

**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

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The public reporting burden for this collection of information is estimated to average 1 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 the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.  
**PLEASE DO NOT MAIL, FAX, E-MAIL OR STORE THIS FORM. DISPOSE OF COMPLETED FORM AS DIRECTED AT THE TOP OF EACH PAGE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; 32 U.S.C. 102, National Guard; DoD Directive 6495.01, Sexual Assault Prevention and Response (SAPR) Program; DoD Instruction 6495.02, SAPR Program Procedures; Army Regulation 600-20, Chapter 8, Army Command Policy (SAPR Program); Secretary of the Navy Instruction 1752.4B, Sexual Assault Prevention and Response; Marine Corps Order 1752.5B, SAPR Program; Air Force Instruction 90-6001, SAPR Program; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** The information collected documents elements of the sexual assault response and/or reporting process and will be entered into the DSAID to comply with the procedures set up to effectively manage the sexual assault prevention and response program. At the local level, Service SAPR Program Management, Major Command Sexual Assault Response Coordinator(s) (SARCs) and Installation SARC(s) use this information to ensure that victims are aware of services available and have contact with medical treatment personnel and DoD law enforcement entities. At the DoD level, only de-identified data is used to respond to mandated congressional reporting requirements. The applicable System of Records Notice is DHRA 06, DSAID found at: <http://dpclid.defense.gov/privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/570559/dhra-06-dod.aspx>.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. To permit the disclosure of records of closed cases of unrestricted reports to the Department of Veterans Affairs (DVA) for purpose of providing medical care to former Service members and retirees, to determine the eligibility for or entitlement to benefits, and to facilitate collaborative research activities between the DoD and DVA. Applicable Blanket Routine Use(s) are: (1) Law Enforcement Routine Use, (2) Disclosure When Requesting Information Routine Use, (3) Disclosure of Requested Information Routine Use, (4) Congressional Inquiries, (8) Disclosure to the Office Personnel Management Routine Use, (9) Disclosure to the Department of Justice for Litigation Routine Use, (12) Disclosure of Information to the National Archives and Records Administration Routine Use, (13) Disclosure to the Merit systems Protection Board Routine Use, and (15) Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: <http://dpclid.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>.

**DISCLOSURE:** Voluntary. However, if you decide not to provide certain information, it may impede the ability of the SARC to offer the full range of care and support established by the sexual assault prevention and response program. You will not be denied benefits via the Restricted Reporting option. For Unrestricted Reports, the Social Security Number (SSN) is one of several unique personal identifiers that may be provided. Some alternatives include state driver's license number, passport number, or DoD ID number.

**HOW TO USE THIS FORM**

Fields on this form should only be completed as needed to fulfill DSAID data requirements for the given type of report (Restricted or Unrestricted); that is, for Restricted reports no personally identifiable information for victims or subjects should be captured. In the event that a SARC does not have immediate access to the DSAID, this form may be used in the interim to capture the adult sexual assault victim's information.

The information captured on this form shall be entered in DSAID within the timeline established in DoD Instruction (DoDI) 6495.02. In accordance with General Records Schedule (GRS) 4.3, Item 12 and the rules for business use established in DoDI 6495.02, this form shall be destroyed as soon as the information is input into DSAID. The form shall NOT be maintained longer than required to input all information required into DSAID per the authorities above. Until such time as the form is destroyed, the form should be covered with a DD Form 2923, "Privacy Act Data Cover Sheet" and maintained in a locked cabinet or drawer when not under the direct control of an individual with a need-to-know.

For select definitions of terminology used below, please see the DSAID User Manual.

