

D. Patient General History

1. Name of Person Providing History: PATSY Relationship to Patient: SELF
2. Allergies: No Known Drug Allergies Medications Does not take any medications
- | | |
|------------------------------------|---------------------|
| <u>PENICILLIN - rash</u> | <u>multivitamin</u> |
| | |
| Contraceptive: <u>DEPO-PROVERA</u> | |
3. Medical Surgical History:
- | |
|-------------------------------------|
| <u>MILD ASTHMA - no medications</u> |
| |
| |
| |
4. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatments that may affect the interpretation of current physical findings?
NO
5. Any pre-existing physical injuries? bruise on (L) shin - "was in top arch 2 weeks ago."
6. Last menstrual period: 10/7/23
7. Bowel History: Diarrhea (Y) No Constipation (Y) Hemorrhoids (Y) Last Bowel Movement: 10/16/23
8. Any previous history of sexual assault, rape, and/or domestic violence?
NO
9. Up to date on vaccinations: yes

E. Pertinent Pre- and Post-Assault Related History

Last Consensual Intercourse prior to assault: 10/1/23 Date and Time: 1800 Partner: boyfriend BILLY BOB

Greater than 30 days exempt:

| | | | |
|------------------------|--------------------------------------|-------------------------------------|--------|
| Oral | <input checked="" type="radio"/> Yes | No | Unsure |
| Vaginal | <input checked="" type="radio"/> Yes | No | Unsure |
| Anal | Yes | <input checked="" type="radio"/> No | Unsure |
| Object | Yes | <input checked="" type="radio"/> No | Unsure |
| Did ejaculation occur? | <input checked="" type="radio"/> Yes | No | Unsure |
| Was a condom used? | Yes | <input checked="" type="radio"/> No | Unsure |

Any consensual intercourse between the sexual assault and time of this exam? (Y) NO

| | | | |
|--|--------------------------------------|-------------------------------------|--------|
| Any voluntary alcohol use within 12 hours prior to the assault? <u>"2 or 3 beers"</u> | <input checked="" type="radio"/> Yes | No | Unsure |
| Any voluntary drug use within 96 hours prior to the assault? | Yes | <input checked="" type="radio"/> No | Unsure |
| Any voluntary alcohol or drug use between the time of the assault and the forensic exam? | Yes | <input checked="" type="radio"/> No | Unsure |

F. Post-Assault Hygiene/Activities

| | | | | | |
|-------------------|--------------------------------------|-------------------------------------|--------------------------------|--------------------------------------|-------------------------------------|
| Urinated | <input checked="" type="radio"/> Yes | No | Bath or Shower | <input checked="" type="radio"/> Yes | No |
| Defecated | Yes | <input checked="" type="radio"/> No | Brushed teeth | <input checked="" type="radio"/> Yes | No |
| Vomited | Yes | <input checked="" type="radio"/> No | Ate and/or Drank | <input checked="" type="radio"/> Yes | No |
| Used Genital Wipe | <input checked="" type="radio"/> Yes | No | Changed clothing | <input checked="" type="radio"/> Yes | No |
| Douched | Yes | <input checked="" type="radio"/> No | Removed anything from vagina | Yes | <input checked="" type="radio"/> No |
| Oral gargle/rinse | Yes | <input checked="" type="radio"/> No | Inserted anything in to vagina | Yes | <input checked="" type="radio"/> No |

Nurse Signature:
Date:

Patient Name:

G. History of Assault as described by patient

1. Date of Assault(s): 10/16/23 Time of Assault(s): 1900
2. Physical Surrounding of Assault(s): friend's house
3. History:

"I went to a party at my friend's house, everyone we knew was there. I'd had 2 or three beers when a friend of my boyfriend asked me to help him find his jacket he left in the car. I thought it was a bit odd, but he looked pretty drunk and I was buzzed so I thought 'oh hell, why not.' When we got to the car, he grabbed me and tried to kiss me, I said 'no' and tried to twist away from him but it was not obvious he wasn't as drunk as I thought he was. He grabbed my neck and pushed me up against the car and biting and kissing my mouth and neck. He got his other hand under my sweater and shoved up my bra and started squeezing my breasts, by then he was using both hands. He pushed my sweater and bra up and was all over my breasts with his mouth." Patient became tearful, turning head away, then slowly whispered, "I just stood there, I didn't scream, I wasn't even fighting anymore. I don't know why I didn't scream or try to run." RN provided emotional support and explained she likely was experiencing what we call tonic immobility - that, to survive, her brain had decided that not fighting was her best chance of survival. Explained she couldn't move or scream at that time. "Really? 'cuz I've been killing myself asking why I didn't." Reassurance provided, history recounted. "Then he jerked my pants and panties down, he scratched my hip he yanked so hard. He jabbed his hand into my crotch, then shoved me down and got on top of me. I hadn't even realized he had his pants down til he rammed it [verified pt referring to penis] inside me, it hurt. When he got done he just grinned at me and told me if I told anyone or my boyfriend he'd tell them I came onto him. He said 'you'ds have a reputation, you know.' He left and I pulled myself together and told my boyfriend what happened and he brought me here.

