INFORMATION PERTAINING TO ASSAULT & KIT TRACKING FORM
PROVIDER SEXUAL CRIME REPORT

FORM 2A
FAX FORM 2A ONLY

Per MGL C.112, S. 12A 1/2

A. PATIENT INFORMATION: *Name, address, and other identifying information should not be written on this anonymous form.*

1. **Age:**_____ 2. **Gender:** ☐ Female ☐ Male ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Other: _____
3. **Race:** ☐ White ☐ Black/African Am ☐ Hispanic/Latino ☐ Am Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other: _____
4. **Date of Assault (e.g., 01/01/2000):** _____ 5. **Approx. Time of Assault:** _____ ☐ AM ☐ PM
6. **City/Town of Assault:** _____ **State:** _____ **Neighborhood:** _____
7. **Specific Surroundings at Time of Assault:** ☐ House/Apartment ☐ Outdoors ☐ College/University ☐ Hotel/Motel ☐ Prison ☐ Jail ☐ DYS ☐ Motor Vehicle ☐ Unsure ☐ Other (specify): _____
8. **Date of Hospital Exam (e.g., 01/01/2000):** _____ 9. **Time of Hospital Exam:** _____ ☐ AM ☐ PM
10. **Hospital Providing Service:** _____
11. **Exam Completed By:** ☐ **MA SANE** ☐ **SANE-A** ☐ **MD** ☐ **NP** ☐ **PA** ☐ **CNM** ☐ **RN**
    Assisted by TeleSANE? ☐ Yes ☐ No

Affix kit number label here on both white and yellow copies.

B. ASSAILANT(S) INFORMATION: *Did the patient voluntarily report any of the following relationships with the assailant(s)?*

12. **Total Number of Assailants:** _____ **Unsure:** ☐
13. **Assailant(s) Relationship to patient and gender of assailant (m/f)** *(If >1 assailant, designate relationship of each).*

	# Male	# Female		# Male	# Female
☐ Parent/Step-parent			☐ Boy/girlfriend		
☐ Spouse/live-in partner			☐ Ex-boy/girlfriend		
☐ Ex-Spouse/live-in partner			☐ Date		
☐ Parent's live-in partner			☐ Acquaintance		
☐ Other relative			☐ Friend		
☐ Stranger			☐ Unknown		
			☐ Other (specify): _____		

C. WEAPONS/ FORCE USED: *(Check all that apply as per patient report and/or physical findings).*

14. ☐ Verbal threats ☐ Restraints (ropes, ties, cords, etc.) ☐ Strangulation ☐ Chemical(s) (pepper spray, mace, etc.)
☐ Bites ☐ Hold Down/Body Weight ☐ Hitting ☐ Other physical force Describe: _____
☐ Burns ☐ Other weapons Describe: _____ ☐ Gun ☐ Alcohol
☐ Knife ☐ Drugs ☐ Blunt Object ☐ Unsure

D. ACTS DESCRIBED BY THE PATIENT:

Was there penetration, however slight, of:

15. Vagina ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A *BY* ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
16. Anus ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A *BY* ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
17. Mouth ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A *BY* ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
18. Did ejaculation occur? ☐ Yes ☐ No ☐ Unsure ☐ N/A
19. Did assailant(s) use a condom? ☐ Yes ☐ No ☐ Unsure ☐ N/A
20. Any injuries to patient resulting in bleeding? ☐ Yes ☐ No ☐ Unsure
    If yes, specify: _____
21. Any injuries to assailant(s) resulting in bleeding? ☐ Yes ☐ No ☐ Unsure
    If yes, specify: _____

E. CASE STATUS AT TIME OF THE EXAM:

22a. Evidence Collection Kit utilized? ☐ Yes ☐ No
22b. Toxicology Kit collected? ☐ Yes ☐ No
23. Reported to police? ☐ Yes ☐ No ***If yes, specify police dept.:*** _____
24. DCF Involved? ☐ Yes ☐ No *If yes, describe status:* _____
25. Restraining order in place before assault? ☐ Yes ☐ No *If yes, date and court location:* _____
26. Restraining order filed after assault? ☐ Yes ☐ No *If yes, date and court location:* _____

F. MANDATORY REPORTING:

27. 19A Elder Abuse Report ☐ Yes ☐ No File with Elder Services if patient is age 60 or above.
28. 51A Child Abuse Report ☐ Yes ☐ No File if patient is <18yo or if children <18yo were present during assault.
29. 19C Disabled Persons Report ☐ Yes ☐ No File with DPPC for patients with a disability ages 18 - 59.
30. 12A Weapon Report ☐ Yes ☐ No If patient injured by a weapon, the treating clinician files this report.
31. 70E Emergency Contraception Administered ☐ Yes ☐ Not indicated ☐ Declined ☐ Not offered

G. KIT TRACKING INFORMATION:

32. Name of Police Department notified for pick up and transport of Evidence: _____
33. Date notified: _____ Time notified: _____

FAX this report to: **Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit**
FAX: 617-725-0260 AND: Local public safety authority

JUNE 2019

RETAIN WHITE COPY OF FORM 2A AND 2B FOR HOSPITAL RECORDS

RETURN YELLOW COPY OF FORM 2A AND 2B TO STEP 1 ENVELOPE