

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0482). 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. 113 note, Department of Defense Policy and Procedures on Prevention and Response to Sexual Assaults involving Members of the Armed Forces centralizing case-level sexual assault data involving a member of the Armed Forces and ensuring uniform collection of data on the incidence of sexual assaults; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Directive 6495.01, Sexual Assault Prevention and Response (SAPR) Program; DoD Instruction 6495.02, Sexual Assault Prevention and Response (SAPR) Program Procedures; 10 U.S.C. 3013, Secretary of the Army; Army Regulation 600-20, Sexual Assault Prevention and Response (SAPR) Program; 10 U.S.C. 5013, Secretary of the Navy; Secretary of the Navy Instruction 1752.4A, Sexual Assault Prevention and Response; Marine Corps Order 1752.5A, Sexual Assault Prevention and Response (SAPR) Program; 10 U.S.C. 8013, Secretary of the Air Force; Air Force Instruction 36-6001, Sexual Assault Prevention and Response (SAPR) Program; and E.O. 9397, as amended (SSN).

PRINCIPAL PURPOSE(S): The information collected documents elements of the sexual assault response and/or reporting process and will be entered into the Defense Sexual Assault Incident Database 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 DoD Sexual Assault Prevention and Response Office has access to identified closed case information and de-identified, aggregate open case information for congressional reporting, study, research, and analysis purposes. Collected information is covered by DHRA 06 DoD, Defense Sexual Assault Incident Database (<http://dpclo.defense.gov/privacy/SORNs/component/osd/DHRA06DoD.html>).

ROUTINE USE(S): Any release of information outside the DoD will be compatible with the purpose(s) for which the information is collected and maintained. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml may apply to this collection.

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.

SECTION I - DSAID CASE INFORMATION

1. DSAID CASE NUMBER RR - _____ UU - _____		2. SADMS ID (Applicable for Army cases)		3. TYPE OF REPORT (X one) <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	
4. INDIVIDUAL WHO RECEIVED THIS REPORT (X one) <input type="checkbox"/> SARC <input type="checkbox"/> SAPR VA <input type="checkbox"/> Other Name: _____		5.a. DATE VICTIM SIGNED FORM ELECTING TO CONVERT FROM RR TO RU (if applicable)		b. RU - c. CONVERSION REASON (If known or applicable)	
6. CASE STATUS (X one) <input type="checkbox"/> Open <input type="checkbox"/> Open with limited information <input type="checkbox"/> Closed					
7. DATE VICTIM INFORMED OF OPTIONS		8. DATE OF REPORT TO DOD		9. DATE VICTIM SIGNED ELECTION FORM (DD 2910)	
10. VA ASSIGNED (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, VA Name: _____		If No, reason: _____	
11. RESTRICTED REPORT EXCEPTION APPLIED (X as applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, reason for exception: <input type="checkbox"/> Disclosure is authorized by the 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 HCP is required for fitness or duty for disability requirement determination. <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 US international agreement.					
12. SARC PRIMARY LOCATION (DSAID LOCATION)					
13. RESTRICTED REPORT REASON					
14.a. COMMANDER NAME		b. COMMAND NOTIFICATION ACCOMPLISHED WITHIN 24 HOURS (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, reason: _____	
15. RELATIONSHIP TO SUBJECT(S) (X all that apply - for definitions, see the DSAID Users Manual.) <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/Commander <input type="checkbox"/> Recruiter <input type="checkbox"/> Coworker <input type="checkbox"/> Employee					
16. WAS VICTIM ADMINISTRATIVELY DISCHARGED WITHIN ONE YEAR OF REPORTING? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No					

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SECTION II - VICTIM INFORMATION

17. VICTIM NAME

a. FIRST	b. MIDDLE	c. LAST
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18. CONTACT INFORMATION (Address/Telephone/Email)

19. GENDER (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female	20. DEPENDENT STATUS (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. DATE OF BIRTH (YYYYMMDD)	22. AGE AT TIME OF INCIDENT
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23. RACE (X one)

American Indian Asian/Pacific Islander Black White Mixed Unknown

24. ETHNICITY (X one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	25. ID TYPE (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: _____
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26. VICTIM TYPE (X one)

Military DoD Civilian Other Govt. Civilian U.S. Civilian Foreign National Foreign Military DoD Contractor

