Rape and Sexual Assault Investigations

1. Purpose

To provide specific and consistent guidelines for the investigation of rape and sexual offense complaints.

2. Policy

The Harford County Sheriff's Office (HCSO) will thoroughly and aggressively investigate all complaints of rape or sexual assault against victims sixteen (16) years of age or older. It will be the responsibility of the Criminal Investigations Division (CID) Major Case Unit (MCU) to conduct follow-up investigations of all rape and felony sexual offenses involving victims sixteen (16) years of age or older. Sexual assault complaints involving victims fifteen (15) years of age or younger will be investigated by the Harford County Child Advocacy Center (CAC).

The initial patrol deputy will handle all 4th degree sex offenses, with the possible exception of those involving sexual child abuse and vulnerable adult abuse. These crimes may be assigned to either the CAC or the MCU after review by those respective units. The preliminary investigation of a suspected rape or sexual offense, other than 4th degree, requires the on-scene supervision of a patrol supervisor of at least the rank of Corporal.

3. Definitions

DELAYED REPORTING: also known as “Jane Doe Victim” or “Anonymous”, is a provision within the federal Violence Against Women Act (VAWA) that allows victims of sexual assault to obtain a Sexual Assault Forensic Examination (SAFE) without any law enforcement involvement.

DELAYED REPORTING CRIMES: the 2005 reauthorization of the VAWA statute states that a victim of a sexual assault is not required to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam free of charge or with full reimbursement. In order to comply, a victim may have a SAFE without notification of law enforcement; however, to maintain chain of custody of the evidence collected, the Sexual Assault Examination Kit (SAEK) will be stored by this Agency as “evidence”, following the retention policies outlined by Maryland law, in the event the victim chooses to request an investigation by law enforcement.

When a rape or sexual assault victim seeks care at a hospital prior to calling police, the hospital staff or advocate will present the victim with an information form advising the victim that they may:

- Elect to report the crime to the police and receive a SAFE;
- Elect to not report the crime to the police, but receive a SAFE anyway so evidence can be collected in the event the victim wants to report the crime at a later time; or
• Elect to not report the crime to police and only have a medical examination.

FIRST DEGREE RAPE: a person may not engage in vaginal intercourse with another by force, or the threat of force, without the consent of the other; or engage in a sexual act with another by force, or the threat of force, without the consent of the other and employ or display a dangerous weapon, or a physical object that the victim reasonably believes is a dangerous weapon; suffocate, strangle, disfigure, or inflict serious physical injury on the victim or another in the course of committing the crime; threaten, or place the victim in fear, that the victim, or an individual known to the victim, imminently will be subject to death, suffocation, strangulation, disfigurement, serious physical injury, or kidnapping; commit the crime while aided and abetted by another; or commit the crime in connection with a burglary in the first, second, or third degree (Felony CR 3-303).

FOURTH DEGREEsexual OFFENSE: a person may not engage in sexual contact with another without the consent of the other; except as provided in § 3-307 of this subtitle, a sexual act with another if the victim is fourteen (14) or fifteen (15) years old, and the person performing the sexual act is at least four (4) years older than the victim; or except as provided in § 3-307 of this subtitle, vaginal intercourse with another if the victim is fourteen (14) or fifteen (15) years old, and the person performing the act is at least four (4) years older than the victim (Misdemeanor CR 3-308).

FOURTH DEGREE SEXUAL OFFENSE/SEXUAL ABUSE OF A MINOR BY A PERSON IN AUTHORITY: except as otherwise provided in § 3-307 of this subtitle or § 3-308, a person in a position of authority may not engage in a sexual act or sexual contact with a minor who, at the time of the sexual act or sexual contact, is a student enrolled at a school where the person in a position of authority is employed. Except as provided in § 3-307 of this subtitle or § 3-308, a person in a position of authority may not engage in vaginal intercourse with a minor who, at the time of the vaginal intercourse, is a student enrolled at a school where the person in a position of authority is employed (Misdemeanor CR 3-308).