**SECTION I - DSAID CASE INFORMATION**

<b>1. DSAID CONTROL NUMBER</b> RR - _____ UU - _____		<b>2. TYPE OF REPORT</b> (X one) <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted		<b>3. SARC PRIMARY LOCATION (DSAID LOCATION)</b>	
<b>4. INDIVIDUAL WHO RECEIVED THIS REPORT</b> (X one) <input type="checkbox"/> SARC <input type="checkbox"/> SAPR VA <input type="checkbox"/> Other Name: _____		<b>5. AGE AT TIME OF INCIDENT</b> (For Restricted Report only)		<b>5.a. DATE VICTIM SIGNED FORM ELECTING TO CONVERT FROM RR TO RU</b> (if applicable) (MM/DD/YYYY)	
<b>6.a. DSAID CASE STATUS</b> (X one) <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Open with Limited Information		<b>b. EXPLANATION FOR OPEN WITH LIMITED INFORMATION STATUS</b> (If applicable) <input type="checkbox"/> Victim refused/declined services <input type="checkbox"/> Victim opt-out of participating in investigative process <input type="checkbox"/> Local jurisdiction refused to provide victim information <input type="checkbox"/> Civilian victim with military subject			
<b>7. RESTRICTED REPORT REASON</b>					<b>8. DATE OF REPORT TO DOD</b> (MM/DD/YYYY)
<b>9. RESTRICTED REPORT EXCEPTION APPLIED</b> (X as applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, reason for exception: <input type="checkbox"/> Disclosure is authorized by victim in writing. <input type="checkbox"/> Disclosure is necessary to prevent or lessen a serious or imminent threat to health or safety of the victim or another person. <input type="checkbox"/> Disclosure by a HCP is required for fitness or duty for disability retirement determinations. <input type="checkbox"/> Disclosure is required for SARC, VA or HCP to provide supervision and/or coordination of direct victim treatment or services. <input type="checkbox"/> Communicate when disclosure is ordered by a judge, or other officials or entities as required by a Federal or State Statute or applicable U.S. international agreement.					
<b>10. VICTIM NAME:</b> a. FIRST		b. MIDDLE		c. LAST	
<b>11. ID TYPE</b> (X one) <input type="checkbox"/> SSN <input type="checkbox"/> Passport Number <input type="checkbox"/> Alien Registration <input type="checkbox"/> Foreign Country ID <input type="checkbox"/> Unknown ID Number: _____					
<b>12. VA ASSIGNED</b> (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, VA Name: _____		If No, reason: _____	

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**SECTION II - VICTIM INFORMATION** *(At time of Report, unless otherwise indicated)*

