

State of California
Office of Emergency Services
(www.oes.ca.gov)

**FORENSIC MEDICAL REPORT:
ABBREVIATED
ADULT/ADOLESCENT SEXUAL ASSAULT
INSTRUCTIONS**

CAL OES 2-924



For copies of this form or assistance in completing the Cal OES 2-924, please contact
California Clinical Forensic Medical Training Center:
(916) 930-3080 or
Contact Us @ www.ccfmtc.org

Cal OES 2-924

Forensic Medical Report: Abbreviated Adult/Adolescent Sexual Assault Examination Instructions

REQUIRED USE OF STANDARD STATE FORM:

Penal Code Section 13823.5(c) requires that every health care practitioner, who conducts a medical examination of a sexual assault or a child sexual abuse victim for evidence of sexual assault or sexual abuse, must use a standard form to record findings. This form is intended to document forensic findings and, as such, is not a complete medical treatment record.

SUGGESTED USE OF THE STANDARD STATE FORMS: FOLLOW LOCAL POLICY.

Cal OES 2-923	<ul style="list-style-type: none"> History of acute sexual assault (<72 hours) Examination of adults (age 18 and over) and adolescents (ages 12-17) Used for exams of victims choosing to engage and participate with law enforcement 	Key terms for Sexual Assault or Sexual Abuse Exams	
Cal OES 2-924	<ul style="list-style-type: none"> History of acute sexual assault (no time limitations) Examination of adults (age 18 and over) and adolescents (ages 12-17) Used for exams of victims not choosing to engage and participate with law enforcement 	Acute	Less than 72 hours have passed since the incident (<72 hours)
Cal OES 2-925	<ul style="list-style-type: none"> History of nonacute sexual abuse (>72 hours) Examination of children and adolescents under age 18 	Nonacute	More than 72 hours have passed
Cal OES 2-930	<ul style="list-style-type: none"> History of acute sexual abuse or sexual assault (<72 hours) Examination of children under age 12 	These terms are used to describe timeframes, not rigid standards. This is not to suggest that after 72 hours an exam should not be done. It is not unusual to detect injuries or possible trace and biological evidence after 72 hours.	
Cal OES 2-930	<ul style="list-style-type: none"> History of chronic sexual abuse (incest) and recent incident (<72 hours) Examination of children and adolescents under age 18 		
Cal OES 2-950	<ul style="list-style-type: none"> Examination of person(s) suspected of sexual assault or sexual abuse 		

INSTRUCTIONS FOR CAL EMA 2-924

These instructions contain the recommended methods for meeting the minimum legal standards established by Penal Code Section 13823.11 for performing evidentiary examinations and collection of perishable evidence for the Abbreviated Adult/Adolescent Sexual Assault Examination.

LIABILITY AND RELEASE OF INFORMATION:

This medical report is subject to the confidentiality requirements of the Medical Information Act (Civil Code Sec. 56 et seq.), the Physician-Patient Privilege (Ev. Code Sec. 990), and the Official Information Privilege (Ev. Code Sec. 1040). It can only be released to those involved in the investigation and prosecution of the case: a law enforcement officer, district attorney, city attorney, crime laboratory, county licensing agency, and coroner. Records may be released to the defense counsel only through discovery of documents in the possession of a prosecuting agency or after the appropriate court process (i.e., judicial review and a court order).

Complete this report in its entirety. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.	Patient identification: This space is provided for hospitals and clinics using plastic plates for stamping identification information.
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A. GENERAL INFORMATION

- Print or type the name of the facility where the examination was conducted.
- Enter the patient's name and identification number (if applicable), today's date, and time this part of the examination started.

