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| <b>RETURN OF VICTIM'S PERSONAL PROPERTY IN RESTRICTED REPORTING SEXUAL ASSAULT CASES COLLECTED DURING A SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OMB No. 0704-0482<br>OMB Approval Expires:<br>YYYYMMDD                                               |  |
| <p>The public reporting burden for this collection of information is estimated to average ## hours/minutes 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>PRIVACY ACT STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <p><b>AUTHORITY:</b> 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 932, Art. 132 Retaliation; 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; 10 U.S.C. 9081, United States Space Force; 32 U.S.C. 102, National Guard; DoD Directive 6495.01, SAPR Program; Volume 1 to DoD Instruction 6495.02, SAPR Program Procedures; Army Regulation 600-20, Chapter 8, Army Command Policy (Sexual Assault Prevention and Response Program); OPNAV Instruction 1752.1C, SAPR Program; Marine Corps Order 1752.5C, SAPR Program; and Air Force Instruction 90-6001, SAPR Program.</p> <p><b>PRINCIPAL PURPOSE(S):</b> Information will be used to document reports of a victim's request for the return of their personal property during their sexual assault forensic examination. SAPR Program personnel use this form to ensure victims are aware of available services. At the DoD level, only de-identified data is used to respond to mandated congressional reporting requirements.</p> <p><b>ROUTINE USE(S):</b> Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To permit the disclosure of records of closed cases of Unrestricted Reports to the DVA for purpose of providing mental health and 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. Additional routine uses are listed in the applicable system of records notice, DHRA 06, Defense Sexual Assault Incident Database (DSAID), at <a href="https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-06-DoD.pdf">https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-06-DoD.pdf</a></p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide the requested information, may inhibit the return of the requested personal property. This form will be retained for 50 years.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>RR DSAID CASE #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>RESTRICTED REPORTING CASE NUMBER (RRCN) FOR SAFE KIT #</b>                                        |  |
| <p><b>NOTIFICATION FOR EVIDENCE CUSTODIAN, MCIOs, AND LAW ENFORCEMENT PERSONNEL INVOLVED IN THE RETURN OF PERSONAL PROPERTY OBTAINED AS PART OF A RESTRICTED REPORTING SAFE KIT:</b> Section 536 of NDAA for Fiscal Year 2020 provides Restricted Reporting victims the opportunity to request the return of their personal property without affecting the restricted nature of their Restricted Report. As a result of this confidentiality requirement, evidence custodians and any assisting MCIOs and military law enforcement personnel will <b>NOT</b> report this sexual assault allegation and will <b>NOT</b> initiate an investigation into this matter when they discover the name of the victim and/or suspect with regard to the §536 Return of Victim's Personal Property in a Restricted Reporting case. This policy exemption from reporting or initiating an investigation also appears in DoD Instruction 5505.18, "Investigation of Adult Sexual Assault in the Department of Defense," located at <a href="https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/550518p.pdf?ver=2019-01-31-120953-593">https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/550518p.pdf?ver=2019-01-31-120953-593</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>1. Return of personal property in Restricted Reporting case collected during a Sexual Assault Forensic Examination (SAFE) discussed with SARC or SAPR VA:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <p>I, (Full Name) _____, met with a Sexual Assault Prevention and Response Victim Advocate (SAPR VA) or a Sexual Assault Response Coordinator (SARC) to discuss the return of my personal property collected during my SAFE.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>INITIALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>The SARC or SAPR has informed me:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (1) In accordance with Section 536 of NDAA for FY 2020, I can request the return of my personal property obtained during my SAFE at a Military Treatment Facility (MTF), when I filed a Restricted Report. [However, this form is not applicable to Service members or National Guard members who obtained a sexual assault forensic exam at a <u>civilian facility</u> , and whose kit and personal property is maintained by <u>civilian law enforcement</u> .]                                                                                                                                                           |                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (2) This request will not compromise the Restricted nature of my Restricted Report, in accordance with the policy changes for investigators in DoDI 5505.18. Consequently, the new policy means that if the evidence custodian or other law enforcement personnel see my name or the suspect's name, they will NOT start an investigation and my Restricted Report will remain unchanged.                                                                                                                                                                                                                                   |                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (3) This request for the return of my personal property may negatively impact a future investigation and prosecution, if I later decide to convert the Restricted Report to an Unrestricted Report or if I participate in the CATCH a Serial Offender Program (CATCH) and there is a match. If I would like more information on the military justice impacts, I should consult with a Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or a legal assistance attorney, if I am eligible for one.                                                                                                               |                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (4) About the CATCH Program and how to submit an entry.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (5) I can consult with a Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or a legal assistance attorney, if I am eligible for one, before deciding to file this request for the return of my personal property obtained during my SAFE.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (6) A copy of this 2910-3 form will be kept inside the SAFE Kit in the custody of the evidence custodian and the SARC confirmed that he or she will provide me 2 copies of this completed DD Form 2910-3: one for me to give the evidence custodian and one for my personal records.                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |  |
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| <b>Select one, but not both</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <input type="checkbox"/> <b>YES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (8) I am requesting the return of my personal property obtained during my SAFE.                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (9) I have reconsidered my previous selection and I am no longer requesting return of this property. |  |
| <b>2. DESCRIPTION OF PERSONAL PROPERTY: Be as detailed as possible. Items not described here will not be returned.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
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| <p><b>3.A. Victim Contact Information:</b> Phone No. (Include area code) _____ Email _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>3.B. SIGNATURE OF VICTIM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3.C. DATE (YYYYMMDD)</b>                                                                          |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4.B. DATE (YYYYMMDD)</b>                                                                          |  |
| <b>COVID NOTES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <input type="checkbox"/> <b>COVID RESPONSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>5. SARC/SAPR VA CONTACT INFORMATION &amp; LOCATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| 6. I have reconsidered my previous selection and I am no longer requesting return of this property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
| <b>6.A. SIGNATURE OF VICTIM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6.B. DATE (YYYYMMDD)</b>                                                                          |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6.D. DATE (YYYYMMDD)</b>                                                                          |  |