27. SERVICE AFFILIATION (X one)

Army Navy Air Force Marine Corps Coast Guard DoD NOAA Public Health N/A

28. VICTIM STATUS

a. IF NOT MILITARY, DEPENDENT STATUS (X one)
 Military Dependent DoD Civilian (OCONUS) Dependent Not Dependent

b. IF MILITARY, DUTY STATUS (X one) <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard (NG) <input type="checkbox"/> Reserve	c. VICTIM RECRUIT/TRAINING STATUS (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No
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d. IF VICTIM DUTY STATUS IS NG:

(1) Pay Grade at the Time of Incident <input type="checkbox"/> Title 10 <input type="checkbox"/> Title 32	(2) Victim National Guard Service (X one) <input type="checkbox"/> Title 10 <input type="checkbox"/> Title 32	(3) Victim National Guard Service at the Time of Incident (X one) <input type="checkbox"/> Title 10 <input type="checkbox"/> Title 32
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(4) Victim NG State Affiliation (X one)
 50 States (Enter State: _____) District of Columbia Puerto Rico Guam Virgin Islands

(5) Victim NG Title 10 Category (X one)
 Active Guard and Reserve (AGR) Active Duty Operational Support (ADOS) 30+ days ADOS less than 30 days

(6) Victim NG Title 10 Category at the Time of Incident (X one)
 Mobilized Basic Training Technical/Advanced Individual Training

(7) Victim NG Title 32 Category (X one)
 Active Duty Operational Support (ADOS) 30+ days Active Guard and Reserve (AGR) Traditional/M Day
 Technician/Dual Status Technician/Non-Dual Status ADOS - 30 (No Benefit)

(8) Victim NG Title 32 Category at the Time of Incident (X one)
 State Active Duty (SAD) Inactive Duty Training (IDT) Annual Training (AT)

(9) NG Victim Recruit/Training Status (X one)
 NG Pre-Accession Recruit Sustainment Program (RSP) Pre-Recruit General Education Development (GED) Program

e. IF VICTIM IS A DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN (X one)
 GS WG NAF SES Other Unknown

f. WAS THE VICTIM IN THE MILITARY AT THE TIME OF THE ASSAULT? (X one)
 Yes No

g. IF VICTIM IS MILITARY/ CIVILIAN, PAY GRADE	h. ASSIGNED UNIT NAME	i. ASSIGNED UIC	j. ASSIGNED LOCATION NAME
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k. IF GUARD OR RESERVE, WAS LINE OF DUTY (LOD) INITIATED? (X one)

Yes No If No, X reason:
 Victim did not want LOD initiated No information available from active duty SARC LOD not offered
 Assault did not occur in duty status Other

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SECTION III - INCIDENT DETAILS

29. FOR RESTRICTED REPORT, IS DATE OF INCIDENT KNOWN <i>(X and complete as applicable)</i>										Yes		No		If Yes:			
a. DATE OF INCIDENT (YYYYMMDD)				b. IS DATE AN ESTIMATE? <i>(X one)</i>						Yes		No					
30. FOR UNRESTRICTED REPORT:										Yes		No					
a. DATE OF INCIDENT (YYYYMMDD)				b. IS DATE AN ESTIMATE? <i>(X one)</i>						Yes		No					
31. INCIDENT TIME OF DAY																	
32. INCIDENT LOCATION <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																	
33. FOR VICTIM: <i>(X as applicable)</i>							34. FOR SUBJECT: <i>(X as applicable)</i>										
a. ALCOHOL INVOLVED?		Yes		No		Unknown		a. ALCOHOL INVOLVED?		Yes		No		Unknown			
b. DRUGS INVOLVED?		Yes		No		Unknown		b. DRUGS INVOLVED?		Yes		No		Unknown			
35. <i>(X as applicable)</i>																	
a. WEAPONS USED?				Yes		No		Unknown		c. INCIDENT OCCURRED ON TDY?				Yes		No	
b. INCIDENT OCCURRED ON DEPLOYMENT?						Yes		No		d. INCIDENT OCCURRED ON LEAVE?				Yes		No	
36. TYPE(S) OF OFFENSE INVESTIGATED																	
a. FOR INCIDENTS OCCURRED PRIOR TO OCTOBER 1, 2007: <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"/> Attempts to Commit Offenses (Art. 80)							
<input type="checkbox"/> Sexual Assault (Art. 120)		<input type="checkbox"/> Unknown (NG only)				<input type="checkbox"/> Prosecuted by State Law (NG only)											
b. FOR INCIDENTS OCCURRED AFTER OCTOBER 1, 2007 AND BEFORE JUNE 28, 2012: <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 ON OR AFTER JUNE 28, 2012: <i>(X as applicable)</i>																	
<input type="checkbox"/> Rape (Art. 120)		<input type="checkbox"/> Aggravated Sexual Contact (Art. 120)				<input type="checkbox"/> Abusive 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)											
37. DOES THE LOCATION REQUIRE MANDATORY REPORTING FOR MEDICAL CARE FOR A SEXUAL ASSAULT? <i>(X one)</i>																	
<input type="checkbox"/> Yes		<input type="checkbox"/> No															

