

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

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

CAL OES 2-923

July 2018



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

California Clinical Forensic Medical Training Center
(916) 930-3080 or www.ccfmtc.org

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

STATE OF CALIFORNIA

Governor's Office of Emergency Services

Cal OES 2-923

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of medical facility:

1. Name of patient

Patient ID number

2. Address

City

County

State

Telephone

(C)

(W)

3. Age

DOB

Gender

M

F

Ethnicity

Arrival date

Arrival time

Discharge date

Discharge time

B. REPORTING AND AUTHORIZATION

Jurisdiction (City County Other):

1. Telephone report made to law enforcement agency

Reported by:

Name of Officer

Agency

ID Number

Telephone

Name

Date

Time

2. Responding Officer

Agency

ID Number

Telephone

3. I request a forensic medical examination for suspected sexual assault at public expense.

TELEPHONE AUTHORIZATION

Agency:

Authorizing party:

ID number:

Date/Time:

Law Enforcement Officer

ID Number

Agency

Telephone

Date

Time

Case Number

C. PATIENT INFORMATION

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

The report must state the name of the injured person, current whereabouts, and the type and extent of injuries.

_____ (initial)

D. PATIENT CONSENT

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

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

_____ (initial)

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.
- I hereby consent to a forensic medical examination for evidence of sexual assault.

_____ (initial)

_____ (initial)

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

_____ (initial)

Signature _____

Patient

Parent

Guardian

DISTRIBUTION OF CAL OES 2-923

Original—Law Enforcement

Copy within Evidence Kit—Crime Lab

Copy—Child Protective Services (if patient is a minor)

Copy—Medical Facility Records

E. PATIENT HISTORY

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

2. Pertinent medical history

Are you menstruating now? [] No [] Yes [] Unsure
Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? [] No [] Yes
If yes, describe:
Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? [] No [] Yes
If yes, describe:
Any pre-existing physical injuries? [] No [] Yes
If yes, describe:

3. Pertinent pre- and post-assault related history

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

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

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

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

5. Assault-related history

Loss of memory?* [] No [] Yes
If yes, describe:
Lapse of consciousness?* [] No [] Yes
If yes, describe:
* If yes, follow Loss of Awareness Protocol (see Cal OES 2-923 instructions for page 5)
Vomited? [] No [] Yes
If yes, describe:
Non-genital injury, pain, and/or bleeding? [] No [] Yes
If yes, describe:
Anal-genital injury, pain, and/or bleeding? [] No [] Yes
If yes, describe:

Patient Identification

F. ASSAULT HISTORY

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

2. Pertinent physical surroundings of assault(s)

Table with 5 columns: Alleged assailant(s) name(s), Age, Gender, Ethnicity, Relationship to Patient. Relationship to Patient has sub-columns for Known and Unknown. Rows #1-#4.

4. Methods employed by assailant(s)

Weapons? [] No [] Yes
Threatened? [] No [] Yes
If yes, describe:
Injuries inflicted? [] No [] Yes
If yes, describe:
Type(s) of weapons? [] No [] Yes
If yes, describe:
Physical blows? [] No [] Yes
If yes, describe:
Grabbing/holding/pinching? [] No [] Yes
If yes, describe:
Physical restraints? [] No [] Yes
If yes, describe:
Strangulation/choking? [] No [] Yes
If yes, describe:
Burns (thermal and/or chemical)? [] No [] Yes
If yes, describe:
Threat(s) of harm? [] No [] Yes
If yes, describe:
Target(s) of threat(s)? [] No [] Yes
If yes, describe:
Other methods? [] No [] Yes
If yes, describe:
Involuntary ingestion of alcohol/drugs [] No [] Yes [] Unsure
If yes, [] Alcohol [] Drugs
If yes, [] Forced [] Coerced [] Suspected

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

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

[] No [] Yes If yes, describe injuries, possible locations on the body, and how they were inflicted:

G. ACTS DESCRIBED BY PATIENT

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

Patient Identification

1. Penetration of vagina

- By penis? No Yes Attempted* Unsure*
- By finger? No Yes Attempted* Unsure*
- By object? No Yes Attempted* Unsure*