INCEST: a person may not knowingly engage in vaginal intercourse with anyone whom the person may not marry under § 2-202 of the Family Law Article (Misdemeanor CR 3-304).

MENTALLY DEFECTIVE INDIVIDUAL: an individual who suffers from an intellectual disability or a mental illness, either of which temporarily or permanently renders the individual substantially incapable of: appraising the nature of the individual's conduct; resisting vaginal intercourse, a sexual act, or sexual contact; or communicating the unwillingness to submit to vaginal intercourse, a sexual act, or sexual contact.

MENTALLY INCAPACITATED INDIVIDUAL: an individual who because of the influence of drug, narcotic, or intoxicating substance, or because of an act committed on the individual without the individual's consent or awareness, is rendered substantially incapable of appraising the nature of the individual's conduct or resisting vaginal intercourse, a sexual act, or sexual contact.

PERSON IN POSITION OF AUTHORITY: a person who is at least twenty-one (21) years old; is employed by or under contract with a public or private preschool, elementary school, or secondary school; and because of the person's position or occupation, exercises supervision over a minor who attends the school; and includes a principal, vice principal, teacher, coach, or school counselor at a public or private preschool, elementary school, or secondary school.

PHYSICALLY HELPLESS INDIVIDUAL: an individual who is unconscious or does not consent to vaginal intercourse, a sexual act, or sexual contact and is physically unable to resist, or communicate unwillingness to submit to, vaginal intercourse, a sexual act, or sexual contact.

SAFE: an acronym for Sexual Assault Forensic Examination; these examinations are conducted by specially trained nurses or physicians’ assistants (Sexual Assault Forensic Examiners/Forensic Nurse Examiners).
SART: an acronym for Sexual Assault Response Team comprising representatives from the following disciplines:

- Forensic Nurse Examiner providing services at a local sexual assault forensic examination program, or other qualified health care provider from the local hospital;
- MCU representative;
- States Attorney’s Office (SAO) representative;
- Sexual Assault/Spouse Abuse Resource Center (SARC) representative;
- Maryland Coalition Against Sexual Assault;
- Crime Lab, if available; and
- Crime Victim Rights Attorney, if available.

SECOND DEGREE RAPE: a person may not engage in vaginal intercourse or a sexual act with another by force, or the threat of force, without the consent of the other; if the victim is a mentally defective individual, a mentally incapacitated individual, or a physically helpless individual, and the person performing the act knows or reasonably should know that the victim is a mentally defective individual, a mentally incapacitated individual, or a physically helpless individual; or if the victim is under the age of fourteen (14) years, and the person performing the act is at least four (4) years older than the victim (Felony CR 3-304).

SEXUAL ACT: any of the following acts: analingus; cunnilingus; fellatio; anal intercourse, including penetration, however slight, of the anus; or an act in which an object or part of an individual’s body penetrates, however slightly, into another individual’s genital opening or anus; and that can reasonably be construed to be for sexual arousal or gratification, or for the abuse of either party. Sexual Act does not include vaginal intercourse; or an act in which an object or part of an individual’s body penetrates an individual’s genital or anus for an accepted medical purpose.

SEXUAL CONTACT: the intentional touching of the victim’s or suspect’s genital, anal, or other intimate area for sexual arousal or gratification, or for the abuse of either party. Sexual contact does not include a common expression of familial or friendly affection; or an act for accepted medical purpose.

