

MICHIGAN DEPARTMENT
OF STATE POLICE

PCSO REFERENCE GUIDE

TRAINING PROTOCOL

MEDICAL/LEGAL EXAMINATION IN SEXUAL ASSAULT CASES

129865



U.S. Department of Justice
National Institute of Justice

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INTRODUCTION

"Physical evidence cannot be wrong; it cannot perjure itself, it cannot be wholly absent. Only its interpretation can err. Only human failure to find it, study and understand it can diminish its value."

Paul L. Kirk
CRIME INVESTIGATION.

This quotation summarizes the attitude you must have to understanding of the importance of physical evidence in a sexual assault investigation.

This *PCSO REFERENCE GUIDE* is intended to capture the essential facts, procedures, and techniques which must be conveyed to health professionals when dealing with victims of sexual assault and the evidence to be gathered during the medical examination. The training protocol includes a video and slide presentation, with necessary background material.

Semen, hairs, and fibers are some of the most common and potentially valuable kinds of physical evidence in a sexual assault. The information included explains how to recover, handle, and preserve each of these.

The *GUIDE* also lists the type of data that can be obtained from each kind of physical evidence through laboratory analysis.

TRAINING PROTOCOL

The following is a suggested protocol for presenting material to Emergency Room staffs for a one hour seminar.

1. Enrolled House Bill 4623
Pertinent details presented to class. Although the evidence gathering procedure is not a medical procedure per se, the victim is still a patient in a medical setting, and treatment is still a medical procedure.
2. Show video: Sexual Assault: Evidence Collection.
3. At end of video, discuss investigation needs:
 - a. Victim's Lack of Consent
 - b. Sexual Contact
 - c. Assailant's Identity*Remember, these concepts may not be readily grasped by non-law enforcement professionals. Use examples from your own experience. Background information included under "Standardized Recommended Procedures for the Emergency Treatment of Sexual Assault Victims.*
4. Show slide program on Medical Forms which are included in the Evidence Collection Packet. A script is attached.
5. Discuss forms that are to be given to patient by hospital personnel:
 - a. Sexual Assault Information.
 - b. Crisis Programs in Michigan.Both forms are included in Kit.

**STATE OF MICHIGAN
84TH LEGISLATURE
REGULAR SESSION OF 1988**

Introduced by Rep. Saunders

ENROLLED HOUSE BILL No. 4623

AN ACT to amend Act No. 368 of the Public Acts of 1978, entitled as amended "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to provide for penalties and remedies; and to repeal certain acts and parts of acts," as amended, being sections 333.1101 to 333.25211 of the Michigan Compiled Laws, by adding section 21527.

The People of the State of Michigan enact:

Section 1. Act No. 368 of the Public Acts of 1978, as amended, being sections 333.1101 to 333.25211 of the Michigan Compiled Laws, is amended by adding section 21527 to read as follows:

Sec. 21527. (1) If an individual alleges to a physician or other member of the attending or admitting staff of a hospital that within the preceding 24 hours the individual has been the victim of criminal sexual conduct under sections 520a to 520l of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.520a to 750.520l of the Michigan Compiled Laws, the attending health care personnel responsible for examining or treating the individual immediately shall inform the individual of the availability of a sexual assault evidence kit and, with the consent of the individual, shall perform or have performed on the individual the procedures required by the sexual assault evidence kit.

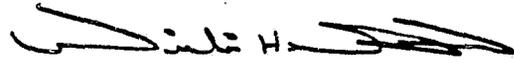
(2) For the purposes of this section, the administration of a sexual assault evidence kit is not a medical procedure.

(3) As used in this section, "sexual assault evidence kit" means a standardized set of equipment and written procedures approved by the department of state police which have been designed to be administered to an individual principally for the purpose of gathering evidence of sexual conduct, which evidence is of the type offered in court by the forensic science division of the department of state police for prosecuting a case of criminal sexual conduct under sections 520a to 520l of the Michigan penal code, Act No. 328 of the Public Acts of 1931.

This act is ordered to take immediate effect.



.....
Clerk of the House of Representatives.



.....
Secretary of the Senate.

Approved.....

.....
Governor.

STANDARD
RECOMMENDED PROCEDURES
for the
EMERGENCY TREATMENT
of
SEXUAL ASSAULT VICTIMS

INTRODUCTION

The purpose of a standard recommended procedure for the emergency treatment of sexual assault victims is to assist hospitals and other medical facilities in complying with the special needs of the victims, their families and friends, and to comply with the requirements of law enforcement authorities, who consider the immediate medical care provider a necessary witness in the prosecution of the crime.

Victims of sexual assault are generally regarded by medical staff and hospital administrations as emergency patients and have consequently been treated in emergency rooms. Although the situation is rarely a matter of life and death for the patient, he/she does have special and serious needs which must be met by the attending medical and nursing staff. This protocol addresses those needs, their ramifications, and how they interface with suggested medicolegal procedures.

In the past, evidence collection procedures and proper care of sexual assault patients have greatly varied between medical facilities, clinics and private physicians. The Sexual Assault Evidence Kit and the Assault Victim Medical Report clarify the examination and treatment of the patient and the specimens which are needed for prosecution.

When the kit and medical report form are utilized, health care professionals who testify in court will have more complete recall of the patient, the event, and the examination findings, leaving less opportunity for their testimony to be discredited.

The recommended procedures identify the special needs of sexual assault patients and make suggestions for comprehensive emergency and follow-up care of these patients.

CRIMINAL SEXUAL CONDUCT STATUTE

The Criminal Sexual Conduct Statute of the State of Michigan (Act 266, Public Acts of 1974) went into effect April 1, 1975. It replaced the Carnal Knowledge of the Female Statute and other laws related to sexual assault. The new law is not sex-specific.

The crime is now divided into four degrees depending upon the age of the victim, whether there was personal injury to the victim, the circumstances surrounding the commission of the crime, and whether there was sexual penetration or sexual contact. Sexual penetration is defined as "sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of any other person's body but emission of semen is not required."

Sexual contact "includes the intentional touching of the victim's or actor's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or actor's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification."

The statutory rape section of the Carnal Knowledge Statute is now incorporated in the Criminal Sexual Conduct Statute, with the victim's "age of consent" reduced to under 13 years. The law reads, "A person is guilty of Criminal Sexual Conduct in the first degree if he or she engages in sexual penetration (second degree if he or she engages in sexual contact) with another person if that other person is under 13 years of age." No proof of force or personal injury is required in cases where the victim is under 16. Where both the victim and

offender are 13-16, it is possible for both parties to be charged with a third degree offense in a juvenile court.