B. MANDATORY REPORTING RESPONSIBILITY

- Indicate jurisdiction where the incident(s) occurred. Document whether the patient refused to disclose or does not know the location of the assault.
- If a telephone report was made to a law enforcement agency, enter the name, agency, identification and telephone number of the officer who took the report, the name of person making the report, and the date and time. Obtain a Mandatory Report Case Number (also called Agency Incident Number) and enter this number on the form.
- If the patient was accompanied by a law enforcement officer or a patrol officer responded to your facility, enter the officer's name, agency, identification number, and the telephone number of the agency.
- Request patient to initial acknowledgement of Mandatory Reporting Law for healthcare professionals. Record the Mandatory Report Case Number (also called Agency Incident Number) obtained from law enforcement agency after making telephone report, enter this number on the Cal OES 2-920, Cal OES 2-924, and the sexual assault evidence kit NOT the patient's name. Also enter this number on the patient discharge instructions. If the patient ever wants to activate the case, this is an important reference number. If in your professional opinion, the patient history does not require compliance with the statutory Mandatory Reporting Law, develop an alternate numbering identification protocol for your jurisdiction for these cases in conjunction with your local crime laboratory and the District Attorney's Office. A Mandatory Report Case Number (also called Agency Incident Number) **OR** an Alternate Case Number is needed by law enforcement agencies for reimbursement from the State of California for the Cal OES 2-924 exam.

C. INFORMED CONSENT FOR ABBREVIATED SEXUAL ASSAULT FORENSIC MEDICAL EXAM

Family Code Section 6927 permits minors (12-17 years of age) to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Family Code Section 6928 requires health care professionals to attempt to contact the minor's parent or legal guardian and to note in the minor's treatment record the date and time the attempted contact was made, including whether the attempt was successful or unsuccessful. This provision is not applicable when the health professional reasonably believes the parent(s) or guardian committed the sexual assault on the minor.

- Explain to the patient that the Violence Against Women Act (VAWA) created a new right for sexual assault victims. They may request and receive a forensic sexual assault medical examination without cooperating with law enforcement. See www.ccfmfc.org website for an Informational Bulletin FAQs (Frequently Asked Questions) developed for California.
- Explain the implications for victims requesting not to engage with law enforcement, and the use the Cal OES 2-924 form for this examination which involves the collection of perishable evidence only.
- For victims deciding to cooperate and engage with law enforcement, use the Cal OES 2-923 form for the examination.
- If the patient decides not to engage with law enforcement, ask them to initial this item.
- Explain to the patient that victims cannot be billed directly or indirectly for these exams.
- Explain that standard pick-up and transportation procedures for the evidence kit will be used and evidence will be stored for 2 years. Explain to the patient that after 2 years the evidence kit will be destroyed. Law enforcement will need a current address on file to give the required 60 day notice.
- Explain to the patient that medication is available to reduce the risk of pregnancy and/or sexually transmitted disease; and the SAFE examiner will provide referrals for follow up medical care because these matters require prompt attention.
- Explain to the patient that information from the exams, including photographs without identifiers will be used for education and scientific purpose.

- D. PATIENT HISTORY: FORENSIC MEDICAL EXAMINATION QUESTIONNAIRE TO BE COMPLETED BY PATIENT
PAGES 2 & 3 OF THE Cal OES 2-924FORM**
Request patient to complete these pages and inform patient to leave items blank, if she or he does not understand the wording. Only permit the Sexual Assault Forensic Examiner to explain the items to the patient. This is not an appropriate role for a rape crisis center advocate or law enforcement officer.

E. GENERAL PATIENT INFORMATION (Print or type)

1. Record the patient's name and identification number (if applicable).
2. Record the patient's address and telephone numbers.
 - This information is confidential. Every effort must be made to protect the privacy and safety of the patient.
3. Record the patient's age, date of birth, gender, ethnicity, and date/time patient arrived at the facility and was discharged from the facility.

