



RAPE & SEX OFFENSE INVESTIGATIONS

INDEX CODE: 1806
EFFECTIVE DATE: 11-15-22

Contents:

- I. Policy
- II. Purpose
- III. Definitions
- IV. Rape & Related Sexual Offenses
- V. Duties of the Communication Section
- VI. Initial Investigation/Duties of Bureau of Patrol Personnel
- VII. Notification of CID - Major Crimes Section Sex Offense Unit
- VIII. Duties of the Criminal Investigation Division
- IX. Delayed Reporting Cases
- X. S.A.E.K. Victim Notification
- XI. State Reporting Requirements
- XII. Proponent Unit
- XIII. Cancellation

I. POLICY

The Department will thoroughly and aggressively investigate all complaints of rape or sexual assault. It will be the responsibility of the CID – Major Crimes Section, Sex Offense Unit to conduct follow-up investigations of all rape and felony sexual offenses. The initial patrol officer or detectives assigned to the appropriate District Detective Unit will handle all 4th degree sex offenses, with the possible exception of those involving sexual child abuse and vulnerable adult abuse. These cases may be assigned the Child & Vulnerable Adult Abuse Unit for follow-up.

The preliminary investigation of a suspected rape or attempted rape requires the on scene supervision of a supervisor of at least the rank of Sergeant.

II. PURPOSE

The purpose of this policy is to provide specific and consistent guidelines for the investigation of rape and sexual offense complaints.

III. DEFINITIONS

- A. Delayed Reporting – Also known as “Jane Doe Victim”, is a provision within the federal Violence Against Women Act that allows victims of sexual assault to obtain a Sexual Assault Forensic Examination (S.A.F.E.) without any law enforcement involvement.
- B. ***Substantially Cognitively Impaired*** – An individual who suffers from an intellectual disability or a mental ***disorder***, either of which temporarily or permanently renders the individual substantially incapable of: appraising the nature of the individual’s conduct; resisting vaginal intercourse, a sexual act, or sexual contact; or communicating the unwillingness to submit to vaginal intercourse, a sexual act, or sexual contact.
- C. Mentally Incapacitated Individual – An individual who, because of the influence of drug, narcotic, or intoxicating substance, or because of an act committed on the individual without the individual’s consent or awareness, is rendered substantially incapable of appraising the nature of the individual’s conduct; or resisting vaginal intercourse, a sexual act, or sexual contact.

- D. Person in Position of Authority - a person who is at least 21 years old; is employed by or under contract with a public or private preschool, elementary school, or secondary school; and because of the person's position or occupation, exercises supervision over a minor who attends the school; and includes a principal, vice principal, teacher, coach, or school counselor at a public or private preschool, elementary school, or secondary school.
- E. Physically Helpless Individual – An individual who is unconscious; or does not consent to vaginal intercourse, a sexual act, or sexual contact; and is physically unable to resist, or communicate unwillingness to submit to, vaginal intercourse, a sexual act, or sexual contact.
- F. “S.A.F.E.” - An acronym for Sexual Assault Forensic Examination. These examinations are conducted by specially trained nurses or physicians assistants (Sexual Assault Forensic Examiners/Forensic Nurse Examiners).
- G. “S.A.E.K.” – An acronym for Sexual Assault Evidence Kit, as defined by COMAR. This is the evidentiary product of a S.A.F.E.
- H. Sexual Act – Any of the following acts: analingus; cunnilingus; fellatio; anal intercourse, including penetration, however slight, of the anus; or an act in which an object or part of an individual’s body penetrates, however slightly, into another individual’s genital opening or anus; and that can reasonably be construed to be for sexual arousal or gratification, or for the abuse of either party. Sexual Act does not include vaginal intercourse; or an act in which an object or part of an individual’s body penetrates an individual’s genital or anus for an accepted medical purpose.
- I. Sexual Contact – The intentional touching of the victim’s or actor’s genital, anal, or other intimate area for sexual arousal or gratification, or for the abuse of either party. Sexual Contact does not include a common expression of familial or friendly affection; or an act for accepted medical purpose.
- J. Vaginal Intercourse – Genital copulation, whether or not semen is emitted; includes penetration, however slight, of the vagina.

