



CRIME ANALYSIS REPORT

- **Homicides and Attempted Homicides
(Solved and Unsolved)**
- **Missing Persons**
- **Unidentified Bodies**
- **Sexual Assaults/Offenses and Attempts
(Solved and Unsolved)**

National Center for the Analysis of Violent Crime

(800) 634 - 4097

Public Reporting Burden for the collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: ViCAP, FBI Academy, Quantico, VA 22135; and to the Office of Management and Budget, Paperwork Reduction Project; OMB#1110-0011, Washington, D.C., 20503. The respondent does not have to complete the form if it does not contain a valid OMB Control Number.

National Center For The Analysis Of Violent Crime (NCAVC)

The NCAVC is a law enforcement-oriented behavioral science and data-processing center, designed to provide assistance, free of charge, to federal, state, local and foreign law enforcement agencies investigating unusual, bizarre, and/or repetitive violent crimes. It is comprised of the Behavioral Analysis Units (BAU) and the Violent Criminal Apprehension Program (ViCAP).

VICAP

(703) 632 - 4254 or (800) 634 - 4097

Established in 1985, ViCAP is a nationwide data information center that collects, collates, and analyzes crimes of violence. Data submitted to ViCAP is compared against the database in an attempt to identify similar cases. If similar case information is identified, the agencies involved are notified of the similarities and given contact information on the similar cases.

ViCAP's *Mission* is to facilitate cooperation, communication, and coordination between law enforcement agencies and provide support in their efforts to investigate, identify, track, apprehend, and prosecute violent serial offenders.

ViCAP is a *confidential system* and is *exempt* under the provisions of the Privacy Act.

Services provided to law enforcement agencies by ViCAP include:

- Crime Analysis/Case Matching
- Mapping
- Matrix Design
- Multi-Agency Meeting Coordination
- National ViCAP Database Searches
- NCIC Off-line Search Requests
- NLETS Database Searches
- Public Source Database Searches
- Task Force Support
- Timeline Development

Submission Criteria

The ViCAP Crime Analysis Report Form has been designed to collect information regarding the following types of crimes whether or not the offender has been arrested or identified (**cases where the offender has been arrested or identified should be submitted so unsolved cases in the ViCAP System can be compared to known offenders**):

- **Homicides and Attempted Homicides - Solved or Unsolved**
Especially those that involve an abduction; are apparently random, motiveless, or sexually oriented; or are known or suspected to be part of a series.
- **Missing Persons**
Where the circumstances indicate a strong possibility of foul play and the victim is still missing.
- **Unidentified Bodies**
Where the manner of death is known or suspected to be homicide.
- **Sexual Assaults/Offenses and Attempts - Solved or Unsolved**
Especially those that are committed by a stranger; or are known or suspected to be part of a series.

INSTRUCTIONS

- Print legibly; use black or blue ink.
- **Unless stated otherwise, check as many boxes as apply for each item.**
- If in doubt about how to respond to a given item, be guided by your experience and good judgment. Proof beyond a reasonable doubt is not required, but do not guess either.
- If there are details of the case that you believe are important but which are not covered by the questions provided in the ViCAP Crime Analysis Report, please describe them in the Narrative (Item 109).
- **If you wish to supplement or correct information previously reported to FBI-ViCAP**, please submit a new ViCAP Crime Analysis Report but complete only Items 1-9, 13a, and the items you wish to supplement or correct. You do not need to resubmit unchanged items.
- **If you have questions** regarding this report or its completion, call FBI-ViCAP at (703) 632-4254 or (800) 634-4097.
- **If you are interested in obtaining an offender profile or behavioral assessment on this violent crime**, please contact the NCAVC Coordinator in the FBI Field Office nearest you. This individual will assist you with your request for a profile or behavioral assessment. *Please do not submit your profiling request or materials directly to ViCAP.*
- **If your incident has MULTIPLE VICTIMS**, a separate ViCAP Report must be completed for each victim. Offender information need not be duplicated.
- **If your incident has MULTIPLE OFFENDERS**, submit only one complete ViCAP Report per victim; photocopy and attach additional offender/suspect pages as needed (Items 34-56, plus 91-103 if there was sexual activity).
- Before submitting the ViCAP Report, please make a copy for your records.
- **Including crime scene photographs with the ViCAP Report will assist the ViCAP Staff in the analysis of your case.**
- **Mail ViCAP Reports to:**

**ViCAP
FBI Academy
Quantico, VA 22135**

Additional information on ViCAP is available at www.leo.gov.

NOTE: You must be a member of LEO (Law Enforcement Online) to access the site. If you have any questions as to how to become a member, contact LEO at 202-324-8833.

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ADMINISTRATION

Date Report Completed: _____ / _____ / _____
month day year

1. In addition to your case being viewed by FBI-ViCAP, do you authorize your data to be viewed by users nationwide?
 Yes No

* If you enter data in the Hold back question (Item 110), the entire case will automatically be withheld from national viewing.

2. State System Case Number (*if applicable*) _____

3. Investigating Agency _____

Address _____

City _____ County _____

State/Province _____ Zip _____ Country _____

4. Investigating Agency's ORI Number _____

5. Investigating Agency's Case Number _____

6. Investigator's Title/Rank and Name _____

Telephone Number/Extension _____

E-Mail Address _____

7. Title/Rank and Name of Person Completing This Form (*if different from Item 6*) _____

Agency _____

Address _____

City _____ County _____

State/Province _____ Zip _____ Country _____

Telephone Number/Extension _____

8. ViCAP Report Type (*check one*):
- Original Submission of This Case
- Supplement to or Correction of Previously Submitted Information

9. Investigating Agency's Case Status (*check one*):

OPEN	CLOSED
<input type="checkbox"/> Active Investigation <input type="checkbox"/> Inactive / Suspended Investigation Case Status Date _____ / _____ / _____ <small style="text-align: center;">month day Year</small>	<input type="checkbox"/> By Arrest <input type="checkbox"/> By Exceptional Means <input type="checkbox"/> Unfounded <input type="checkbox"/> Other (<i>specify</i>) _____ Case Closure Date _____ / _____ / _____ <small style="text-align: center;">month day year</small>