Medical personnel examining and treating sexual assault patients should be aware that personal injury plays a significant role in the differing degrees of Criminal Sexual Conduct.

Personal injury means "bodily injury, disfigurement, mental anguish, chronic pain, pregnancy, disease, or loss or impairment of a sexual or reproductive organ."

These new definitions in the Criminal Sexual Conduct Statute are relevant to the roles of the attending medical personnel in that they should be aware of the law under which a sexual assault patient may be a witness for prosecution.

CARE OF PATIENT'S MENTAL HEALTH

The victim of sexual assault may be suffering from both physical and emotional trauma. Although physicians and nurses must direct a great deal of attention to the physical concern of the patient, the psychological trauma must be recognized and dealt with properly so as to minimize long-term damage to psychological functioning. Emotional support and understanding for the patient and significant others (spouse, family, friends) are prerequisites to good patient care. Adding to the victim's distress over the current crisis may be his/her awareness of cultural myths about rape and sexual assault, leading to fears of how hospital staff, police, friends and relatives will react toward him/her. Medical and nursing personnel are placed in a position wherein any judgmental attitudes and/or behaviors expressed or displayed could be more destructive to the patient's mental health than was the actual assault. Additionally, the medical and nursing staff may be one of the first contacts with society the victim has had since the assault, thus magnifying the importance of dealing with both physical and emotional trauma in a supportive manner.

Privacy

Because it is likely that the patient will be suffering from some emotional trauma, it is essential that he/she be treated promptly and carefully. Should it be necessary that the patient wait for any amount of time for the medical staff to arrive, a private and comfortable waiting room should be provided. If this is impractical and the patient has to wait with others in the emergency room waiting area, it is advisable that possible sexual assault cases be referred to by a code so that comments by hospital personnel like "Where's the rape?" are avoided. (Code A for assault is suggested.)

The examination of and consultation with the patient should take place in a private setting located near the emergency room. A similar room should be made available to the police should it be necessary that they interview the patient at the facility. The patient should be examined and treated before he/she talks with the police representative. Under no circumstances should consultation or interrogation of any kind occur in the emergency room waiting area or other public area.

To protect the rights of the patient, the facility is advised not to release information about victims to police or any news media without the patient's consent.

Personal Support

Patients who are victims of sexual assault often need an empathic person present during the acute phase of the crisis. Medical and nursing personnel rarely can function as counselors in addition to performing total patient care because of time constraints. However, staff members should act supportively during the examination and treatment.

If an unaccompanied patient wishes, medical personnel should make available a counselor from a local crisis center or social worker who may be included in the hospital staff. If the patient so desires, this support person and/or a nurse should be allowed to accompany him/her in the examining room. The patient may request that a family member, spouse, or friend be called rather than a counselor, and medical staff should try to reach that party

promptly. The physician should ask the patient, when they are alone, whether he/she prefers that the family member or friend be present or absent during the examination and should relay this information to the family or friend. However, persons present during the actual examination may be called as witnesses if the case goes to court.

The young victim of sexual assault presents other concerns for medical staff. Often, for young patients the sexual assault constitutes their first encounter with sexual activity, and physicians should be constantly aware of the need for sensitive and supportive treatment. A thorough explanation of all steps of the examination, reasons for each step, and how it is going to feel usually make young patients feel more at ease.

Additionally, the issue of body ignorance, awkwardness, or embarrassment may be a sensitive one, especially with adolescent patients, and medical and nursing personnel should be in tune with this issue.

Finally, the possibility of delayed psychological effects should be explained to the patient and family or friend. An explanation of different reactions and when to expect them is on the Information To The Patient sheet.

The nurse or doctor should explain these stages verbally and emphasize the importance of talking out those feelings.

Optimally, a public health nurse, social worker, or crisis counselor should be assigned to each patient for careful psychological follow-up and, if necessary, for crisis intervention in the family.

THE SEXUAL ASSAULT EVIDENCE KIT

The Sexual Assault Evidence Kit program in Michigan began as an idea in the Michigan State Police Forensic Science Laboratory Serology Unit. The correct usage of the evidence kit by examining physicians or health care providers enables all the available evidence to be collected and preserved properly. Correct use of the Assault Victim Medical Report form also provides the physician with the best possible notes to refresh his/her memory at a court trial.

When the evidence kit was designed, a number of factors were considered. First, the kit should contain a simple set of instructions which the doctor should read and understand quickly. The instructions should include a list of items to collect and explanations of how to collect and preserve the evidence. In addition, a brief indication of what the crime laboratory could determine from the evidence is necessary. Second, the kit should contain all the items necessary for collection and preservation of evidence—envelopes, swabs, microscope slides, and other items. The hospital need only provide a collection tube for a whole blood sample and a bag for the victim's clothing, when appropriate. Third, the evidence kit should be cost efficient. Since the kit is to be provided free of charge to hospitals, it is necessary to provide the most complete, practical kit for the least expenditure of limited funds.

With these considerations in mind, a prototype kit was produced and field tested at the University of Michigan Medical Center and Wayne County General Hospital. After approximately eight months of testing, the contents of the kit were improved, based on advice from the medical personnel who used the kit and forensic serologists who analyzed the evidence in the test kits. The final production model of the kit contains the following items:

1. One large paper envelope which forms the outer container for the kit.
2. One instruction sheet for the examining physician.
3. One set of multiple copy forms, composed of six different pages, which become part of the hospital's medical records. Copies are also provided for the patient, the police, and the prosecutor.

4. One plastic comb for hair combings.
5. Eight glass microscope slides, frosted on one end.
6. Three packages of sterile cotton swabs, two per package.
7. Thirteen small preprinted envelopes, labeled with the type of evidence each contains. Also on these envelopes is a space for the identifying initials of the doctor or nurse.
8. Two swatches of 100 percent cotton cloth, one for a blood stain and one for a saliva stain from the victim.
9. One lock-seal evidence envelope into which all the small, preprinted envelopes containing evidence will be placed. This envelope has a metal clasp lock in addition to the adhesive on the flap. Once closed properly, the envelope is secure against tampering.

ASSAULT VICTIM MEDICAL REPORT

Proper completion of the Assault Victim Medical Report is essential since it is an important part of the investigation of a sexual assault and may become evidence in a court of law.

The medical record should contain the patient's statement of the suspected crime in his/her own words and documentation of history, examination and treatment of the patient. Additionally, it should contain a description of all findings and all services rendered. Should evidentiary material be released to the police, the medical record should state to whom the material was delivered.

The law considers any licensed or certified health professional who examines a sexual assault patient as an eye witness in the body of events surrounding a potential crime. However, no legal opinions or judgments should be made by any medical staff. The patient interview and examination forms call for observations, not conclusions of diagnosis.