F. GENERAL PHYSICAL EXAMINATION: COLLECT AND PRESERVE EVIDENCE. RECORD FINDINGS.

1. Record blood pressure and pulse. Record the date and time that the history and examination process was started and completed including evidence management.
2. Indicate whether the patient was able to cooperate with the exam: mark yes or no. If no, explain.
3. Collect clothing nearest to the genital structures (panties and underwear).
 - Wear gloves while collecting clothing.
 - Package each garment in an individual paper bag, label, and seal.
 - Wet stains or other wet evidence require special handling. Consult local policy.
 - According to local policy, these items may be placed in the evidence kit.
 - Instruct patient to keep the other clothing without washing it, and to store it in a paper bag until he or she makes a decision about reporting to law enforcement.
4. Conduct a physical examination for findings relevant to assault. (Mark if there are any injuries and/or foreign materials)

Physical Findings: A physical finding includes observable or palpable tissue injuries, physiologic changes, or foreign material (e.g. grass, sand, stains, dried or moist secretions, or positive fluorescence). If none of the above are present, mark "No Findings".

- Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, and burns.
- Note areas of tenderness or induration.

DOCUMENTATION OF INJURIES AND FINDINGS USING DIAGRAMS AND LEGEND

	Locator #	Type	Description
<ul style="list-style-type: none">• Record size and appearance of injuries and other findings using the diagrams, the legend, and a consecutive numbering system• Bruises: describe shape, size, and color.• Use the legend to list and describe the injury/finding drawn on the diagram. Show the diagram letter followed by the finding number. Use the abbreviations in the legend to describe the type of finding. Example: A-1, EC 2x3cm red/purple indicates that the first finding on Diagram A is an ecchymosis (bruise) that is red/purple in color and 2x3 centimeters in size. See example on right.	A-1	EC	2x3 cm red/purple
	A-2	OS	Dried secretion
	A-3	CS	Control swab

5. Collect samples per patient history and per Wood's Lamp
 - Collect dried and moist secretions, stains (including semen, bloodstains, saliva from bites, suction injury [hickey], licking, and kissing), and foreign materials from the body.
 - Scan the entire body with a Wood's Lamp (long wavelength ultraviolet light) or other alternate light source. Note fluorescent area(s) on the diagrams and record in legend as WL[⊕].
 - Swab moist secretions with a dry swab to avoid dilution. Label and air dry before packaging.
 - Swab dried stains and/or Wood's Lamp positive area(s) with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
 - Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
 - Record all findings on the diagrams and the legend as shown above.
 - Use the legend locator number to label evidence collection envelopes.
 - Record the locations of swab collection sites and control swabs.
 - Photograph injuries and other findings according to local policy.
 - Use proper forensic photographic techniques.
 - Use an appropriate light source and a scale near the finding.
 - Note: The plane of the film must be parallel to the plane of the finding.
 - Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation.
 - Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
6. Collect fingernail scrapings or cuttings according to local policy.
 - Use clean toothpicks or manicure sticks to collect scrapings from under the fingernails. Place scrapings from each hand into separate containers or bindles, then place into envelopes. Label (indicating right or left hand) and seal; OR
 - Use a clean fingernail cutter or scissors to cut the fingernails, and place the cuttings from each hand into separate containers or bindles. Package and label as above.
7. Collect 2 swabs from the oral cavity up to 24 hours post assault, if indicated per history, or if no or incomplete history.
 - Give special focus to frenulums, buccal surfaces, gums, and soft palate.
 - Record injuries, foreign materials, and other findings using the diagrams and legend.
 - Photograph injuries and other findings according to local policy. A colposcope may be used.
 - Collect foreign materials found in the oral cavity, e.g. hair. Package, label, and seal.
 - Swab the gum to the tonsillar fossae, the upper first and second molars, behind the incisors, and the fold of the cheek (buccal space).
 - Label and air dry swabs. Package, label, and seal.

G. GENITAL EXAMINATION - FEMALES

Advisory: Record observations, take colposcopic photographs, and collect swabs before using the visualization enhancement Toluidine Blue Dye.

