SAPR Program
Victim Information – First Contact Form

Note to the Victim Advocate:
The following information should be collected by the Victim Advocate (VA) during the initial contact with the victim, and the original copy should be turned over to the SARC upon completion. The information provided will assist the SARC in meeting the required data elements for the DOD Defense Case Record Management System (DCRMS), or the SAPR Interim Reporting Solution worksheet until DCRMS becomes operational. After the information is entered into the database, the original form will be destroyed. The VA should not keep any personal record of this form or its contents.

This information should be collected in such a way as to prevent overwhelming and/or intimidating the victim. ***The VA should gather these data only after addressing the victim's immediate safety concerns and needs, and after carefully explaining that these data are only being sought for tracking purposes.*** **If a victim chooses not to disclose one of the data elements, the victim should not be pressured to provide an answer.** Emphasize to the victim that these data are only being sought for tracking purposes. The release of information will be limited to those personnel who would have a legitimate need to know under the Army SAPR Program policy guidelines.

Victim Advocate's Name: _____
Date VA Notified: ___/___/_____
Time VA Notified: _____ (24 hour format)

Responsible SARC's Name: _____
SARC's Installation: _____
Date SARC Notified: ___/___/_____
Time SARC Notified: _____ (24 hour format)
Did Victim Accept Services: ☐ Yes ☐ No ☐ Victim Not Authorized Service

Sexual Assault Cases Not Involving a Service Member:
Is this a sexual assault case where neither the victim nor the offender is a service member (and this is not a Family Advocacy Program case)? ☐ Yes ☐ No

Victim Information:
Victim Name _____ (Info not required for restricted)
Last First Middle
SSN: _ _ _ - _ _ - _ _ _ _ (Info not required for restricted)
DOB: ___/___/_____ (mm/dd/yyyy) (Info not required for restricted)
Age: _____ (at time of assault) Gender: ☐ Female ☐ Male

Current Marital Status:
☐ Dating ☐ Single, never married ☐ Widowed
☐ Legally married ☐ Legally separated, not divorced ☐ Unknown
☐ Legally married, but separated ☐ Divorced

Race:
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ No response
☐ Asian ☐ Blended
☐ Black or African-American ☐ Caucasian

Ethnicity:
☐ Hispanic ☐ Non-Hispanic

Victim's Military Service Information:
Was the victim in the military at the time of the sexual assault? ☐ Yes ☐ No

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Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Unknown
Installation Assigned: _____
Unit: _____

Status:

☐ Active Duty	☐ ARNG - Title 32 - AGR	☐ DOD Civilian	☐ Unknown
☐ ARNG - State Active Duty	☐ ARNG - Title 32 - IDT	☐ Family Member	☐ USAR - AGR
☐ ARNG - Title 10	☐ Cadet	☐ Foreign National	☐ USAR - IMA
☐ ARNG - Title 32 -- ADSW	☐ Civilian	☐ Midshipman	☐ USAR -- IRR
☐ ARNG - Title 32 – ADT	☐ Contractor	☐ Retiree	☐ USAR - TPU

Grade/Level (1-14): _____ Victim Lives: ☐ On base ☐ Off base

Was victim using alcohol within 24 hours of the incident? ☐ Yes ☐ No
Was victim using illegal drugs within 24 hours of the incident? ☐ Yes ☐ No

Description of Victim's Injuries:
- ☐ Apparent broken bones
- ☐ Possible internal injuries
- ☐ Severe lacerations
- ☐ Apparent minor injuries
- ☐ Other major injuries
- ☐ Loss of teeth
- ☐ Unconsciousness

Type of Force Used by Alleged Offender:
- ☐ None
- ☐ Verbal pressure
- ☐ Position of authority
- ☐ Threat to physical force
- ☐ Use of physical force
- ☐ Gave victim alcohol and/or drugs
- ☐ Weapon involved in assault

Was victim collateral misconduct associated with the incident (e.g., underage drinking)? ☐ Yes ☐ No

CDR Disposition for Collateral Misconduct: ☐ No Action Taken ☐ Administrative ☐ Non-judicial ☐ Judicial

What action was ultimately taken by the chain of command in connection with victim collateral misconduct? (Note: If victim collateral misconduct=no, this field should be left blank) _____

Incident Information:

Date of Incident: ___/___/_____ Did Incident Occur on a Military Installation? ☐ Yes ☐ No
Time Assault Occurred: _____

Offense Location Type:

☐ Air Terminal	☐ Exchange	☐ VAQ	☐ Residence
☐ Bus Terminal	☐ Drug Store	☐ VEQ	☐ Barracks
☐ Train Terminal	☐ Hospital	☐ TLQ	☐ BEQ
☐ Bank	☐ Field area	☐ Jail	☐ BOQ
☐ Credit Union	☐ Woods area	☐ Prison	☐ Restaurant Facility
☐ Officer Club	☐ Training area	☐ Correctional Facility	☐ School
☐ NCO Club	☐ Government Bldg	☐ Lake	☐ College
☐ Church	☐ Public Bldg	☐ Waterway	☐ Service Station
☐ Synagogue	☐ Grocery	☐ Ocean	☐ Specialty Store
☐ Temple	☐ Commissary	☐ Liquor Store	☐ Concessionaire
☐ Commercial Office Building	☐ Highway	☐ Class VI	☐ Child Care Facility
☐ Construction Site	☐ Road	☐ Motor Pool	☐ Home Day Care
☐ Convenience Store	☐ Alley	☐ Parking Lot	☐ Recreation Facility
☐ Shoppette	☐ Street	☐ Rental Facility	☐ Service School
☐ Department Store	☐ Hotel	☐ Dining Facility	☐ On board ship
☐ Discount Store	☐ Motel		

Offense City: _____
Offense State: _____ Offense County: _____

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Was Medical Notified? ☐ Yes ☐ No
Date Medical Notified: ___/___/_____
Time Medical Notified: _____ (24 hour format)

SAFE Information:
Did the victim choose to have a SAFE? ☐ Yes ☐ No
If no, reason:
☐ No Examiner Available ☐ No SAFE Available ☐ Other
☐ No SAFE Available ☐ Victim Declined

Date SAFE Conducted: ___/___/_____
SAFE Kit Storage Number: _____
SAFE Kit Storage Location: _____
Date SAFE Storage Date: ___/___/_____
Victim SAFE Kit Destruction Notification Date: ___/___/_____
SAFE Kit Destruction Date: ___/___/_____ (One year from the date of SAFE storage)

Type of Offense: **(Prior to 1 Oct 07)**
☐ Rape ☐ Sodomy (Oral/Anal) ☐ Indecent Assault
☐ Attempted Rape ☐ Attempted Sodomy ☐ Attempted Indecent Assault

Type of Offense: **(After 1 Oct 07)**
☐ Rape or Aggravated Sexual Assault ☐ Aggravated Sexual Contact
☐ Abusive Sexual Contact ☐ Indecent Act
☐ Forcible Pandering ☐ Indecent Exposure
☐ Wrongful sexual contact ☐ Sodomy (Oral/Anal)
☐ Attempted Sodomy

Reporting Options:
Reporting Options: ☐ Yes ☐ No
Did victim complete the Victim Reporting Preference Statement? ☐ Yes ☐ No

☐ Restricted Report ☐ Unrestricted Report

If **Restricted**, the reason victim prefers Restricted Reporting:

☐ Fear of reprisal by offender
☐ Fear of reprisal by superior and/or peers
☐ Fear of affect on career advancement
☐ Fear of not being believed by others
☐ Did not want others to know of assault
☐ Embarrassment
☐ Desire to avoid retelling story
☐ Unknown
☐ Other

Date unrestricted report was converted to unrestricted report: ___/___/_____

Notification by VA (if applicable):
Was MP Notified? ☐ Yes ☐ No
Date MP Notified: ___/___/_____
Time MP Notified: _____ (24 hour format)

Was CID Notified? ☐ Yes ☐ No
Date CID Notified: ___/___/_____
Time CID Notified: _____ (24 hour format)

Investigation Initiated: ☐ Yes ☐ No

Lead Investigation Agency: ☐Army CID ☐ Civilian Law Enforcement ☐ Foreign Civilian
☐Other Investigative Agency ☐ None

Investigation Status: ☐ Initiated ☐ Pending ☐ Complete

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Source of Referral to SAPR Program:

☐ SARC	☐ Military One Source	☐ Friend
☐ Victim Advocate	☐ Military Investigators	☐ Other:_____
☐ Healthcare Provider	☐ Law Enforcement	
☐ Chaplain	☐ Victim's Commander	

Forms Provided:

Was the victim provided with the following DD Forms:

DD Form 2701 – "Initial Information for Victims and Witnesses of Crime"	☐ Yes	☐ No
DD Form 2702 – "Court-Martial Information for Victims and Witnesses of Crime"	☐ Yes	☐ No
DD Form 2703 – "Post-Trial Information for Victims and Witnesses of Crime"	☐ Yes	☐ No
DD Form 2704 – "Victim/Witness Certification and Election Concerning Inmate Status"	☐ Yes	☐ No

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VA should hand-off the *SAPR Program Victim Information – First Contact Form* to the SARC on the first duty day following the initial contact.

The SARC should enter the data on the form into DCRMS (or the SAPR Interim Reporting Solution worksheet until DCRMS becomes operational) within 2 duty days of receiving the form, and then destroy the form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form.

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