

Stranger Touch DNA Documentation

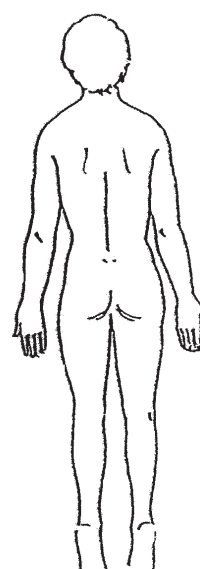
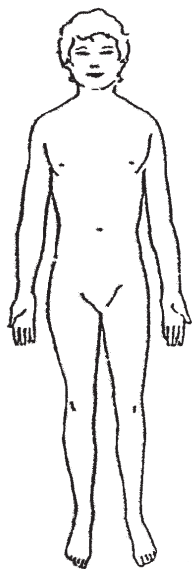
Please list item of **clothing** that may have been touched by suspect. Describe location and type of touch. Circle on diagram location of touch reported by patient. Non--clothing items can also be listed and should be packaged separately to prevent cross contamination

Item of Clothing

Location and type of Touch

(example T--shirt – grabbed top of both shoulders)

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



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

SANE _____ Date /Time _____

Patient Label