14. Street _____ Street Name _____ Apt. No. _____
City _____ County _____
State/Province _____ Zip _____
District _____ Division _____ Beat _____
Latitude: Degrees _____ Minutes _____ Seconds _____
Longitude: Degrees _____ Minutes _____ Seconds _____

15. Social Security Number(s) _____

16a. FBI Number _____

16b. State ID Number(s) _____

16c. City/County ID Number(s) _____

17. Gender
 Male Female
 Other (*describe*) _____
 Unknown

18. Race/Appearance (*check all that apply*):
 American Indian/Alaskan Native (*specify Nation*) _____
 Asian/Oriental
 Black
 Hispanic
 Native Hawaiian or Other Pacific Islander
 White
 Other (*specify*) _____
 Unknown

19. Date(s) of Birth _____ / _____ / _____ , _____ / _____ / _____
month day year , month day year

20a. Age (or best estimate) at time of incident _____ to _____

20b. Apparent Physical Age _____ (*if different from item 20a*)

21. Height (or best estimate) _____ feet _____ inches to _____ feet _____ Inches

22. Weight (or best estimate) _____ pounds to _____ Pounds

23a. Hair Color (*check all that apply*):
 Black Red/Auburn
 Blond White
 Brown Other (*describe*) _____
 Gray/Silver Unknown

23b. Hair Length (*check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Bald/Shaved | <input type="checkbox"/> Shoulder Length |
| <input type="checkbox"/> Balding/Receding | <input type="checkbox"/> Longer than Shoulder Length |
| <input type="checkbox"/> Shorter than Collar Length | <input type="checkbox"/> Other (<i>describe</i>) _____ |
| <input type="checkbox"/> Collar Length | <input type="checkbox"/> Unknown |

24. Eye Color (*check all that apply*):

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Green |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Hazel |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Other (<i>describe</i>) _____ |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Unknown |

25. Facial Hair (*check all that apply*):

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Unshaven/Stubble |
| <input type="checkbox"/> Beard | <input type="checkbox"/> Other (<i>describe</i>) _____ |
| <input type="checkbox"/> Goatee | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Mustache | |

26. Characteristics of Teeth (*check all that apply and indicate tooth number, if known*):

- | | |
|--|--|
| <input type="checkbox"/> Dental Records/X-Rays Available | <input type="checkbox"/> Gaps _____ |
| <input type="checkbox"/> No Dental Work | <input type="checkbox"/> Gold/Silver _____ |
| <input type="checkbox"/> Braces _____ | <input type="checkbox"/> Missing (some or all) _____ |
| <input type="checkbox"/> Bridge _____ | <input type="checkbox"/> Overbite/Protrusion _____ |
| <input type="checkbox"/> Broken/Chipped _____ | <input type="checkbox"/> Restorations (caps, etc.) _____ |
| <input type="checkbox"/> Buck Teeth _____ | <input type="checkbox"/> Stained _____ |
| <input type="checkbox"/> Crooked _____ | <input type="checkbox"/> Underbite _____ |
| <input type="checkbox"/> Decayed _____ | <input type="checkbox"/> Other (<i>describe</i>) _____ |
| <input type="checkbox"/> Dentures/Partial Plate _____ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Fillings _____ | |

27. Description of clothing, jewelry, glasses, and other items worn by or in possession of victim:

28a. Does the victim have any noticeable scars, marks (*body piercings, pockmarks, etc.*), or tattoos?

NOTE: If victim has other scars, marks, or tattoos, attach additional pages (Item 28a) as needed.

- Yes (fill in the table below) No Unknown

LOCATION ON BODY	LEFT	CENTER	RIGHT	SCAR OR MARK	TATTOO	DESCRIPTION
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

28b. Does the victim have any outstanding feature(s) not reported above (*physical deformity, mental impairment, etc.*)?
 Yes (*describe*) _____
 No Unknown

29. Victim's Current Legal/Illegal Occupation(s)

30a. Victim's General Lifestyle(s)/Characteristic(s) (*check all that apply*):

<input type="checkbox"/> Alcohol Abuser	<input type="checkbox"/> Mentally Disabled
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Mentally Ill (<i>describe</i>) _____
<input type="checkbox"/> Child (17 years or younger)	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> Child Molester/Pedophile	<input type="checkbox"/> Pimp
<input type="checkbox"/> Criminal Activity (<i>describe</i>) _____	<input type="checkbox"/> Promiscuous
<input type="checkbox"/> Drug User/Seller	<input type="checkbox"/> Prostitute
<input type="checkbox"/> Elderly	<input type="checkbox"/> Recluse/Introvert
<input type="checkbox"/> Gambler	<input type="checkbox"/> Registered Sex Offender
<input type="checkbox"/> Gang Member	<input type="checkbox"/> Retired
<input type="checkbox"/> Habitual Offender	<input type="checkbox"/> Runaway
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Student
<input type="checkbox"/> Hitchhiker	<input type="checkbox"/> Transient/Drifter
<input type="checkbox"/> Homeless/Street Person	<input type="checkbox"/> Transvestite
<input type="checkbox"/> Homosexual	<input type="checkbox"/> Other (<i>describe</i>) _____
<input type="checkbox"/> Illegal Alien	<input type="checkbox"/> Unknown
<input type="checkbox"/> Internet User	
<input type="checkbox"/> Loner	

30b. Was the victim's lifestyle(s)/characteristic(s) a contributing factor in this crime?
 Yes No Unknown

31. Was the victim a member of, or associated with, any gang, group, or organization?
 Yes (*specify*) _____
 No Unknown

32. Victim's Marital Status:
 Single Separated Unknown
 Married Widowed
 Divorced Other (*specify*) _____

33. Victim Was Living With (*check all that apply*):

<input type="checkbox"/> Alone	<input type="checkbox"/> Relative(s)
<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Roommate(s)
<input type="checkbox"/> Friend(s)	<input type="checkbox"/> Spouse/Common-Law
<input type="checkbox"/> Girlfriend/Boyfriend	<input type="checkbox"/> Other (<i>specify</i>) _____
<input type="checkbox"/> Parent(s)/Guardian(s)	<input type="checkbox"/> Unknown

