

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
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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
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2. Responding Officer Agency ID Number Telephone

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

TELEPHONE AUTHORIZATION	
Agency:	Law Enforcement Officer
Authorizing party:	ID Number
ID number:	Agency
Date/Time:	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. _____ (initial)
- I hereby consent to a forensic medical examination for evidence of sexual assault. _____ (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
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2. Pertinent medical history

Are you menstruating now? ☐ No ☐ Yes ☐ Unsure

Any recent (60 days) anal-genital injuries, surgeries, ☐ No ☐ Yes

diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings?

If yes, describe: _____

Any other pertinent medical condition(s) that may ☐ No ☐ Yes

affect the interpretation of current physical findings?

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)

3. Alleged assailant(s) name(s)	Age	Gender M F	Ethnicity	Relationship to Patient	
				Known	Unknown
#1					
#2					
#3					
#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*

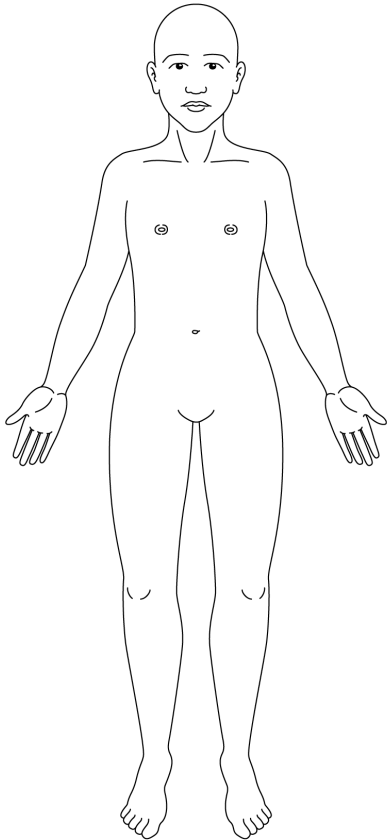
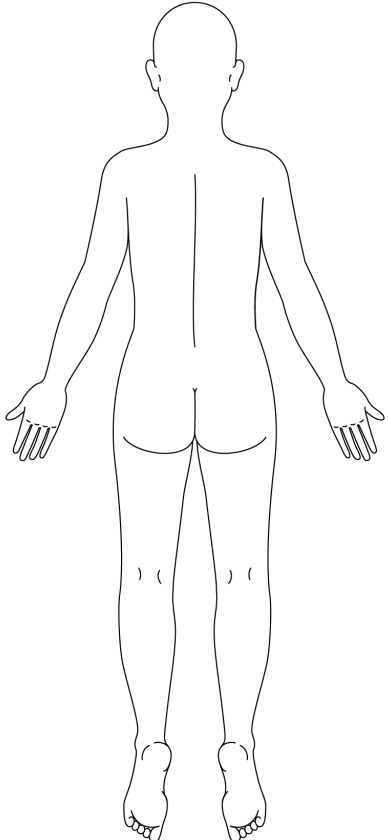
If yes, note location(s)
☐ Mouth ☐ On clothing
☐ Vagina ☐ On bedding
☐ Anus/Rectum ☐ Other
☐ Body surface

*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	
					Date & Time	
					Date & Time	
3. Describe general physical appearance			4. Describe general demeanor			
5. Describe condition of clothing upon arrival						
6. Collect outer and under clothing if indicated			<input type="checkbox"/> Not Indicated			
7. Conduct a physical examination			<input type="checkbox"/> Findings			
			<input type="checkbox"/> No Findings			
8. Collect dried and moist secretions, stains, and foreign materials from the body			<input type="checkbox"/> Body Collection(s) Done			
			<input type="checkbox"/> No Body Collection			
Scan the entire body with an ALS (Alternate Light Source) and indicate ALS⊕ if there are findings						
			<input type="checkbox"/> Findings			
			<input type="checkbox"/> 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		
ALS Alternate Light Source⊕		DS Dry Secretion		IN Induration		
BI Bite		EC Ecchymosis (bruise)		IW Incised Wound		
BU Burn		ER Erythema (redness)		LA Laceration		
DE Debris		F/H Fiber/Hair		MS Moist Secretion		
				OF Other Foreign Materials (describe)		
				OI Other Injury (describe)		
				PE Petechiae		
				PS Potential Saliva		
				SHX Sample Per History		
				SI Suction Injury		
				SW Swelling		
				TB Toluidine Blue⊕		
				TE Tenderness		
				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*