Any person filling out any part of the Assault Victim Medical Report may be called as an expert witness to testify in court. Therefore, it is imperative that as few people as possible fill out the report—preferably only the health professional who examines and treats the patient.

PATIENT INTERVIEW FORM - PART A

Consent and Release of Evidence

Consent for examination and treatment should be obtained from the victim/ patient before the patient is examined and treated. Such consent should cover the collection of specimens needed for proper examination of the patient as well as collection of specimens which may later be given to the police as evidence.

All information and evidence shall be retained by the facility and may only be released upon specific, written consent of the patient. Information includes medical records, smears, slides, X-rays, clothing, photographs, etc.

The patient must provide authorization for the release of information to the police separate from the consent for examination. Should the patient refuse such authorization, a note should be made of this refusal on the consent form.

Patient's Description of Assault

There is no need for the physician to conduct an interrogation or indepth interview

concerning the assault. The physician should, however, attempt to determine from the patient the nature of the assault as it relates to the examination and treatment: e.g., which parts of the patient's body were involved. This information should be written in the patient's words including all spontaneous utterances by the patient about the incident.

PATIENT EXAMINATION FORM - PART B

Clothing

If the patient is wearing clothing items which were worn at the time of the assault and afterwards, such clothing should be examined for its appearance and described in the report. It is imperative that clothing items be handled and shaken as little as possible so that microscopic evidence is undisturbed. Each garment should be placed in a separate paper bag or other appropriate container and appropriately labeled for evidence.

Trauma

During the physical examination the presence of bruises, lacerations, and trauma on the skin of the entire body should be noted on the charts provided and described in detail in the medical report. An indication of the possible specific agent (e.g., knife, cigarette, teeth) should be noted. Any specific trauma internally or externally to oral, anal and genital areas should be indicated and possible agents detailed.

A speculum examination should be performed on the female patient who was vaginally penetrated or genitally contacted to determine whether internal trauma has occurred and to obtain baseline information. If the vulva was contacted, careful visual examination should be done for external trauma. All findings should be described and recorded on the medical record.

If photographs of bruises and/or lacerations are taken at the facility, the physician should indicate this on the record. If the patient consents to release of evidence to police authorities, these photographs should be turned over to the police representative along with the other evidentiary materials.

If X-rays are taken, the medical report should reflect which parts of the patient's body were X-rayed and the results, if possible.

If a speculum examination is performed, a cotton swab should be used to swab the affected area. If a speculum examination is not needed but semen may be present elsewhere, a cotton swab should be used to swab that affected area.

Evidentiary Material

Evidentiary material should be gathered by the health care provider in the presence of a witness and held for possible release to the police. Such material should not be released without the express written consent of the patient (or parent or guardian if the patient is a minor).

Chain of Evidence

It is essential that the "chain of evidence" or "chain of custody" be maintained at all times. Policy should be established by the facility insuring that all persons responsible for keeping or handling evidence can be easily traced. It is recommended that as few persons as possible handle the evidence. Additionally, a tag or label should be attached to every evidentiary item detailing the date, time and name of person (or officer) receiving the items and from whom they were received.

Labels

All evidentiary specimens should be placed in separate containers and clearly labeled with the information below. These labels should be made with indelible ink on double-taped label or diamond pen on glass.

Suggested Use of the Evidence Kit

(Write the patient's name on each small envelope.)

Fibers of Foreign Matter

Collect any and all material on the patient's body which may have originated from someone or something other than the patient; e.g., leaves, grass, clothing fibers, hairs, etc. Place them in the envelope marked "Miscellaneous," identify the patient, seal and initial.

Blood Sample

Prick the patient's finger and obtain four drops of blood on the cotton swatch. Allow the sample to dry on one of the enclosed glass plates. After the blood is dry, place the swatch in the small envelope marked "Blood Sample," identify the patient, seal and initial.

Saliva Sample

Have the patient place the cotton swatch in his/her mouth for one minute. Then have the patient place the swatch on one of the enclosed glass plates and allow the sample to air dry. After the saliva is dry, place the glass plate and swatch in the small envelope marked "Saliva Sample," identify the patient, seal and initial.

Head Combing

Comb the patient's entire head with the enclosed plastic comb, collecting any hairs which are removed by the combing. Place the collected hairs in the small envelope labeled "Head Combing," identify the patient, seal and initial.

Pubic Combing

Comb the patient's pubic area with the enclosed plastic comb, collecting any hairs which are removed by the combing. Place the collected hairs in the small envelope marked "Pubic Combing," identify the patient, seal and initial.

Swabs

Swab the affected area (vaginal, cervical, rectal, oral, as necessary) with two swabs. These swabs can also be used to make smears on slides. Place the swabs on one of the enclosed glass plates and allow them to AIR DRY. After the swabs are dry, place them in the appropriate small envelopes marked "Oral Swabs," "Rectal Swabs," or "Vaginal Swabs," identify the patient, seal and initial. (Swab ends may be broken off if necessary.)

Slides

Smears on slides from previous swabs should also be AIR-DRIED. Do not stain or chemically fix these slides. After they have dried, place the slides in the appropriate small envelope labeled "Oral Smear," "Rectal Smear," or "Vaginal Smear," identify the patient, seal and initial.

Pulled Head Hairs

Pull 12 strands of the patient's hair from various regions of the head. Place the hairs in the small envelope labeled "Pulled Head Hair," identify the patient, seal and initial.

Pulled Pubic Hairs

Pull 6-8 hair samples from the patient's pubic area. NOTE: The patient may pull his/her own pubic hairs. Place the collected samples in the small envelope labeled "Pulled Pubic Hair," identify the patient, seal and initial.

When all samples have been collected, the physician should place all the small envelopes in the LOCK-SEAL ENVELOPE. Wet the gummed area of the envelope, seal it and "lock" it. Fill out all appropriate information on the front of the envelope. Hand the locked envelope to the police officer.

PATIENT TREATMENT RECORD - PART C

Statement of the Patient's Rights

Before any treatment commences, the patient should be informed of his/her rights. The list of rights may either be shown or read to the patient.

Tests

Baseline information must be obtained through pregnancy, VDRL and gonorrhea tests before any treatment is given or prescribed.

Comparison of follow-up tests with the baseline tests can establish whether the assault caused venereal disease, pregnancy or gonorrhea. The Criminal Sexual Conduct Statute defines personal injury as "bodily injury, disfigurement, mental anguish, chronic pain, pregnancy, disease, or loss or impairment of a sexual or reproductive organ."

