

SAACase # _____ Law Enforcement Agency/Report #: _____

Complete for all felony sexual violence offenses, both attempted and completed. **If there are multiple victims involved in a single incident, complete a separate victim information sheet for each. If multiple defendants, complete a separate suspect information sheet for each.**

VICTIM INFORMATION:
Victim Gender (mark only one, based on self-definition by the victim) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Unspecified
Victim Race/Ethnicity (please mark only one, using self-identification by victim) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Biracial/Multi-racial <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Unspecified
Victim Age at the Time of the Assault: (in years, at the time of the assault, or most recent assault if more than one) <input type="checkbox"/> Unspecified
Victim Age at the Time of the Police Report: (in years, at the time of the original police report) <input type="checkbox"/> Unspecified
Characteristics of the Victim (please mark all that apply) <input type="checkbox"/> Mental health history <input type="checkbox"/> No permanent address <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> College/university student <input type="checkbox"/> In the military <input type="checkbox"/> Incarcerated/detained/institutionalized (at the time of the crime) <input type="checkbox"/> Resident facility <input type="checkbox"/> Prior reports of sexual violence <input type="checkbox"/> Physical/cognitive disability (serious impairment of daily functioning) <input type="checkbox"/> Consensual sexual activity with the suspect prior to the assault <input type="checkbox"/> Consensual sexual activity with the suspect subsequent to the assault <input type="checkbox"/> Involved in commercial sexual activity or exploitation (at the time of the crime) <input type="checkbox"/> History of commercial sexual activity/commercially sexually exploitation <input type="checkbox"/> Abuse or addiction to drugs or alcohol <input type="checkbox"/> Victim does not participate in investigation/prosecution (unable, unwilling, or unavailable) <input type="checkbox"/> Victim criminal history <input type="checkbox"/> History of domestic violence (victim) <input type="checkbox"/> History of domestic violence (perpetrator) <input type="checkbox"/> None of these apply <input type="checkbox"/> Unspecified
Drug/Alcohol Use by Victim (please mark all that apply) <input type="checkbox"/> Voluntary ingestion of alcohol by victim <input type="checkbox"/> Voluntary ingestion of drug(s) by victim <input type="checkbox"/> Involuntary ingestion of drug(s)/alcohol by victim (administered covertly, without knowledge or consent of victim) <input type="checkbox"/> Mistaken/misrepresented ingestion of drug(s) by victim (victim takes voluntarily, but is misled regarding the actual drug taken or the effects it will have) <input type="checkbox"/> No drug or alcohol ingestion by victim <input type="checkbox"/> Unspecified

Victim Physical Injury *(please mark only one, based on the most serious level of injury)*

- Other serious physical injury (typically requiring medical care)
- Vaginal injury
- Anal injury
- Oral injury
- Penile injury
- Minor physical injury (such as bruises, minor cuts, scrapes, or abrasions)
- No known physical injury (other than the sexual violence itself)
- Unspecified

Did the victim receive any forensic / medical services? *(please mark all that apply)*

- No forensic/medical services received *(please specify why):*
- Yes, a forensic medical examination
- Yes, medical services other than a forensic examination
- Unspecified

Did the victim receive any social / behavioral health services?

- Office's advocacy unit
- External
- Unspecified

Relationship (if any) with the Suspect(s) *(please mark all that apply, if more than one suspect)*

- Stranger (never met)
- Brief encounter (met and assaulted within 24 hours)
- Family member
- Non-stranger (known more than 24 hours, and not in any other category)
- Current or former intimate partner (includes current or former spouses, boyfriends, girlfriends, romantic partners, or domestic partners)
- Professional relationship *(e.g., suspect is a public official, medical professional, counselor, clergy member, etc.)*
please specify:

- Unspecified

SUSPECT INFORMATION:	
Number of Suspects <i>(as indicated or estimated by the victim)</i>	<input type="checkbox"/> Unspecified
Suspect(s) Gender <i>(indicate number of each)</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Unspecified
Suspect(s) Race/Ethnicity <i>(indicate number of suspects within each category, using best estimate)</i>	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Biracial/Multi-racial <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Unspecified
Suspect(s) Age <i>(indicate number of suspects in each age category, based on estimate at the time of the assault)</i>	<input type="checkbox"/> 16-20: <input type="checkbox"/> 21-25: <input type="checkbox"/> 26-35: <input type="checkbox"/> 36-50: <input type="checkbox"/> 51-65: <input type="checkbox"/> Over 65: <input type="checkbox"/> Unspecified
Characteristics of the Suspect(s) <i>(please mark all that apply, for any of the suspects if more than one)</i>	<input type="checkbox"/> No permanent address <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> In the military <input type="checkbox"/> College/university student <input type="checkbox"/> Incarcerated/detained/institutionalized (at the time of the event) <input type="checkbox"/> Resident facility <input type="checkbox"/> Unspecified <input type="checkbox"/> Physical/cognitive disability (serious impairment of daily functioning) <input type="checkbox"/> History of mental health <input type="checkbox"/> History of abuse/addiction of controlled substances <input type="checkbox"/> History of domestic violence <input type="checkbox"/> None of these apply
Drug/Alcohol Use by Suspect(s) <i>(please mark only one)</i>	<input type="checkbox"/> No known drug/alcohol use by suspect(s) <input type="checkbox"/> Suspect(s) under the influence of alcohol/drugs <input type="checkbox"/> Unspecified
Criminal Record of Suspect(s) <i>(please mark all that apply, if multiple incidents are involved)</i>	<input type="checkbox"/> Involved in at least one prior investigation of a sex offense that did not lead to an arrest <input type="checkbox"/> Arrested for at least one prior sex offense that did not lead to a conviction <input type="checkbox"/> Convicted for at least one prior sex offense <input type="checkbox"/> Arrested or convicted for a prior crime other than a sex offense (includes pleas to violations) <input type="checkbox"/> Documented domestic violence history <input type="checkbox"/> No documented criminal record for suspect(s) <input type="checkbox"/> Multiple suspects <input type="checkbox"/> Unspecified