THIRD DEGREE SEXUAL OFFENSE: a person may not engage in sexual contact with another without the consent of the other; and employ or display a dangerous weapon, or a physical object that the victim reasonably believes is a dangerous weapon; suffocate, strangle, disfigure, or inflict serious physical injury on the victim or another in the course of committing the crime; threaten, or place the victim in fear, that the victim, or an individual known to the victim, imminently will be subject to death, suffocation, strangulation, disfigurement, serious physical injury, or kidnapping; or commit the crime while aided and abetted by another; engage in sexual contact with another if the victim is a mentally defective individual, a mentally incapacitated individual, or a physically helpless individual, and the person performing the act knows or reasonably should know the victim is a mentally defective individual, a mentally incapacitated individual, or a physically helpless individual; engage in sexual contact with another if the victim is under the age of fourteen (14) years, and the person performing the sexual contact is at least four (4) years older than the victim; engage in a sexual act with another if the victim is fourteen (14) or fifteen (15) years old, and the person performing the sexual act is at least twenty-one (21) years old; or engage in vaginal intercourse with another if the victim is fourteen (14) or fifteen (15) years old and the person performing the act is at least twenty-one (21) years old (Felony CR 3-307).

UNNATURAL OR PERVERTED SEXUAL PRACTICE: a person may not take the sexual organ of another or of an animal in the person’s mouth; place the person’s sexual organ in the mouth of another or of an animal; or commit another unnatural or perverted sexual practice with another or with an animal (Misdemeanor CR 3-322).
VAGINAL INTERCOURSE: genital copulation, whether or not semen is emitted; includes penetration, however slight, of the vagina.

4. References

Maryland Code Annotated Criminal Procedure Article §3-303
Maryland Code Annotated Criminal Procedure Article §3-304
Maryland Code Annotated Criminal Procedure Article §3-307
Maryland Code Annotated Criminal Procedure Article §3-308
Maryland Code Annotated Criminal Procedure Article §3-322
Maryland Code Annotated Criminal Procedure Article §3-323
Maryland Code Annotated Criminal Procedure Article §11-926
Maryland Code Annotated Family Law Article § 2-202
State of Maryland 42 U.S.C. 3796gg-8(a)
Violence Against Women Act (VAWA)

5. Procedures

A. Duties of Patrol Deputies

1. Be aware that the deputy is the initial source of protection for the victim and that the way the deputy treats the victim at the time of the crime and afterwards affects not only the victim’s immediate and long-term ability to cope with the crime, but also the willingness of the victim to assist in the investigation and prosecution.

2. Deputies will refrain from expressing or implying any personal opinion while interacting with victims and/or witnesses.

3. Provide medical attention and protection to the victim.

4. After isolating the victim from others at the scene (to include family members, friends, witnesses, unnecessary law enforcement, Emergency Medical Services (EMS), etc.), conduct a brief interview with the victim to determine if a crime has been committed, and what elements of the crime exist.

5. Request a patrol supervisor, if one has not already responded to the scene.

6. Broadcast a description of the suspect(s) and vehicle(s) to any and all patrol sectors, Maryland State Police (MSP), and all neighboring jurisdictions, if the suspect is unknown and the incident occurred recently.

7. After conferring between the on-scene supervisor and the primary deputy, the appropriate investigative resources will be requested which may include the MCU, CAC, and/or the Forensic Services Unit (FSU). The notification requests will be made as follows:

a. MCU – the on-scene supervisor will contact the MCU supervisor; or if not available, the on-call CID supervisor.

i. Upon the determination that a rape (1st or 2nd degree) or a third-degree sex offense has occurred, or an attempt of the same has just occurred, the on-scene supervisor will consult with the MCU supervisor.
ii. If the offense occurred twenty-four (24) hours from the time of the initial report, the on-call CID supervisor will determine if an immediate detective response is necessary or if the victim should be advised that a detective will be in contact the next business day.

iii. If the primary deputy and patrol supervisor determine a 4th Degree Sex Offense has occurred, a copy of the report should be emailed to the CID Supervisors email group explaining that patrol will be conducting the investigation.

iv. No phone contact to the on-call CID supervisor is necessary if the email is sent.

b. CAC – during normal business hours, the on-scene supervisor will contact the CAC or the on-call CAC member when a child sexual assault occurs with a victim under fifteen (15) years of age, regardless of the nature of the sex offense.