Additionally, if the patient is given a pelvic examination, other infections or disorders should be diagnosed and treated at the time of the assault examination depending upon the patient's physical and emotional status. These may include tests and examination for cervical cancer, vaginal cancer, yeast infection, and cervicitis.

Treatment

Prophylactic treatment for venereal disease should be considered in all cases of sexual assault unless contraindicated. Refer to the U.S. Public Health Service recommendations for treatment of venereal disease.

The attending physician and/or nurse should inform the patient of the options should pregnancy result from the sexual assault, including early abortion, term pregnancy and adoption.

If the hospital or physician has a policy against referral for the termination of pregnancy, the patient should be provided with information explaining the policy and stating where such services can be obtained.

Follow-Up

Follow-up care six weeks after the assault should be provided at the facility or arrangements for follow-up elsewhere should be made by the facility. The appointment for the follow-up examination should be set at the time of the initial examination.

Follow-up care should include:

1. Treatment of lacerations, contusions, etc.
2. Surveillance for venereal disease.
3. Surveillance for pregnancy.
4. Counseling or referral to counseling to prevent any significant, long-term harmful psychological effects.

SLIDE PROGRAM: SCRIPT

ASSAULT VICTIM MEDICAL REPORT
PART A: PATIENT INTERVIEW FORM
PART B: PATIENT EXAMINATION FORM
PART C: PATIENT TREATMENT RECORD

SLIDE #1 & #2 Evidentiary specimens. An explanation as to proper collection procedures is listed in Appendix A: Collection Kit Instruction Sheet. The importance of each from their scientific value standpoint was mentioned in the video.

The following slides are included in the handout under Appendix B: Part A, page 1 and 2; Part B, page 1, 2, and 3; Part C.

SLIDE #3 Overview of Part A, page 1.

SLIDE #4 Top Portion Part A, page 1. Emphasize medical release and release of information and Lab Specimens/Clothing to proper legal authorities.

SLIDE #5 Bottom Portion of Part A, page 1. Emphasize that person filling out form the need not go indepth interrogating the victim. Description of assault is mainly done to determine extent of injuries and for medical reasons. The victim will describe assault over and over with police and prosecutor.

SLIDE #6 Overview of Part A, page 2.

SLIDE #7 Top Portion, Part A, page 2. Indication of pain is not only for medical purposes, but can indicate if force had been used. Again, enforcing the victim's lack of consent. The need for information relating to cleansing and prior intercourse furthers the forensic information for lab personnel; i.e., should elimination samples be obtained from husband, boyfriend, etc.

SLIDE #8 Bottom Portion, Part A, page 2. Emphasize need for this information from a legal standpoint, and in the event the interviewer needs to be contacted.

- SLIDE #9 *Overview of Part B, page 1.*
- SLIDE #10 *Top Portion, Part B, page 1. Clothing: Refer to Standardized Recommended Procedures for Emergency Treatment of Sexual Assault Victims.*
- SLIDE #11 *Bottom Portion, Part B, page 1. Trauma: Refer to Standardized Recommended Procedures.*
- SLIDE #12 *Overview of Part B, page 2.*
- SLIDE #13 *Top portion, Part B, page 2. Trauma: Refer to Standardized Recommended Procedures.*
- SLIDE #14 *Bottom Portion, Part B, page 2. Although this is up to subjective interpretation, the physician or health professional should note any extreme mental trauma.*
- SLIDE #15 *Overview of Part B, page 3.*
- SLIDE #16 *Top Portion, Part B, page 3. Microscopic exam for motile (moving) spermatozoa should be done during the examination, depending on the guidelines within the hospital. Sperm can stay motile in the vaginal tract in most cases for up to eight hours. This is important in setting the time of the incident and corroborating the victim's statements.*
- SLIDE #17 *Bottom Portion, Part B, page 3. Signatures.*
- SLIDE #18 *Overview of Part C. This is the treatment record for medical tests and followup care. Refer to Standardized Recommended Procedures.*

APPENDIX A.

MICHIGAN STATE POLICE
SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTION SHEET

NOTE: This kit has been designed to assist physicians in the collection of evidentiary specimens for examination by the crime laboratory serving the police agency investigating cases of alleged sexual assault. Your cooperation is requested in the collection of the following samples.

EVIDENTIARY SPECIMENS

FIBERS and/or FOREIGN MATTER: (May relate victim to a particular person or place)

Collect any and all material found on victim's body which may have originated from assailant or from scene of the alleged assault. (For example: plant material, fibers, hairs, dried secretions, etc.) Place in envelope labeled "MISCELLANEOUS", seal and fill in information requested.

HEAD HAIR COMBINGS: (May contain hairs from assailant)

Remove paper towel and comb provided in the "Head Hair Combing" envelope. Place paper towel under victim's head and comb entire head area in downward strokes so that any loose hair will fall on paper towel. Place comb in center of towel and fold towel in manner to retain both comb and any loose hair present.

PUBIC HAIR COMBINGS: (May contain hairs from assailant)

Remove paper towel and comb provided in the "Pubic Hair Combing" envelope. Place paper towel under victim's genital area and comb entire pubic hair area in downward strokes so that any loose hair will fall on paper towel. Place comb in center of towel and fold towel in manner to retain both comb and hair present.

SWABS AND SMEARS: (Swabs for examination of semen and blood groups, smears for spermatozoa)

NOTE:

- Extreme caution should be used in order not to mix swabs and smears from different areas.
- Do not stain or chemically fix slides.
- Do not use any type of lubricant in obtaining swab samples.

A) Remove slides from oral, rectal and vaginal slide holders.

B) Using two swabs for each area, swab oral, rectal and vaginal tract.

C) Using both swabs from each area, make two smears from each area.

D) After smears have been made, place swabs used on appropriate slides and allow swabs and smears to air dry.

E) After smears have air dried, mark frosted end of slides in the following manner:

O for Oral

R for Rectal

V for Vaginal

Return slides to appropriate slide holder and fill in information requested on labels

F) Snap off approximately 2" to 3" of wooden shaft on swabs, and place in appropriate swab envelopes. Seal and fill in information requested.

(OVER)

KNOWN SPECIMENS FROM VICTIM

NOTE: In order to determine if there is any material from an assailant, it is necessary to determine that materials came from the patient by comparing the questioned evidentiary material with known specimens from the patient. For this reason it is requested you collect the following:

KNOWN BLOOD SAMPLES: (To be examined for various blood and enzyme groups)

Since a blood sample must be drawn by the hospital for VDRL, please collect an additional blood sample using a red-stoppered blood tube for the crime laboratory.

NOTE:

- Blood tube should contain no preservative or anticoagulants
- 2 ml of blood is sufficient for crime laboratory's use.