1. **Examine the inner thighs, external genitalia, and the perineal area for injury, foreign materials, and other findings.**
Check the appropriate boxes if there are assault related findings.
 - Use a colposcope, if available, or employ other means of magnification.
 - Record size and appearance of injuries, foreign materials, and other findings using the diagrams, the legend, and a consecutive numbering system. Note swelling and areas of tenderness and induration.
 - Use the legend to help identify and describe the findings drawn on the diagrams. Example: D-5 LA 1.5 centimeter means Diagram D finding #5 is a laceration 1.5 centimeters long.
 - Photograph injuries and other findings according to local policy.
2. **Collect dried and moist secretions, stains and foreign materials.**
 - **Scan** the area with a Wood's Lamp (long wavelength ultraviolet light) or other alternate light source. Note fluorescent area(s) on the diagrams and record in legend as WL[⊕].
 - **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
 - **Swab dried stains and/or Wood's Lamp positive areas** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
 - **Collect** foreign materials such as fibers, sand, hair, grass, soil and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
 - **Cut** matted pubic hairs bearing crusted material and place in a bindle. Package, label, and seal.
 - **Record** all findings on the diagrams and legend.
 - Use the legend locator number to label evidence collection envelopes.
 - Record the locations of swab collection sites and control swabs.
3. **Examine the vagina and cervix for injury, foreign materials, foreign bodies (tampon, condom, etc.) and other findings. Check the appropriate boxes if there are assault related findings. Record findings using the legend and diagrams.**
 - Collect foreign materials and foreign bodies. Allow foreign bodies to dry for at least one hour. If any item is still wet, package and handle as "wet evidence". Consult local policy.
 - Use a non-lubricated warm speculum moistened with water.
 - Use a colposcope, if available, or employ other means of magnification.
4. **Collect 4 swabs from the vaginal pool.**
 - Hold the swabs together as a unit and insert them into the vaginal pool at the same time. Rotate the swabs as a unit in the vaginal vault to ensure uniform sampling. Allow adequate time for saturation of the swabs. Separate the swabs before drying.
 - Air dry, package, label, and seal.
5. **Collect two cervical swabs.**
 - Label the swabs so it is clear that these are cervical, not vaginal swabs. Air dry, package, label, and seal.

H. GENITAL EXAMINATION - MALES

Advisory: Record observations, take colposcopic photographs, and collect swabs before using the visualization enhancement Toluidine Blue Dye.

1. **Examine the inner thighs, external genitalia, and perineal area for injury, foreign materials, and other findings. Check the appropriate box(es) if there are assault related findings.**
 - Use a colposcope, if available, or employ other means of magnification.
 - Record size and appearance of injuries, foreign materials, and other findings using the diagrams, the legend, and a consecutive numbering system. Note swelling and areas of tenderness and induration.
 - Use the legend to help identify and describe the findings drawn on the diagrams. Example: H-7 LA 1.5 centimeters means Diagram H finding #7 is a laceration 1.5 centimeters long.
 - Photograph injuries and other findings according to local policy.
2. **Record whether circumcised or not.**
3. **Collect dried and moist secretions, stains, and foreign materials.**
 - **Scan** the area with a Wood's Lamp (long wavelength ultraviolet light) or other alternate light source. Note fluorescent area(s) on the diagrams and record in legend as WL.
 - **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
 - **Swab dried stains and Wood's Lamp positive areas** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package separately from the evidence sample.
 - **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
 - **Cut** matted pubic hairs bearing crusted material and place in a bindle. Package, label, and seal.
 - **Record** all findings on the diagrams and legend.
 - Use the legend locator number to label evidence collection envelopes.
 - Record the locations of swab collection sites and control swabs.
4. **Collect 2 penile swabs, if indicated by the assault history, e.g., if the suspect orally copulated the male victim.**
 - Hold the swabs together as a unit and swab the glans, shaft, and base of the penis with a rotating motion to ensure uniform sampling. Avoid swabbing the urethral meatus. Use swabs moistened with sterile, deionized, or distilled water for these swabbings. Air dry, package, label, and seal.
5. **Collect 2 scrotal swabs, if indicated by the assault history, e.g. if the suspect orally copulated the victim.**
 - Hold the swabs together as a unit and swab the scrotum in a rotating motion, focusing on the area that is in closest proximity to the penis. Use swabs moistened with sterile, deionized, or distilled water. Air dry, package, label, and seal.