c. FSU – the CID supervisor will contact the FSU supervisor. If the incident occurs after regular business hours, the on-call CID supervisor will be notified.

d. MCU supervisor/On-Call CID supervisor should be notified when any domestic violence investigation involves an alleged rape and/or sexual offense.

i. The CID supervisor will coordinate with the patrol supervisor regarding the immediate course of action.

ii. Any reference to a sexual assault should not be in the arresting deputy’s statement of charges.

iii. MCU detectives will bring forth charges regarding sexual assaults.

iv. The MCU supervisor will confer with the Domestic Violence Unit (DVU) supervisor regarding the MCU detective’s response.

v. In addition to investigating the rape/sexual offense, the MCU detective will gather the appropriate information regarding the domestic assault and forward it to the DVU, thus eliminating the need to interview the victim a second time.

vi. The initial domestic violence investigation should be completed per OPS 1801, Domestic Violence policy, to ensure the safety of the victim.

8. Immediate canvas of the area to identify witnesses and evidence; all information gathered in the canvas will be documented and forwarded to CID or CAC.

9. Identification and preservation of the crime scene, including consideration of search & seizure issues.

a. If only one (1) deputy is present when the victim is transported to the hospital, that deputy will remain on the site to preserve the crime scene.

b. The patrol supervisor in charge will direct another deputy to the hospital to meet with the victim.
c. If two (2) deputies are present and the victim needs to be transported to the hospital for treatment, one (1) deputy will go with the victim while the other remains behind to secure the scene.

10. Collection of evidence/scene processing will be performed by FSU unless otherwise decided by the responding detective.

11. All victims of 1st Degree Rape, 2nd Degree Rape, and 3rd Degree Sex Offenses should be encouraged by the initial deputy to respond to a hospital that performs a SAFE, if the assault occurred within one hundred twenty (120) hours of the time it was reported.

a. If the victim is fifteen (15) years of age or younger, contact the on-call CID Supervisor for further direction.

b. If the victim chooses not to have a SAFE, the victim should be made aware of the health risk of not receiving a SAFE.

c. The victim should be made aware of the risk of losing evidence by not receiving a SAFE.

d. Prior to transporting the victim to the hospital, the initial deputy will contact the emergency room at the hospital to coordinate a SAFE nurse’s response. This reduces the chance of the victim being inconvenienced by having to be transported to and from multiple facilities.

e. If the victim wishes to have a SAFE performed, the victim may be transported to the medical facility by a deputy, ambulance personnel, or personal transport.

i. If a deputy transports the victim, in-car cameras must be activated during transport if the equipment is available.

ii. If no in car camera is available, a second deputy should be in the transporting vehicle.

iii. The transporting deputy should be conscious of where the victim is sitting in the vehicle as to not have the victim infer that they are under arrest.

iv. The transporting deputy will advise Dispatch of his beginning and ending mileage prior to and after transport. Any deviation during transport will be communicated to Dispatch.

f. The medical needs of the victim are the priority and take precedence over the SAFE. Therefore, the victim may be transported to any medical facility for medical treatment even if the facility does not have a SAFE program. The hospital should be contacted to coordinate a SAFE nurse’s response to the respective medical facility.

g. If the victim reports the crime from a medical facility that does not offer a SAFE program or if a Forensic Nurse Examiner is not available at the facility, the victim must be medically screened and released by the facility staff before being transported to another medical facility for a SAFE.

h. If the victim is a minor, it is advisable, but not mandatory, that the consent of the parents, custodians, or legal guardians first be obtained for a SAFE. If possible, the parents, custodians, or legal guardians should be requested to accompany the victim to the hospital.
i. A parent or guardian cannot force a juvenile over thirteen (13) years of age to have or not have a SAFE. The medical facilities view juveniles over the age of thirteen (13) as adults.

j. A member of the MCU or FSU will respond to the medical facility to collect any evidence. Patrol deputies need not wait nor return to collect evidence. Evidence must be retrieved within thirty (30) days of the exam.

k. Hospitals and other area medical facilities that perform SAFEs have protocols in place to supply the victim with victim’s services.