MH

Nurse Signature: [Signature]
Date: 10/17/23

Patient Name: PATSY PATIENT

H. Acts of Assault as Described by Patient

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

1. Penetration of vagina by:

| | | | |
|--------|----------------|---------------|--------|
| Penis | Yes | No | Unsure |
| Finger | Yes | No | Unsure |
| Object | Yes | No | Unsure |

Comments or descriptions from patient:

2. Penetration of anus by:

| | | | |
|--------|-----|---------------|--------|
| Penis | Yes | No | Unsure |
| Finger | Yes | No | Unsure |
| Object | Yes | No | Unsure |

Comments or descriptions from patient:

3. Oral copulation of genitals:

| | | | |
|-------------------------|-----|---------------|--------|
| Of patient by assailant | Yes | No | Unsure |
| Of assailant by patient | Yes | No | Unsure |

4. Oral copulation of anus:

| | | | |
|-------------------------|-----|---------------|--------|
| Of patient by assailant | Yes | No | Unsure |
| Of assailant by patient | Yes | No | Unsure |

5. Non-genital act(s):

| | | | | |
|---|---------|----------------|----|--------|
| L | Licking | Yes | No | Unsure |
| K | Kissing | Yes | No | Unsure |
| S | Sucking | Yes | No | Unsure |
| B | Biting | Yes | No | Unsure |
| I | Injury | Yes | No | Unsure |
| | Other | Yes | No | Unsure |

Comments, descriptions, or locations from patient:

L/S/S/B on lips, mouth, neck and breasts

I @ hip

6. Did ejaculation occur:

Yes No Unsure

Comment, description, location as described by patient:

7. Contraceptive or Lubricants:

| | | | |
|-----------------|-----|---------------|--------|
| Condom | Yes | No | Unsure |
| Lubricant/Jelly | Yes | No | Unsure |
| Foam | Yes | No | Unsure |
| Saliva | Yes | No | Unsure |

Comments or descriptions from patient:

8. Methods of violence used by Assailant(s):

| | | | |
|--------------------------|----------------|---------------|---------------|
| Weapons | Yes | No | Unsure |
| Slap | Yes | No | Unsure |
| Closed fist punch | Yes | No | Unsure |
| Pinching | Yes | No | Unsure |
| Grabbing/Holding | Yes | No | Unsure |
| Physical Restraints | Yes | No | Unsure |
| Pressure to Neck | Yes | No | Unsure |
| Burns (chemical/thermal) | Yes | No | Unsure |
| Threat(s) of harm | Yes | No | <u>Unsure</u> |
| Other methods | Yes | No | Unsure |

Comments or descriptions from patient:

if she told, he would tell everyone she came onto him and reference her reputation

Nurse Signature:

M.H.Q. 10/17/23

Patient Name:

PATSY PATIENT

Date:

9. Involuntary ingestion of alcohol? Yes No Unsure
10. Involuntary ingestion of drugs? Yes No Unsure
11. Any Memory loss experienced? Yes No Unsure
12. Were injuries inflicted upon the assailant(s) during the assault?
 Yes Unsure

If yes, describe injuries, location, and how they were inflicted:

MH

| 13. Assailant(s) Name | Age | Gender | Ethnicity | Known to Patient | |
|-----------------------|-----|--------|-----------|--|-------------------------------|
| JOHNNY JERK | 22 | M | CAUCASIAN | <input checked="" type="radio"/> Known | <input type="radio"/> Unknown |
| | | | | <input type="radio"/> Known | <input type="radio"/> Unknown |
| | | | | <input type="radio"/> Known | <input type="radio"/> Unknown |

Nurse Signature:
Date:

Patient Name:

I. General Physical Examination

1. Blood Pressure: 112/78 Pulse: 102 Respirations: 22 Pulse Ox: 99 Temperature: 98.7 F oral

2. Stated Height: _____ Stated Weight: _____

3. Description of general physical appearance:
well nourished caucasian female, appears stated age

4. Description of general demeanor:
clothes in disarray, hair messy, mascara runs down face, walks with slow but steady gait. Calm, limited eye contact, tearful at intervals throughout history and exam.