39. Social Security Number _____
Other SSNs Used _____

40a. FBI Number _____

40b. State ID Number(s) _____

40c. City/County ID Number(s) _____

40d. Dept. of Corrections Number(s) _____

41. Gender (*check one*):
 Male Female
 Other (describe) _____
 Unknown

42. Race/Appearance (*check all that apply*):
 American Indian/Alaskan Native (*specify Nation*) _____
 Asian/Oriental
 Black
 Hispanic
 Native Hawaiian or Other Pacific Islander
 White
 Other (*specify*) _____
 Unknown

43. Date of Birth _____ / _____ / _____
month day year
Other DOBs Used _____ / _____ / _____ , _____ / _____ / _____ , _____ / _____ / _____
month day year month day year month day year

44a. Age (or best estimate) at time of incident _____ to _____

44b. Apparent Physical Age _____ (*if different from Item 44a*)

45. Height (or best estimate) _____ feet _____ inches to _____ feet _____ inches

46. Weight (or best estimate) _____ pounds to _____ pounds

47a. Hair Color (*check all that apply*):
 Black Red/Auburn
 Blond White
 Brown Other (*describe*) _____
 Gray/Silver Unknown

47b. Hair Length (*check all that apply*):
 Bald/Shaved Shoulder Length
 Balding / Receding Longer than Shoulder Length
 Shorter than Collar Length Other (*describe*) _____
 Collar Length Unknown

52. Offender's General Lifestyle(s)/Characteristic(s) (*check all that apply*):

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol Abuser | <input type="checkbox"/> Hitchhiker | <input type="checkbox"/> Prostitute |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Homeless/Street Person | <input type="checkbox"/> Recluse/Introvert |
| <input type="checkbox"/> Child | <input type="checkbox"/> Homosexual | <input type="checkbox"/> Registered Sex Offender |
| <input type="checkbox"/> Child Molester/Pedophile | <input type="checkbox"/> Illegal Alien | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Criminal Activity (<i>describe</i>) _____ | <input type="checkbox"/> Internet User | <input type="checkbox"/> Runaway |
| | <input type="checkbox"/> Loner | <input type="checkbox"/> Student |
| <input type="checkbox"/> Drug User/Seller | <input type="checkbox"/> Mentally Disabled | <input type="checkbox"/> Transient/Drifter |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Mentally Ill (<i>describe</i>) _____ | <input type="checkbox"/> Transvestite |
| <input type="checkbox"/> Gambler | | <input type="checkbox"/> Other (<i>describe</i>) _____ |
| <input type="checkbox"/> Gang Member | <input type="checkbox"/> Physically Disabled | |
| <input type="checkbox"/> Habitual Offender | <input type="checkbox"/> Pimp | <input type="checkbox"/> Unknown _____ |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Promiscuous | |

53. Was the offender a member of, or associated with, any gang, group, or organization?

- Yes (*specify*) _____
- No
- Unknown

54. What was the **offender's** relationship to the **victim(s)**? (*check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Boyfriend/Girlfriend | <input type="checkbox"/> Medical Provider (<i>specify</i>) _____ |
| <input type="checkbox"/> Business Partner | |
| <input type="checkbox"/> Care Provider/Baby Sitter | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Child | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Classmate | <input type="checkbox"/> Relative (<i>specify</i>) _____ |
| <input type="checkbox"/> Clergyman | |
| <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Roommate |
| <input type="checkbox"/> Customer/Client | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Date | <input type="checkbox"/> Stranger |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Teacher/Educator |
| <input type="checkbox"/> Ex-Boyfriend/Ex-Girlfriend | <input type="checkbox"/> Tenant |
| <input type="checkbox"/> Ex-Spouse | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> Friend | |
| <input type="checkbox"/> Gang Member | <input type="checkbox"/> Unknown _____ |
| <input type="checkbox"/> Fellow | |
| <input type="checkbox"/> Rival | |

55. Has your investigation uncovered or identified any names, addresses, clothing, photographs, etc., that may be related to other offenses or sexual activities in which the offender was involved?

- Yes (*describe below and add additional pages if necessary*)
- No

OFFENDER TIMELINE INFORMATION

56. **If you have an identified offender**, please complete the table below. This information is requested in order to possibly associate/eliminate the offender in connection with other crimes. Attach additional sheets if necessary.

A timeline has been completed for this offender (*please send a copy of the timeline to FBI-ViCAP*)

	DATES (mm/dd/yyyy) From - To	LOCATIONS Street Address - City/County - State/Province - Zip - Country	E M P L O Y E D	R E S I D E D	V I S I T E D	I N C U S T O D Y	I N M I L I T A R Y
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Branch of Military _____

OFFENDER'S APPROACH TO VICTIM

57. What was the offender's initial approach to the victim? (*check all that apply*):

Unknown Approach

By Deception or Con:

- Administered Drugs (*GHB, Rohypnol (specify)*) _____
- Asked For/Offered Assistance
- Asked Victim to Model/Pose for Photos
- Befriended Victim
- Caused/Staged Traffic Accident
- Engaged Victim in Conversation
- Feigned an Injury (*arm in cast*)
- Alledged Drug Transaction
- Implied Family Emergency or Illness
- Internet Communication
- Offered Job, Money, Treats, or Toys
- Offered Ride/Transportation
- Placed or Responded to Advertising
- Posed as Authority Figure/Police Officer
- Posed as Business Person/Customer
- Solicited for Sex
- Telephone Contact
- Third Person Used to Lure Victim
- Wanted to Show Something
- Other Deception/Con (*describe*) _____

By Surprise:

- Awakened Victim
- Forceful Sudden Entry
- Lay in Wait - In Building
- Lay in Wait - In Vehicle
- Lay in Wait - Out of Doors
- Threatened with Weapon
- Other Surprise (*describe*) _____

By Blitz – Direct and Immediate *Physical* Assault:

- Choked Victim
- Hit Victim with Hand, Fist, or Clubbing Weapon
- Physically Overpowered Victim
- Shot Victim
- Stabbed/Cut Victim
- Other Blitz/Assault (*describe*) _____