12. The patrol deputy will provide the victim with the “Crime Victim and Witnesses: Your Rights and Services” pamphlet prior to the end of his initial interaction with the victim.

13. Deputies and detectives will not offer a Request to Suspend Investigation (SO-054) to the victim during the initial meeting.

14. If responding deputies are unable to locate a victim during the initial response, an initial Incident Report (SO-001) will be written as “Police Information” and forwarded to the CID Supervisors email group.

B. CID Duties and Responsibilities

1. Assigning Rape/Sex Offenses
   a. The MCU supervisor will assign any follow-up investigations regarding a rape/sex offense to a MCU detective.
   b. If an after-hour response is merited, the on-call CID supervisor will assign a MCU detective to respond, if one is available.
   c. If a Property Crimes/DVU/CAC detective responds after hours, he will conduct the necessary investigative measures at the time.
   d. When a MCU detective is assigned to the crime, the initial responding detective will brief the MCU detective on all pertinent information.

C. Interviews and Interrogations

1. The effectiveness of an investigator, as well as the success of the investigation, is largely dependent upon his ability to obtain information from victims, complainants, witnesses, informants, and suspects.

2. It is essential that the interviews and interrogations be conducted by investigators with sensitivity, patience, persistence, and dedication to the task at hand.

3. The lead investigator will, whenever possible, interview victims, witnesses, and suspects in an audio/videotaped interview room. If not possible, the detective should audio tape the interview.

4. When relevant, the lead investigator will canvass the neighborhood of the crime scene for persons who have information regarding the crime.
5. All statements and recorded interviews obtained in the investigation will be uploaded to the server for future reference, and transcribed if needed for trial purposes.


“No law enforcement officer, prosecuting officer, or other government official will ask or require an adult, youth, or child victim of an alleged sexual offense as defined under federal, state or local law to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of an offense. In addition, the refusal of a victim to submit to a polygraph or other truth-telling examination will not prevent the investigation, charging, or prosecution of an alleged sexual offense.”

D. Crime Scene/Evidence Search

1. The lead investigator or CID supervisor will coordinate personnel to systematically search the vicinity of the crime area for any evidence that may have been lost or disposed of by the perpetrator.

2. The lead investigator or CID supervisor will direct FSU to take photographs and fingerprints and to search for physical evidence.

3. It is important to preserve all articles such as clothing, bed linens, towels, handkerchiefs, or other physical evidence relevant to the investigation.

4. Each article should be separately tagged and wrapped according to the current FSU procedures.

E. Lead Investigator’s Initial Contact with Victim

1. The lead investigator will, as indicated by the circumstances of the case:

   a. Explain what to do if the suspect or the suspect’s friends or family threatens or intimidates the victim;

   b. Explain the procedure involved in processing and eventually prosecuting the crime;

   c. Provide the lead investigator’s name, incident number, and a phone number the victim/witness can call to report additional information or to receive information about the status of the case; and/or

   d. When and if the victim is transported to the hospital, arrange for the victim to have a change of clothes at the hospital for use upon completion of the medical examination investigator’s follow-up with the victim.

2. The lead investigator will periodically re-contact the victim to determine whether the victim’s needs are being met.

3. If not an endangerment to the successful prosecution of the crime, the lead investigator will explain to the victim the procedures involved in the prosecution of the crime and the victim’s role in those procedures.
4. Whenever feasible, the lead investigator will schedule lineups, interviews, and other required appearances at the convenience of the victim and will arrange for transportation if necessary.

5. Whenever feasible, and when permitted by laws and rules of evidence, personal property taken as evidence will be returned promptly to the victim. Contraband, disputed property, and weapons used in the course of the crime will not be returned.