KNOWN SALIVA SAMPLE AND SMEAR: (Used to determine victim's blood group and secretor status)

Remove paper disk from "Saliva Sample" envelope and have victim place disk in her/his mouth and thoroughly saturate with saliva. Allow paper disk to air dry, then return to envelope. Seal and fill in information requested.

PULLED HEAD HAIRS: (To be compared with hairs from head hair combings)

NOTE: Do not use forceps for this procedure.

Pull (do not cut) 12 strands of the victim's head hair from various regions of the scalp. Place hairs in envelope labeled "Pulled Head Hair," seal and fill in information requested.

PULLED PUBIC HAIRS: (To be compared with hairs from pubic hair combings)

NOTE: Do not use forceps for this procedure.

Pull (do not cut) 6-8 strands of pubic hair from victim's pubic area. Place hairs in envelope labeled "Pulled Pubic Hair," seal and fill in information requested.

NOTE:

- Fill in information requested on front of kit envelope
- Place all samples collected in kit envelope
- Moisten gummed flap on kit envelope and seal envelope
- Place orange evidence seal on flap where indicated
- Hand sealed envelope to police officer after he has signed item #45 on the forms and the chain of custody on envelope
- Advise police officer to send sealed envelope to the crime laboratory as soon as possible

YOUR COOPERATION IN THIS PROGRAM WILL ASSIST IN THE RIGHTFUL PROSECUTION OF SEXUAL ASSAILANTS. WE THANK YOU FOR YOUR ASSISTANCE.

ASSAULT VICTIM MEDICAL REPORT
PATIENT INTERVIEW FORM

Please type or print all information clearly.
For explanation of each item, see corresponding number in associated protocol.

This report may be completed by any licensed or certified health professional.

1. Date of Interview _____ 2. Time of Interview _____
3. Patient Name _____ 4. Medical File No. _____
5. Patient Birth Date _____ 6. Patient Sex _____ 7. Phone _____
8. Patient Address _____ ZIP _____

Permission for Interview, Examination and Release of Information

Permission is hereby granted to the medical staff of:

9. Hospital/Clinic/Private Doctor Name _____
10. Address _____
 To perform a medical interview and a physical examination as may be necessary on the person of _____
 To release the results of this examination and laboratory specimens and clothing to the proper legal authorities.
11. Patient Signature _____ 12. Date _____
13. Or Parent/Guardian Signature _____ 14. Relation _____
15. Witness Signature _____ 16. Date _____
16. Patient's description of assault (Record in patient's words. Include all spontaneous utterances).

17. Date of Assault _____ 18. Time of Assault _____

White - Medical Records
Yellow - Police
Pink - Patient
Goldenrod - Prosecutor

AUTHORITY: Act 59, P.A. of 1935
COMPLETION: Voluntary, but information needed for medicolegal purposes.

19. Note indication of pain in patient's own words:

20. Check pain and symptoms mentioned:

<input type="checkbox"/> skeletal muscular pain	<input type="checkbox"/> headache	<input type="checkbox"/> tenesmus
<input type="checkbox"/> abdominal pain	<input type="checkbox"/> bleeding	<input type="checkbox"/> dysuria
<input type="checkbox"/> pelvic pain	<input type="checkbox"/> discharge	<input type="checkbox"/> other

21. Has there been recent treatment of any disorder?

No Yes Describe _____

22. Has there been any cleansing since the assault?

No Yes Describe _____

23. (Vaginal assault only) LNMP _____

24. (Vaginal assault only) Date of last previous coitus before assault _____

25. Additional remarks:

I understand that the law considers the examining licensed or certified health professional as an eye witness in the body of events surrounding a potential crime. What a patient/victim says to medical staff may be admissible as an exception to the hearsay rule, and these statements may be important in determining the truth before a judge or jury. I agree to preserve these statements as part of this patient's history.

26. Interviewer's signature _____

27. Interviewer name _____ 28. Title _____

29. (If known) Termination date of this employment _____

30. Interviewer fluent in English Yes No

White - Medical Records
Yellow - Police
Pink - Patient
Goldenrod - Prosecutor

ASSAULT VICTIM MEDICAL REPORT PATIENT EXAMINATION FORM

Please type or print all information clearly.

For explanation of each item, see corresponding number in associated protocol.

This examination and report may be completed by any licensed or certified health professional.

31. Date of examination _____ 32. Time of Examination _____
33. Patient Name _____ 34. Medical File No. _____

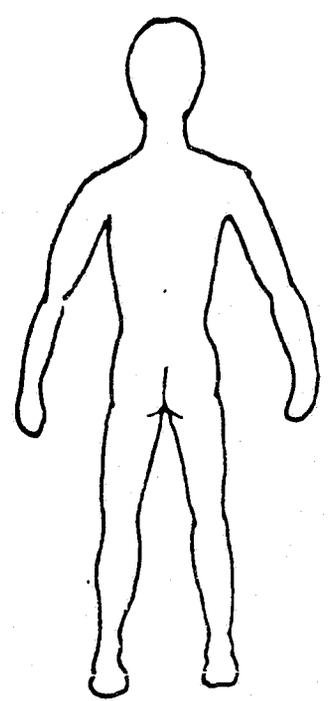
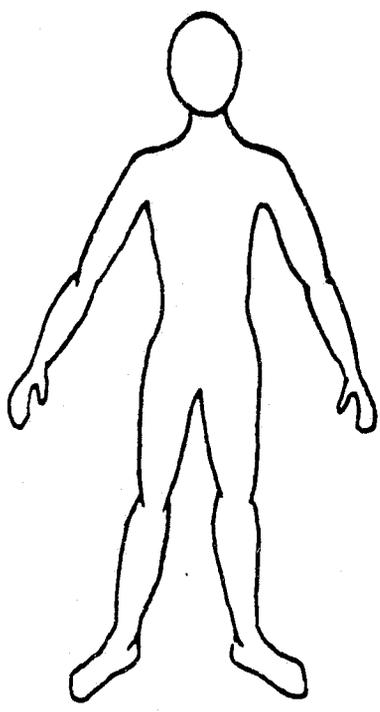
35. Appearance of patient's clothing: (Check if yes)

<input type="checkbox"/> Missing	<input type="checkbox"/> Soiled or muddy	<input type="checkbox"/> Leaves, grass embedded
<input type="checkbox"/> Torn	<input type="checkbox"/> Damp or wet	<input type="checkbox"/> Other as described
<input type="checkbox"/> Soiled	<input type="checkbox"/> Blood stains	

36. Patient changed clothing between assault and arrival at examination?
 Yes No

37. Itemize clothing placed in containers separately and tagged for evidence:

38. Describe presence of trauma to skin of entire body. Indicate location using chart. Describe exact appearance and size. Indicate possible source such as teeth, cigarette.