If yes, describe the object: _____

*Describe: _____

2. Penetration of anus

- By penis? No Yes Attempted* Unsure*
- By finger? No Yes Attempted* Unsure*
- By object? No Yes Attempted* Unsure*

If yes, describe the object: _____

*Describe: _____

3. Oral copulation of genitals

- Of patient by assailant No Yes Attempted* Unsure*
- Of assailant by patient No Yes Attempted* Unsure*

*Describe: _____

4. Oral copulation of anus

- Of patient by assailant No Yes Attempted* Unsure*
- Of assailant by patient No Yes Attempted* Unsure*

*Describe: _____

5. Non-genital act(s)

- Licking No Yes Attempted* Unsure*
- Kissing No Yes Attempted* Unsure*
- Suction injury No Yes Attempted* Unsure*
- Biting No Yes Attempted* Unsure*

*Describe: _____

6. Other act(s)

- No Yes Attempted* Unsure*

*Describe: _____

7. Did ejaculation occur?

- No Yes Unsure*

- If yes, note location(s)
- Mouth On clothing
- Vagina On bedding
- Anus/Rectum Other
- Body surface

*Describe: _____

8. Contraceptive or lubricant products

- Saliva? No Yes Unsure
- Foam used? No Yes* Unsure
- Jelly used? No Yes* Unsure
- Lubricant used? No Yes* Unsure
- Condom used? No Yes* Unsure

*Describe type/brand, if known: _____

H. GENERAL PHYSICAL EXAMINATION

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

1. Blood pressure	Pulse	Resp.	Temp.	2. Exam Started	Completed
				Date & Time	Date & Time
3. Describe general physical appearance			4. Describe general demeanor		

Patient Identification

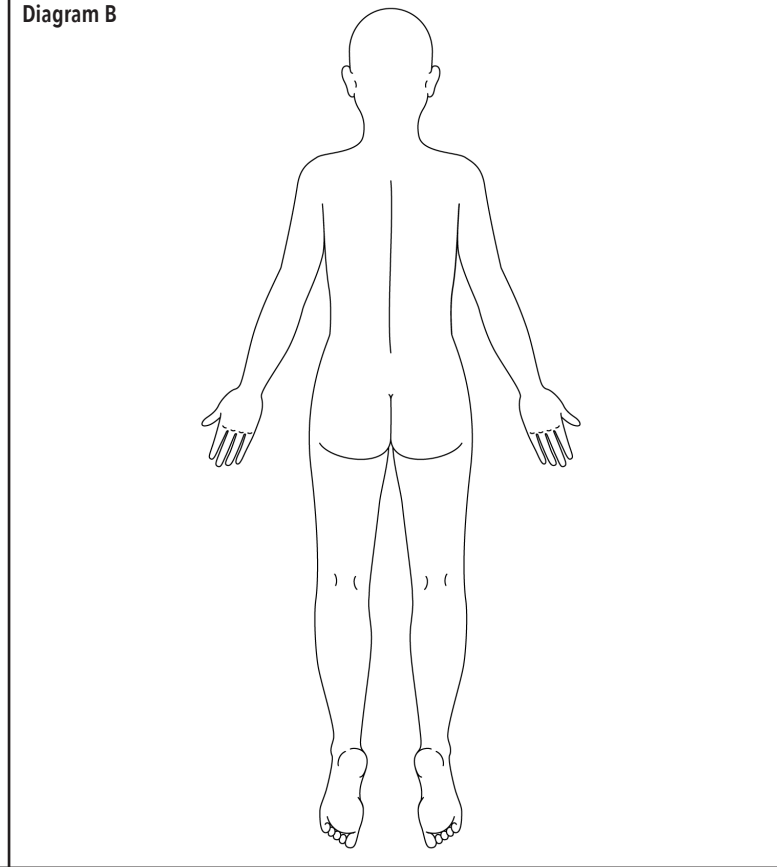
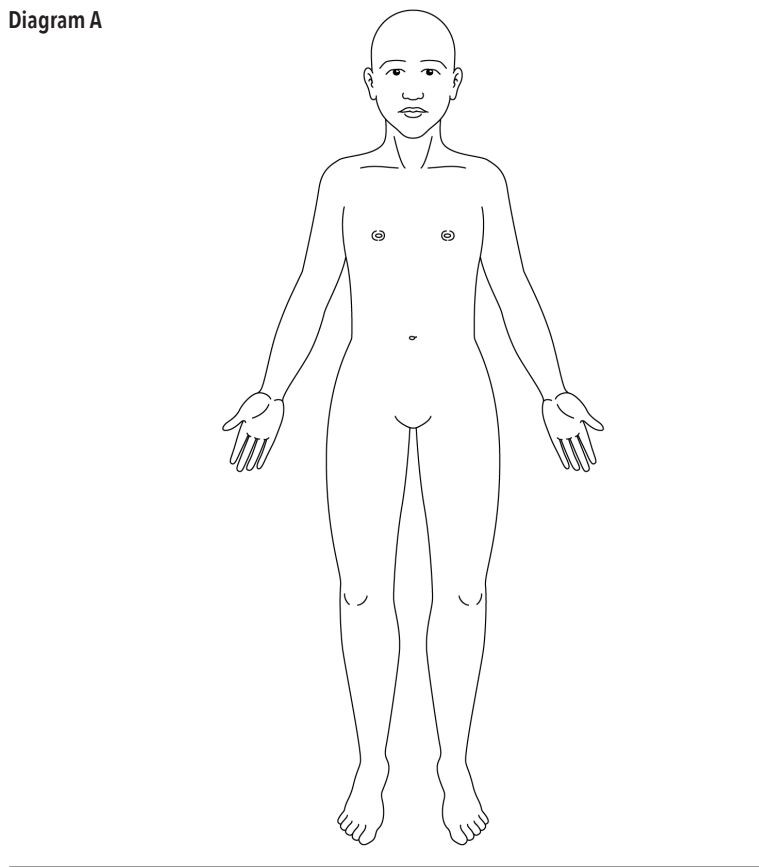
5. Describe condition of clothing upon arrival