SECTION IV - FORENSIC EXAM

38. WAS FORENSIC EXAM OFFERED? <i>(X one)</i>																			
<input type="checkbox"/> Yes		<input type="checkbox"/> No												If No, reason:					
39. WAS FORENSIC EXAM COMPLETED? <i>(X and complete as applicable)</i>														Yes		No			
a. IF YES: (1) Location of Forensic Exam:				(2) Date of Exam (YYYYMMDD)				b. IF NO, WAS IT BECAUSE SAFE KIT AND/OR OTHER NEEDED SUPPLIES NOT AVAILABLE?						Yes		No			
<input type="checkbox"/> On Installation		<input type="checkbox"/> Off Installation												<input type="checkbox"/> Yes		<input type="checkbox"/> No			
(3) Storage Location of SAFE Kit																			
40. RESTRICTED REPORT CONTROL NUMBER																			
41. VICTIM NOTIFIED SAFE KIT DUE TO EXPIRE WITHIN 60 DAYS? <i>(X and complete as applicable)</i>														Yes		No			
a. IF YES, DATE VICTIM NOTIFIED SAFE KIT WAS DUE TO EXPIRE (YYYYMMDD)						b. IF NO, REASON <i>(X)</i>								Victim has died		Victim has ETS/retired		Unable to contact victim	
														<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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

42. VICTIM SAFETY ASSESSMENT COMPLETED? <i>(X and complete as applicable)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. IF YES, WAS A SAFETY CONCERN IDENTIFIED? <i>(X)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. IF YES, WHAT WAS THE CONCERN?			
c. IF A VICTIM SAFETY ASSESSMENT WAS NOT COMPLETED, WHAT WAS THE REASON?		d. VWAP (DD Form 2701) PROVIDED (For NG only) <i>(X one)</i>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. CIVILIAN PROTECTIVE ORDER (CPO) REQUESTED? <i>(X and complete as applicable)</i>		Yes <input type="checkbox"/> If Yes:	a. CPO EFFECTIVE DATE <i>(YYYYMMDD)</i>
		No <input type="checkbox"/>	
44. MILITARY PROTECTIVE ORDER (MPO) REQUESTED? <i>(X and complete as applicable)</i>			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes:
a. MPO REQUEST DATE <i>(YYYYMMDD)</i>	b. MPO ISSUED <i>(X)</i>	c. MPO ISSUE DATE <i>(YYYYMMDD)</i>	d. MPO VIOLATED <i>(X)</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		e. IF YES, BY WHOM? <i>(X)</i>	
		<input type="checkbox"/> Victim	<input type="checkbox"/> Subject
		<input type="checkbox"/> Both	
45. VICTIM INFORMED OF RIGHT TO REQUEST EXPEDITED TRANSFER? <i>(X one)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. VICTIM EXPEDITED TRANSFER			
a. DATE VICTIM REQUESTED EXPEDITED TRANSFER <i>(YYYYMMDD)</i>		b. VICTIM EXPEDITED TRANSFER TYPE <i>(X one)</i>	
		<input type="checkbox"/> Local - Unit/Duty Transfer	<input type="checkbox"/> PCS - Installation Transfer
c. COMMAND DECISION FOR EXPEDITED TRANSFER <i>(X one)</i>		d. DATE OF COMMAND DECISION FOR EXPEDITED TRANSFER <i>(YYYYMMDD)</i>	
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove			
e. VICTIM REQUESTED REVIEW FOR EXPEDITED TRANSFER <i>(X one)</i>	f. SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER <i>(X one)</i>	g. DATE OF SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER <i>(YYYYMMDD)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		