<b>13. DATE VICTIM INFORMED OF OPTIONS</b> <i>(MM/DD/YYYY)</i>				<b>14. DATE VICTIM SIGNED DD FORM 2910</b> <i>(MM/DD/YYYY)</i>			
<b>15. RELATIONSHIP TO SUBJECT(S)</b> <i>(X all that apply)</i>							
<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Love Interest/Dating	<input type="checkbox"/> Extended Family Member	<input type="checkbox"/> Otherwise Known		
<input type="checkbox"/> Employer	<input type="checkbox"/> Stranger	<input type="checkbox"/> Relationship Unknown	<input type="checkbox"/> Supervisor/Command	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Coworker	<input type="checkbox"/> Employee	
<b>16.a. COMMANDER NAME</b>			<b>b. COMMAND NOTIFICATION ACCOMPLISHED WITHIN 24 HOURS</b> <i>(X one)</i>			If No, reason:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>17. INCIDENT OCCURRED:</b> <i>(X as applicable)</i>							
<b>a. INCIDENT OCCURRED ON DEPLOYMENT?</b>		<b>b. INCIDENT OCCURRED ON TDY?</b>		<b>c. INCIDENT OCCURRED ON LEAVE?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>18. DOES LOCATION REQUIRE MANDATORY REPORTING FOR MEDICAL CARE FOR A SEXUAL ASSAULT?</b> <i>(X one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>19. DATE OF BIRTH</b> <i>(MM/DD/YYYY)</i>		<b>20. GENDER</b> <i>(X one)</i>		<b>21. RACE</b> <i>(X one)</i>		<b>22. ETHNICITY</b> <i>(X one)</i>	
		<input type="checkbox"/> Male		<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian/Pacific Islander	
		<input type="checkbox"/> Female		<input type="checkbox"/> Black <input type="checkbox"/> White		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
				<input type="checkbox"/> Mixed <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
<b>23. VICTIM CONTACT INFORMATION</b> <i>(Address/Telephone/Email)</i>							
<b>24. VICTIM TYPE</b> <i>(X one) (For adult dependents, select U.S. Civilian and complete Block 28.)</i>							
<input type="checkbox"/> Military	<input type="checkbox"/> DoD Civilian	<input type="checkbox"/> Other Govt. Civilian	<input type="checkbox"/> U.S. Civilian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign Military	<input type="checkbox"/> DoD Contractor	
<b>25. VICTIM AFFILIATION</b> <i>(X one)</i>							
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> DoD	<input type="checkbox"/> NOAA	<input type="checkbox"/> Public Health <input type="checkbox"/> N/A
<b>26. VICTIM STATUS</b>							
<b>a. IF MILITARY, VICTIM DUTY STATUS</b> <i>(X one)</i>				<b>b. VICTIM RECRUIT/TRAINING STATUS</b> <i>(X one)</i>			
<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard (NG) <input type="checkbox"/> Reserve				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>c.(1) If Victim Duty Status is NG, Type of National Guard Service</b> <i>(X one):</i> <input type="checkbox"/> Title 10 <input type="checkbox"/> Title 32							
<b>(2) Victim NG State Affiliation</b> <i>(X one)</i>							
<input type="checkbox"/> 50 States <i>(Enter State:)</i> _____ <input type="checkbox"/> District of Columbia <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Guam <input type="checkbox"/> Virgin Islands							
<b>(3) Victim NG Title 10 Category</b> <i>(X one)</i> <input type="checkbox"/> National Guard <input type="checkbox"/> Active Duty Armed Services <input type="checkbox"/> Reservists							
<b>(4) Victim NG Title 32 Category</b> <i>(X one)</i>							
<input type="checkbox"/> Active Guard and Reserve (AGR) <input type="checkbox"/> Traditional/M Day <input type="checkbox"/> Technician/Dual Status <input type="checkbox"/> Technician/Non-Dual Status							
<b>(5) If Victim is Title 32 and Victim Recruit/Training Status is Yes, NG Victim Recruit/Training Status</b> <i>(X one)</i>							
<input type="checkbox"/> NG Pre-Accession Recruit Sustainment Program (RSP) <input type="checkbox"/> Pre-Recruit General Education Development (GED) Program							
<b>d. IF VICTIM IS DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN</b> <i>(X one)</i>				<b>e. IF VICTIM IS MILITARY/CIVILIAN, PAY GRADE</b>			
<input type="checkbox"/> GS <input type="checkbox"/> WG <input type="checkbox"/> NAF <input type="checkbox"/> SES <input type="checkbox"/> Other <input type="checkbox"/> Unknown							
<b>f. VICTIM ASSIGNED LOCATION</b>			<b>g. VICTIM ASSIGNED UIC</b>		<b>h. VICTIM ASSIGNED UNIT NAME</b>		
<b>i. IF GUARD OR RESERVE, WAS LINE OF DUTY (LOD) INITIATED?</b> <i>(X one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, X reason:</i>							
<input type="checkbox"/> Victim did not want LOD initiated		<input type="checkbox"/> No information available from active duty SARC		<input type="checkbox"/> LOD not offered			
<input type="checkbox"/> Assault did not occur in duty status		<input type="checkbox"/> Other					
<b>27. IF NOT MILITARY, VICTIM DEPENDENT STATUS</b> <i>(X one)</i>							
<input type="checkbox"/> Yes - Military Dependent		<input type="checkbox"/> Yes - DoD Civilian (OCONUS) Dependent		<input type="checkbox"/> No			
<b>28. WAS THE VICTIM IN THE MILITARY AT THE TIME OF THE ASSAULT?</b> <i>(X one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>29. IF MILITARY, IS VICTIM ADMINISTRATIVELY DISCHARGED WITHIN ONE YEAR OF REPORTING?</b> <i>(X one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Case closed before 1 year mark							

