in which the offense in respect to which the property or things is triable, or retain such property in your custody, subject to the order of this Court, pursuant to section 1536 of the Penal Code.

Given under my hand and dated this – day of –, 1999.

Judge of the Superior Court
Central Division
**Clothing Addendum**

- Collect appropriate clothing/evidence based on patient’s history.
- Focus on clothing worn closest to genitals or areas where body fluids possibly made contact.
- If more than 1 clothing item is the same (2 shirts, etc.), list items separately and also the source of item (shirt: B, Shirt: C).
- Place each item individually in a paper bag with minimal handling. Seal bag and label.
- If clothing is wet, carefully wrap in clean, new paper. Place wrapped clothing in a paper bag and mark “wet clothing”. Notify officer that clothing is “wet”.

**Clothing Source**

- **(Source A)** Patient presented to SART wearing the same clothing worn during the assault.
- **(Source B)** Patient presented to SART wearing different clothing put on after the assault.
- **(Source C)** Patient brought in the clothing worn at time of assault and collected by SANE.
- **(Source D)** The patient provided additional clothing/evidence information during the SART exam. This information was relayed by the SAFE/SANE to law enforcement.
- **(Source E)** Pertinent clothing collected by law enforcement officer prior to victim’s SART exam.
- **(Source F)** Suspect clothing collected by SANE. (Source not needed)

### Describe Appearance of Clothing

- Non-remarkable: N/R, appears intact
- Appearance: dirty, torn, stained, cut, missing buttons, stretched out elastic, odor
- Foreign Material: grass, dirt, fibers, debris, glass, dry or moist stains, hairs

<table>
<thead>
<tr>
<th>Clothing Item</th>
<th>Check box(s)</th>
<th>Source</th>
<th>Non-remarkable: N/R, appears intact</th>
<th>Appearance: dirty, torn, stained, cut, missing buttons, stretched out elastic, odor</th>
<th>Foreign Material: grass, dirt, fibers, debris, glass, dry or moist stains, hairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bra</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underpants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undershirt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shirt/Top</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pants/Shorts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress/Skirt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacket/Sweater</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socks (1 or 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoes (1 or 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nylons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments**

**Photographs Taken of Clothing**  □ No  □ Yes

**Examiner Signature:** ____________________________  **Date:** __________

**Clothing Addendum**