SECTION VI - REFERRAL SUPPORT *(For multiple instances, reuse as needed)*

47. REFERRAL RESOURCE TYPE <i>(X and complete as applicable)</i>		<input type="checkbox"/> Military	<input type="checkbox"/> Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(YYYYMMDD)</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>			
48. REFERRAL RESOURCE TYPE <i>(X and complete as applicable)</i>		<input type="checkbox"/> Military	<input type="checkbox"/> Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(YYYYMMDD)</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>			
49. REFERRAL RESOURCE TYPE <i>(X and complete as applicable)</i>		<input type="checkbox"/> Military	<input type="checkbox"/> Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(YYYYMMDD)</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>			
50. REFERRAL RESOURCE TYPE <i>(X and complete as applicable)</i>		<input type="checkbox"/> Military	<input type="checkbox"/> Civilian
a. TYPE OF REFERRAL SUPPORT <i>(X)</i>		b. DATE OF REFERRAL <i>(YYYYMMDD)</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 VII - INVESTIGATIVE AGENCY INFORMATION

51. INVESTIGATIVE CASE FILE OPENED: <i>(X and complete as applicable)</i>		Yes	No
a. IF YES, INVESTIGATIVE CASE NUMBER*	b. INITIAL MCIO LOCATION		

* AF OSI Case Number Format: (N = number, L = letter): NNN-L-NNN-LN-NNNNNNNNNNNNNNNN
 DSAID will only use the last 14 numbers of the AF OSI case number. Example: If the AF OSI number is 624-C-120-A1-12345678912345, input the last 14 numbers into DSAID only, 12345678912345.
 NCIS Case Number Format: Report Date (format DDMONYY) - NCIS Office - Serial Number (last 4 characters) - case category project code.
 DSAID will use the entire NCIS case number. Example: If the NCIS case number is 12APR16-MWPE-0148-8DMA, input the entire number into DSAID.

c. IF NO, PROVIDE A REASON *(X)*

<input type="checkbox"/> Incident occurred prior to victim's military service	<input type="checkbox"/> Alleged perpetrator not subject to UCMJ
<input type="checkbox"/> Incident does not rise to Investigative Agency threshold to open an investigation	<input type="checkbox"/> Incident beyond statute of limitations
<input type="checkbox"/> Other <i>(Specify)</i>	

52. AGENCY CONDUCTING INVESTIGATION *(X one)*

<input type="checkbox"/> NCIS	<input type="checkbox"/> AFOSI	<input type="checkbox"/> Army CID	<input type="checkbox"/> Navy/Marine Corps CID	<input type="checkbox"/> Navy/Marine Corps Law Enforcement
<input type="checkbox"/> Civilian Law Enforcement	<input type="checkbox"/> Air Force Security Forces		<input type="checkbox"/> None	

53. DATE INVESTIGATIVE ACTIVITY OPENED <i>(YYYYMMDD)</i>	54. INVESTIGATIVE ACTIVITY COMPLETED <i>(X and complete as applicable)</i>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	IF YES, DATE INVESTIGATIVE ACTIVITY COMPLETED <i>(YYYYMMDD)</i>

SECTION VIII - INVESTIGATIVE AGENCY TRANSFER *(If applicable)*

55. INVESTIGATIVE AGENCY CASE TRANSFERRED <i>(X one)</i>	56. ASSOCIATED INVESTIGATIVE CASE NUMBER <i>(See format instructions above)</i>
<input type="checkbox"/> Across Services	<input type="checkbox"/> Within Services

57. INVESTIGATIVE AGENCY TRANSFER DATE <i>(YYYYMMDD)</i>	58. AGENCY CONDUCTING INVESTIGATION <i>(X one)</i>
	<input type="checkbox"/> NCIS
	<input type="checkbox"/> AFOSI
	<input type="checkbox"/> Army CID
	<input type="checkbox"/> Navy/Marine Corps CID
	<input type="checkbox"/> Navy/Marine Corps Law Enforcement
	<input type="checkbox"/> Civilian Law Enforcement
	<input type="checkbox"/> Air Force Security Forces
	<input type="checkbox"/> None