Other Approach (*describe*) _____

58. **If relevant to the crime**, describe the victim's **activity** at the time of the initial contact between the victim and the offender or when the victim was last seen alive prior to the offense (**check all that apply**):

- Babysitting
- Driving/Riding In Vehicle
- Going to/from Bar/Club/Restaurant
- Going to/from Residence
- Going to/from School
- Going to/from Store
- Going to/from Work
- Hitchhiking
- Hunting/Camping/Hiking/Fishing
- Involved in a Drug Transaction
- Making a Delivery
- On a Date
- On Vacation
- Outdoor Exercising (*jogging, biking, etc.*)
- Playing Outside
- Prostituting
- Selling Home, Vehicle, etc.
- Sleeping
- Using Alcohol/Drugs
- Other (*describe*) _____
- Unknown

59. Prior to, or at the time of this incident, was there an event or activity in the area (*carnival, yard sale, convention, etc.*)?

- Yes (*describe*) _____
- No
- Unknown

60a. Has the victim had an experience that would suggest he/she was a targeted victim?

- Yes
- No (*go to Item 61*)
- Unknown

60b. If yes, indicate the experience(s) below (**check all that apply**):

- Calls, Notes, or E-Mails
- Feeling That Victim Was Watched or Followed
- Prowlers or Peeping Incidents
- Residential or Vehicle Break-Ins
- Theft of Personal Items (*clothing*)
- Other (*describe*) _____

DATES AND EXACT GEOGRAPHIC LOCATIONS

61. Indicate in the table below the dates, times, and exact geographic locations of: the victim's last known location prior to the offense, the initial contact location between the victim and the offender, the murder and/or the assault location, the victim release and/or the recovery location of the victim or the victim's body, and the death location.

	VICTIM'S LAST KNOWN LOCATION	INITIAL CONTACT LOCATION	MURDER AND/OR ASSAULT LOCATION	VICTIM RELEASE AND/ OR RECOVERY LOCATION	DEATH LOCATION
DATE (mm/dd/yyyy) (or date range)					
MILITARY TIME (00:00) (or time range)					
LOCATION NAME (Pat's Pub, Joe's Service Station, etc.)					
TELEPHONE NUMBER					
STREET NUMBER STREET NAME APT. NO.					
CITY					
COUNTY					
STATE/PROVINCE					
ZIP CODE					
COUNTRY					
DISTRICT					
DIVISION					
BEAT					
LATITUDE	deg min sec	deg min sec	deg min sec	deg min sec	deg min sec
LONGITUDE	deg min sec	deg min sec	deg min sec	deg min sec	deg min sec

SPECIFIC EVENT SITES

Listed below are specific event sites which may relate to four locations - 1) the victim's last known location prior to the offense, 2) the initial contact location between the victim and the offender, 3) the murder and/or the assault location, and 4) the victim release and/or the victim or victim's body recovery location. Describe each location by writing in the corresponding numbers of the specific sites (*if necessary, use more than one site number to fully describe each location*).

62.	Victim's Last Known Location	_____	_____	_____	_____	(If Other, <i>describe</i>) _____
63.	Initial Contact Location	_____	_____	_____	_____	(If Other, <i>describe</i>) _____
64.	Murder and/or Assault Location	_____	_____	_____	_____	(If Other, <i>describe</i>) _____
65.	Victim Release and/or Recovery Location	_____	_____	_____	_____	(If Other, <i>describe</i>) _____

UNKNOWN

- 0. Unknown

LIVING QUARTERS

- 1. Victim's Residence
- 2. Offender's Residence
- 3. Dormitory
- 4. Multi-Family Dwelling (*apt., etc.*)
- 5. Rest/Nursing Home
- 6. Single-Family Dwelling
- 7. Transient/Temporary Quarters
- 8. **Other** Living Quarters

BUSINESSES

- 9. Victim's Workplace
- 10. Offender's Workplace
- 11. Bank/ATM
- 12. Bar/Tavern/Nightclub
- 13. Casino
- 14. Convenience Store
- 15. Daycare Facility
- 16. Fast Food Restaurant
- 17. Gas Station
- 18. Grocery Store/Market
- 19. Hair/Nail/Tan Salon
- 20. Liquor Store
- 21. Motel/Hotel
- 22. Pawn Shop
- 23. Restaurant
- 24. Shopping Mall/Center/Retail Store
- 25. Video Store
- 26. **Other** Business

TRANSPORTATION

- 27. Victim's Vehicle
- 28. Offender's Vehicle
- 29. Aircraft/Airport
- 30. Boat/Ship
- 31. Bus/Bus Stop/Bus Station
- 32. Subway/Subway Station
- 33. Taxi
- 34. Train/Railroad Property
- 35. Truck/Truck Stop
- 36. **Other** Transportation

PUBLIC AREAS / BUILDINGS

- 37. Athletic Field/Arena
- 38. Church
- 39. Circus/Fair/Carnival
- 40. Government Building
- 41. Hospital/Medical Facility
- 42. Military Installation
- 43. Office Building
- 44. Public Restroom
- 45. School/College Campus
- 46. Shed/Outbuilding/Barn
- 47. Vacant Building
- 48. **Other** Public Area/Building

OUTDOOR LOCATIONS

- 49. Alley
- 50. Bridge/Overpass
- 51. Camping Area
- 52. Cave/Mine/Quarry
- 53. Cemetery
- 54. Commercial Area
- 55. Construction Area
- 56. Desert
- 57. Driveway/Yard
- 58. Dump/Landfill
- 59. Embankment
- 60. Field/Orchard/Farm
- 61. Mountains/Hills
- 62. Parking Lot/Garage
- 63. Playground/Park
- 64. Residential Area
- 65. Rest Stop/Area
- 66. Road-Gravel/Dirt
- 67. Road-Highway/Interstate
- 68. Road-Paved/Public
- 69. Sidewalk
- 70. Trail/Jogging Path
- 71. Vacant Lot
- 72. Vice Area
- 73. Wooded Area/Forest
- 74. **Other** Outdoor Location

WATER LOCATIONS

- 75. Beach/Shoreline/Riverbank
- 76. Canal/Inland Waterway
- 77. Ditch/Culvert
- 78. Dock/Boat Ramp
- 79. Lake/Pond
- 80. Marsh/Swamp/Bayou
- 81. Ocean/Bay
- 82. River
- 83. Storm Drain/Sewer System
- 84. Stream/Creek
- 85. Swimming Pool
- 86. **Other** Water Location

71a. Were any of the crime scenes altered by the offender in any way or did the offender take other precautions to avoid identification or apprehension?

