

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

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

CAL OES 2-924

July 2019



For copies of this form or assistance in completing
the Cal OES 2-924, please contact

California Clinical Forensic Medical Training Center
www.ccfmtc.org

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

STATE OF CALIFORNIA

Governor's Office of Emergency Services

Cal OES 2-924

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of Medical or Examination Facility

1. Name of Patient

Patient ID Number

Date

Time

B. REPORTING AND AUTHORIZATION

1. Jurisdiction (City County Other)

Location of assault: _____ Patient refused to disclose or unable to disclose

2. Mandatory telephone report made to law enforcement agency per Penal Code § 11160

Yes No

Name of Officer

Agency

ID Number

Telephone

Reported by (name)

Date

Time

3. Responding Officer

Agency

ID Number

Telephone

Not applicable

4. Acknowledgment of Mandatory Reporting Law for Health Care Professionals by Patient

____ (initial)

I understand that Penal Code sections 11160-11161 require health care professionals to make both a telephone and written report to a law enforcement agency if they provide medical services for a physical condition to a patient whom he or she knows or reasonably suspects is suffering from any wound or other physical injury where the injury is a result of assaultive or abusive conduct. Sexual assault statutes are listed in this mandate and include, but are not limited to: rape, attempted rape, assault to commit rape, oral copulation, sodomy, and sexual battery. "Sexual battery" is defined as touching the intimate part of another person against the person's will. "Touching" is defined as physical contact with another person, whether accomplished directly through the clothing or physical contact with the skin of another person against a person's will. Submit the Cal OES 2-920 Suspicious Injury Report Form to comply with the written report requirement.

Use the patient's name and the Suspicious Injury Report Case Number (also called Agency Incident Number) given by the law enforcement agency as identifying information for the Cal OES 2-920, the Cal OES 2-924, and the evidence kit. Consult with your local district attorney's office if you have questions about this statute. Both the Cal OES 2-920 and 2-924 can be downloaded from www.ccfmtc.org or www.oes.ca.gov. Also enter this identifying number on the patient discharge instructions.

Suspicious Injury Report Case Number (also called Agency Incident Number) obtained from the law enforcement agency: _____

Alternate Case Number (per local protocol) if incident is not consistent with mandatory reporting laws (see instructions): _____

C. INFORMED PATIENT CONSENT FOR VAWA ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

____ (initial)

1. In accordance with the Violence Against Women Act (VAWA) of 2005 (42 U.S.C. § 3796gg-4(d)), states and territories may not "require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam." VAWA exams provide individuals who have been reportedly sexually assaulted access to a Sexual Assault Forensic Medical Exam (SAFE) with 120 hours of the reported assault without engaging with law enforcement.

____ (initial)

2. By delaying an interview and not engaging with law enforcement at this time, the following may occur:

- A VAWA Sexual Assault Forensic Medical Exam will be conducted, but the evidence kit may not be analyzed by the crime lab depending on local policy.
- Other evidence that would normally be collected by law enforcement will be permanently lost.
- Suspects and witnesses will not be interviewed; they may not be identifiable, located, or willing to cooperate at a later time.
- It may be more difficult, if not impossible, for a prosecutor to file charges against a suspect.
- I may or may not be eligible for California Victim Compensation funds to pay for out-of-pocket expenses relating to this crime, including counseling, out-of-pocket medical expenses for medical evaluation and treatment, moving expenses, and lost wages by not cooperating with law enforcement, per state law.

____ (initial)

3. If I decide instead to engage with law enforcement at this time, the benefits will include: Law enforcement will have an opportunity to collect evidence from the crime scene(s) and interview suspect(s) and witnesses in a timely manner, and the sexual assault evidence kit will be analyzed.

____ (initial)

4. I do not want to be interviewed at this time by law enforcement, and request a VAWA Sexual Assault Forensic Medical Exam.

____ (initial)

5. I understand that I will NOT be billed for this exam per Violence Against Women Act (VAWA) of 2005, 42 U.S.C. § 3796gg-4(d).

____ (initial)

6. After a Sexual Assault Forensic Medical Exam is performed, law enforcement will transport the evidence collected to storage, and law enforcement will store this evidence. If the law enforcement agency intends to destroy or dispose of rape kit evidence or other crime scene evidence from an unsolved sexual assault case, victims shall be given written notification by law enforcement.

____ (initial)

7. I understand that medication is available to decrease the risk of pregnancy and/or sexually transmitted diseases that may occur as a result of the sexual assault. The SAFE can provide you with a referral for this follow-up medical care, if needed.

____ (initial)

8. Material from the exam, including photographs, may be used without identifiers for education and scientific purpose.

I have read and understand all of the above and consent to a VAWA Sexual Assault Forensic Medical Exam.