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SECTION IX - SUBJECT INFORMATION <i>(For multiple subjects, reuse as needed.)</i>									
59. RESTRICTED REPORT: SUBJECT TYPE <i>(X one)</i>									
<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	
UNRESTRICTED REPORT:									
60. SUBJECT NAME: a. FIRST		b. MIDDLE			c. LAST				
61. GENDER <i>(X one)</i>		62. DEPENDENT STATUS <i>(X one)</i>		63. DATE OF BIRTH (YYYYMMDD)		64. AGE AT TIME OF INCIDENT			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
65. RACE <i>(X one)</i>		<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Mixed	<input type="checkbox"/> Unknown		
66. ETHNICITY <i>(X one)</i>		67. ID TYPE <i>(X one)</i>							
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> SSN	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Alien Registration	<input type="checkbox"/> Foreign Country ID	<input type="checkbox"/> Unknown			
<input type="checkbox"/> Unknown	ID Number:								
68. SUBJECT TYPE <i>(X one)</i>									
<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		
69. SERVICE AFFILIATION <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"/> Unknown	
70. SUBJECT STATUS									
a. DUTY STATUS <i>(X one)</i>		<input type="checkbox"/> Active Duty			<input type="checkbox"/> National Guard (NG)		<input type="checkbox"/> Reserve		<input type="checkbox"/> Unknown
b. IF SUBJECT DUTY STATUS IS NG:									
(1) Subject National Guard Service <i>(X one)</i>		(2) Subject NG State Affiliation <i>(X one)</i>							
<input type="checkbox"/> Title 10	<input type="checkbox"/> Title 32	<input type="checkbox"/> 50 States <i>(Enter State:)</i>			<input type="checkbox"/> District of Columbia				
<input type="checkbox"/> State		<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Guam	<input type="checkbox"/> Virgin Islands					
(3) Subject NG Title 10 Category <i>(X one)</i>									
<input type="checkbox"/> Active Guard and Reserve (AGR)		<input type="checkbox"/> Annual Training (OCONUS)		<input type="checkbox"/> Active Duty Operational Support (ADOS) 30+ days					
<input type="checkbox"/> ADOS less than 30 days									
(4) Subject NG Title 32 Category <i>(X one)</i>									
<input type="checkbox"/> Active Duty Operational Support (ADOS) 30+ days		<input type="checkbox"/> Active Guard and Reserve (AGR)		<input type="checkbox"/> Annual Training		<input type="checkbox"/> Not in Duty Status			
<input type="checkbox"/> Inactive Duty for Training (Traditional Drilling Status)		<input type="checkbox"/> Full Time National Guard Duty							
(5) NG Subject Recruit/Training Status <i>(X one)</i>									
<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				
c. SUBJECT DUTY ASSIGNMENT <i>(X one)</i>									
<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 <i>(X one)</i>									
<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. IF SUBJECT IS MILITARY/ CIVILIAN, PAY GRADE		f. ASSIGNED UNIT NAME		g. ASSIGNED UIC		h. ASSIGNED LOCATION NAME			
SECTION X - SUBJECT DISPOSITION <i>(For multiple subjects, reuse as needed.)</i>									
71. PRE-TRIAL CONFINEMENT OF ACCUSED OFFENDER <i>(X one)</i>				a. IF YES, DATE OF PRE-TRIAL CONFINEMENT OF ACCUSED OFFENDER (YYYYMMDD)					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown (NG only)							
72. CAN DOD TAKE ACTION AGAINST SUBJECT? <i>(X one)</i>		a. IF YES, DOD ACTION DECISION DATE (YYYYMMDD)		b. IF YES, IS REPORT SUBSTANTIATED? <i>(X one)</i>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes		<input type="checkbox"/> No			
73. IF REPORT IS SUBSTANTIATED, IDENTIFY COMMAND ACTION <i>(X one)</i>									
<input type="checkbox"/> CM charge preferred (or initiated)		<input type="checkbox"/> CM charge preferred for non SA offense		<input type="checkbox"/> a. COMMAND ACTION DATE (YYYYMMDD)					
<input type="checkbox"/> Article 15 UCMJ 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							
74. IF REPORT IS UNSUBSTANTIATED, IDENTIFY REASON COMMAND ACTION IS PRECLUDED OR DECLINED <i>(X one)</i>						75. IF DOD CANNOT TAKE ACTION AGAINST SUBJECT, DOD ACTION DECISION DATE (YYYYMMDD)			
<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									
76. WAS THE REPORT AGAINST SUBJECT UNFOUNDED BY INVESTIGATIVE AGENCY? <i>(X one)</i>			77. IF NOT UNFOUNDED, WHAT IS THE REASON THE SUBJECT IS OUTSIDE OF DOD PROSECUTIVE AUTHORITY? <i>(X one)</i>						
<input type="checkbox"/> Yes			<input type="checkbox"/> Offender is unknown			<input type="checkbox"/> Subject is a civilian or foreign national			
<input type="checkbox"/> No			<input type="checkbox"/> A civilian/foreign authority is Prosecuting Service Member		<input type="checkbox"/> Subject died or deserted				