- Yes No (*go to Item 72*) Unknown

71b. If yes, indicate how (*check all that apply and describe*):

- Administered Drug to Victim _____
- Altered Lighting _____
- Burned Scene/Victim's Body _____
- Cleaned Scene _____
- Cleaned Self _____
- Cleaned Victim _____
- Destroyed/Removed Evidence _____
- Disabled Phone/Security Device(s) _____
- Disabled Victim's Vehicle _____
- Forced Victim to Bathe or Douche _____
- Gave False Name (*specify*) _____
- Increased or Decreased Temperature Setting _____
- Moved Victim - From Murder and/or Assault Area to Release and/or Recovery Area _____

- Planted Evidence _____
- Prepared Escape Route Prior to the Assault _____
- Ransacked Scene _____
- Staged Scene _____
- Told Victim Not to Look at Offender _____
- Told Victim Not to Report Incident to Police _____
- Used a Condom _____
- Used a Lookout _____
- Used a Police Scanner Radio _____
- Vandalized Scene _____
- Wore a Disguise/Mask _____
- Wore Gloves _____
- Other _____

72. The offender released the victim/disposed of the victim's body in the following manner (*check one*):

- Openly Placed to Ensure Discovery
- Concealed, Hidden, or Placed to Prevent Discovery
- With an Apparent Lack of Concern as to Whether or Not the Victim Was Discovered
- Unknown

73. Was the victim's body intentionally placed in an unnatural or unusual position (*posed or staged*)?

- Yes (*describe*) _____
- No
- Unknown

74. Victim Recovery (*check all that apply*):

- As Skeletal Remains
- Buried
- Covered
 - Completely (*describe*) _____
 - Partially (*describe*) _____
 - Face Only (*describe*) _____
- In a Bag (*garbage, plastic, laundry, etc.*)
- In a Bathtub
- In a Building (*residence, office, etc.*)
- In a Container (*suitcase, refrigerator, etc.*)/Box/Dumpster
- In a Vehicle
- In Water
 - Weighted Down (*describe*) _____
 - Not Weighted Down
- Wrapped (*describe*) _____
- None of the Above

75. Is there any indication that the offender returned to the victim release/recovery site after the offense?

- Yes (*explain*) _____
- No
- Unknown

76. At any time was the victim bound?

Yes (fill in the table below)

No

Unknown

ARTICLE USED TO BIND	PARTS OF THE BODY BOUND						BINDINGS SELECTION			BINDINGS RECOVERY		
	Hands, Wrists, or Arms	Feet, Ankles, or Legs	Hands Bound to Feet	Arms Bound to Torso	Other (describe)	Unknown	Brought to Scene by Offender	Found at Scene by Offender	Unknown	Left on Victim	Left at Scene (not on victim)	Taken From Scene
Chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coathanger/Wire (non-electrical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical/Phone Cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexcuffs/Plastic Ties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handcuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linens (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rope/Cordage (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tape (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77. At any time was the victim bound to another object?

Yes (describe) _____

No

Unknown

78. At any time was a gag placed in or on the victim's mouth or throat?

Yes (describe) _____

No

Unknown

79. At any time was a blindfold/hood placed on or over the victim's eyes?

Yes (describe) _____

No

Unknown

CLOTHING AND PROPERTY OF VICTIM

80. Clothing on Victim (*post-assault*):

- Fully Dressed
- Partially Dressed
 - Nude from Waist Up or Breasts/Chest Exposed
 - Nude from Waist Down or Genital Area Exposed
 - Nude *With* Sock(s) and/or Shoe(s)
 - Dressed *Without* Sock(s) and/or Shoe(s)
 - Other (*describe*) _____
- Completely Nude
- Unknown

81. Was the victim redressed?

- Yes (*describe*) _____
- No Unknown

82. Had any of the victim's clothing been **intentionally** ripped or cut by the offender?

- Yes, ripped (*describe*) _____
- Yes, cut (*describe*) _____
- No Unknown

83a. Did the offender take items from the victim and/or any of the crime scenes?

- Yes No (*go to Item 84*) Unknown

83b. If yes, indicate what items were taken (*check all that apply and describe, to include serial numbers, etc.*):

- Backpack/Fannypack/Briefcase _____
- Camera/Camcorder _____
- Cellphone/Pager/PDA _____
- Checkbook/Checks _____
- Cigarettes/Case/Lighter _____
- Clothing _____
- Computer/Laptop _____
- Credit/Debit/ATM Card _____
- Driver's License/ID _____
- Drugs _____
- Electronic Equipment (stereo, digital music player etc.) _____
- Electronic Media (CD, VHS, etc.) _____
- Food/Drink _____
- Jewelry _____
- Keys/Keychain _____
- Money _____
- Personal Papers/Journal/Datebook _____
- Photograph _____
- Purse/Wallet _____
- Telephone/Answering Machine _____
- Vehicle (*see Item 104 - do not describe here*) _____
- Weapon _____
- Other _____

TYPES OF TRAUMA INFLICTED ON VICTIM

84a. Indicate the types (or attempted types) of trauma inflicted on the victim (*check all that apply*). Where appropriate, indicate the number of wounds.