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**SECTION III - VICTIM SAFETY** *(For multiple instances, reuse as needed)*

<b>30. VICTIM SAFETY ASSESSMENT COMPLETED?</b> <i>(X and complete as applicable)</i>		Yes	No
a. IF YES, WAS A VICTIM SAFETY CONCERN IDENTIFIED? <i>(X one)</i>		Yes	No
b. IF YES, VICTIM SAFETY CONCERN NOTE(S)			
c. IF A VICTIM SAFETY ASSESSMENT WAS NOT COMPLETED, WHAT WAS THE REASON?		d. VWAP (DD Form 2701) PROVIDED <i>(X one)</i>	
		Yes	No
<b>31. VICTIM INFORMED OF RIGHT TO REQUEST EXPEDITED TRANSFER?</b> <i>(X one; for military victims only)</i>		Yes	No
<b>32. CIVILIAN PROTECTIVE ORDER (CPO) REQUESTED?</b> <i>(X and complete as applicable)</i>		Yes If Yes:	a. EFFECTIVE DATE OF CPO <i>(MM/DD/YYYY)</i>
		No	
<b>33. MILITARY PROTECTIVE ORDER (MPO) REQUESTED?</b> <i>(X and complete as applicable)</i>		Yes	No If Yes:
a. MPO REQUEST DATE <i>(MM/DD/YYYY)</i>	b. MPO ISSUED <i>(X)</i>	c. MPO ISSUE DATE <i>(MM/DD/YYYY)</i>	d. MPO VIOLATED <i>(X)</i>
	Yes		Yes
	No		No
		e. IF YES, BY WHOM? <i>(X)</i>	
		Victim	Subject
		Both	
<b>34. VICTIM EXPEDITED TRANSFER</b> <i>(If applicable; for military victims only)</i>			
a. DATE VICTIM REQUESTED EXPEDITED TRANSFER <i>(MM/DD/YYYY)</i>		b. VICTIM EXPEDITED TRANSFER REQUESTED TYPE <i>(X one)</i>	
		Local - Unit/Duty Transfer      PCS - Installation Transfer	
c. COMMAND DECISION FOR EXPEDITED TRANSFER <i>(X one)</i>		d. DATE OF COMMAND DECISION FOR EXPEDITED TRANSFER <i>(MM/DD/YYYY)</i>	
Approve      Disapprove			
e. VICTIM REQUESTED REVIEW FOR EXPEDITED TRANSFER <i>(X one)</i>		f. SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER <i>(X one)</i>	
Yes      No		Approve      Disapprove	
g. DATE OF SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER <i>(MM/DD/YYYY)</i>			

**SECTION IV - REFERRAL SUPPORT** *(For multiple instances, reuse as applicable)*

<b>35. REFERRAL RESOURCE TYPE</b> <i>(X and complete as applicable)</i>		Military	Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(MM/DD/YYYY)</i>	
<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Legal <input type="checkbox"/> Chaplain/Spiritual Support <input type="checkbox"/> Victim Advocate/Uniformed Victim Advocate <input type="checkbox"/> DoD Safe Helpline <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other <i>(Specify)</i> _____			
c. REFERRAL SERVICE COMMENT <i>(NOTE: Do NOT enter any HIPAA information.)</i>			
<b>36. REFERRAL RESOURCE TYPE</b> <i>(X and complete as applicable)</i>		Military	Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(MM/DD/YYYY)</i>	
<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Legal <input type="checkbox"/> Chaplain/Spiritual Support <input type="checkbox"/> Victim Advocate/Uniformed Victim Advocate <input type="checkbox"/> DoD Safe Helpline <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other <i>(Specify)</i> _____			
c. REFERRAL SERVICE COMMENT <i>(NOTE: Do NOT enter any HIPAA information.)</i>			
<b>37. REFERRAL RESOURCE TYPE</b> <i>(X and complete as applicable)</i>		Military	Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(MM/DD/YYYY)</i>	
<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Legal <input type="checkbox"/> Chaplain/Spiritual Support <input type="checkbox"/> Victim Advocate/Uniformed Victim Advocate <input type="checkbox"/> DoD Safe Helpline <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other <i>(Specify)</i> _____			
c. REFERRAL SERVICE COMMENT <i>(NOTE: Do NOT enter any HIPAA information.)</i>			
<b>38. REFERRAL RESOURCE TYPE</b> <i>(X and complete as applicable)</i>		Military	Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(MM/DD/YYYY)</i>	
<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Legal <input type="checkbox"/> Chaplain/Spiritual Support <input type="checkbox"/> Victim Advocate/Uniformed Victim Advocate <input type="checkbox"/> DoD Safe Helpline <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other <i>(Specify)</i> _____			
c. REFERRAL SERVICE COMMENT <i>(NOTE: Do NOT enter any HIPAA information.)</i>			

