State of California Governor's Office of Emergency Services

FORENSIC MEDICAL REPORT: DOMESTIC VIOLENCE EXAMINATION

OES 502



For more information or assistance in completing the OES 502, please contact University of California, Davis California Medical Training Center at: (888) 705-4141or www.calmtc.org

> This form is available on the following website: http://www.oes.ca.gov Criminal Justice Programs Division Publications and Brochures

FORENSIC MEDICAL REPORT: DOMESTIC VIOLENCE EXAMINATION State of California Governor's Office of Emergency Services OES 502

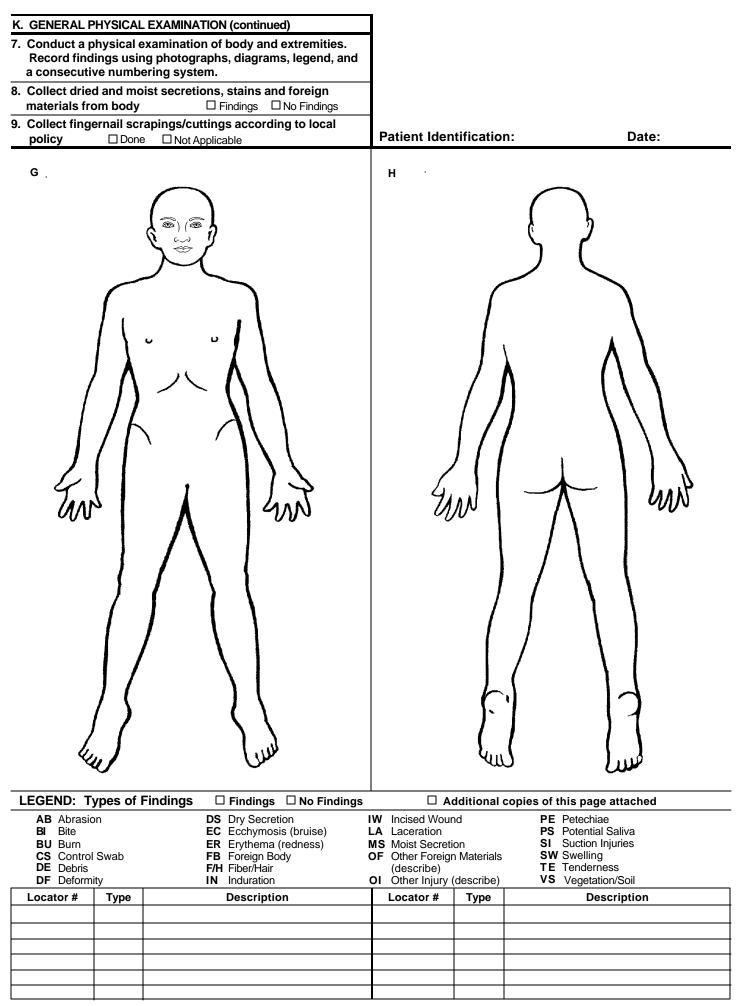
		Confidenti	al Do	cument: F	Restri	icted R	Release	Patient	dentif	fication	:		C	Date:		
A. GEN	ERAL IN	FORMATION	N													
1. Patie	nt's Las	t Name						First	Name		N	1.1.				
2. Street Address (optional) City					City			County		State	Zip (Code Telephone (or (Home) (Work) (Safe)			optional)	
3. Age	DOB	Gender F M MTF FTM	icity (check nite ack / African spanic / Latin	Asian America	an Indian / A Hawaiian / C	Alaskan N Other Pac	lative ific Island		Other							
4. Name	e of Faci	lity Where F	orensi	ic Exam Pe	rform	ed		Address	of Facili	ty						
5. Patie	nt Arriva	al		Pat	ient D	ischarg	e	6. Exam	Started				Exam Completed			
Date		Time		Date		Time		Date		lime		Date	Time			
Affiliat	of Interp ion of int	reter: erpreter: 	Contr Family	ty Interpretin acted Ageno y □ Frieno	cy, spe d □	ecify: Other, s			Telepho	-						
		Y SUSPICIO														
1. Name	of Pers	on Making	Manda	ted Teleph	one R	leport to	o Law Er	nforcement	t Agency	y			Date	e	Time	
2. Name	of Pers	on Taking 1	Felepho	one Report		١	Name of	Law Enfor	cement	Agency		OES 92	0 Written	Repor	t Submitted	
C. RESI	PONDIN	G OFFICER	TO ME	DICAL FAC	ILITY		🗆 Not A	pplicable								
Law Enf	orcemen	t Officer				١	Name of L	aw Enforce	mentAge	ency			ID I	Number		
d. auti	HORIZA	TION FOR M	IEDICA	L EVIDEN	FIARY	EXAMI	NATION:	Follow Lo	cal Polic	cy		🗆 No	ot Applicab	le		
Law Enfo	orcemen	t Officer				١	Name of L	aw Enforce	ment Age	ency			ID I	Number		
Telephon	e					[Date			Time			Cas	se Numl	ber	
e. Pati		ORMATION														
author The re 2. I have Progra 3. I have	ities case port mus been info am (VCP) been info	at hospitals a es in which m st state the na ormed that vid) for out-of-po ormed about I support.	nedical ame of t ctims of ocket m	care is soug the injured p crime are el edical exper	ht whe erson, igible t nses, p	en injurie , current to submit osycholo	es have be whereabe t crime vic gical cour	een inflicted outs, and the tim compen nseling, loss	l upon an e type an sation cla s of wage	y person ad extent of aims to the s, and job	in viola of injuri e Califo o retrair	tion of ar es. rnia Victii hing and	ny state po m Compei rehabilitat	enal law	/. (initial) (initial)	
F. PATI	ENT CO	NSENT														
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g. dist	RIBUTIC	ON OF OES	502 (cł	heck all that	apply))										
		ement Officer				_	Lab - Cop	y within evic	dence kit			dical or A	gency Fa	cility Re	cords - Copy	