None

Unknown

TRAUMA TYPE	TRAUMA ON VICTIM	NUMBER OF WOUNDS
Airway Occlusion	<input type="checkbox"/>	
Asphyxiation	<input type="checkbox"/>	
Blunt Force Injury(s) EXTENT: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Excessive <input type="checkbox"/> Brutal <input type="checkbox"/> Unknown	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
Burns (<i>fire</i>)	<input type="checkbox"/>	
Crushing Injury	<input type="checkbox"/>	
Cutting or Incised Wound(s)	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
Drowning	<input type="checkbox"/>	
Drug Injection/ Overdose	<input type="checkbox"/>	
Explosive Trauma	<input type="checkbox"/>	
Exposure	<input type="checkbox"/>	
Gunshot Wound(s) RANGE: <input type="checkbox"/> Distant <input type="checkbox"/> Intermediate <input type="checkbox"/> Close <input type="checkbox"/> Contact <input type="checkbox"/> Unknown	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
Hanging	<input type="checkbox"/>	
Malnutrition/Dehydration	<input type="checkbox"/>	
Poisoning	<input type="checkbox"/>	
Smoke Inhalation	<input type="checkbox"/>	
Smothering/Suffocation	<input type="checkbox"/>	
Stab Wound(s)	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
Strangulation (<i>ligature</i>)	<input type="checkbox"/>	
Strangulation (<i>manual</i>)	<input type="checkbox"/>	
Strangulation (<i>undetermined</i>)	<input type="checkbox"/>	
Other (<i>specify</i>):	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
Undetermined	<input type="checkbox"/>	

84b. **For deceased victims only** – using the list of trauma types in Item 84a, indicate the medical examiner's/coroner's officially listed *primary* cause of death, if known:

85. Major Trauma Locations (*check all that apply*):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Foot/Feet |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Genitalia |
| <input type="checkbox"/> Anus | <input type="checkbox"/> Groin |
| <input type="checkbox"/> Arm(s) | <input type="checkbox"/> Hand(s) |
| <input type="checkbox"/> Back | <input type="checkbox"/> Head |
| <input type="checkbox"/> Breast(s) | <input type="checkbox"/> Leg(s) |
| <input type="checkbox"/> Buttock(s) | <input type="checkbox"/> Neck/Throat |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Shoulder(s) |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Thigh(s) |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Torso |
| <input type="checkbox"/> Face | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Unknown |

86a. Were **human** bite marks identified on the victim's body?

- Yes Unable to determine if human bite mark No (*go to Item 87*) Unknown

86b. If yes or unable to determine, indicate the location(s) of the bite marks on the victim's body:

87a. Were body parts removed **by the offender**?

- Yes (fill in the table below) Unable to determine if removed by Offender (fill in table below)
 No (*go to Item 88*) Unknown

BODY PART REMOVED	NOT RECOVERED	RECOVERED AT SCENE	RECOVERED ELSEWHERE (<i>describe</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

87b. Dismemberment Method (*check all that apply*):

- Bitten
 Cut – Skilled
 Cut – Unskilled
 Disarticulated
 Hacked/Chopped
 Ripped
 Sawed
 Other (*describe*) _____
 Unknown

88a.

Were there elements of unusual or additional assault/trauma/torture to victim?

- Yes No (*go to Item 89*) Unknown

88b.

If yes, indicate what elements occurred (*check all that apply and describe*):

- Beat Sexual Areas:
 - With Hands/Fists _____
 - With Object _____
- Body Cavities or Genitalia Mutilated _____
- Body Cavities or Wounds Explored/Probed _____
- Body Set on Fire _____
- Burns (*cigarette, iron, branding etc.*) _____
- Cannibalism _____
- Carving on Victim _____
- Douche/Enema Given to Victim _____
- Evisceration _____
- Hair Cut/Shaved:
 - Head _____
 - Pubic _____
 - Other _____
- Hair Pulled _____
- Hanged/Suspended _____
- Kicked/Stomped _____
- Patterned Injury _____
- Pierced Body Parts _____
- Pinched:
 - With Hands _____
 - With Device _____
- Postmortem Assault:
 - Sexual _____
 - Other _____
- Pulled Body Parts _____
- Puncture/Torture Wounds _____
- Shocked:
 - Electrical _____
 - Stun Gun/Taser _____
- Skinned _____
- Slapped/Spanked (*with hands*) _____
- Tickled _____
- Vampirism _____
- Vehicular Assault:
 - Dragged By Vehicle _____
 - Pushed/Shoved/Thrown From Vehicle _____
 - Run Over By Vehicle _____
- Victim Defecated/Urinated Upon _____
- Whipped/Paddled (*with object*) _____
- Other _____

WEAPON INFORMATION

89a. Was a weapon used, displayed, or threatened during the commission of this crime?

Yes (fill in the table below)

No (*go to Item 90*)

Unknown

WEAPON TYPE	WEAPON SELECTION			WEAPON RECOVERY		
	Brought to Scene by Offender	Found At Scene by Offender	Unknown	Not Recovered	Recovered at Scene	Recovered Elsewhere (<i>describe</i>)
Asphyxial Device (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bludgeon/Club (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explosive Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire/Accelerant (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Firearm (<i>see Item 89b</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands or Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ligature (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poison (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stabbing/Cutting Weapon (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle (<i>see item 104</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (<i>describe</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

89b Firearm/Projectile Characteristics

FIREARM TYPE <small>(handgun, rifle, shotgun, etc.)</small>	FIREARM MAKE	CARTRIDGE, CALIBER, OR GAUGE	PELLET SIZE	#LANDS/GROOVES & DIRECTION OF TWIST

SEXUAL ACTIVITY

90a. Is there an indication of sexual activity or attempted sexual activity with the victim?
 Yes No (*go to Item 104*) Unknown

90b. Type of sexual activity or attempt (*check all that apply*):

Unknown

ANAL PENETRATION

- (A) Penile
- (B) Digital
- (C) Hand/Fist
- (D) Unknown

VAGINAL PENETRATION

- (E) Penile
- (F) Digital
- (G) Hand/Fist
- (H) Unknown

MASTURBATION

- (I) Offender Masturbated Victim
- (J) Offender Masturbated Self
- (K) Victim Masturbated Offender
- (L) Victim Masturbated Self