6. The lead investigator will notify the victim of the disposition of the case and if an arrest has been made.

7. If the victim decides they no longer wish an investigation into the alleged incident, the victim may elect to request a suspension of further law enforcement action. In this case, a detective will have the victim acknowledge his desire to suspend the investigation by completing a Request to Suspend Investigation (SO-054). The Request to Suspend Investigation (SO-054) will be attached to the supplement so that it will be recorded in the RMS. If the victim will not sign the Request to Suspend Investigation (SO-054), this fact will be documented via Incident Supplement (SO-002).

F. Investigative Records

1. The lead investigator will keep accurate and complete records of the case, to include following:
   a. Incident Reports (SO-001) and Incident Supplements (SO-002);
   b. Statements of victims and witnesses;
   c. Collection of evidence, including chain of custody;
   d. Crime scene notes and diagrams;
   e. All photographs of the scene and victim's physical injuries;
   f. SAFE and medical reports or findings;
   g. Suspect statements;
   h. Photographic line-ups;
   i. Audio-visual recordings of interviews and interrogations;
   j. Search warrants, court orders, etc.; and
   k. The Request to Suspend Investigation (SO-054), which will be attached to an Incident Supplement (SO-002) to be recorded in the RMS.

2. Once the case has been cleared, the case file will be submitted to the Property Management Unit (PMU) and treated as evidence to be kept in accordance with Maryland law.

G. SAFE with Law Enforcement Involvement

1. If the victim chooses to have a SAFE with police involvement, the Forensic Nurse Examiner will contact the Southern Precinct Duty Officer to request that a patrol deputy respond to the hospital. The patrol deputy will respond and conduct his initial investigation.
2. If the victim initially reports the incident to police, then while still at the hospital decides they do not want a police investigation, the deputy will write an incident report titled with the appropriate crime initially reported (i.e., Rape, Sex Offense, etc.).

3. The deputy will document everything that was reported to police and all investigative steps taken up to the point the victim indicated they no longer wanted a police investigation.

4. The incident report will be emailed to the MCU prior to the end of the deputy’s shift, for appropriate follow-up investigation.

5. If the victim decides they no longer want a police investigation after they have been treated and examined at the hospital, the MCU will coordinate with the victim to sign a Request to Suspend Investigation (SO-054). If the victim will not cooperate with this process, this fact will be documented in the case file. The Request to Suspend Investigation (SO-054) will be attached to the supplement so that it will be recorded in the RMS.

H. SAFE Without Law Enforcement Involvement

1. If the victim chooses to have a SAFE without police involvement, the Forensic Nurse Examiner will contact the MCU supervisor to request an incident number.

2. If the incident is after hours or during the weekend/holidays, the Forensic Nurse Examiner will contact the Southern Precinct Duty Officer to request an incident number.

3. A call for service will be generated for “Police Information” utilizing the Situation Found Code of G20 No Crime/Non-Enumerated.

4. If the call was received by the MCU supervisor, a MCU detective will be assigned the case. The detective will be responsible for recovering the evidence from the hospital and completing the initial Incident Report (SO-001).

5. If the call was received by a patrol Duty Officer, an initial report will be completed by a patrol deputy and forwarded to the CID Supervisors email group. A patrol deputy will not be needed to respond to the hospital.

6. When the SAFE is complete, the Forensic Nurse Examiner will notify the MCU supervisor and request that a detective respond to pick up the kit. The kit will be retrieved within thirty (30) days of the examination.

7. The SAFE report will be reviewed by the MCU supervisor to determine the appropriate jurisdiction where the incident occurred.

8. If the incident occurred within HCSO jurisdiction, the SAEK and any related evidence will be submitted to the PMU and maintained per Maryland law.

9. If the incident occurred outside of the jurisdiction of the HCSO, the MCU supervisor will facilitate the transfer of the SAFE kit and any related evidence to the appropriate jurisdiction.

10. The MCU supervisor will make entry into the Crime Lab section of RMS and the CID SAFE database regarding the disposition of the SAFE evidence.
11. If the patient elects to not report the crime to law enforcement and to have only a medical examination, then no action will be taken by the HCSO.

