

**STATE OF ALASKA
Suspect Sexual Assault Evidence Kit**

Forensic History – Step 1A

Agency Case Number: _____

Time Interview started: _____ am pm

Date: _____

Time Interview ended: _____ am pm

SUSPECT INFORMATION:

Name: _____ DOB: _____ Age: _____

APSIN Number: _____

Gender: Female Male

Race/Ethnicity: Alaska Native Caucasian/White African American/Black Asian Native American/Indian
 Hispanic/Latino Other: _____ Stated Observed

MEDICAL HISTORY:

Have you had a vasectomy? No Yes If yes, have you had a vasectomy reversal? No Yes

SEXUAL HISTORY:

Has suspect had any recent consensual sexual activity **prior to the offense**? No Yes

- Vaginal (within the last 72 hours) No Yes Date: _____ With: _____
- Anal (within the past 72 hours) No Yes Date: _____ With: _____
- Oral (received within the past 24 hours) No Yes Date: _____ With: _____
- Did ejaculation occur? No Yes
- Was a barrier used? No Yes Type: _____

Since the offense, has the suspect had consensual sexual activity? No Yes Date: _____ Time: _____

Type: Vaginal Anal Oral With: _____

HYGIENE/ACTIVITY (since the offense and prior to the exam)			SUSPECT'S DESCRIPTION
Ate	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Drank	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Brushed teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Gargled/Rinsed mouth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Showered/Bathed/Steamed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Wiped genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what:
Washed genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Douched/Enema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Urinated	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Bowel movement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Vomited	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Officer's Initials: _____

Examiner's Initials: _____