ORAL SEX: OFFENDER PERFORMED ORAL SEX ON VICTIM

- (M) Anus
- (N) Penis
- (O) Vagina

ORAL SEX: VICTIM PERFORMED ORAL SEX ON OFFENDER

- (P) Anus
- (Q) Penis
- (R) Vagina

OTHER SEXUAL ACTS

- (S) Ejaculated Upon Victim (*see Item 90e*)
- (T) Fondled/Grabbed/Hugged
- (U) Forced Victim to Swallow Semen
- (V) Inserted a Foreign Object (other than a body part) (*see Item 90d*)
- (W) Kissed
- (X) Licked
- (Y) Rubbed Genitalia Against Victim
- (Z) Simulated Intercourse
- (AA) Sucked Breasts
- (AB) Other (*describe*) _____

90c. List the sequence of sexual acts (or attempts) from the initial contact to the end of the assault by writing in the corresponding letters of the specific acts listed in Item 90b. Repeat use of letters / acts as necessary

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th
11 th	12 th	13 th	14 th	15 th	16 th	17 th	18 th	19 th	20 th

90d. **If there was an indication of foreign object insertion**, identify the body orifice, the foreign object, and whether or not the object was still in the victim's body when found.

BODY ORIFICE	FOREIGN OBJECT	NOT IN BODY WHEN FOUND	IN BODY WHEN FOUND
Anus			
Mouth			
Vagina			
Other (<i>specify</i>):			

90e. Semen Locations (*check all that apply*):

- None
- In Victim's Anus
- In Victim's Mouth
- In Victim's Vagina
- On Victim's Body (*describe location*) _____
- On Victim's Clothing (*describe location*) _____
- Elsewhere at Scene (*describe location*) _____
- Other (*describe location*) _____
- Unknown

OFFENDER'S SEXUAL INTERACTION

NOTE: If there are **multiple** offenders/suspects, submit only one complete ViCAP Report per victim; photocopy and attach additional offender/suspect pages as needed (Items 34-56, plus 91-103 if there was sexual activity).

91a. Did the offender possess sex-related paraphernalia/devices?

- Yes
 No (*go to Item 92*)
 Unknown

91b. If yes, indicate what items (*check all that apply and describe*):

- Belts/Leathers _____
- Condoms/Contraceptive Devices _____
- Handcuffs _____
- Lubricants/Lotions _____
- Masks/Costumes/Clothing _____
- Rape Kit/Crime Kit _____
- Rubber Dolls/Vagina _____
- Sexual Bondage Materials _____
- Sexual Devices (*dildos, vibrators, etc.*) _____
- Torture Devices _____
- Other (*specify*) _____

92. Did the offender possess sex-related collections (*erotica, pornography, visually arousing material, etc.*)?

- Yes (fill in the table below)
 No
 Unknown

MEDIUM	DESCRIPTION	AGE	GENDER	TYPE	SOURCE
Text Image Audio Video Other		Adult Child	Male Female	Sexual-Non Violent Sexual-Violent Non-Sexual	Commercial Homemade
Ex: Image	Nude photos, sexually explicit poses	Child	Male	Sexual-Non Violent	Homemade

93. What are the offender's sexual practices and preferences (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Bestiality
<input type="checkbox"/> Bisexuality
<input type="checkbox"/> Bondage Practitioner
<input type="checkbox"/> Child Molester/Pedophile
<input type="checkbox"/> Exhibitionist
<input type="checkbox"/> Group Sex Practitioner
<input type="checkbox"/> Heterosexuality
<input type="checkbox"/> Homosexuality
<input type="checkbox"/> Incest | <input type="checkbox"/> Masochism
<input type="checkbox"/> Necrophilia
<input type="checkbox"/> Promiscuity
<input type="checkbox"/> Sadism
<input type="checkbox"/> Transsexualism
<input type="checkbox"/> Transvestitism
<input type="checkbox"/> Voyeurism
<input type="checkbox"/> Other (<i>describe</i>) _____
<input type="checkbox"/> Unknown |
|---|---|

94. Indicate the offender's reactions to the types of *resistance used by the victim(s):

* **Victim Resistance:** Any action or inaction on the part of the victim which precludes or delays the offender's attack.

VICTIM RESISTANCE	OFFENDER REACTION	
	Ex: C	Ex: 5 – Level 3
(A) - None: followed the instructions or demands given by the offender		
(B) - Passive: did not resist physically or verbally but also did not comply with the offender's demands		
(C) - Physical: struggled, fought, or attempted to escape (<i>kicked, hit, scratched, ran, etc.</i>)		
(D) - Verbal: screamed, pleaded, argued, attempted to reason or negotiate with the offender		
(E) - Other (describe)		
(F) - Unknown		

95. Indicate the level of force used by the offender at each of the following stages of this offense:

STAGE OF OFFENSE	(0 – 5)	LEVEL OF FORCE
Immediately Upon Contact With Victim		(0) - No Force
After Victim Contact, Prior to Assault		(1) - Minimal Force: Offender uses little force; mild slapping may occur; force is used more to intimidate than to punish or injure
Only Upon Passive Resistance From Victim (<i>if applicable</i>)		(2) - Moderate Force: Offender repeatedly slaps or hits the victim in a painful manner, even in the absence of resistance
Only Upon Physical Resistance From Victim (<i>if applicable</i>)		(3) - Excessive Force: Offender beats and/or kicks the victim, causing bruising and lacerations to the victim's body
Only Upon Verbal Resistance From Victim (<i>if applicable</i>)		(4) - Brutal Force: Offender subjects the victim to sadistic torture and intentionally inflicts physical and emotion pain
During Assault		(5) - Unknown
After Assault, Prior to Offender Leaving		
As Offender Was Leaving		

96. Did the offender experience a sexual dysfunction?

- Yes (fill in the table below - indicate the dysfunction and the action that was taken to overcome it)
 No Unknown

DYSFUNCTION			ACTION
	Ex: A	Ex: S	
(A) - Unable to Obtain Erection			(1) - Nothing (2) - Forced Victim to Fondle/Masturbate the Offender (3) - Forced Victim to Meet a Specific *Condition (<i>specify</i>) (4) - Forced Victim to Perform Oral Sex (5) - Increased Violence Toward Victim (6) - Masturbated Self (7) - Other (<i>describe</i>)
(B) - Unable to Maintain Erection			
(C) - Premature Ejaculation			
(D) - Retarded Ejaculation			
(E) - Other (<i>describe</i>)			

- **Conditional Sexual Dysfunction:** The offender forces the victim to meet a specific condition in order to obtain or maintain an erection or to ejaculate. The condition is likely to be very specific and may be difficult to detect. The offender may be very specific and instructive to the victim in order to achieve the condition (*forcing the victim to say "You are a great lover"*) or the offender may simply control and manipulate the victim to achieve the condition (*choking the victim during intercourse*).