Diagram C

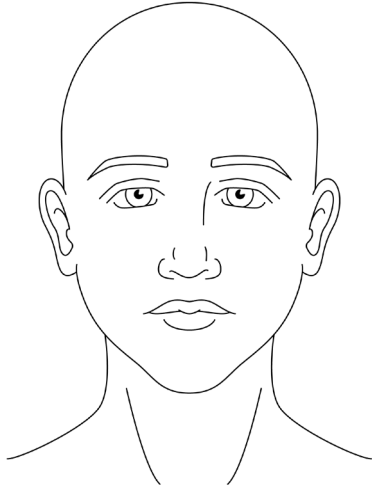


Diagram D

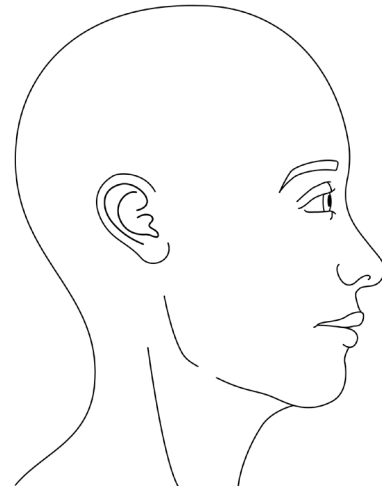


Diagram E

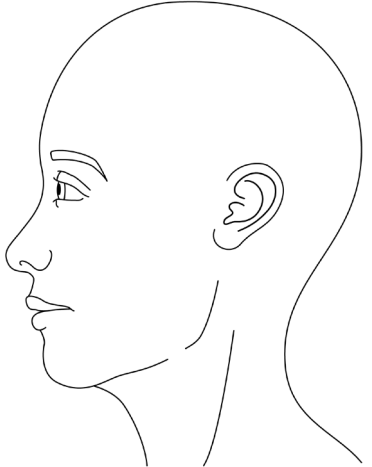
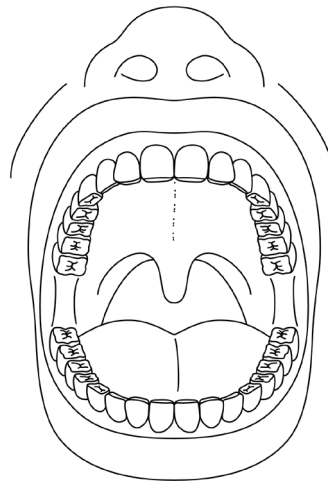


Diagram F



AB Abrasion
ALS Alternate Light Source ⊕
BI Bite
BU Burn
DE Debris

DF Deformity
DS Dry Secretion
EC Ecchymosis (bruise)
ER Erythema (redness)
F/H Fiber/Hair

FB Foreign Body
IN Induration
IW Incised Wound
LA Laceration
MS Moist Secretion

LEGEND: TYPES OF FINDINGS

OF Other Foreign Materials (describe)
OI Other Injury (describe)
PE Petechiae
PS Potential Saliva
SHX Sample Per History

SI Suction Injury
SW Swelling
TB Toluidine Blue ⊕
TE Tenderness
V/S Vegetation/Soil

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION—FEMALES

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

1. Examine the inner thighs, external genitalia, perineal area

(Check the boxes if there are assault-related findings.)

- ☐ No Findings
- ☐ Mons pubis (new)
- ☐ Inner thighs
- ☐ Perineum
- ☐ Labia majora
- ☐ Labia minora
- ☐ Clitoris/surrounding area
- ☐ Periarethral tissue/urethral meatus
- ☐ Perihymenal tissue (vestibule)
- ☐ Hymen
- ☐ Fossa navicularis
- ☐ Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials

- ☐
- Collection
- ☐
- No Collection

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

- ☐ Findings ☐ No Findings

3. Swab mons pubis area using two (2) swabs (all patients)

4. Collect pubic hair brushing

- ☐
- Pubic hair absent

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

6. Examine the vagina and cervix (check boxes below)

- ☐ No Findings ☐ Vagina ☐ Cervix

7. Collect four (4) swabs from the vaginal pool

8. Collect two (2) cervical swabs

9. Examine the buttocks, anus, and anal area (check boxes below)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> No Findings | <input type="checkbox"/> Anal verge/folds/rugae |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Perianal skin |

10. Collect dried and moist secretions, stains, and foreign materials

- ☐
- Collection
- ☐
- No Collection

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

- ☐ Findings ☐ No Findings

11. Collect two (2) anal and/or rectal swabs, if indicated by history

12. Conduct an anoscopic exam if indicated

Exam done? ☐ No ☐ Yes ☐ Findings ☐ No Findings

Rectal bleeding? ☐ No ☐ Yes

If yes, describe: _____

13. Exam position used

- ☐ Supine ☐ Other Describe: _____

[illegible]