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**SECTION V - FORENSIC EXAM**

39. WAS FORENSIC EXAM OFFERED? (X one)  Yes  No If No, reason:

40. WAS FORENSIC EXAM COMPLETED? (X and complete as applicable)  Yes  No

a. IF YES: (1) Location of Forensic Exam:  On Installation  Off Installation (2) Date of Exam (MM/DD/YYYY) b. IF NO, WAS IT BECAUSE SAFE KIT AND/OR OTHER NEEDED SUPPLIES NOT AVAILABLE?  Yes  No

(3) Storage Location of SAFE Kit

41. RESTRICTED REPORT CONTROL NUMBER (For Restricted Reports only)

42. VICTIM NOTIFIED SAFE KIT DUE TO EXPIRE WITHIN 60 DAYS? (For Restricted Reports only. X and complete as applicable)  Yes  No

a. IF YES, DATE VICTIM NOTIFIED SAFE KIT WAS DUE TO EXPIRE (MM/DD/YYYY) b. IF NO, REASON (X)  Victim has died  Victim has ETS/retired  Unable to contact victim

**SECTION VI - INVESTIGATIVE AGENCY**

43. INVESTIGATIVE CASE FILE OPENED: (X and complete as applicable)  Yes  No

a. IF YES, INVESTIGATIVE CASE NUMBER\* b. INITIAL INVESTIGATIVE AGENCY LOCATION

\*Refer to the DSAID Support page for current Investigative Case Number formats.

c. IF NO, PROVIDE A REASON (X and complete as applicable)  Incident occurred prior to victim's military service  Alleged perpetrator not subject to UCMJ  Incident beyond statute of limitations  Other (Specify)

44. AGENCY CONDUCTING INVESTIGATION (X one)  NCIS  AFOSI  Army CID  NG/JA/OCI  CGIS  Civilian Law Enforcement

45. DATE INVESTIGATIVE ACTIVITY OPENED (MM/DD/YYYY) 46. INVESTIGATIVE ACTIVITY COMPLETED (X and complete as applicable)  Yes  No IF YES, DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY)

**SECTION VII - INVESTIGATIVE AGENCY CASE TRANSFER (If applicable)**

47. INVESTIGATIVE AGENCY CASE TRANSFERRED (X one)  Across Services  Within Services  To Non-Military Jurisdiction 48. ASSOCIATED INVESTIGATIVE CASE NUMBER (See format instructions above)

49. INVESTIGATIVE AGENCY CASE TRANSFER DATE (MM/DD/YYYY) 50. AGENCY CONDUCTING INVESTIGATION (X one)  NCIS  AFOSI  Army CID  NG/JA/OCI  CGIS  Civilian Law Enforcement

51. GAINING INVESTIGATIVE AGENCY LOCATION

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**SECTION VIII - SUBJECT INFORMATION** (For multiple subjects, reuse as needed.)