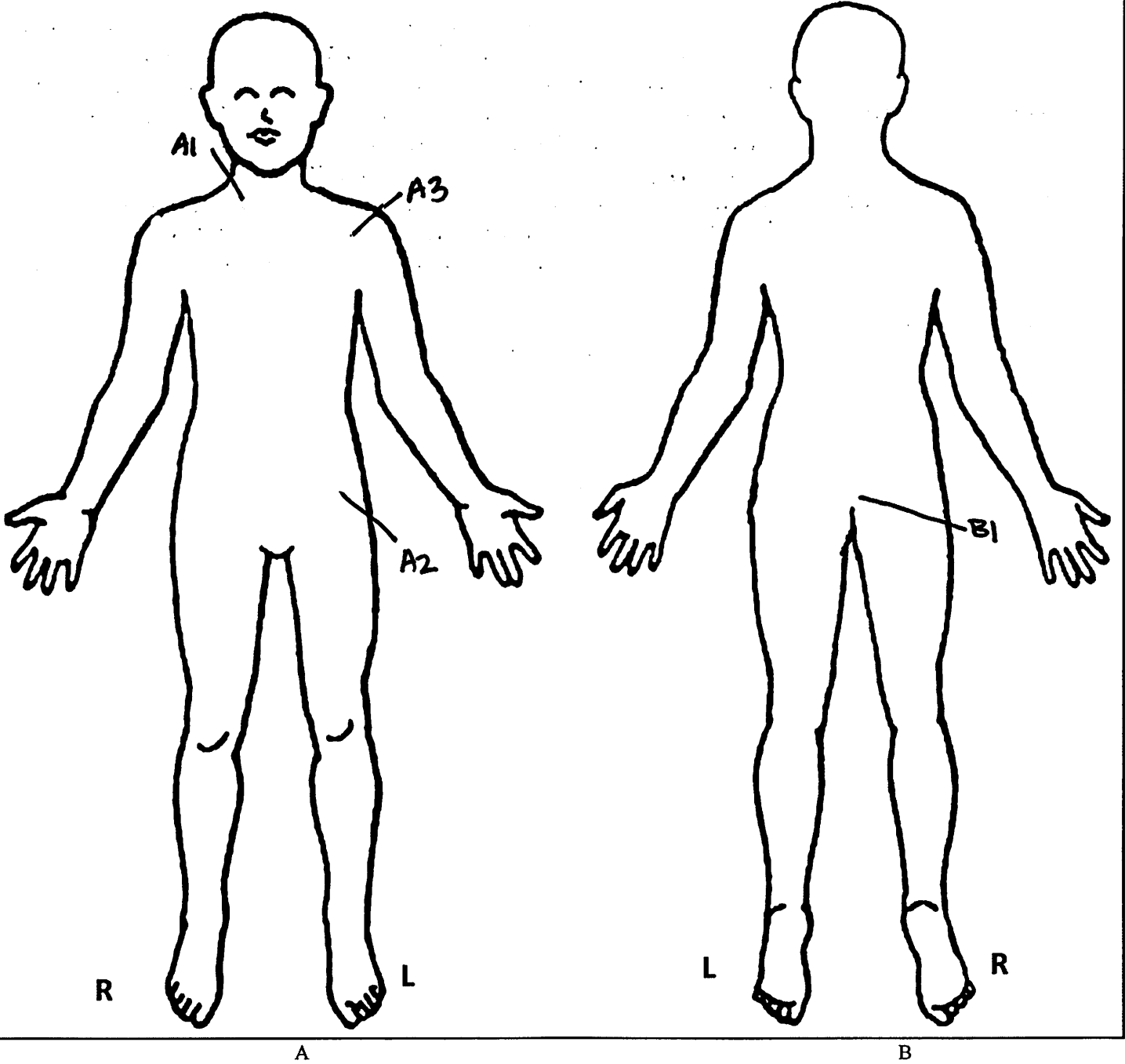
5. Possible Trauma Response Behaviors Observed

| Emotional Reactions: | As Observed by: |
|--|--|
| <input type="checkbox"/> Fear | |
| <input type="checkbox"/> Grief | |
| <input type="checkbox"/> Anger | |
| <input type="checkbox"/> Guilt | |
| <input type="checkbox"/> Depressed | |
| <input type="checkbox"/> Helplessness | |
| <input type="checkbox"/> Hopelessness | |
| <input type="checkbox"/> Emotionally Numb | |
| <input type="checkbox"/> Flat Affect | |
| <input type="checkbox"/> Overwhelmed | |
| Cognitive Reactions: | |
| <input type="checkbox"/> Trouble concentrating | |
| <input type="checkbox"/> Difficulty remembering things | |
| <input type="checkbox"/> Confusion | |
| <input type="checkbox"/> Difficulty making decisions | |
| <input type="checkbox"/> Preoccupation with the event | |
| <input type="checkbox"/> Questioning beliefs | |
| <input type="checkbox"/> Attention span issues | |
| <input checked="" type="checkbox"/> Self-blame | <u>"I don't know why I did it...?"</u> |
| Physical Reactions: | |
| <input type="checkbox"/> Tension | |
| <input type="checkbox"/> Restlessness | |
| <input type="checkbox"/> Fatigue | |
| <input type="checkbox"/> Sleep disturbances | |
| <input type="checkbox"/> Changes in appetite | |
| <input type="checkbox"/> Racing Heartbeat | |
| <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Startle Response | |
| <input type="checkbox"/> Nervous tendencies | |
| Interpersonal Reactions: | |
| <input type="checkbox"/> Distrustful | |
| <input checked="" type="checkbox"/> Irritability | |
| <input checked="" type="checkbox"/> Crying Easily | <u>@ intervals during visit</u> |
| <input type="checkbox"/> Withdrawal from others | |
| <input type="checkbox"/> Feeling rejected or abandoned by others | |
| <input type="checkbox"/> Guarded interactions with others | |
| <input checked="" type="checkbox"/> Need to control all situations | |
| <input checked="" type="checkbox"/> Poor eye contact | <u>throughout visit</u> |