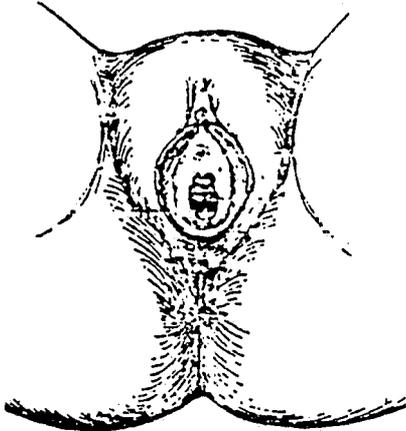


39. Itemize photos or X-rays of patient:

White - Medical Records
Yellow - Police
Pink - Patient
Goldenrod - Prosecutor

AUTHORITY: Act 59, P.A. of 1935
COMPLETION: Voluntary, but information needed for medicolegal purposes

40. Describe external perineal or genito pelvic trauma:



41. Describe internal trauma (Speculum and bimanual examination):
_____ Lacerations present, Describe:

42. Is there discharge?
_____ No _____ Yes Describe:

43. Checklist of symptoms of extreme mental trauma:

- Patient seems extremely quiet, passive, withdrawn, unresponsive - shows little emotion at all.
- Patient says little or nothing; seems unable to talk.
- Patient cries loudly and continually in a hysterical fashion.
- Patient laughs, jokes with those around - incongruously light-hearted.
- Patient expresses fear that his/her body was broken, permanently damaged or changed in some way.
- Patient exhibits serious breaks with reality; e.g., sensory, auditory or visual hallucinations.
- Patient expresses fears of falling apart, going crazy, disappearing.
- Patient refuses to leave the facility.
- Patient expresses suicidal ideation.
- Other

44. Immediate Laboratory Examination of wet mount slide: (List source affected area and check result).

List Source Areas	Sperm Present	Sperm Absent	Sperm Motile	Sperm Nonmotile

45. Signature of Legal Authority receiving this information, clothing and the following specimens: _____

- 46. Air-dried cotton swabs - 2 sets from affected area (list body sources)
- 47. Dry unstained slides (list body sources)
- 48. Fibers from patient's body
- 49. Combing from patient's head
- 50. Combing from pubic area
- 51. 12 strands pubic hair (pulled)
- 52. 12 strands patient's head hair pulled from different regions of head
- 53. Saliva Sample: cotton cloth in patient's mouth and air-dried
- 54. tube of whole blood (no preservatives)

I understand that the law considers the examining licensed or certified health professional as an eye witness in the body of events surrounding a potential crime, and that I may be called to testify and be cross-examined about my findings in this examination.

55. Examining health professional signature _____

56. Examining health professional printed name _____

Title _____

57. Supervising physician name, if any _____

58. (If known) Termination date of this employment _____

59. Examiner fluent in English _____ Yes _____ No

ASSAULT VICTIM MEDICAL REPORT
PATIENT TREATMENT RECORD

Please type or print all information clearly.
For explanation of each item, see corresponding number in associated protocol.

60. Date of treatment _____ 61. Time of treatment _____

62. Patient Name _____ 63. Medical File No. _____

64. Statement of Patient's Rights.

1. You have the right to considerate and respectful care by doctors and nurses.
2. You have the right to privacy and confidentiality for yourself and your medical records.
3. You have the right to full information about treatment.
4. You have the right to refuse or choose treatment offered, and to leave the location of medical service when you wish.
5. You have the right to continued care and timely treatment of your future health problems related to this incident.

Tests given to patient:

65. GC culture	_____ Yes	_____ No	66. VDRL	_____ Yes	_____ No
67. Pap smear	_____ Yes	_____ No	68. Pregnancy test	_____ Yes	_____ No
69. Other Information	_____ Yes	_____ No	Describe:		

Treatment given to patient:

70. VD prophylaxis _____ No _____ Yes Describe:

71. Medication given:

72. Medication prescribed:

73. Other Treatment given:

Future treatment planned

74. Transfer to another medical facility Name _____

75. Appointment in 6 weeks for repeat GC culture, VDRL, and pregnancy test:
Date _____ Time _____ Place _____

76. Referred for counseling, or introduced for follow-up to:

HOSPITAL PERSONNEL - Please Give This Sheet To The Victim/Patient

SEXUAL ASSAULT CRISIS PROGRAMS IN MICHIGAN

To locate a sexual assault crisis program in your own community, it is recommended that you call the listed program closest to you. Most programs are happy to provide information and referral services.

County and city, below, indicate location of program only. A particular program may serve more than one county and/or city.

COUNTY	CITY	PROGRAM	CRISIS PHONE
Allegan	Holland	Center on Women in Transition	616/392-2829 842-HELP 396-HELP
Bay	Bay City	Bay County Women's Center	517/893-4555
Berrien	St. Joseph	SAFE Shelter	616/983-4275
Eranch	Coldwater	Shelterhouse	517/278-7432
Calhoun	Battle Creek	Calhoun Co. Alliance Against Sexual Assault	616/996-1456
Chippewa	Sault Ste. Marie	Chippewa Co. Domestic Violence Program-Rape Crisis Program	906/635-0566
Emmet	Petoskey	Women's Resource Center	616/347-0082
Genessee	Flint	YWCA Sexual Assault Services	313/238-SAFE
Gogebic	Ironwood	DOVE, Inc.	906/932-0310
Grand Traverse	Traverse City	Women's Resource Center	616/941-1210
Houghton	Houghton	Dial Help	906/482-4357
Houghton	Calumet	BK Gundlach Shelter	906/337-5623
Ingham	E. Lansing	Listening Ear	517/337-1717
Ingham	E. Lansing	MSU Sexual Assault Crisis Program	517/372-6666
Iron	Iron Mountain	The Caring House	906/774-5524
Isabella	Mt. Pleasant	Isabella Co. Sexual Assault Task Force	517/772-2918
Jackson	Jackson	AWARE, Inc.	517/783-2671
Kalamazoo	Kalamazoo	YWCA Sexual Assault Program	616/345-3036
Kent	Grand Rapids	Cornerstone Sexual Assault Services	616/774-3535
Lenawee	Adrian	Call Someone Concerned	517/263-6736
Macomb	Warren	Macomb Crisis Center	313/573-8700
Marquette	Marquette	Women's Center	906/226-6611
Midland	Midland	Council on Domestic Violence and Sexual Assault	517/835-6771
Muskegon	Muskegon	Every Woman's Place	616/726-4493 722-3333
Oakland	Pontiac	HAVEN, Inc.	313/334-1274
Oceana	Hart	Region 4 Community Services	616/873-5678
Ottawa	Grand Haven	Center on Women in Transition	See Allegan Co.
Saginaw	Saginaw	Saginaw Co. Sexual Assault Ctr.	517/755-6565
Tuscola	Caro	Tuscola Co. Assault Crisis Ctr.	1-800/292-3666
Washtenaw	Ann Arbor	Ann Arbor Women's Crisis Ctr.	313/994-9100
Washtenaw	Ann Arbor	Assault Crisis Center	313/994-1616
Wayne	Lincoln Park	Downriver Anti-Rape Effort Inc.	313/224-7000
Wayne	Detroit	Rape Counseling Center	313/224-4487
Wexford	Cadillac	OASIS	616/775-SAFE