IV. RAPE & RELATED SEXUAL OFFENSES

- A. First Degree Rape – A person may not engage in vaginal intercourse with another by force, or the threat of force, without the consent of the other; or engage in a sexual act with another by force, or the threat of force, without the consent of the other and employ or display a dangerous weapon, or a physical object that the victim reasonably believes is a dangerous weapon; suffocate, strangle, disfigure, or inflict serious physical injury on the victim or another in the course of committing the crime; threaten, or place the victim in fear, that the victim, or an individual known to the victim, imminently will be subject to death, suffocation, strangulation, disfigurement, serious physical injury, or kidnapping; commit the crime while aided and abetted by another; or commit the crime in connection with a burglary in the first, second, or third degree (Felony CR 3-303).
- B. Second Degree Rape - A person may not engage in vaginal intercourse or a sexual act with another by force, or the threat of force, without the consent of the other; if the victim is ***substantially cognitively impaired***, a mentally incapacitated individual, or a physically helpless individual, and the person performing the act knows or reasonably should know that the victim is ***substantially cognitively impaired***, a mentally incapacitated individual, or a physically helpless individual; or if the victim is under the age of 14 years, and the person performing the act is at least 4 years older than the victim (Felony CR 3-304).
- C. Third Degree Sexual Offense - A person may not engage in sexual contact with another without the consent of the other; and employ or display a dangerous weapon, or a physical object that the victim reasonably believes is a dangerous weapon; suffocate, strangle, disfigure, or inflict serious physical injury on the victim or another in the course of committing the crime; threaten, or place the victim in fear, that the victim, or an individual known to the victim, imminently will be subject to death, suffocation, strangulation, disfigurement, serious physical injury, or kidnapping; or commit the crime while aided and abetted by another; engage in sexual contact with another if the victim is ***substantially cognitively impaired***, a mentally incapacitated individual, or a physically helpless individual, and the person performing the act knows or reasonably should know the victim is

substantially cognitively impaired, a mentally incapacitated individual, or a physically helpless individual; engage in sexual contact with another if the victim is under the age of 14 years, and the person performing the sexual contact is at least 4 years older than the victim; engage in a sexual act with another if the victim is 14 or 15 years old, and the person performing the sexual act is at least 21 years old; or engage in vaginal intercourse with another if the victim is 14 or 15 years old, and the person performing the act is at least 21 years old (Felony CR 3-307).

- D. Fourth Degree Sexual Offense - A person may not engage in sexual contact with another without the consent of the other; except as provided in § 3-307 of this subtitle, a sexual act with another if the victim is 14 or 15 years old, and the person performing the sexual act is at least 4 years older than the victim; or except as provided in § 3-307 of this subtitle, vaginal intercourse with another if the victim is 14 or 15 years old, and the person performing the act is at least 4 years older than the victim (Misdemeanor CR 3-308).

Fourth Degree Sexual Offense/Sexual Abuse of a Minor by a Person in Authority - Except as otherwise provided in § 3-307 of this subtitle or § 3-308, a person in a position of authority may not engage in a sexual act or sexual contact with a minor who, at the time of the sexual act or sexual contact, is a student enrolled at a school where the person in a position of authority is employed. Except as provided in § 3-307 of this subtitle or § 3-308, a person in a position of authority may not engage in vaginal intercourse with a minor who, at the time of the vaginal intercourse, is a student enrolled at a school where the person in a position of authority is employed (Misdemeanor CR 3-308).

- E. Unnatural or Perverted Sexual Practice - A person may not take the sexual organ of another or of an animal in the person's mouth; place the person's sexual organ in the mouth of another or of an animal; or commit another unnatural or perverted sexual practice with another or with an animal (Misdemeanor CR 3-322).
- F. Incest - A person may not knowingly engage in vaginal intercourse with anyone whom the person may not marry under § 2-202 of the Family Law Article (Misdemeanor CR 3-323).

V. DUTIES OF THE COMMUNICATIONS SECTION

Upon receiving a report of a rape, felony sexual offense, or attempt of the same, the Communications Section will be responsible for the following:

1. Broadcast a description of the suspect(s) and vehicle(s) to any and all patrol districts, Maryland State Police, and all neighboring jurisdictions, if the suspect is unknown and the incident occurred recently.
2. Dispatch a patrol supervisor and at least one patrol officer to the scene, and at least one patrol officer to the hospital if the victim has already been transported.
3. Upon request from the supervisor conducting the investigation, contact the CID Major Crimes Section Sex Offense Unit supervisor; or if not available, a working CID – Major Crimes Section supervisor or the on-call CID supervisor.
4. Coordinate the transmission of information among police units on the scene, and between field units and personnel from CID.
5. Communicate any other assistance requested in support of the investigation.