Nurse Signature: M. Heg.
Date: 10/17/23

Patient Name: PATSY PATIENT

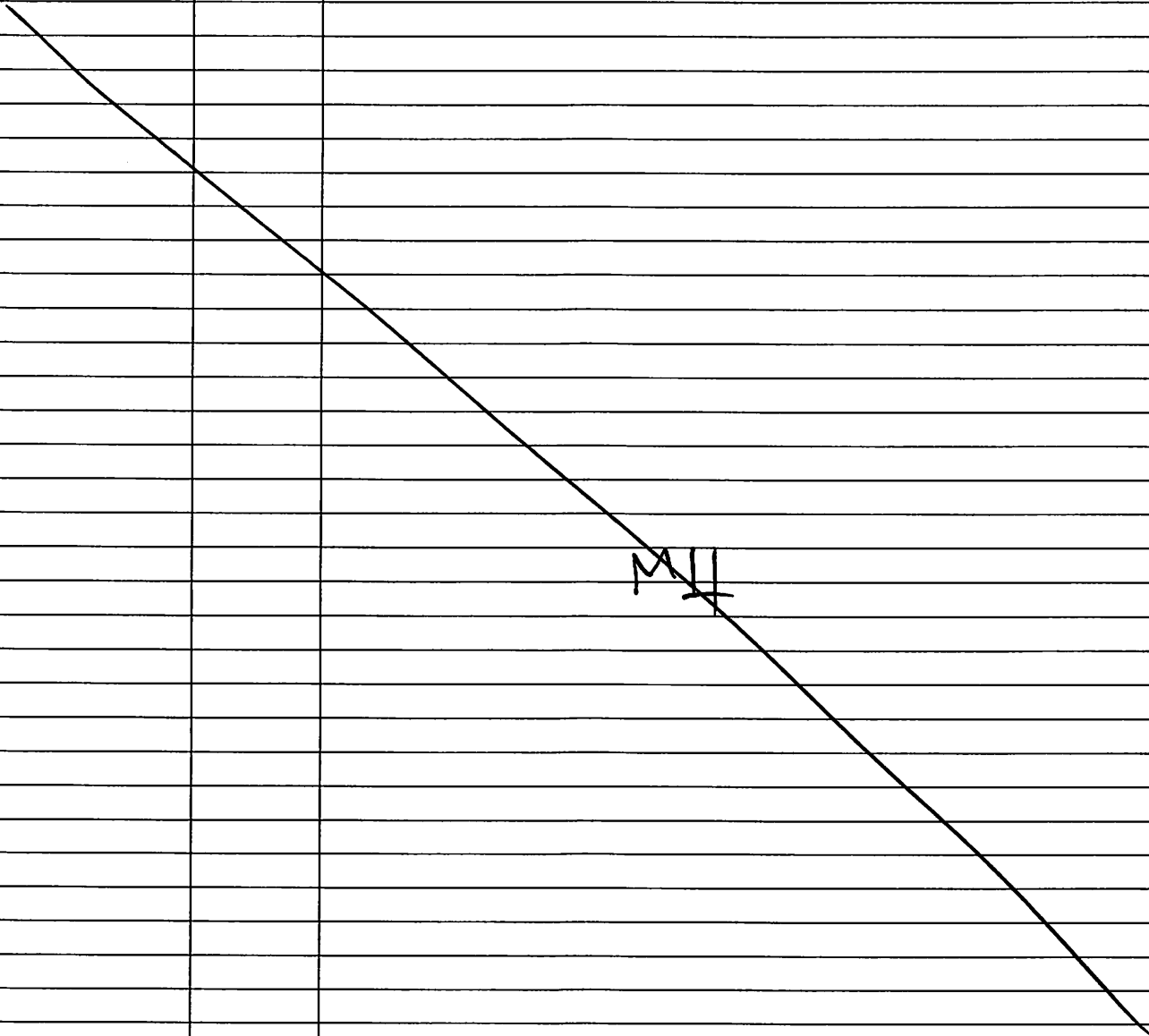
Only document injuries once



| | | |
|-------------------|---------------------------|----------------------|
| AB: Abrasion | EC: Ecchymosis | LA: Laceration |
| BI: Bite | ER: Erythema | MS: Moist secretions |
| BU: Burn | FB: Foreign Body | OI: Other Injury |
| BR: Bruise | HI: Healed Injury or Scar | PE: Petechiae |
| DE: Debris | IN: Induration | SW: Swelling |
| DS: Dry secretion | IW: Incised Wound | TE: Tenderness |
| | | |

Nurse Signature: *W.H.G.*
 Date: 10/17/23

Patient Name: PATSY PATIENT

| Locator Number: | Type: | Description: |
|---|--------|---|
| A1 | AB/ER | faint erythema, small circular pattern of approx. 5cm "that's where his thumb was when he grabbed my neck" |
| A2 | AB | linear abrasion, no bleeding, 4cm in length "he scratched me when he ripped off my shorts" |
| A3 | BI? | patterned circular abrasion with raised and indented areas "oh! I forgot he bit me there when he had me on the ground." |
| B1 | Debris | one tiny pebble, 3 blades green grass all collected. |
|  | | |

Nurse Signature:

Date: 10/17/23

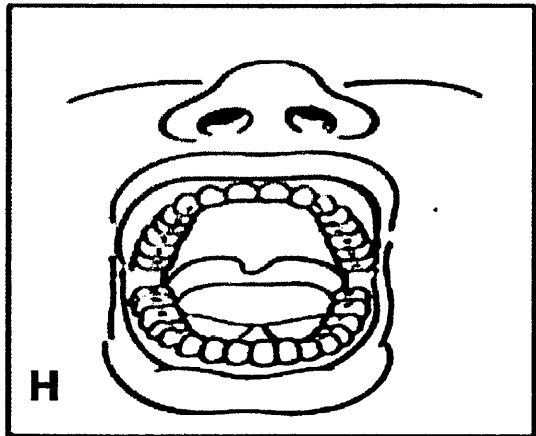
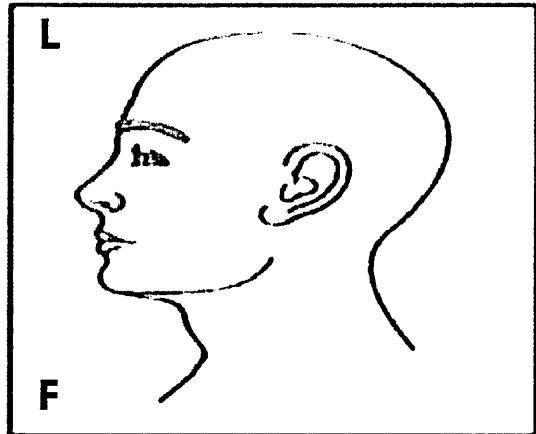
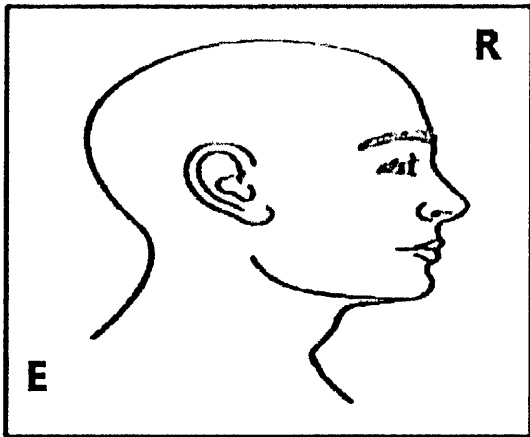
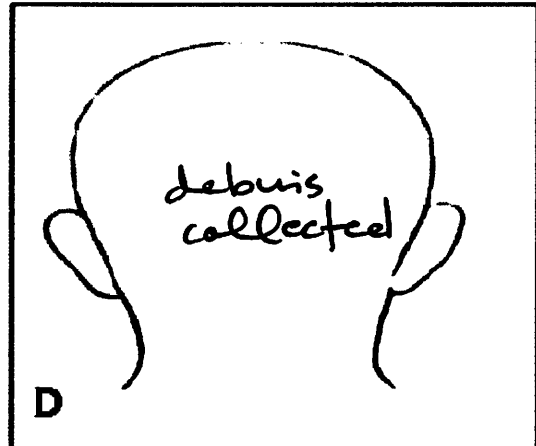
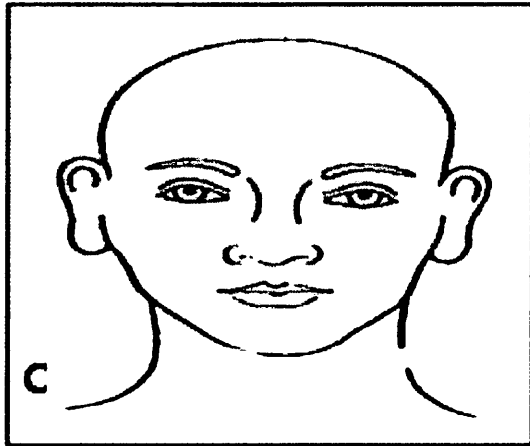
M.Hef.

Patient Name:

PATSY PATIENT

J. Head, Neck, and Oral Examination

1. Examine the face, head, hair, and neck for injury and foreign materials.
2. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.
3. Examine the oral cavity for injury and foreign materials.



see bodygram for wound description on neck; no injuries noted to face, mouth.

Nurse Signature:

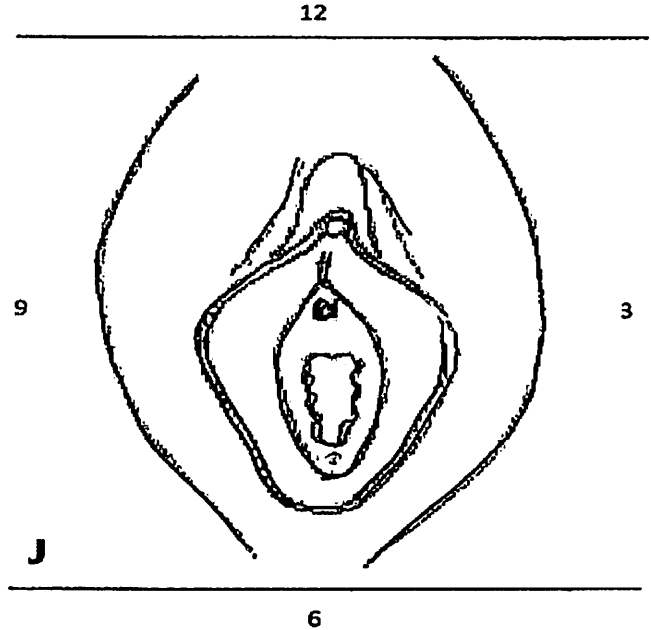
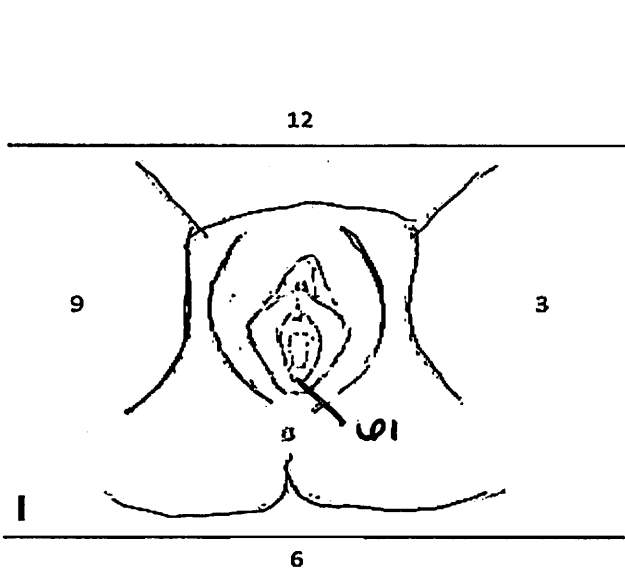
Date:

M.Hef.
10/17/23

Patient Name:

PATSY PATIENT

K. Genital Examination



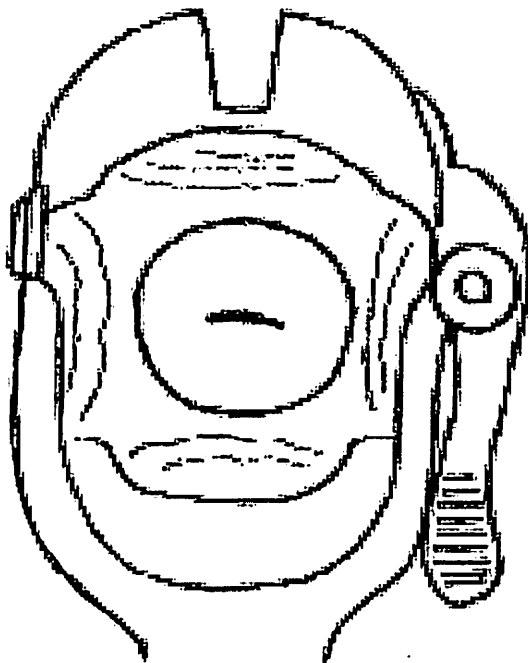
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|-------------------|---------------------------|----------------------|
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| BI: Bite | ER: Erythema | MS: Moist secretions |
| BU: Burn | FB: Foreign Body | OI: Other Injury |
| BR: Bruise | HI: Healed Injury or Scar | PE: Petechiae |
| DE: Debris | IN: Induration | SW: Swelling |
| DS: Dry secretion | IW: Incised Wound | TE: Tenderness |

| Locator Number: | Type: | Description: |
|-----------------|-------|---|
| 601 | AB/ER | fossa navicularis and posterior fourchette are abraded without bleeding and erythematous "it hurt!" |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Nurse Signature: *MHEG*
 Date: 10/17/23

Patient Name: PATSY PATIENT

9



no injury noted
to vaginal
walls
3
or
cervix
JAA

K

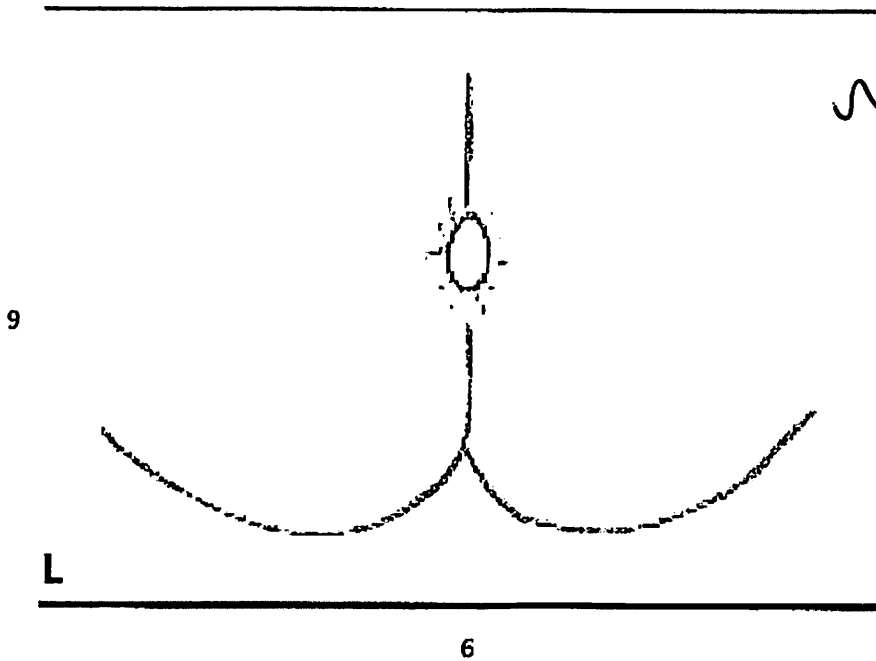
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| | | |
|-------------------|---------------------------|----------------------|
| AB: Abrasion | EC: Ecchymosis | LA: Laceration |
| BI: Bite | ER: Erythema | MS: Moist secretions |
| BU: Burn | FB: Foreign Body | OI: Other Injury |
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| DS: Dry secretion | IW: Incised Wound | TE: Tenderness |

| Locator Number: | Type: | Description: |
|-----------------|-------|--------------|
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Nurse Signature: *J. H. H. H.*
Date: 10/17/23