TO THE PATIENT:

Sexual Assault Information:

The Interview: The doctor and nurse interview you in order to decide what problems and injuries require attention and treatment. The information gathered during the interview, medical or otherwise, may be needed in court as evidence.

About the Examination: The appearance of your clothing and any sign of force or injury to your body are legal evidence for a possible criminal prosecution. Foreign matter on your body or on your clothing may also provide evidence. If the police have not collected your clothing and necessary samples of evidence, this may need to be done while in the emergency department. (*You should receive a receipt from the authority who takes your clothing to send to the crime lab.*) The doctor will need to examine you carefully, collect appropriate swabs for evidence and render appropriate medical therapy.

About Venereal Disease: It is possible to contract infection (*like venereal disease*) from a sexual contact. In order to determine whether you have contracted any possible disease, various tests will be performed.

It is possible to prevent or treat venereal disease with antibiotics. This option should be offered to you today. Even if you are treated, you will need further tests by a specialist to make sure that the treatment is successful. You should be seen by a doctor in six weeks.

Please refrain from sexual relations for ten days following treatment so as not to expose another person.

About Pregnancy: There is about a 1 - 4 % chance that you may become pregnant from the assault if it occurred in your cycle other than during ovulation, which usually occurs midway between periods. Even if you were ovulating the day of the assault there is only a 10 % chance of becoming pregnant. There are several methods of pregnancy prevention available which you need to discuss in detail with a doctor who will assume responsibility for your continuing care.

If you are concerned about becoming pregnant you should:

1. Consult your private physician and specialist for recommendations of pregnancy prevention.
2. Contact a local medical clinic if you have no private physician.
3. Consult your local Rape Counseling Center or Planned Parenthood - see attached.

About Your Emotions: It is normal for you to have strong and uncomfortable feelings after this experience. You and your family need to understand that your feelings are acceptable and important. You may wish to talk about your feelings with a trusted friend, or with a counselor, who has skills to help you work through your doubts and settle the experience. This may take time, but many people feel that good counseling has saved them from a lot of confusion and pain later. Ask the emergency physician or nurse for the local counseling center phone number or see the attached list of county phone numbers for more information on counseling centers in your area.

To help you understand what you are going through now and may be going through in the future, here is a description of the feelings people often experience after a crisis:

1. Up to two weeks afterward, feeling numb, stunned, afraid, angry, unable to eat, unable to sleep, physically sore, jumpy, feeling degraded or dirtied.
2. After two weeks; feeling moody, irritable at times, frustrated and angry, wanting to forget.
3. After several months: after a period of recovery, many people find that they suddenly feel depressed or worried again. This may be an indication that you have unfinished concerns, and feelings you cannot understand.

SEMEN

Seminal examinations are generally associated with cases involving Rape and/or Deviate Sexual Assault and Homicide. Seminal deposits may also be recovered at other crime scenes, such as a Burglary scene.

A. Semen may be recovered in the following states:

1. Liquid—a white, milky-like substance, slightly odorous
2. Dry—grayish-white, crystalline deposits

B. Semen may be recovered from almost any object, but it is generally found:

1. At the scene of the incident
 - a. Bedding
 - b. Rugs
 - c. Floor
 - d. Interior of auto
 - e. Rags and tissues
2. On the clothing of victim
3. From the body of victim
 - a. Depending on circumstances, either one, two, or all of the following samples should be obtained by qualified medical personnel:
 - (1) vaginal swab and/or smear
 - (2) rectal swab and/or smear
 - (3) oral swab and/or smear

C. Importance of semen:

1. The presence of semen establishes that a Sexual Assault actually occurred and may aid in identifying the assailant.
 - a. Presence of semen on clothing or body of victim may corroborate victim's claim of assault.
 - b. Presence of vaginal, epithelial cells in stain on clothing of suspect may suggest contact with female vaginal orifice.
 - c. Blood group of semen present on victim's clothing may be identical to blood group of suspect.
 - d. Hairs or fibers present in seminal stains may serve to identify the suspect and to place him at the scene of the incident.
 - e. Abnormal spermatozoa recovered from semen deposits on the clothing of the victim may compare morphologically to spermatozoa recovered from semen stain on clothing of suspect.
2. The presence of semen establishes a motive for Homicide where no apparent motive is present.
 - a. The suspect killed the victim after a Sexual Assault to prevent identification by the victim.
 - b. Sexual climax by the assailant may only occur as result of inflicting injury to or killing his victim.
3. Finding semen at a Burglary or other crime scene may be indicative of a behavioral pattern that could be traced to a particular individual and may serve as a valuable investigative lead.

HAIR

Hair may be present adhering to or embedded in any object. Hair deposits are the result of natural fall out or physical contact between two individuals.

A. Hair recovered may be:

1. Animal
2. Human

B. Hair may originate from any part of the body:

1. Head
2. Eyelashes
3. Beard
4. Chest
5. Arms or legs
6. Genitals

C. Hair may be recovered as:

1. Individual shafts or portions of shafts
2. A mixture of hairs and fibers
3. A component of a heterogeneous mixture
 - a. Debris
 - b. Soil

D. Hair may be recovered from:

1. Scene of incident and adjacent areas
2. Objects at scene of incident
3. Clothing of victim or suspect
4. Body of victim or suspect
 - a. Clutched in hands
 - b. Embedded beneath fingernails
 - c. Embedded in head or pubic hair
5. Vehicles
 - a. Interior
 - b. Exterior
 - (1) Hit-and-Run incidents
 - c. Trunk
6. Weapons
 - a. Guns, clubs, and other instruments used as weapons
 - b. Hair present on weapons is usually head hair
7. Tools

E. Hair may be embedded in blood, tissue, semen, or other materials.

F. Collection and preservation of hair:

1. Cardinal Rule: Submit entire article when possible.
2. Garments and other articles should be wrapped in separate plastic bags or other similar containers.
3. Avoid contact between clothing of victim and clothing of suspect.
4. Hair should be recovered through use of:
 - a. Forceps
 - b. Pressure sensitive (transparent) tape
 - c. Fingers
5. Recovered hair should be placed in:
 - a. Clean pillbox
 - b. Clean vial
 - c. Clean envelope after wrapping hair in clean paper
6. Place hair recovered at separate locations in separate containers.
7. Avoid excessive handling to prevent loss or contamination of trace materials that may be present on hair.
 - a. Blood
 - b. Semen
8. Each container should be sealed to prevent loss, alteration, or contamination and should be suitably marked for future identification.