6. Collect outer and under clothing if indicated Not Indicated **7. Conduct a physical examination** Findings No Findings

8. Collect dried and moist secretions, stains, and foreign materials from the body Body Collection(s) Done No Body Collection

Scan the entire body with an ALS (Alternate Light Source) and indicate ALS⊕ if there are findings Findings No Findings

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



LEGEND: TYPES OF FINDINGS

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

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

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

1. Examine face, head, hair, scalp, and neck for injury and foreign materials

Findings No Findings

2. Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck

Collection Done
 No Collection

Scan areas with an Alternative Light Source (ALS) Indicate ALS⊕ if there are findings.

Findings No Findings

Patient Identification

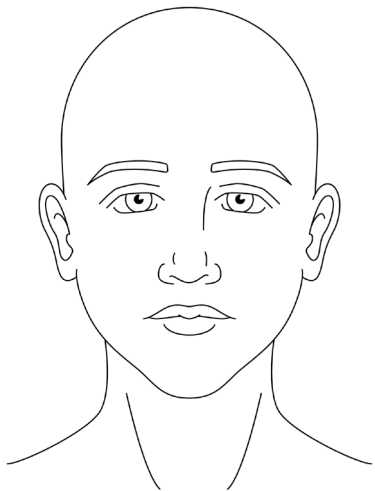
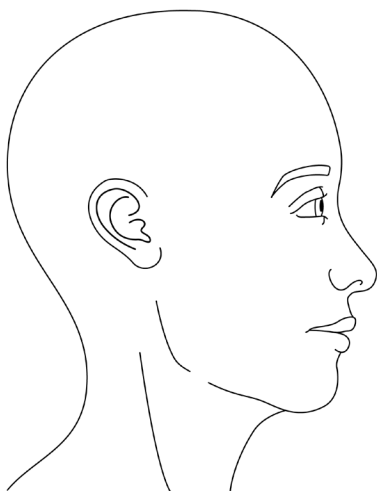
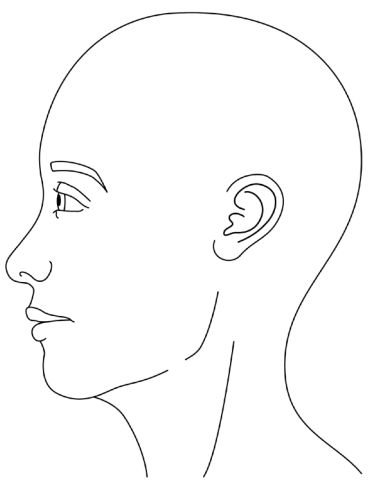
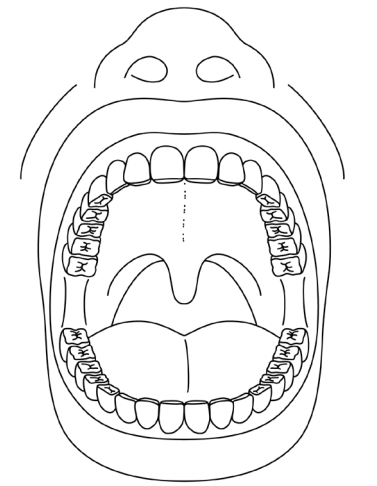
3. Examine the oral cavity for injury and foreign materials