VI. INITIAL INVESTIGATION/DUTIES OF BUREAU OF PATROL PERSONNEL

If the victim is seriously injured and death may result, the investigation will be investigated according to the procedures outlined in Index Code 1801, "HOMICIDE INVESTIGATIONS." Otherwise, procedures outlined in this section will be followed.

It is essential that the victim of a rape or sex offense be treated with courtesy, dignity, respect, and compassion by all Police Department employees. The first officer on the scene must always be aware that he or she is the initial source of protection for the victim. The manner in which all personnel treat the victim at the time of the crime and afterwards effects not only the victim's immediate and long-term ability to cope with the crime, but also the willingness of the victim to assist in the investigation and prosecution.

The responsibility for the initial investigation of a rape, sex offense, or attempt of the same, rests with the uniformed patrol officer and supervisor dispatched to the scene. In all cases, the assigned officer will isolate the victim, in a private and comfortable space, away from other officers, witnesses, and spectators (including friends, family members, and relatives when possible). The victim will be asked only those questions necessary to determine the type of crime and to obtain information necessary for a suspect lookout. The assigned officer will refrain from expressing or implying any personal opinion during the course of the investigation. The officer should not suggest that the victim sign a waiver of rights during the initial contact with the victim. If a victim requests that the scope of the investigation be limited or that an investigation be temporarily or permanently suspended, the officer will document that request.

The preliminary investigation consists of:

1. Provide medical attention and protection to the victim.
2. Conducting a brief interview with the victim to determine if a crime has been committed, and what elements of the crime exist. Officers should make an effort to limit the number of disclosures that need to be made.
3. Immediate identification and arrest of the perpetrator, if suspect is unknown to the victim. In cases where the victim knows or is otherwise associated with the victim, officers are discouraged from taking steps to immediately arrest the alleged perpetrator. Instead, officers should consult with a Sex Offense Unit Detective to determine if the suspect should be immediately located and arrested.
4. Immediate canvas of the area to identify witnesses and evidence.
5. Identification and preservation of the crime scene, including consideration of search & seizure issues. If only one officer is present when the victim is transported to the hospital, that officer will remain on the site to preserve the crime scene. The patrol supervisor in charge will direct another officer to the hospital to meet with the victim. If two officers are present and the victim needs to be transported to the hospital for treatment, one officer will go with the victim while the other remains behind to secure the scene.
6. Collection of evidence/scene processing performed by the Evidence Collection Unit.
7. Sexual Assault Forensic Examination ("S.A.F.E.") - All victims of 1st Degree Rape, 2nd Degree Rape, 3rd Degree Sex Offenses, and 4th Degree Sex Offenses involving a sexual act, should be transported to the hospital for a S.A.F.E., if the assault is reported within 120 hours of when it occurred, or if the assault is reported within 72 hours of when it occurred if the victim is under 13 years of age. If the victim describes an assault involving VAGINAL-PENILE intercourse, the victim should be transported to the hospital for a S.A.F.E., if this assault is reported within 15 days of when it occurred. Baltimore Washington Medical Center (BWMC) will be the primary hospital for a S.A.F.E. of children under the age of 13. If BWMC is unable to provide a S.A.F.E. at the time, Howard County General Hospital or Mercy Medical Center should be considered. The patrol officer, with the victim, will contact the charge nurse of the emergency room and request that a Forensic Nurse Examiner be notified to respond to the hospital for the S.A.F.E. Contact with the receiving medical facility should be made prior to the victim being transported. This will verify if a Forensic Nurse Examiner is available at the medical facility being contacted, and so that a Forensic Nurse Examiner can be called in, if necessary. This reduces the chance of the victim being inconvenienced by having to be transported to and from multiple facilities, or to have to wait upon arrival for the Forensic Nurse Examiner to be called in. An officer or detective will stay with the victim until the Forensic Nurse Examiner or crisis counselor arrives so that the chain of custody is maintained. Officers will document in their incident report to whom custody of the victim was turned over to.

Emergency Room Charge Nurse Contact Numbers:
Anne Arundel County Medical Center: 443-481-1000
Baltimore Washington Medical Center: 410-787-4000
Howard County General Hospital: 410-740-7890
Mercy Medical Center: 410-332-9477

The victim may be transported to the medical facility by police or ambulance personnel. The medical needs of the victim are the first priority and take precedence over the S.A.F.E. Therefore, the victim may be transported to any medical facility for medical treatment even if the facility does not have a S.A.F.E. program.