Patient's Name (please print)

Signature

Date

D. 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

E. 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:

F. 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: _____

G. 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)

Diagram A

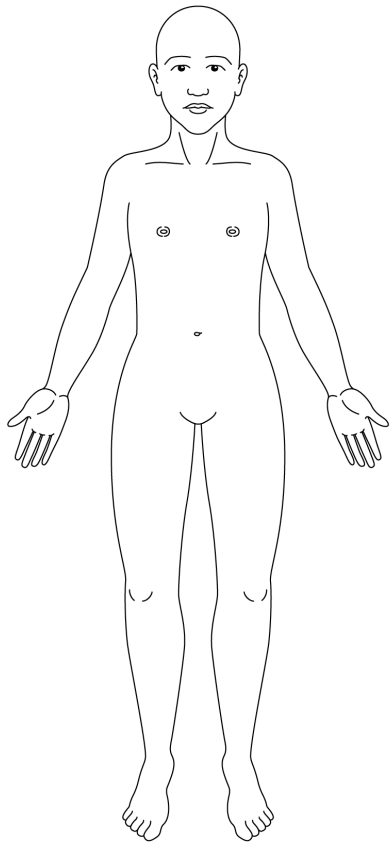
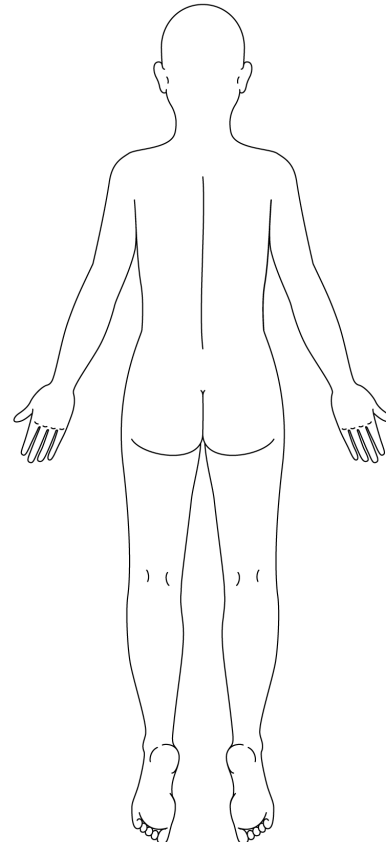


Diagram B



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

H. 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

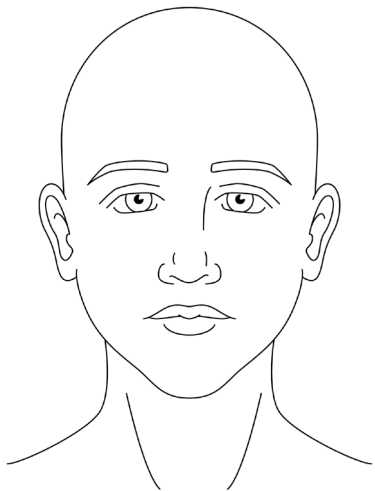
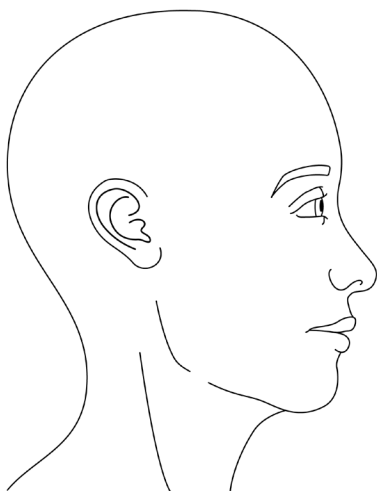
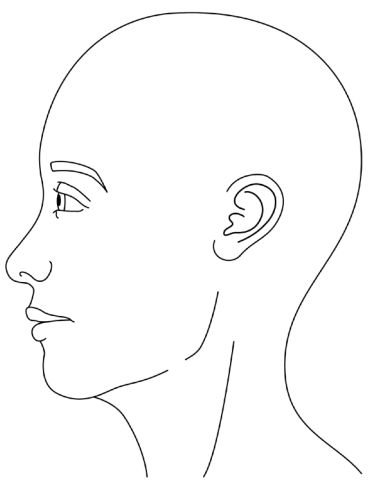
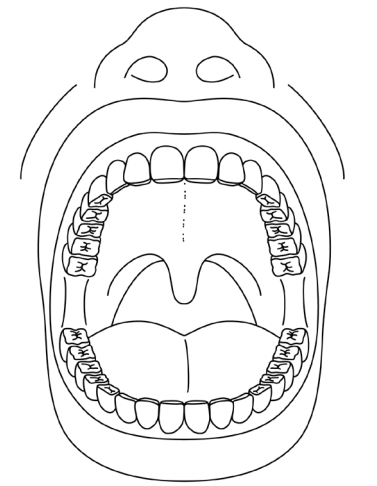
3. Examine the oral cavity for injury and foreign materials

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

K. 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	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Dried secretions	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Fiber/loose hairs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Vegetation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Soil/debris	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Swabs/suspected semen	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Swabs/suspected saliva	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Swabs/ALS⊕ areas	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Fingernail swabbings	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Matted hair cuttings	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
Pubic hair brushings	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
<input type="checkbox"/> Absent		
Intravaginal foreign body	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collected by: _____
If yes, describe: _____		
Other types	<input type="checkbox"/> No <input type="checkbox"/> 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			

L. TOXICOLOGY SAMPLES

Blood-alcohol/toxicology (gray stoppered tube)
 No Yes Time: _____ Collected by: _____

Urine toxicology
 No Yes Time: _____ Collected by: _____

M. 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

N. 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: _____

O. 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: _____

P. RECORD EXAM FINDINGS

Physical findings No physical findings

Q. SUMMARIZE POSITIVE FINDINGS

R. 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 #: _____

S. 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)

T. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: _____

Print name: _____ ID#: _____

Agency: _____

Date: _____ Phone: _____