Stranger Touch DNA Documentation

Please list item of clothing that may have been touched by suspect. Describe location and type of touch. Circle on diagram location of touch reported by patient. Non-clothing items can also be listed and should be packaged separately to prevent cross-contamination.

<table>
<thead>
<tr>
<th>Item of Clothing</th>
<th>Location &amp; Type of Touch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(example T-shirt – grabbed top of both shoulders)</td>
</tr>
</tbody>
</table>

1. ________________________________________________________________________
2. ________________________________________________________________________
3. ________________________________________________________________________
4. ________________________________________________________________________
5. ________________________________________________________________________
6. ________________________________________________________________________
7. ________________________________________________________________________

SUBMIT A VICTIM STANDARD (BUCCAL SWAB) WITH THE EVIDENCE

Ask patient to carefully remove clothing, fold area of “touch” inward and place clothing in paper evidence bag, label and seal.

EVIDENCE COLLECTED BY: ________________________________ Date /Time __________________

Patient/Victim Name: ________________________________
LE Agency: ________________________________
LE Case Number: ________________________________