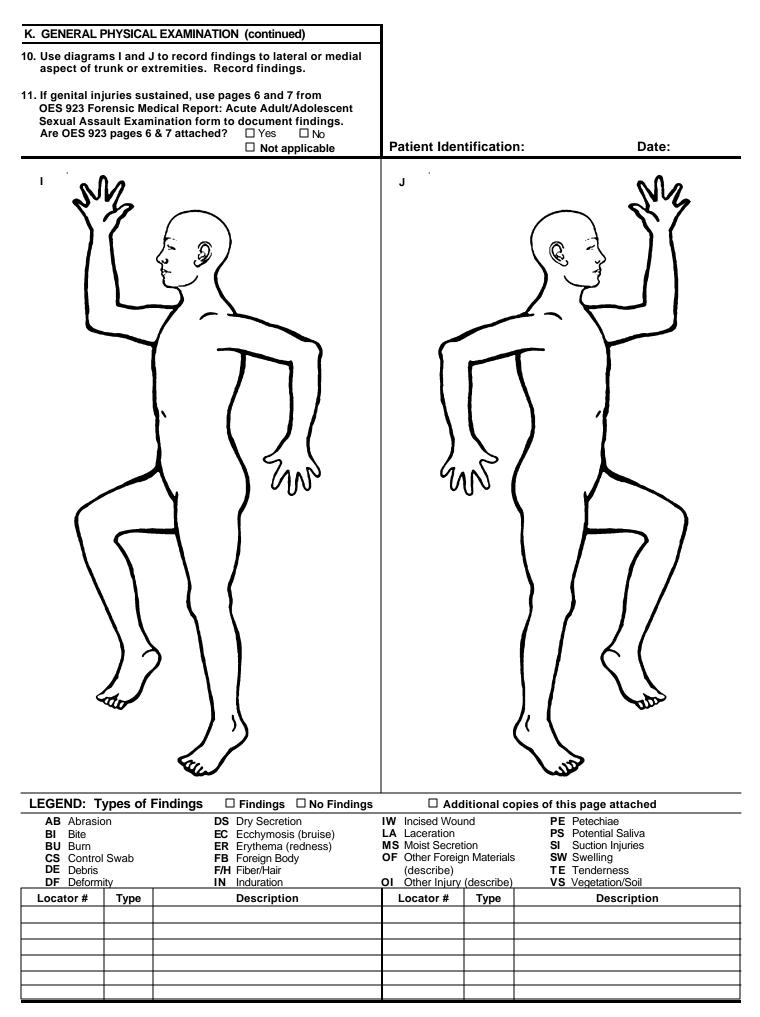
OES 502

-		RRENT ASSAULT HIST												
		Yes Audio												
2.	Nam	e of person providing	history	Relationship to Patient										
3.	Date	(s) of Assault	Time/Tim	e Frame of Assault	Patient Ident	ification		Date:						
4.	Desc	cribe Physical Surroun	dings of As	sault	T dient iden	inication	•	Bute.						
5.	Patie	ent Description of Assa	ult											
_								Additional attached pages						
6.	Assa	ailant(s)												
	#1	Assailant's Name			DOB	Age	Gender	Ethnicity						
			Relationship to Patient: (check all that apply)											
		Former Spouse Form	bitant/Domestic er Cohabitant/	Domestic Partner 🛛 Former Dat	ing Relationship	Child Togeth Other	er							
	#2	Current Whereabouts: Assailant's Name	Unknown	In Custody	n DOB	Age	Gender	Ethnicity						
		Former Spouse Form	bitant/Domestic er Cohabitant/E		ing Relationship	Child Togeth Other	er							
7	Moth	nods employed by assa												
		No Yes If y	es:											
We	apon Thre	atened?	-irearm L Kn s cribe:	ife Blunt Object Other _										
		played? 🛛 🗍 Des	cribe:											
			cribe:											
Ph		· _		ead 🔲 Other, describe:										
				ping 🛛 Punching 🔲 Other, d										
				cribe:										
		lation One Hand	Two Ha		Ligature, describe:									
		Frontal Assault												
		Rear Assault	Rear Ass	ault Rear Assault										
] No Yes, describe: □ Thermal Chemical												
					ren 🛛 Pet(s) 🗍 Pi	roperty 0	Other, describe:							
		-												
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	olunt	ary use of alcohol/drugs	□No □Ye	ault? □No □Unsure □ es Ifyes: □Forced □Coerd	ced D Suspected	Forced	Coerced							
8.	Inju	ries inflicted upon ass	ailant(s) du	ring assault 🛛 No 🗍 U	nsure 🔲 Yes, desc	ribe:								
	. , 4					·								
•	Poe	t assault hygiene												
э.		ath / shower / wash Cloth	nes change	Other, describe:										