I. Delayed Reporting - CID MCU Responsibilities

1. The MCU supervisor will review all “Police Information” Incident Reports (SO-001) regarding Delayed Reporting Crimes.

2. If a victim later initiates contact with the hospital or the HCSO requesting the victim’s case to be investigated, the supervisor will assign the case to a detective for a full investigation.

3. The MCU supervisor will make entry into the Crime Lab section of RMS and the CID SAFE database regarding the disposition of the SAFE evidence.

J. SAFE/Evidence Retention

1. Information about, and from, SAEK analysis will be provided to the victim.

2. After a request by the victim from whom the evidence was collected, the lead investigator will, within thirty (30) days, provide the victim with:
   i. Information about the status of the kit analysis; and
   ii. All available results of the kit analysis except results that would impede or compromise an ongoing investigation.

3. The MCU supervisor will ensure that all SAFE evidence will be recovered from the reporting hospital within thirty (30) days of the exam being performed.

K. Transfer and Storage of SAEK

1. Within twenty (20) years after the evidence is collected, the HCSO may not destroy or dispose of:
   a. A SAEK; or
   b. Other crime scene evidence relating to a sexual assault that has been identified by the SAO as relevant to the prosecution.

2. This condition will not apply if:
   a. The crime for which the evidence was collected resulted in a conviction and the sentence has been completed, to include probation; or
   b. All suspects identified by testing a SAEK are deceased.

3. Victims of sexual assaults may agree to have forensic evidence collected by health care providers and turned over to law enforcement but elect to remain anonymous and decline to participate in the criminal justice process.

4. A victim of a sexual assault will be kept informed of the arrest of a suspect and/or closing of the case.
5. On written request by a victim from whom evidence was collected, an agency with custody of a SAEK or other crime scene evidence relating to a sexual assault will:
   a. Notify the victim no later than sixty (60) days before the date of intended destruction or disposal of the evidence; or
   b. Retain the evidence for twelve (12) months longer than the initial twenty (20) years or for a time period agreed to by the victim.

L. Testing of SAEK

1. All SAEKs will be submitted to a forensic laboratory for analysis except for unfounded rape cases.

2. Unfounded Rape Cases with SAEK
   a. All unfounded rape cases with SAEK will go through an “Untested Kit Review” with the SART;
   b. The SART review must vote unanimously to deem the case unfounded;
   c. Unfounded cases may be appealed to the State SAEK Committee by the victim or victim’s advocate. The State SAEK Committee will give a recommendation for whether or not the SAEK will be tested; and
   d. The Agency will abide by the State SAEK Committee’s recommendation.

3. Per the Attorney General’s Office recommendation, a victim who signs the Request to Suspend Investigation (SO-054) is not giving their consent to test the SAEK and the SAEK will not be tested.

4. Per the Attorney General’s Office recommendation, a Delayed Reporting SAEK would not be tested because the victim is not consenting to testing at the time of the SAEK.
   a. The suspect’s profile has been collected for entry as a convicted offender for a qualifying offense in the Combined DNA Index System (CODIS) and the suspect has pleaded guilty to the offense that led to the SAEK.

5. Upon request from the victim, the lead detective will provide the victim with:
   a. Information about the status of the kit analysis; and
   b. All available results of the kit analysis except results that would impede or compromise an ongoing investigation.

M. Biennial Reporting to the Office of the Attorney General

1. On or before September 1, 2019, and every two (2) years thereafter, law enforcement agencies will submit the following to the Office of the Attorney General:
   a. The number of SAEK in its possession as of June 30th of that calendar year;
b. The date each SAEK in its possession was received;

c. The number of SAEK's tested within the prior two (2) years as of June 30th of that calendar year;

d. The number of SAEK destroyed during the prior two (2) years as of June 30th of that calendar year; and

e. The number of written requests received during the prior two (2) years as of June 30th of that calendar year.