<b>52. RESTRICTED REPORT: SUBJECT TYPE</b> (X one)									
<input type="checkbox"/> Military - Cadet/Midshipman/Prep School Student	<input type="checkbox"/> Military - Non Cadet/Midshipman/Prep School Student	<input type="checkbox"/> DoD Civilian							
<input type="checkbox"/> Other Govt. Civilian	<input type="checkbox"/> U.S. Civilian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign Military	<input type="checkbox"/> DoD Contractor	<input type="checkbox"/> Unknown				
<b>UNRESTRICTED REPORT:</b>									
<b>53. SUBJECT NAME:</b> a. LAST			b. FIRST				c. MIDDLE		
<b>54. ID TYPE</b> (X one)					<b>55. DATE OF BIRTH</b> (MM/DD/YYYY)		<b>56. AGE AT TIME OF INCIDENT</b>		<b>57. GENDER</b> (X one)
<input type="checkbox"/> SSN	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Alien Registration							<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Foreign Country ID	<input type="checkbox"/> Unknown	ID Number:							<input type="checkbox"/> Unknown
<b>58. RACE</b> (X one)					<b>59. ETHNICITY</b> (X one)			<b>60. DEPENDENT STATUS</b> (X one)	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> White	<input type="checkbox"/> Mixed	<input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown				
<b>61. SUBJECT TYPE</b> (X one)									
<input type="checkbox"/> Military	<input type="checkbox"/> DoD Civilian	<input type="checkbox"/> Other Government Civilian		<input type="checkbox"/> U.S. Civilian					
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign Military	<input type="checkbox"/> DoD Contractor		<input type="checkbox"/> Unknown					
<b>62. SERVICE AFFILIATION</b> (X one)									
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> DoD	<input type="checkbox"/> NOAA	<input type="checkbox"/> Public Health	<input type="checkbox"/> Unknown	
<b>63. DUTY STATUS</b> (X one, if applicable)									
<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard (NG)	<input type="checkbox"/> Reserve	<input type="checkbox"/> Unknown						
a. IF SUBJECT DUTY STATUS IS NG:									
(1) Subject National Guard Service (X one)					(2) Subject NG State Affiliation (X one)				
<input type="checkbox"/> Title 10	<input type="checkbox"/> 50 States (Enter State:)				<input type="checkbox"/> District of Columbia				
<input type="checkbox"/> Title 32	<input type="checkbox"/> Puerto Rico		<input type="checkbox"/> Guam	<input type="checkbox"/> Virgin Islands					
(3) Subject NG Title 10 Category (X one)									
<input type="checkbox"/> Annual Training (AT)	<input type="checkbox"/> Active Duty Armed Services	<input type="checkbox"/> Basic Training	<input type="checkbox"/> Active Duty Operational Support (ADOS)						
<input type="checkbox"/> Mobilized OCONUS	<input type="checkbox"/> Mobilized CONUS	<input type="checkbox"/> Professional Military Education (PME)		<input type="checkbox"/> Technical/Advanced Individual Training (AIT)		<input type="checkbox"/> Reservists			
(4) Subject NG Title 32 Category (X one)									
<input type="checkbox"/> Active Guard and Reserve (AGR)		<input type="checkbox"/> Annual Training (AT)		<input type="checkbox"/> Inactive Duty for Training (IDT)					
<input type="checkbox"/> Active Duty Operational Support (ADOS)		<input type="checkbox"/> Professional Military Education (PME)		<input type="checkbox"/> Recruit Sustainment Program/Student Flight					
<input type="checkbox"/> ROTC	<input type="checkbox"/> State Active Duty (SAD)		<input type="checkbox"/> Not in Duty Status						
(5) NG Subject Recruit/Training Status (X one)									
<input type="checkbox"/> NG Pre-Accession Recruit Sustainment Program (RSP)		<input type="checkbox"/> Pre-Recruit General Education Development (GED) Program				<input type="checkbox"/> N/A			
b. IF SUBJECT IS MILITARY/CIVILIAN, PAY GRADE					c. SUBJECT DUTY ASSIGNMENT (X one)				
					<input type="checkbox"/> Recruiter	<input type="checkbox"/> Instructor	<input type="checkbox"/> Drill Sergeant	<input type="checkbox"/> Drill Instructor	<input type="checkbox"/> N/A
d. IF SUBJECT IS A DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN (X one)									
<input type="checkbox"/> GS	<input type="checkbox"/> WG	<input type="checkbox"/> NAF	<input type="checkbox"/> SES	<input type="checkbox"/> Other		<input type="checkbox"/> Unknown			
e. SUBJECT ASSIGNED LOCATION					f. SUBJECT ASSIGNED UNIT NAME			g. SUBJECT ASSIGNED UIC	