Symptoms From This Event(s) From Past Event(s) Neurological Patient Identification: Date: MemoryConcentration Problems Date: J PATEINT HISTORY Vignificacid J. PATEINT HISTORY Date: Vignificacid J. PATEINT HISTORY Date: Date: Vignificacid J. PATEINT HISTORY Date: Date: Date: Vignificacid Loss of Consciourness If yes: ID cognitive D Physical assault(s) with this assailant? More that the session of the physical assault(s) with this assailant? Other Prochological assailant? Norder what name(s)? If yes, ander what name(s)? Other Promotel beceton 4 Has patient sought medical care for prior assault(s) by this assailant? Other Yes, ander what name(s)? If yes, ander what name(s)? If yes, ander what name(s)? Other Yes, any cosnitie bole on current assault(s) Yes, approximate bole(s) Deter Cardiorespiratory If yes, ander what name(s)? If yes, approximate bole(s) Deter Cardiorespiratory If yes, approximate bole(s) Deter Deter <t< th=""><th>I. CURRENT SYMPTOMS REPORT (check all that apply)</th><th>ED BY PATIENT</th><th></th><th>]</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	I. CURRENT SYMPTOMS REPORT (check all that apply)	ED BY PATIENT]						
Headsche Dizzinesis Patient Identification: Date: Dizzinesis J. PATIENT HISTORY Date: Date: Lightheaded J. PATIENT HISTORY Depth/HCH Mental Visual Changes 1. Disability No No Yes Hearing Changes Loss of Consciousness Patient Identification: Depth/Light Mo Yes, Identification: Depth/Light Mo Yes, Identification: Waakness Consciousness Provide to physical assactifications with this assailant? No Yes, Identification: No Yes, Identification: Weakness Conterior 3. Pitor history of forced or coerced exual relations with this assailant? No Yes, identification: Depression Coughing Sociate Identification: Approximate Date(s): Provide Identification: Sociate Identification 4 Has patient sought medical care for prior assault(s) by this assailant? No Yes, identification: No Yes, identification: Sociate Identification: Differior Differior No Yes, identification: No Yes Unknown Sociate Identification: Differior Doberns in paster pregnancies related to current assault(s)?	Symptoms									
Dizziness Patient Identification: Date: MemoryConcentration Problems J. PATENT HISTORY	Neurological									
Memory/Concentration Problems Patient Identification: Date: Upthreaded J. PATIENT HISTORY Vaual Changes 1. Disability No Yes Hearing Changes If yes: Coprinte Physical Bind Death/OH Mental Loss of Consciourenes 2. History of prophysical assatility No Yes, describe: No Yes, describe: Weakness Other 3. Prior history of forced or coarced sexual relations with this assatiant? No Yes, describe: Actus Anxiety No Yes, describe: Approximate Date(s):	Headache									
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Hearing Changes If yes:	Lightheaded			J. PATIENT HISTORY						
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Loss of outside details □N□ [Yes] If yes, past injuries to patient? □No □Yes, describe: Weakness □N□ [Yes] If yes, nast injuries to patient? □No □Yes, describe: Acute Anxiety □ □ Solide Ideation □ □ Solide Ideation □ □ Hornicide Ideation □ □ Solide Ideation □ □ Hornicide Ideation □ □ Carciorespiratory □ □ □ Voice Change □ □ □ □ Coughing □ □ □ □ □ Other □ □ □ □ □ □ □ Vatio Change □<	Hearing Changes									
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Acute Anxiety Approximate Date(s):	Psychological						al rei	ation	S WI	th this
Depression	Acute Anxiety			,						
