

# DON SEXUAL ASSAULT RESTRICTED REPORTING EVIDENCE SUBMISSION CHAIN OF CUSTODY

**Instructions For Collecting Personnel:**

Complete the "Date & Time of Collection", "Restricted Reporting Number", Collected by, Signature block, and "Released By" sections of Part A.

Incomplete forms will not be accepted.

**Instructions For Personnel Holding / Sending the Sexual Assault Examination (SAE) Kit For Storage:**

Complete the next "Received By" section of Part A upon receipt and the "Released By" section upon release. When released to registered mail, record the tracking number in the space provided.

Note: "Registered Mail" means any delivery service that offers continuous tracking and accountability.

## PART A

Description of Item: SAE Kit

Purpose: FORENSIC EVIDENCE STORAGE

Date of Collection:	Time of Collection:	<b>Restricted Report Case Number (RRCN):</b>
Collected by (Print Name and Title):		Signature

Released by (Print Name and Title):	Signature, Date, and Time:
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Received By (Print Name and Title):	Signature, Date, and Time:
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Released By (Print Name and Title):	Signature, Date, and Time:
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Received By (Print Name and Title):	Signature, Date, and Time:
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Released By (Print Name and Title):	Signature, Date, and Time:
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Name of Carrier (UPS, DSL, FedEx, etc.):	Registered Mail Tracking Number:
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Received By (Print Name and Title):	Signature, Date, and Time:
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Released By (Print Name and Title):	Signature, Date, and Time:
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Name of Carrier (UPS, DSL, FedEx, etc.):	Registered Mail Tracking Number:
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Received By (Print Name and Title):	Signature, Date, and Time:
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Released By (Print Name and Title):	Signature, Date, and Time:
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Name of Carrier (UPS, DSL, FedEx, etc.):	Registered Mail Tracking Number:
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Received By (Print Name and Title):	Signature, Date, and Time:
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**DON SEXUAL ASSAULT RESTRICTED REPORTING  
EVIDENCE SUBMISSION CHAIN OF CUSTODY (Continued)**

**PART B**

Description of Item: SAE Kit

Purpose: FORENSIC EVIDENCE STORAGE

Date of Collection:

Time of Collection:

**Restricted Report Case Number (RRCN):**

Released by (Print Name and Title):

Signature, Date, and Time:

Received by (Print Name and Title):

Signature, Date, and Time:

Date of Destruction:

Printed Name:

Signature:

Mail SAE Kit and this completed form to:

NAVAL CRIMINAL INVESTIGATIVE  
CONSOLIDATED EVIDENCE FACILITY  
RESTRICTED REPORTING  
1650 GILBERT ST STE 101  
NORFOLK, VA 23511-2492

Phone number:  
757 445 4334