If the victim reports the crime from a medical facility that does not offer a S.A.F.E program or if a Forensic Nurse Examiner is not available at the facility, the victim must be medically screened and released by the facility staff before being transported to another medical facility for a S.A.F.E.

If the victim is a minor, it is advisable, but not mandatory, that the consent of the parents, custodians, or legal guardians first be obtained for a S.A.F.E. If possible, the parents, custodians, or legal guardians should be requested to accompany the victim to the hospital.

A Crime Scene Technician will respond to the hospital to recover the S.A.E.K. when notified by the Anne Arundel Medical Center or Baltimore Washington Medical Center via Police Communications. If the victim received a S.A.F.E. at an out-of-county facility, the patrol officer or Detective will notify the Evidence Collection Unit that a S.A.F.E. was conducted at the facility so arrangements can be made to recover the kit. Recovered S.A.E.K. will be submitted to the Forensic Services Biology/DNA Unit by the Evidence Collection & Identification Section to be screened for suspect evidence following Forensic Services laboratory policies and procedures.

Baltimore Washington Medical Center will contact the YWCA of Anne Arundel County response system (410-222-RAPE/7273) and an advocate will respond to the hospital and give emotional support to the victim. Anne Arundel Medical Center has Domestic Violence/Rape Advocates on staff.

8. If a Sex Offense Unit Detective does not immediately respond out to the scene, the officer will provide the victim with the case number, the phone number of the Sex Offense Unit where the victim/witness can call to report additional information or to receive information about the status of the case. Victims should be given the opportunity to indicate the preferred manner in which contact can be made with them, via phone, email, mail, or in-person. If the victim would like to be contacted by phone, the investigator should determine if a voicemail can be left and with what information. Their preference will be documented in the report.
9. If a Sex Offense Unit Detective does not immediately respond out to the scene, the officer will provide the victim with the Crisis Response System Hotline - 410-222-RAPE (7273). All of the above references can be located in the booklet titled "CRIME VICTIMS AND WITNESSES: Your Rights and Services." Victims will be advised that services provided by crisis programs are confidential.

VII. NOTIFICATION OF CID – MAJOR CRIMES SECTION SEX OFFENSE UNIT

Upon the determination that a rape or first, second, or third degree sex offense has occurred, or an attempt of the same has just occurred, the field supervisor will consult with the CID Major Crimes Section Sex Offense Unit Supervisor. Outside of regular working hours, the evening shift or on-call Criminal Investigation Division supervisor should be notified. The preliminary investigation of any offense that occurred more than 24 hours from the time of the initial report can be handled by the initial patrol officer unless extraordinary circumstances exist. If strange or unusual circumstances exist, the CID – Major Crimes Section Sex Offense Unit should always be notified. It is not necessary to notify in reference to 4th degree sex offenses unless unusual circumstances dictate.

The CID Major Crimes Section Sex Offense Unit Supervisor (or evening shift or on-call CID supervisor) should always be consulted for cases of domestic violence involving alleged rape and/or sexual offenses in the third degree. In some cases, the decision to charge a suspect with rape and/or sexual offenses may require additional investigation, even though the domestic violence assault needs to be dealt with immediately. This decision may be made in consultation with the State's Attorney's Office. However, this does not negate following the policies and procedures related to domestic and family violence for the protection of the victim. Bureau of Patrol supervisors and officers will receive guidance on how to handle charges in these situations from the consultation with the CID Sex Offense Unit (or evening or on-call) supervisor and/or the State's Attorney's Office.