Homicide Ideation 4. Has patient sought medical care for prior assault(s) by this assaulter Other Has patient sought medical care for prior assault(s) by this assault (s) moder what name(s)? Cardiorespiratory If yes, name of radiality Voice Change If yes, approximate date(s): Coughing 5. Obstetrical History Shortness of Breath If yes, approximate date(s): Chest Pain Do Yes, describe: Palpitations Do Yes, describe: Gastrointestinal Children/Dependent Adults Present During Sore Throat Children/Dependent Adults No Yes, UNK Gender Difficulty Swallowing M F Assault(s) DOB or Age Nausea M F Assault(s) DOB or Age Vomiting M F M F Age Diarrhea M F M F Any voluntary drug use within 92 hrs prior to assaul? No Yes Rectal Bleeding 7. Voluntary Use of Alcohol/Drugs No Yes No Yes Penis/Testicular Pain Any voluntary drug use within 92 hrs prior to assaul? No Yes No Yes No Yes Penis/Testicular Pain Any voluntary drug use within 92 hrs prior to assaul? No Yes No	Depression			- + + +						
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Other assailan? No Yes Carciforespiratory If yes, name of facility:	Homicide Ideation			4. Has patient sought medical	care	for pri	or as	sault	(s) b	v this
Calubresprint(v) If yes, under what name(s)?	Other			assailant? 🗌 No 🗌 Yes		-				-
Voice Change If yes, sprowinate date(s):	Cardiorespiratory									
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Penis/Testicular Pain Any voluntary drug use within 96 hrs prior to assault? No Yes Other Any voluntary drug use within 96 hrs prior to assault? No Yes Urogenital Image: Stream of the stream				-	-				2 🗆	
Other Any voluntary drug or alcohol use between image or alcohol use or alcohol										
Urogenital ime of assault and forensic exam? Pelvic Pain List drug(s) used: Dysuria				, , , ,		•				No 🗆 Yes
Pelvic Pain Ist drug(s) used: Dysuria Ist drug(s) used: Vaginal Bleeding Ist drug(s) used: Vaginal Discharge Ist drug(s) used: Other Ist drug(s) used: Musculoskeletal Ist drug(s) used: Extremity Pain Ist drug(s) used: Neck Pain Ist drug(s) used: Deformity Ist drug(s) used: Other Ist drug(s) used: <				time of assault and forensic						
Dysuria Image: Constraint of the second				List drug(s) used:						
Vaginal Bleeding 8. Are there other ways the patient's life has been impacted by behaviors of this assailant? Other 8. Are there other ways the patient's life has been impacted by behaviors of this assailant? Musculoskeletal 9 Extremity Pain 9 Neck Pain 9 Back Pain 9 Other 9 0 9 0 9 0 9 0 9 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
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Other Dehaviors of this assailant? Musculoskeletal				8. Are there other ways the pa	atient	's life	has b	een i	mpa	cted by
Musculoskeletal Image: Constraint of the state of				behaviors of this assailant?						
Extremity Pain										
Neck Pain Back Pain Deformity Other Other Other Other Other				1						
Back Pain Image: Constraint of the state				-						
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K. GENERAL P	HYSICAL	EXAMIN	ATION						
1. Blood Press	ure	Pulse	Respira	tion	Temp				
2. Describe ger	neral phy	sical app	earance						
3. Describe ger	neral den	neanor							
						Patient Iden	tificatio	on: Date:	
4. Describe con	ndition of	clothing	upon arriv	al. Collec	t outer and u	nder clothing if	applicab	ble. 🗌 Not Applicable	
5. Examine the	face, hea	ad, ears,	hair, scalp,	neck, and	d mouth for ir	ijury. Documer	nt finding	gs using photographs, diagrams, lege	nd,
and consecu 6. Collect dried		-	-	s and for	eign material	s from the scal	n head a	and neck	
A.			tione, etail	C .			,	E	
						AFAN			`
B				D ·	(LA JA)	D)	F	
LEGEND: Ty	-	-		lings 🗆 I	No Findings	□ A	dditiona	l copies of this page attached	
 AB Abrasion BI Bite BU Burn CS Control Swa DE Debris DF Deformity 	EC EF b FE	R Eryther B Foreign H Fiber/H	nosis (bruise ma (redness) n Body air	LA MS	Induration Incised Wound Laceration Moist Secretic Other Foreign (describe)	d F F on S Materials S	PE Petecl PS Poten	tital Saliva TF Tooth Fractu on Injuries TM Tooth Missin ing V/S Vegetation/S	, ured Ig
Locator #	Туре		Dese	cription		Locator #	Туре	Description	