I. ANAL AND RECTAL EXAMINATION (Conduct exam if indicated by assault history.)

1. **Examine the buttocks, perianal skin, and the anal folds for injury, foreign materials, and other findings. Check the appropriate boxes if there are assault related findings. Record findings using the legend and diagrams.**
 - Use a colposcope, if available, or employ other means of magnification.
 - Photograph injuries and other findings according to local policy.
2. **Collect dried and moist secretions, stains, and foreign materials. Foreign materials may include lubricants.** Collect samples and record findings using the techniques described above under **H #3, Genital Examination.**
3. **Collect 2 anal and/or rectal swabs.**
 - To avoid contaminating anal/rectal swabs, clean the perianal area thoroughly. This should be done after the external secretions and foreign materials have been collected.
 - An anoscope moistened with warm water may be used for this exam. Obtain the samples under direct visualization from above the tip of the instrument.
 - Label and air dry the swabs.
4. **Conduct an anoscopic exam if rectal injury is suspected, if there is any sign of rectal bleeding or external injury, or if indicated by history.**
 - Check the box if there is rectal bleeding and describe findings.
5. **Record exam position used to ensure proper orientation and location of findings on the photographs.**

All swabs must be air dried prior to packaging (Penal Code Section 13823.11). Air dry in a stream of cool air for 60 minutes. Only place samples from one patient at a time in the swab drying box. Wipe or spray the swab drying box with 10% bleach before each use.

Labeling requirements: Swabs, bindles, and small containers must be individually labeled with the patient's name and sample source. Containers for these individual items must be labeled with the name of the patient, date of collection, description of the evidence including location from which it was taken, and signature or initials of the person who collected the evidence. Include the legend locator number, if the legend was used to document the location from which the evidence was collected. Package containers in a Sexual Assault Evidence Collection Kit and record the chain of custody.

J. RECORD ALL EVIDENCE COLLECTED AND SUBMITTED TO THE CRIME LABORATORY

1. Record all items of clothing collected.
2. Record all foreign materials collected and the name of the person who collected them.
 - **Note:** An intravaginal foreign body may include a tampon, diaphragm, condom, etc.
 - Consult the local crime laboratory for packaging recommendations for foreign bodies.
3. Record information about the oral/genital/anal/rectal samples.
 - Record the number of swabs collected, the time collected, and the person who took the samples.

K. TOXICOLOGY SAMPLES

- Collect samples for blood alcohol/toxicology at the discretion of the examiner in accordance with local policy.
- Cleanse the arm with a non-alcoholic solution and collect 5cc of blood in a gray stoppered evacuated vial. Label vial and envelope and seal.
- Up to 96 hours after suspected ingestion of drugs, collect a urine specimen (100cc) in a clean container. It is important to collect the first available sample.

L. RECORD PHOTO DOCUMENTATION METHODS

- Document photographic methods used and areas which were photographed. Documentation must clearly link the patient's identity to the specific photographs of injuries and/or findings. For example, include a picture of the patient identification on the roll or use a databack camera which can be programmed with the patient's identification number

M. RECORD EXAM METHODS USED

N. RECORD EXAM FINDINGS

O. SUMMARIZE POSITIVE FINDINGS

P. PRINT NAMES OF PERSONNEL INVOLVED. OBTAIN SIGNATURE AND LICENSE NUMBER OF EXAMINER

Q. OBTAIN SIGNATURE OF OFFICER RECEIVING EVIDENCE

R. INDICATE IF LOCAL EXAM FACILITY IS STORING THE SEXUAL ASSAULT EVIDENCE KIT

S. RECORD DATE/TIME EXAM COMPLETED, EVIDENCE DRIED AND PACKAGED, AND WRITE-UP COMPLETED