**SECTION IX - SUBJECT DISPOSITION** (For multiple subjects, reuse as needed.)

<b>64. PRE-TRIAL CONFINEMENT OF SUBJECT</b> (X one)					<b>a. IF YES, DATE OF PRE-TRIAL CONFINEMENT OF SUBJECT</b> (MM/DD/YYYY)				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown (NG only)							
<b>65. CAN DOD CONSIDER ACTION AGAINST SUBJECT?</b> (X one)					<b>a. IF YES, DOD ACTION DECISION DATE</b> (MM/DD/YYYY)			<b>b. IF YES, IS REPORT SUBSTANTIATED?</b> (X one)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/> Yes			<input type="checkbox"/> No	
<b>66. IF REPORT IS SUBSTANTIATED, IDENTIFY COMMAND ACTION</b> (X one)									
<input type="checkbox"/> Courts-martial charge preferred	<input type="checkbox"/> CM charge preferred for non-SA offense						<b>a. COMMAND ACTION DATE</b> (MM/DD/YYYY)		
<input type="checkbox"/> Non-judicial punishment	<input type="checkbox"/> Administrative discharge		<input type="checkbox"/> Other adverse administrative action						
<input type="checkbox"/> Cadet disciplinary system action	<input type="checkbox"/> Non-judicial punishment for non-SA offense								
<input type="checkbox"/> Administrative discharge for non-SA offense	<input type="checkbox"/> Other adverse administrative actions for non-SA offense								
<b>67. IF REPORT IS UNSUBSTANTIATED, IDENTIFY REASON COMMAND ACTION PRECLUDED OR DECLINED</b> (X one)							<b>68. IF DOD CANNOT TAKE ACTION AGAINST SUBJECT, DOD ACTION DECISION DATE</b> (MM/DD/YYYY)		
<input type="checkbox"/> Victim declined to participate in Military Justice action		<input type="checkbox"/> Insufficient evidence of any offense							
<input type="checkbox"/> Victim died before completion of Military Justice action		<input type="checkbox"/> Unfounded by Command							
<input type="checkbox"/> Statute of limitations expired									
<b>69. WAS THE REPORT AGAINST SUBJECT UNFOUNDED BY INVESTIGATIVE AGENCY?</b> (X one)					<b>70. IF NOT UNFOUNDED, WHAT IS THE REASON THE SUBJECT IS OUTSIDE OF DOD PROSECUTIVE AUTHORITY?</b> (X one)				
<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/> Offender is unknown		<input type="checkbox"/> Subject is a civilian or foreign national		
					<input type="checkbox"/> A civilian/foreign authority is Prosecuting Service Member		<input type="checkbox"/> Subject died or deserted		