L. EVIDENCE COLLECT	ED AND SUBMITTED 1	TO CRIME LAB						
1. Clothing Collected	Clothing Placed in Evidence Kit	Clothing Placed in Paper Bag						
Bra 🛛			_					
Dress/skirt								
Jacket/sweater 🛛			-					
Nylons 🛛			-					
Pants/shorts			Patient Identification:		Date:			
Shirt/top			N. PERTINENT ISSUES AFFECTING E	XAMINAT	TON			
Shoes (1 or 2)								
Socks (1 or 2)								
Underwear								
Undershirt 🛛 Other 🖓			1					
Other 🗆								
2. Foreign Materials Co					1			
	N/A No Yes Colle	-	O. PERSONNEL INVOLVED					
Swabs/suspected bl			- Name (print clearly)		Phone			
Dried secretions			History taken by:					
Fiber/loose hairs			- Dhuaing Laurana a stanna a dhua					
Soil/debris/vegetatio Swabs/suspected sa			Physical exam performed by:					
Foreign body								
Fingernail scrapings			Specimens labeled and sealed by:					
Control swabs								
Other, describe:			Assisted by: □N/A					
	Additional Page	′es □ No	Additional narrative by:					
Pregnancy Desitive	•							
	Yes, specify:		Signature of Examiner	Date	License Number			
4. X-Ray/Imaging Result								
			P. DISTRIBUTION OF EVIDENCE	Released To				
5. Toxicology Samples			Clothing (items not placed in evidence kit)	\	Neleuseu To			
o. Toxicology dampies	N/A No Yes Tim	e Collected by:		/				
Blood Alcohol / Toxicolo	gy 🗆 🗆 🗆 🗕 ——		Evidence Kit					
Urine Toxicology			_					
6. Reference Samples	Blood Saliva D	Buccal 🗆 N/A	Reference samples					
Collected by:								
7. Photo Documentation	.		Toxicology samples					
	Digital Instant Othe	er						
			Recording(s) Audio Audiovideo					
Photography by:		# Rolls/images	-					
	photographs to be taken	in 1-2 days	Q. DISPOSITION AND FOLLOW UP					
	Not applicable		□ Discharged □ Admitted □ Follow U	In Exam Sc	cheduled			
8. Voice recording for s □ No □ Yes If ye	etrangulation injuries	ovideo	ů l					
	Examiner Law En		\Box Cross Reporting to: \Box CPS \Box APS \Box N/A					
M. SUMMARY OF KEY F			Referral to domestic violence advocacy services					
			□ Safety plan discussed with patient					
			$-\Box$ Referral to counseling, drug, and alcohol treatment services					
			Referral to Victim Witness Assistance Program					
			- Referral for Protective Order OR EPO. $-$ PO or EPO Granted					
			R. SIGNATURE OF OFFICER					
			I have received the evidence indicated al	oove:				
			Printed Name		ID Number			
			Signature					
			Agency		Telephone			