G. Obtaining hairs for comparative purposes:

1. Hair for purposes of comparison should be a representative sample.
 - a. For example,
 - (1) Top of head, rear and front
 - (2) Both sides of head, rear and front
 - (3) Neck, left and right side
2. To allow for examination of entire hair shaft:
 - a. Hair should be pulled out (i.e. recover entire hair shaft).
 - b. If hairs cannot be pulled out, they should be cut as close to the root end as possible.
3. Hairs may be obtained from victim as follows:
 - a. Voluntary act of victim
 - b. In Homicide cases, a coroner, medical examiner, pathologist or physician conducting postmortem examinations.
4. Hairs may be obtained from suspect as follows:
 - a. Voluntary act of suspect
 - b. Comb belonging to suspect
 - c. Personal belongings of suspect
5. When hairs are needed for comparison purposes from animals, a representative sample must be taken from all parts of the animal's coat.

H. Importance of hair:

1. Intruder may be attacked by a dog, and hairs from the animal may be deposited on his clothing. Identification and comparison of these hairs may contribute to placing suspect at the crime scene.
2. Pubic hairs on clothing or body of rape victim may tend to substantiate a claim of sexual assault. Head hairs present on clothing or body of victim may establish the hair color of suspect. This may serve as a valuable investigative aid.
3. Damaged hair from assault victim may reveal information regarding the type of weapon used in the assault. Fragments of the weapon or paint from the weapon may also be present on the hair.
4. Hair recovered from a vehicle and compared with hair from the victim of a Hit-And-Run incident may establish that the vehicle was involved in the incident.
5. Hair present on a weapon may indicate that the weapon was responsible for inflicting the injury or wound.
6. Hair present on garments may be the means of determining physical contact between two individuals.
7. Similar hairs found at two locations may indicate that a body had been moved to a location other than the location where the actual assault occurred.
8. Hairs found at a crime scene may tend to corroborate the presence of a suspect at the scene.
9. Examination of hair may reveal that the hair is of natural color or has been recently dyed, rinsed, or bleached. This may prove to be a valuable investigative aid.
10. The condition of the root of the hair may indicate whether the hair fell out or was pulled out. This may provide very important information about whether physical contact occurred.
11. The condition of the tip of the hair may indicate if the hair has been recently cut.
12. The structure of the hair may exhibit certain deformities which may aid in identifying a particular individual.
13. The presence of trace materials in the hair may indicate the environment or the occupation of an individual or his presence at a crime scene.
14. If blood is present on the hair, it may be possible to determine its blood type. It is also possible to determine the blood type from the hair itself if the sample is from a "secretor."
15. If semen is present on hair it may be possible to isolate spermatozoa from the semen.
16. Oils, lacquers, creams, or other hair preparations that may have been applied to the hair may be of an unusual variety. Their identification can aid in the comparison of hair samples.

Fibers

Fibers as evidence are similar to hair. They may be present adhering to or embedded in any object. Their presence may be the result of normal fall out or transference during physical contact.

A. Generally speaking there are four fiber classifications:

1. Animal (wool, mink)
2. Vegetable (cotton, hemp)
3. Mineral (asbestos, fiber glass)
4. Synthetics or man made (nylon, orlon)

B. Fibers may be recovered as:

1. Individual fibers
2. A mixture of fibers of different origin
3. As a component of a heterogeneous mixture
 - a. In debris
 - b. In soil
4. Cloth swatches

C. Fibers may be recovered from:

1. Scene of incident and adjacent areas
2. Objects at scene of incident
3. Clothing of victim or suspect
4. Body of victim or suspect
 - a. From hands
 - b. Beneath fingernails
 - c. Embedded in hair
5. Vehicles
 - a. Interior
 - b. Exterior
 - (1) Hit-And-Run incidents
 - c. Trunk
6. Weapons
 - a. Knives used in cuttings or stabbings
 - b. Clubs or other instruments used in beatings
 - c. Firearms
 - d. Fired bullets that have penetrated garments
7. Embedded in blood, tissue, semen, or other materials

D. Collection and preservation of fibers:

1. Cardinal Rule: Submit entire article whenever possible.
2. Garments should be wrapped in separate plastic bags or similar containers.
3. Avoid contact between clothing of victim and suspect.
4. Fibers should be recovered using same methods employed in recovery of hair.
5. Place recovered fibers in:
 - a. Clean pillbox
 - b. Clean vial
 - c. Clean envelope after wrapping fibers in clean paper.

6. Place fibers recovered from separate locations in separate containers.
7. Avoid excessive handling to prevent loss or contamination of trace materials that may be present on the fibers.
 - a. Paint
 - b. Soil
 - c. Safe insulation
 - d. Biological stains
8. Each container should be sealed to prevent loss, alteration, or contamination and should be suitably marked for future identification.
9. If any fibers are present on body of victim, they should be collected by physician performing postmortem examination.

E. Importance of fibers:

1. Fibers present on a weapon may establish that the weapon was used in an assault.
2. Fibers present on a fired bullet may establish that the bullet penetrated certain garment(s).
3. Fibers present on a vehicle may establish that a particular vehicle was involved in a Hit-And-Run.
4. The presence of trace materials on fibers may indicate environment or occupation.
5. Fibers present on the body or clothing of the victim of an assault, rape or homicide may help identify the assailant.
6. Interchange of fibers between two individuals may establish physical contact.
7. Presence of fibers at a crime scene may indicate the color of the clothing of the perpetrator. This may be an important investigative aid.
8. Deposits of semen and/or blood may be present on fibers. Their analysis may help to determine their blood group and to isolate spermatozoa. This may prove very important in the investigation of the incident.
9. The condition of damaged fibers may reveal information regarding the type of instrument that caused the damage to the fiber and that inflicted a wound or injury.
10. Fibers present on the clothing of a suspect may establish that the suspect had been present at the scene of a crime.
11. Fibers from stolen furs may be present in clothing of suspect and tend to establish his connection with the incident.