Collect foreign materials.

Findings No Findings

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

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

<p>Diagram C</p> 	<p>Diagram D</p> 
<p>Diagram E</p> 	<p>Diagram F</p> 

LEGEND: TYPES OF FINDINGS

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

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit	Other clothing placed in bags

2. Foreign materials collected

Swabs/suspected blood No Yes Collected by: _____

Dried secretions No Yes Collected by: _____

Fiber/loose hairs No Yes Collected by: _____

Vegetation No Yes Collected by: _____

Soil/debris No Yes Collected by: _____

Swabs/suspected semen No Yes Collected by: _____

Swabs/suspected saliva No Yes Collected by: _____

Swabs/ALS⊕ areas No Yes Collected by: _____

Fingernail swabbings No Yes Collected by: _____

Matted hair cuttings No Yes Collected by: _____

Pubic hair brushings No Yes Collected by: _____

Absent

Intravaginal foreign body No Yes Collected by: _____

If yes, describe: _____

Other types No Yes Collected by: _____

If yes, describe: _____

3. Other body surface and cavity evidence swabs

	# of swabs	Not applicable	Collected by
Oral			
Perioral			
Neck			
Breasts			
Mons pubis			
Vaginal			
Cervical			
Perianal			
Anal			
Rectal			
Penile			
Scrotal			

M. TOXICOLOGY SAMPLES

Blood-alcohol/toxicology (gray stoppered tube)

No Yes Time: _____ Collected by: _____

Urine toxicology

No Yes Time: _____ Collected by: _____

N. REFERENCE SAMPLES

Collect a buccal swab for DNA reference sample

No Yes Collected by: _____

Head hair, only if indicated

No Yes Collected by: _____

Pubic hair, only if indicated

No Yes Collected by: _____

Patient Identification

O. PHOTO DOCUMENTATION METHODS

Body No Yes Colposcope Digital Camera/Macrolens

Colposcope/Videocamera Other Optics: _____

Genitals No Yes Colposcope Digital Camera/Macrolens

Colposcope/Videocamera Other Optics: _____

Photographed by: _____

P. RECORD EXAM METHODS

Colposcopy No Yes Toluidine Blue Dye No Yes

Other magnifier No Yes Anoscopic exam No Yes

Other No Yes

Loss of Awareness Protocol No Yes

If yes, describe: _____

Q. RECORD EXAM FINDINGS

Physical findings No physical findings

R. SUMMARIZE POSITIVE FINDINGS

S. PRINT NAMES OF PERSONNEL INVOLVED

History taken by: _____ Phone: _____

Exam performed by: _____ Phone: _____

Specimens labeled/sealed by: _____ Phone: _____

Assisted by: N/A _____ Phone: _____

Primary examiner: _____ Phone: _____

Signature: _____ License #: _____

T. EVIDENCE DISTRIBUTION

Clothing (item(s) not placed in evidence kit) Given to: _____

Evidence kit Given to: _____

Blood-alcohol samples Given to: _____

Urine toxicology samples Given to: _____

Buccal swab for DNA reference sample Given to: _____

Head or pubic hair reference samples Given to: _____

(only if indicated)

U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: _____

Print name: _____ ID#: _____

Agency: _____

Date: _____ Phone: _____