**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

**SECTION X - INCIDENT DETAIL**

<b>71. FOR RESTRICTED REPORT, IS DATE OF INCIDENT KNOWN</b> <i>(X and complete as applicable)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. IF YES, DATE OF INCIDENT <i>(MM/DD/YYYY)</i>	b. IS DATE AN ESTIMATE? <i>(X one)</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>72. FOR UNRESTRICTED REPORT:</b>		
a. DATE OF INCIDENT <i>(MM/DD/YYYY)</i>	b. IS DATE AN ESTIMATE? <i>(X one)</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>73. INCIDENT TIME OF DAY</b>		
<b>74. INCIDENT LOCATION</b> <i>(X one)</i>		
<input type="checkbox"/> On Military Installation/Ship (other than Academy grounds)	<input type="checkbox"/> On Academy grounds	
<input type="checkbox"/> Off Military Installation/Ship/Academy grounds	<input type="checkbox"/> Unidentified	
a. TYPE OF LOCATION <i>(For example, private vehicle or hotel)</i>		
<b>75. FOR VICTIM AND/OR SUBJECT:</b> <i>(X as applicable)</i>		
a. WAS ALCOHOL INVOLVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	b. WERE DRUGS INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>76. WEAPONS USED?</b> <i>(X as applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>77. TYPE(S) OF OFFENSE INVESTIGATED</b>		
a. FOR INCIDENTS OCCURRED <b>PRIOR TO OCTOBER 1, 2007:</b> <i>(X as applicable)</i>		
<input type="checkbox"/> Rape (Art. 120)	<input type="checkbox"/> Indecent Assault (Art. 134)	<input type="checkbox"/> Non-Consensual Sodomy (Art. 125)
<input type="checkbox"/> Unknown (NG only)	<input type="checkbox"/> Prosecuted by State Law (NG only)	<input type="checkbox"/> Attempts to Commit Offenses (Art. 80)
b. FOR INCIDENTS OCCURRED <b>AFTER OCTOBER 1, 2007 AND BEFORE JUNE 28, 2012:</b> <i>(X as applicable)</i>		
<input type="checkbox"/> Rape (Art. 120)	<input type="checkbox"/> Aggravated Sexual Assault (Art. 120)	<input type="checkbox"/> Aggravated Sexual Contact (Art. 120)
<input type="checkbox"/> Abusive Sexual Contact (Art. 120)	<input type="checkbox"/> Wrongful Sexual Contact (Art. 120)	<input type="checkbox"/> Non-Consensual Sodomy (Art. 125)
<input type="checkbox"/> Attempts to Commit Offenses (Art. 80)	<input type="checkbox"/> Unknown (NG only)	<input type="checkbox"/> Prosecuted by State Law (NG only)
c. FOR INCIDENTS OCCURRED <b>ON OR AFTER JUNE 28, 2012:</b> <i>(X as applicable)</i>		
<input type="checkbox"/> Rape (Art. 120)	<input type="checkbox"/> Sexual Assault (Art. 120)	<input type="checkbox"/> Aggravated Sexual Contact (Art. 120)
<input type="checkbox"/> Non-Consensual Sodomy (Art. 125)	<input type="checkbox"/> Attempts to Commit Offenses (Art. 80)	<input type="checkbox"/> Unknown (NG only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abusive Sexual Contact (Art. 120)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prosecuted by State Law (NG only)
d. IF VICTIM DUTY STATUS WAS NG AT THE TIME OF INCIDENT:		
(1) Pay Grade at the Time of Incident	(2) Victim National Guard Service at the Time of Incident <i>(X one)</i>	
	<input type="checkbox"/> Title 10	<input type="checkbox"/> Title 32
(3) Victim NG Title 10 Category at the Time of Incident <i>(X one)</i>		
<input type="checkbox"/> Basic Training	<input type="checkbox"/> Technical/Advanced Individual Training (AIT)	<input type="checkbox"/> Mobilized OCONUS
<input type="checkbox"/> Annual Training (AT)	<input type="checkbox"/> Active Duty Armed Services	<input type="checkbox"/> Mobilized CONUS
<input type="checkbox"/> Professional Military Education (PME)	<input type="checkbox"/>	<input type="checkbox"/> Active Guard and Reserve (AGR)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Active Duty Operational Support (ADOS)
(4) Victim NG Title 32 Category at the Time of Incident <i>(X one)</i>		
<input type="checkbox"/> State Active Duty (SAD)	<input type="checkbox"/> Inactive Duty Training (IDT)	<input type="checkbox"/> Annual Training (AT)
<input type="checkbox"/> Technician Non-Dual Status	<input type="checkbox"/> Recruit Sustainment Program/Student Flight	<input type="checkbox"/> Not in Duty Status
<input type="checkbox"/> ROTC	<input type="checkbox"/> Active Guard and Reserve (AGR)	<input type="checkbox"/> Technician Dual Status
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Professional Military Education (PME)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Active Duty Operational Support (ADOS)