

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 Forensic Examination (SAFE) 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: SAFE Kit

Purpose: FORENSIC EVIDENCE STORAGE

Date of Collection:	Time of Collection:	Restricted Report Case Number (RRCN):
Collected by (Print Name and Title):		Signature
Released by (Print Name and Title):		Signature, Date, and Time:
Received By (Print Name and Title):		Signature, Date, and Time:
Released By (Print Name and Title):		Signature, Date, and Time:
Received By (Print Name and Title):		Signature, Date, and Time:
Released By (Print Name and Title):		Signature, Date, and Time:
Name of Carrier (UPS, DSL, FedEx, etc.):		Registered Mail Tracking Number:
Received By (Print Name and Title):		Signature, Date, and Time:
Released By (Print Name and Title):		Signature, Date, and Time:
Name of Carrier (UPS, DSL, FedEx, etc.):		Registered Mail Tracking Number:
Received By (Print Name and Title):		Signature, Date, and Time:
Released By (Print Name and Title):		Signature, Date, and Time:
Name of Carrier (UPS, DSL, FedEx, etc.):		Registered Mail Tracking Number:
Received By (Print Name and Title):		Signature, Date, and Time:

**DON SEXUAL ASSAULT RESTRICTED REPORTING
EVIDENCE SUBMISSION CHAIN OF CUSTODY (Continued)**

PART B

Description of Item: SAFE 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 SAFE 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 4333