Roy Cooper, Governor Erik A. Hooks, Secretary

Casandra Skinner Hoekstra, Chief Deputy Secretary Douglas Holbrook, Chief Financial Officer Joanne B. Rowland, Director

TO:

All North Carolina Law Enforcement Agencies

All Hospitals in North Carolina

FROM:

Joanne B. Rowland, Director

Purchasing and Logistics

DATE:

August 7, 2019

RE:

Submitting Anonymous Sexual Assault Evidence Kits for Storage

The purpose of this memorandum is to inform hospitals and law enforcement agencies throughout the state of North Carolina of the procedures for submitting anonymous sexual assault evidence collection kits to the Law Enforcement Support Services (LESS) Section of the NC Department of Public Safety for storage.

LESS will store anonymous sexual assault evidence collection kits submitted by North Carolina hospitals and law enforcement agencies. Upon request, and at no cost to hospitals or law enforcement agencies, LESS will provide the required Anonymous Report forms, brown mailing boxes, and pre-paid self-adhesive postage labels. To request the Anonymous Report forms, brown mailing boxes, or pre-paid postage labels, please contact: Brenda Privott.

To submit anonymous sexual assault evidence collection kit to LESS for storage:

- Complete the Anonymous Report form with required information, including a list of contents and STIMS tracking number. Items which require refrigeration or freezing should be clearly identified on the form. The Anonymous Report forms must be legible and a form must be included with every anonymous sexual assault evidence collection kit submitted for storage.
- 2) Place the completed Anonymous Report form in a white business-sized envelope and seal it. Next, write the STIMS tracking number on the outside of the envelope AND on the outside of the brown mailing box. Finally, securely tape the envelope to the outside of the brown mailing box along with the pre-paid self-adhesive postage label addressed to LESS, 200 Leagan Dr., Raleigh, NC 27690-6353. When the brown mailing box is received at LESS the envelope containing the completed Anonymous Report form will be opened by an Evidence Technician/Custodian, and the information on the form will be entered into the LESS cloud-based tracking database (SAFE) and the North Carolina Department of Justice (NCDOJ) Sexual Assault Evidence Collection Kit Tracking and Information Management System (STIMS).
- The brown mailing box, used to mail in the anonymous sexual assault evidence collection kit must be securely sealed.
- 4) The brown mailing box will only be opened by the LESS Evidence Technician/Custodian if the sender fails to list the contents on the Anonymous Report form. If the brown mailing box must be opened to determine its contents, the sealed evidence inside the box will not be opened. Each item inside the brown mailing box should be securely sealed and labeled as "EVIDENCE."

Please see an EXAMPLE contents below:

Item # 1 - Sexual Assault Evidence Collection Kit - Sealed with evidence tape

Item # 2 - Qty. 2 - Large Brown Paper Bag - Sealed with evidence tape

Item # 3 - Qty. 1 - CD labeled and marked evidence

Item # 4 - Qty.1 - Urine specimen - must refrigerate

Anonymous sexual assault evidence collection kits submitted to LESS will be stored indefinitely.

MAILING ADDRESS: 4227 Mail Service Center Raleigh, NC 27699-4200 www.ncdps.gov



OFFICE LOCATION:

3030 Hammond Business Place Raleigh, NC 27603-3666 Telephone (919) 743-8141 Fax (919) 715-3731 Page 2 of 2, (continued) Anonymous Reporting and Collection of Sexual Assault Evidence Collection Kits

In the event a victim wishes to have their anonymous sexual assault evidence collection kit retrieved for testing the investigating law enforcement agency must:

- 1) Contact LESS and make an appointment with the Evidence Technician/Custodian to release the kit;
- 2) Provide LESS with a consent form signed by the victim; and
- Appear in person at LESS, 200 Leagan Dr., Raleigh, NC 27690-6353 with proper law enforcement identification to retrieve the kit.

An example of a completed Anonymous Report form and properly labeled mailing box are attached for reference. For questions or concerns regarding the submission of anonymous sexual assault collection kits, please contact any of the following LESS personnel:

Brenda Privott, Primary Contact – 919-662-4700 ext. 221 email: Brenda.Privott@ncdps.gov Wanda Hicks – 919-324-6461 email: Wanda.Hicks@ncdps.gov Eric Shearin – 919-662-4700 ext. 228 email: Eric.Shearin@ncdps.gov

**For further information on STIMS, please visit the NCDOJ website: http://www.sexualassaultkittracking.ncdoj.gov/SexualAssaultKitTracking/

Anonymous Report Form

| Date and time of this | | | STIMS Number | | | | | |
|-----------------------------|------------------------|------------------|--------------|-------|---|----|-----|---|
| Date and time of the a | issault | | | | | | | |
| Name of Hospital: | | | | | | | | |
| Address: | | | | | | | | |
| | | | | | | | | |
| Name of Person comp | leting this form: | | | | | | | |
| Location of assault: | | • | | | | | | |
| | | | | | | | | |
| Patient: | | | | | | | | |
| | | | | | | | | |
| Last name | Fire | st | | | MI | | | |
| | | | | | | | *** | |
| | | , | | | | | | |
| Race/Ethnicity | Sex | DOB | - | Age | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Street Address | | City | County | State | | | | |
| Blood Urine | | | | | | | | |
| (Refrigerate/Freeze) Check | All That Apply | | | | | | | |
| CANE Nurse / Dhysisian's al | beaution of white a | | | | | | | * |
| SANE Nurse/ Physician's of | oservation of physica | ii appearance: | | | | | | |
| | | | | | | | | |
| SANE Nurse/ Physicians's o | observation of emotion | onal state: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Patient Statement (Is | there anything el | se you would lik | e to add ?): | | | 23 | | |
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| | | | | (4 | | | | |
| | | | | | | | | |
| Anonymous Patient's | Signature | | | | *************************************** | | | |
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