VIII. DUTIES OF THE CRIMINAL INVESTIGATION DIVISION

The detective in charge of the follow-up investigation will be assigned by the supervisor of the Sex Offense Unit of the Criminal Investigation Division – Major Crimes Section. The detective in charge of the investigation is responsible for the following:

A. Interviews and Interrogations

1. The effectiveness of an investigator, as well as the success of the investigation, is largely dependant upon his or her ability to obtain information from victims, complainants, witnesses, informants, and suspects. Therefore, it is essential that the interviews and interrogations be conducted by investigators with sensitivity, patience, persistence, and dedication to the task at hand.
2. The detective in charge of the investigation will, whenever possible, interview victims, witnesses, and suspects in an audio/video recorded interview room. If not possible, the detective should audio record the interview.
3. Assign officers to canvass the neighborhood of the crime scene for persons who have information regarding the crime. Assign personnel to systematically search the vicinity of the crime area for any evidence that may have been lost or disposed of by the perpetrator.
4. All statements and recorded interviews obtained in the investigation will be attached to the case file for future reference, and for the use of the State's Attorney for Anne Arundel County.
5. In accordance with State of Maryland 42 U.S.C. 3796gg-8(a): No law enforcement officer, prosecuting officer or other government official shall ask or require an adult, youth or child victim of an alleged sexual offense as defined under Federal, State or local law to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of an offense. In addition, the refusal of a victim to submit to a polygraph or other truth-telling examination shall not prevent the investigation, charging or prosecution of an alleged sexual offense.

B. Crime Scene/Evidence Search

1. Search the crime scene for evidence, summon Crime Scene Technicians to take photographs, collect fingerprints, and to search for physical evidence.
2. It is important to preserve all articles such as clothing, bed linens, towels, handkerchiefs, or other physical evidence relevant to the investigation. Each article should be separately tagged and wrapped according to the procedures outlined in Index Code 1201.

C. Victim/Witness Assistance – Initial Contact

The investigator will provide the following information and assistance to the victim, and to any witnesses as indicated by the circumstances of the case:

1. Availability of local services (e.g., counseling, medical attention, compensation programs or emergency financial assistance, and victim advocacy). In all circumstances provide the victim with the Crisis Response System Hotline - 410-222-RAPE (7273). All of the above references can be located in the booklet titled "CRIME VICTIMS AND WITNESSES: Your Rights and Services." Victims will be advised that services provided by crisis programs are confidential, and that information discussed will not be shared with the investigator without their express consent.
2. What to do if the suspect or the suspect's friends or family threatens or intimidates him or her.
3. Explain the procedure involved in processing and eventually prosecuting the case. Advise the victim, if appropriate, that details of their case can, and will, become a matter of public record and cannot be fully protected as confidential.
4. The investigator's name, case number, and a phone number the victim/witness can call to report additional information or to receive information about the status of the case. Victims should be given the opportunity to indicate the preferred manner in which contact can be made with them, via phone, email, mail, or in-in-person. If the

victim would like to be contacted by phone, the investigator should determine if a voicemail can be left and with what information. Their preference will be documented in the report.

5. When and if the victim is transported to the hospital, make arrangements for him or her to have a change of clothes at the hospital for use upon completion of the medical examination.

6. If a victim requests that the scope of the investigation be limited or that an investigation be temporarily or permanently suspended, the investigator will inform the victim that they will follow-up with the victim within 30 days of the initial contact to confirm the victim continues to request suspension of the investigation. If the victim continues to request suspension of the investigation, the investigator will advise the victim that any decision to suspend an investigation will not be considered permanent, and should the victim chose to pursue an investigation at a later date, the case may be re-opened for investigation. The investigator will notify the victim of any statute of limitations. All of the above information will be documented in the report.

D. Victim/Witness Services - Follow-up Investigation

1. The investigator will periodically re-contact the victim and appropriate witnesses to determine whether their needs are being met. The investigator should be aware of the potential to re-traumatize the victim when conducting follow-up contacts.

2. If not an endangerment to the successful prosecution of the case, the investigator will explain to victims/witnesses the procedures involved in the prosecution of the case and their role in those procedures. The investigator will coordinate this activity with the Victim/Witness Assistance Unit of the State's Attorney's Office if an arrest has been made.

3. Whenever feasible, the investigator will schedule lineups, interviews, and other required appearances at the convenience of the victim/witness, and will arrange for transportation if necessary.

4. Whenever feasible, and when permitted by laws and rules of evidence, personal property taken as evidence will be returned promptly to the victim/witness. Contraband, disputed property, and weapons used in the course of the crime will not be returned.

5. The investigator will notify the victim of the disposition of the case and if an arrest has been made.

E. Maintain Investigative Records

Keep accurate and complete records of the case, particularly records of the following:

1. Incident Reports and Supplements.
2. Investigative Reports.
3. Statements of victims and witnesses.
4. Collection of evidence, including chain of custody.
5. Crime Scene notes and diagrams.
6. All photographs of the scene and victim's physical injuries.
7. S.A.F.E. and Medical reports or findings.
8. Suspect statements.
9. Photographic line-ups.
10. Audio-visual recordings of interviews and interrogations.
11. Search warrants, court orders, etc.