Patient Name: PATSY PATIENT



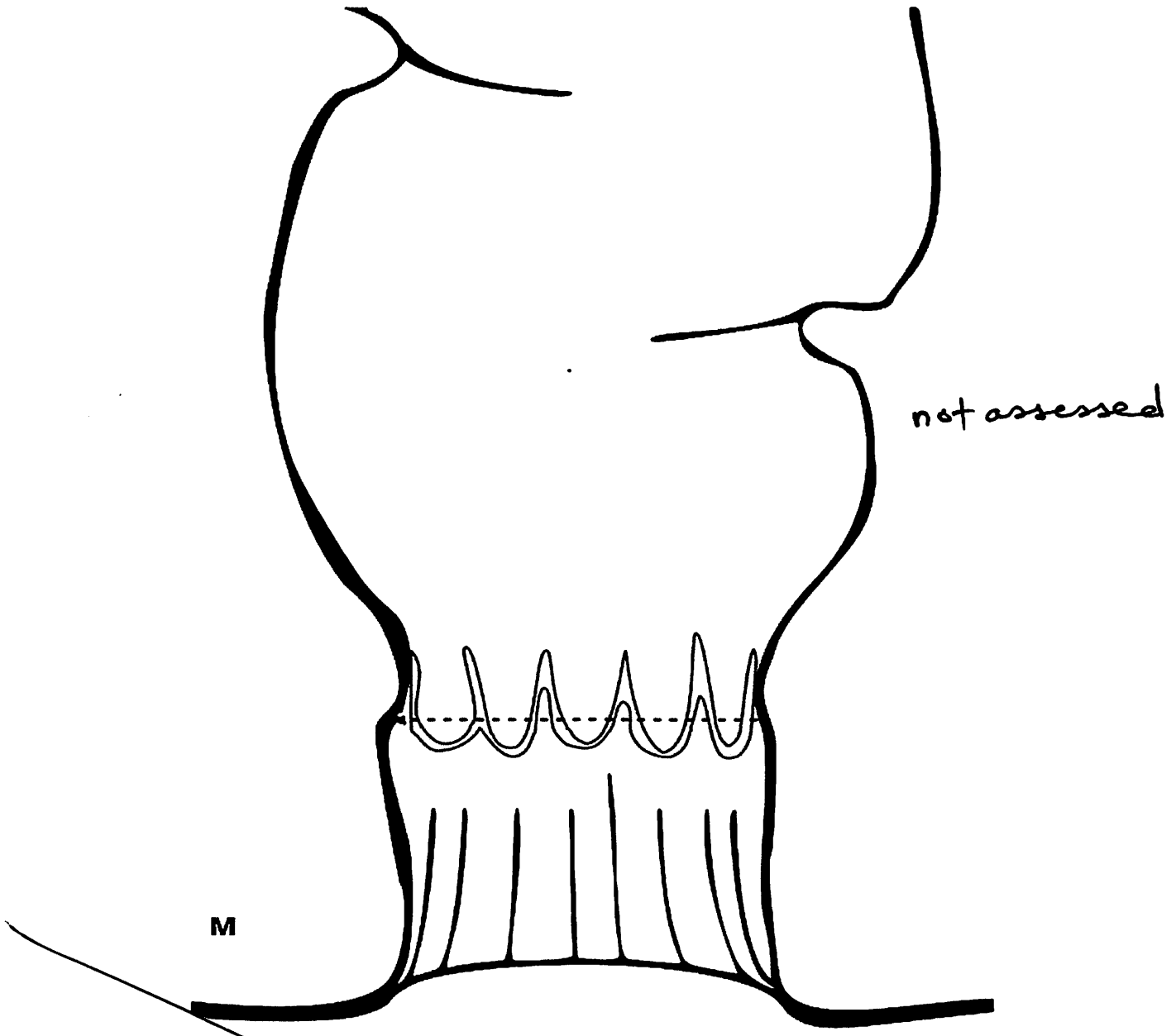
No injuries noted
to perianal
or anal
areas.
MH

| | | |
|-------------------|---------------------------|----------------------|
| AB: Abrasion | EC: Ecchymosis | LA: Laceration |
| BI: Bite | ER: Erythema | MS: Moist secretions |
| BU: Burn | FB: Foreign Body | OI: Other Injury |
| BR: Bruise | HI: Healed Injury or Scar | PE: Petechiae |
| DE: Debris | IN: Induration | SW: Swelling |
| DS: Dry secretion | IW: Incised Wound | TE: Tenderness |

| Locator Number: | Type: | Description: |
|-----------------|-------|--------------|
| | | MH |
| | | |
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Nurse Signature: *M.Heg*
Date: 10/17/23

Patient Name: PABY PATIENT



| | | |
|-------------------|---------------------------|----------------------|
| AB: Abrasion | EC: Ecchymosis | LA: Laceration |
| BI: Bite | ER: Erythema | MS: Moist secretions |
| BU: Burn | FB: Foreign Body | OI: Other Injury |
| BR: Bruise | HI: Healed Injury or Scar | PE: Petechiae |
| DE: Debris | IN: Induration | SW: Swelling |
| DS: Dry secretion | IW: Incised Wound | TE: Tenderness |

| Locator Number: | Type: | Description: |
|-----------------|-------|--------------|
| | | |
| | | |
| | | |
| | | |

Nurse Signature: *M Heg*
 Date: 10/17/23

Patient Name: PATSY PATIENT

N. Evidence Collected and Submitted

1. Clothing: Placed in evidence bags by: No clothing collected

| | |
|------------------------------|---------------------------------|
| Clothing Collected: | Condition of clothing: |
| 1 pale blue sweater - intact | |
| 1 white bra - intact | |
| white shorts - zipper broken | |
| white bikini underwear | dried secretions on crotch area |