97. Was there offender verbal activity?

- Yes (*check all that apply*): No (**go to Item 99**)

- Offender Said Nothing
- Apologetic (*"I'm sorry this had to happen to you."*)
- Commanding (*"Remove your blouse, now!"*)
- Complimentary (*"You are very pretty."*)
- Concern (*"Are you cold?"*)
- Derogatory (*"You are so stupid."*)
- Ego Satisfying (*"Tell me I'm better than your boyfriend."*)
- Inquisitive (*offender asked victim questions*)
- Knowledgeable (*"Your two children are upstairs and your husband isn't home."*)
- Negotiating (*"If you stop struggling, I'll loosen the bindings."*)
- Personal (*offender talked about himself/herself*)
- Profane (*continued use of profane speech*)
- Reassuring (*"I'm not going to hurt you, just do what I say."*)
- Self-demeaning (*"You'd never go out with someone like me."*)
- Threatening (*"I'll cut you if you don't do as I say."*)
- Other (*specify*) _____
- Unknown

99. Did it appear that the offender was operating from a *ritual/mental script or fantasy?

* **Ritual/Mental Script:** Some offenders live out their fantasies during the course of their assault and follow a certain ritual or mental script. For example, there may be a specific set of conditions that must be met before the offender chooses a victim, or the offender may have a certain sequence in which the offense must occur, or the offender may require the victim to say specific words or perform specific acts or movements. While the M.O. may change significantly with time as the offender becomes more effective or efficient in the manner in which he/she commits assaults, certain aspects of the mental script seldom change, remaining constant over time.

- Yes (*explain*) _____
- No
- Unknown

100. Did the offender display any obvious *fetishes?

* **Fetish:** Sexual interest in some artificial object or non-sexual part of the body.

- Yes (*describe*) _____
- No
- Unknown

101. Did the offender use special props, such as an item supplied by, or introduced into, the offense by the offender as part of a fantasy (*red negligee, handcuffs, costume*)?

- Yes (*describe*) _____
- No
- Unknown

102. Who disrobed whom? (*check all that apply*):

- Victim's Clothing Not Removed
- Offender's Clothing Not Removed
- Victim Already Nude
- Offender Already Nude
- Victim Disrobed Self
- Victim Disrobed by Offender
- Offender Disrobed Self
- Offender Disrobed by Victim
- Victim's Clothing Moved Up/Down/Aside
- Offender's Clothing Moved Up/Down/Aside
- Other (*describe*) _____
- Unknown

103. How did the victim/offender contact end?

- Escape (*offender lost control of victim*)
- Inadvertent Intervention by Third Party
- Offender Left Scene
- Release (*offender intentionally gave up control of victim*)
- Rescue/Intervention
- Other (*describe*) _____
- Unknown

ADDITIONAL CASE INFORMATION

105. Indicate all forensic/physical evidence items pertaining to this case that may be suitable for comparison:

- DNA from Offender:** Available Analyzed Submitted to CODIS: Regional National
- DNA from Victim:** Available Analyzed Submitted to CODIS: Regional National
- Latent Prints:** Available Analyzed Submitted to AFIS: Regional National
- Offender's Prints:** Available Analyzed Submitted to AFIS: Regional National
- Victim's Prints:** Available Analyzed Submitted to AFIS: Regional National
- Projectiles/Casings:** Available Analyzed Submitted to NIBIN/IBIS (ATF)

Other Evidence (*hairs, fibers, tire tracks, shoeprints, fingernail scrapings, etc.*) _____

106. Is there a statement attached?

- Offender: Yes No
 Victim: Yes No

107. Is there a photo, composite, or facial reconstruction attached?

- Offender: Yes No
 Victim: Yes No

108. Are you aware of any other similar cases, or cases in which the offender may have been involved?

- Yes (*provide details below*). Attach additional sheets if necessary. No

CASE INFORMATION	CASE 1	CASE 2	CASE 3
Agency Name			
State/Province, Country			
Case Number			
Investigator			
Telephone Number			
Victim Name			
Offense Type			
ViCAP Number			

ADDENDUM

**Please enter any other important information relevant to this crime.
Photocopy additional pages for each category as needed.**

THE FOLLOWING INFORMATION RELATES TO:

<input type="checkbox"/> Victim #	<input type="checkbox"/> Crime Scene
<input type="checkbox"/> Offender/Suspect #	<input type="checkbox"/> Other (<i>specify</i>)

CATEGORY

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Person of Interest
<input type="checkbox"/> Associate	<input type="checkbox"/> Relative (<i>specify</i>):
<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Roommate
<input type="checkbox"/> Coroner	<input type="checkbox"/> Specialist (<i>Odontologist, Doctor</i>) (<i>specify</i>):
<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Spouse
<input type="checkbox"/> Employee	<input type="checkbox"/> Tips Caller
<input type="checkbox"/> Employer	<input type="checkbox"/> Witness
<input type="checkbox"/> Informant	<input type="checkbox"/> Other (<i>specify</i>):
<input type="checkbox"/> Neighbor	

NAME

Last :	First:	Middle:	Suffix:
Nickname/Street Name:			
Business/Agency Name (if applicable):			
Street #:	Street Name:		
City:		County:	
State/Province:		Zip:	Country:
District:		Division:	Beat:
Latitude: Degrees	Minutes	Seconds	Longitude: Degrees
		Minutes	
		Seconds	
E-Mail Address:		Telephone Number/Extension:	

----- FOR VICAP USE ONLY -----

VICAP Number

FBI Number

Vicap Assignment

IC
SSA
CA

Entered By

Date

Proofed By

Date