Patient Identification

Diagram G

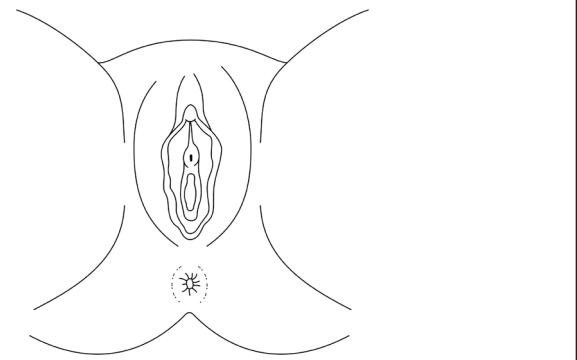


Diagram H

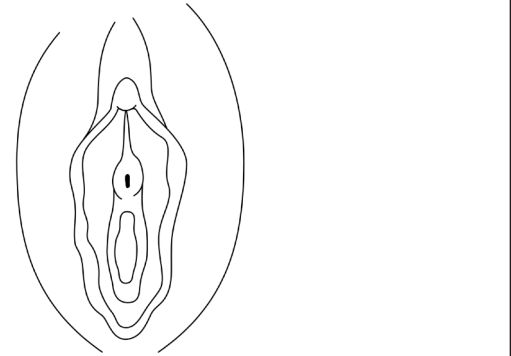


Diagram I

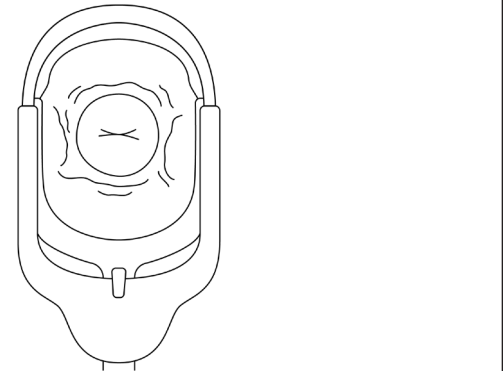
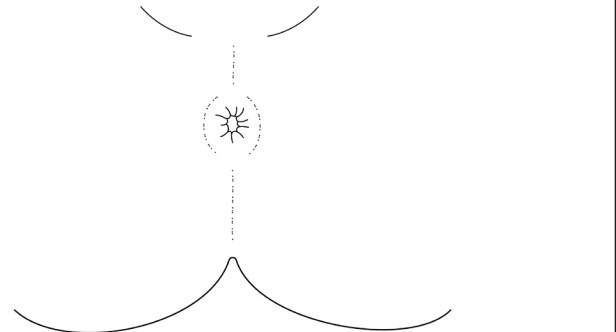


Diagram J



LEGEND: TYPES OF FINDINGS

AB Abrasion
ALS Alternate Light Source⊕
BI Bite
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
EC Ecchymosis (bruise)

ER Erythema (redness)
F/H Fiber/Hair
FB Foreign Body
IN Induration
IW Incised Wound
LA Laceration
MS Moist Secretion
OF Other Foreign Material (describe)

- OI** Other Injury (describe)
- PE** Petechiae
- PS** Potential Saliva
- SHX** Sample Per History
- SI** Suction Injury
- SW** Swelling
- TB** Toluidine Blue⊕
- TE** Tenderness
- V/S** Vegetation/Soil

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

(Check the boxes if there are assault-related findings.)

- ## 2. Circumcised

- ☐
- No
- ☐
- Yes

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

- ☐ Findings ☐ No Findings

5. Collect pubic hair reference samples *only if a foreign hair is present*

7. Collect two (2) scrotal swabs

☐ No Findings ☐ Anal verge/folds/rugae
☐ Buttocks ☐ Perianal skin

☐ Collection ☐ No Collection

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

- ☐ Findings ☐ No Findings

11. Conduct an anoscopic exam if indicated

- Exam done? ☐ No ☐ Yes ☐ Findings ☐ No Findings
- Rectal bleeding? ☐ No ☐ Yes

If yes, describe: _____

☐ Supine ☐ Other Describe: _____

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

Diagram K

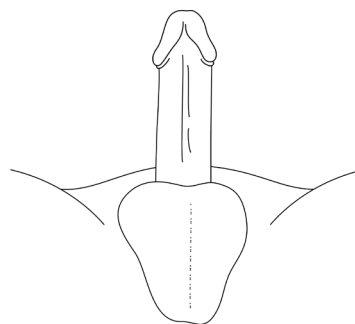


Diagram L

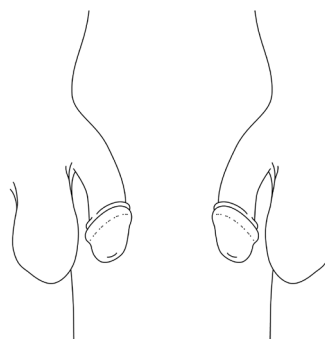


Diagram M

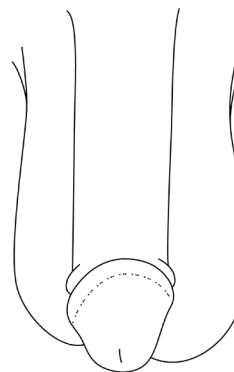
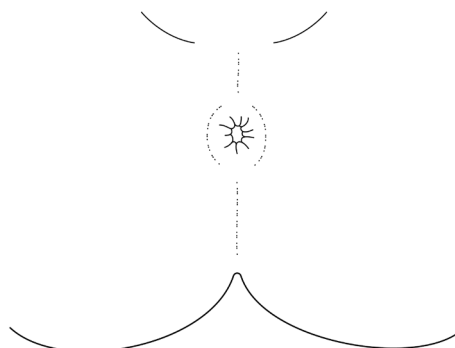


Diagram N



LEGEND: TYPES OF FINDINGS

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

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	<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			

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: _____