2. Foreign Materials Collected Describe, if needed

| | | | | |
|----------------------------|---|--|-----|--------------|
| Swabs | <input checked="" type="checkbox"/> Yes | No | N/A | |
| Dried secretions | <input checked="" type="checkbox"/> Yes | No | N/A | |
| Fibers/loose hairs | Yes | <input checked="" type="checkbox"/> No | N/A | |
| Vegetation (soil/debris) | <input checked="" type="checkbox"/> Yes | No | N/A | |
| Fingernail swabbing | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | N/A | |
| Matted hair cuttings | Yes | <input checked="" type="checkbox"/> No | N/A | |
| Pubic hair combings | Yes | <input checked="" type="checkbox"/> No | N/A | none present |
| Intra-vaginal foreign body | Yes | <input checked="" type="checkbox"/> No | N/A | |
| Intra-rectal foreign body | Yes | <input checked="" type="checkbox"/> No | N/A | |

3. Swab samples (collection guided by patient history) Kit/Swabs not collected

| | # of swabs expected | # of swabs collected | Time Collected | Reason Not Collected |
|--|---------------------|----------------------|----------------|----------------------|
| Oral | 4 | 4 | 2001 | |
| Peri-Oral (Mouth) | 2 | 0 | | not indicated |
| Neck | 2 | 2 | 2003 | |
| Bilateral Breasts | 2 | 2 | 2005 | |
| Abdomen | 2 | 0 | | not indicated |
| External Genitalia | 2 | 2 | 2007 | |
| Vaginal (internal, including cervical) | 4 | 4 | 2012 | |
| Anal cavity (~first inch) | 4 | 0 | | patient declined |
| Rectal cavity (past 2 nd sphincter) | 4 | 0 | | not indicated ↗ |
| | | | | |
| | | | | |
| | | | | |

Known Blood Card Collected? Yes No Time Collected: 2015 Reason Not Collected: _____

Date and Time when kit repackaging started: 2120

4. Toxicology Samples: Yes No Blood: Time collected: _____ Collected by: _____
 Urine: Time collected: _____ Collected by: _____

O. Personnel Involved

History taken by: MHRN
 Exam Performed by: MHRN
 Specimens labeled and sealed by: MHRN
 Signature of Sexual Assault Examiner: MHRN
 Assisted by: NA

Nurse Signature: *MHRN*
 Date: 10/17/23

Patient Name: PATSY PATIENT

L. Examination Method and Tools Used

1. Visualization method: Direct Visualization Colposcope Other Magnification: _____
2. Tools used during examination: Foley Balloon Speculum Anoscope. Toluidine Blue Fox tail swab
Ring Forceps
3. Examination positions: Supine: Separation Traction Knee Chest
Prone: Separation Traction Knee Chest
L or R Side lying: Separation Traction Knee Chest
4. Photo Documentation:
Date and Time on Camera: 10/17/23 2015

| Camera Used | Number of Images |
|-------------|---------------------|
| Cortex Flow | |
| DSLR | |
| EVA | |
| Other | <u>CANON EOS 27</u> |

M. Plan of Care

Lab Testing Performed Patient declined testing

| | | |
|-------------------------------------|---------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Chlamydia/Gonorrhea | <u>Urine</u> / Vaginal Swab |
| <input checked="" type="checkbox"/> | Syphilis | |
| <input checked="" type="checkbox"/> | HIV | |
| <u>no</u> | Pregnancy | Urine / Blood. + or - |

Prophylactic Medications Patient declined medications

| | | |
|-------------------------------------|-----------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Azithromycin 1 gm PO | |
| <input checked="" type="checkbox"/> | Ceftriaxone 500mg IM | Location: <u>R dorsogluteal</u> |
| <input checked="" type="checkbox"/> | Metronidazole 2 grams PO | |
| <u>no</u> | Emergency Contraception | |
| <input checked="" type="checkbox"/> | Promethazine 12.5mg or 25mg | |

patient declined - states she is comfortable with cement BC

Testing and medications provided by referring healthcare system. Name of healthcare system: NA

List alternative interventions as applicable or additional education provided:

Safety Plan: states safe at home with boyfriend and "I can assure you, Johnny isn't welcome there anymore."

Phone number for advocate to call: 208 555-5555

Nurse Signature: MHO
Date: 10/17/23

Patient Name: PATSY PATIENT

P. Evidence Distribution

Evidence picked up by LE

Evidence placed in DVSAC Evidence Locker

**If placed in evidence locker – was LE notified? Yes No How was LE notified? _____ Code for locker: _____

Distribution of Evidence: (Indicate what was provided to LE)

| | | | |
|------------------|-------|-----------|-------------|
| Evidence Kit | SAECK | Manual | ✓ |
| Blood/DNA card | | | ✓ patient's |
| Clothing Bags | | # of bags | 4 |
| Urine Toxicology | | | no |
| Blood Toxicology | | | no |
| Copy of Chart | | | no |

Signature of Officer Receiving Evidence Badge Number Agency Date and Time

Printed Name of Office Receiving Evidence

↓ officer signs here when they pick up kit

Nurse Signature:

UNHEG

Date:

10/17/23

Patient Name:

PASYPATIENT