CASE CHARACTERISTICS:**Sexual Acts Involved** *(please mark all separate sexual acts that apply)*

- Penetration of vagina by penis
- Penetration of anus by penis
- Penetration of vagina or anus by anything other than a penis (*e.g.*, finger, foreign object)
- Penetration of mouth by penis; penetration of vulva or vagina by mouth; penetration of anus by mouth
- Contact of mouth by penis; contact of vulva or vagina by mouth; contact of anus by mouth and/or penis
- Contact only of any intimate part or parts of body
- Other, please describe:
- Unspecified

Characteristics of Assault *(please mark all that apply)*

- Perpetrated using force or threats
- Weapon used or threatened
- Perpetrated without force without consent
- Perpetrated against victim with impaired motor skills (*e.g.*, difficulty walking, standing; could be due to drugs, alcohol, or other reasons)
- Perpetrated against victim with impaired communication skills (*e.g.*, difficulty speaking; could be due to drugs, alcohol, or other reasons)
- Perpetrated against victim who is unconscious/moving in and out of consciousness
- Perpetrated against victim with severe physical or cognitive disability
- Perpetrated against victim who is institutionalized (*e.g.*, ward, arrestee, prisoner, resident of a care facility)
- Other, please describe:

- Unspecified

Completed vs. Attempted Assault *(please mark only one based on the highest charge considered by prosecutor or presented to Grand Jury if applicable)*

- Completed Assault
- Attempted Assault
- Unspecified

Time Between (most recent) Assault and Police Report *(please mark only one)*

- Same day (1 to 23 hours)
- 24 to 96 hours (1 to 4 days)
- 5-6 days (more than 96 hours but less than 7 days)
- 1-4 weeks (7 days or more, up to 1 full month)
- 1-12 months (more than 1 month, less than 12 full months)
- Years (12 full months or more)
- Unspecified

Case Processing *(time between receiving the case and charging or Grand Jury)*

- Days (less than 7 days)
- Months (more than one month, but less than 12 full months)
- Weeks (7 days or more, up to 1 full month)
- Years (12 full months or more)
- N/A
- Unspecified

Case Processing *(time between receiving the case and sentencing/final disposition)*

- Days (less than 7 days)
- Weeks (7 days or more, up to 1 full month)
- Months (more than one month, but less than 12 full months)

Years (12 full months or more)
 Unspecified

Control Call Conducted (if available in jurisdiction)?
 Yes Did/did not corroborate No Unspecified
 If yes, please summarize content:

Availability of Video Evidence?
 Yes Did/did not corroborate No Unspecified
 If yes, please summarize content:

Toxicology Report Available?
 Yes Did/did not corroborate No Unspecified
 If yes, please summarize content:

Case Disposition (please mark only one)

<ul style="list-style-type: none"> <input type="checkbox"/> Case rejected (charges reviewed and not filed, regardless of whether or not there was an arrest) <input type="checkbox"/> Charge or Grand Jury indictment, but case dismissed post-charge or post-indictment: <ul style="list-style-type: none"> <input type="checkbox"/> Not all charges dropped <input type="checkbox"/> All charges dropped <input type="checkbox"/> No charge / no Grand Jury indictment (no probable cause) <input type="checkbox"/> Guilty plea or verdict to most serious sexual offense charge(s) <input type="checkbox"/> Guilty plea or verdict only for charge(s) of a lesser sexual offense <input type="checkbox"/> Guilty plea or verdict only for charge(s) of a non-sexual offense; <input type="checkbox"/> Trial; guilty verdict on at least one charge/count <input type="checkbox"/> Trial; not guilty verdict on all charges/counts <input type="checkbox"/> Trial; hung jury (specify if retrial) <input type="checkbox"/> Other, please specify: 	<p><u>If case rejected, dismissed, or plea offered on charge other than top sexual offense, select ALL reason(s) for disposition</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Victim delay in report <input type="checkbox"/> Inconsistencies in victim's report <input type="checkbox"/> Defendant credibility (e.g., proffer) <input type="checkbox"/> Recantation <input type="checkbox"/> Lack of corroboration <input type="checkbox"/> Victim could not be located <input type="checkbox"/> Victim did not participate in investigation <input type="checkbox"/> Victim requested case not proceed <input type="checkbox"/> Legal issue (e.g., statute of limitations expired; evidence of a particular element missing; evidence critical to prosecution suppressed; lack of jurisdiction) <input type="checkbox"/> Case perceived as unlikely to result in a conviction <input type="checkbox"/> Case cannot be proved beyond reasonable doubt <input type="checkbox"/> Other, please specify <input type="checkbox"/> Unspecified
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Victim Credible?
 Yes No Unspecified
 Please specify reason:

Type of Trial *(please mark only one)*

Bench trial

Jury trial

Unspecified

Primary Defense Strategy *(please mark only one)*

Identification (“you’ve got the wrong suspect”)

Credibility/Consent (e.g., “the victim wanted it,” “the victim is lying”)

Credibility/Other (“victim is lying”)

Elements not met (please describe):

Intoxication

Psychiatric Defense

Other, please describe:

Unspecified

Sentencing *(please mark only one)*

Non-custodial/conditional sentence (e.g., fine, probation, discharge; *if probation, please indicate duration in months*):

Incarceration *(please indicate duration in month)*

Probation in addition to incarceration *(please indicate duration in months)*:

Unspecified

Closing memo has information not contained in the documentation within the case file.

Yes

No