As documents/records are received they should be scanned as PDFs and added as attachments to the records management system using the Report Number of the initial Offense/Incident Reports.

IX. DELAYED REPORTING CASES

The 2005 reauthorization of the Violence Against Women Act Statute (VAWA) states that a victim of a sexual assault is not required to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam free of charge or with full reimbursement. In order to comply, a victim may have a S.A.F.E. without notification of Law Enforcement. However, to maintain chain of custody of the evidence collected, the S.A.E.K. will be stored by this agency as "evidence", following the retention policies outlined in Index

Code 1201.3 (Release & Disposal of Property), in the event the victim chooses to request an investigation by law enforcement.

When a rape or sexual assault victim seeks care at a hospital prior to calling police, the hospital staff or advocate will present the victim with an information form advising the victim that they may elect to report the crime to the police and receive a S.A.F.E.; elect to not report the crime to the police, but receive a S.A.F.E. anyway so evidence can be collected in the event the victim wants to report the crime at a later time; or elect to not report the crime to police and only have a medical examination.

A. Communications Responsibilities

1. If the victim chooses to have a S.A.F.E. without police involvement, the Forensic Nurse Examiner will contact Communications to request a case number. The dispatcher will generate a call for service entitled “Suspicious Condition”, utilizing nature code 51C and provide the case number to the nurse.

2. Communications will dispatch the call to either TRS, if available, or a patrol officer.

3. When the S.A.F.E. is complete, the Forensic Nurse Examiner will again call Communications and request that a Crime Scene Technician respond to pick up the S.A.E.K.

B. Patrol Responsibilities

Either TRS or a Bureau of Patrol officer will write an Offense/Incident report using Incident Type, “Sexual Assault Kit Collection (VAWA/Delayed Reporting).” The Offense/Incident report will indicate that the incident is related to evidence collected during a Sexual Assault Forensic Examination that is not being reported to law enforcement at the victim’s request; and the name of the Forensic Nurse Examiner reporting the incident. The only information required on the Offense/Incident Card is the “Sexual Assault Kit Collection (VAWA/Delayed Reporting)” Incident Type; the Incident Location (hospital where the SAFE was performed); and Witness(es) (Forensic Nurse Examiner(s) involved in the chain of custody of the evidence.

If the victim initially reports the incident to police, then while still at the hospital decides they do not want a police investigation, the officer will write an Offense/Incident report titled with the appropriate crime initially reported (i.e., Rape, Sex Offense, etc.). The officer will document everything that was reported to police and all investigative steps taken up to the point the victim indicated they no longer wanted a police investigation. The Offense/Incident Report will be submitted prior to the end of the officer’s shift.

C. Evidence Collection Unit Responsibilities

A Crime Scene Technician will be contacted by Communications and will respond to the hospital to recover the S.A.E.K. The kit will not be opened, but will be entered into the BEAST as a whole.

D. Sex Offense Unit Responsibilities

The Sex Offense Unit supervisor will review all “Sexual Assault Kit Collection (VAWA/Delayed Reporting).” Offense/Incident reports. If a victim later initiates contact with the police department requesting their case to be investigated, the supervisor will assign the case to a detective for a full investigation.

X. S.A.E.K. VICTIM NOTIFICATION

All requests for information regarding the status of a kit analysis or results of the analysis from a victim will be forwarded to the Sex Offense Unit supervisor. The supervisor will provide the victim with: (1) Information about the status of the kit analysis; and (2) All available results of the kit analysis within 30 days of the request. If the Sex Offense Unit supervisor determines that releasing information regarding results would impede or compromise an ongoing investigation, they will notify the victim of that decision.

XI. STATE REPORTING REQUIREMENTS

Per COMAR 02.08.04.01(B), on or before September 1st, Forensic Services will submit an annual report to the Office of the Attorney General providing specific information about the sexual assault evidence kits that are within the agency’s possession (see COMAR 02.08.04.01(B) for specific requirements). Per COMAR 02.08.04.02, on or before September 1st, Forensic Services will submit the following information to the Office of the Attorney General:

A. The number of sexual assault evidence collection kits tested within the prior completed fiscal year;

- B. The date each sexual assault evidence collection kit tested was received from a law enforcement agency; and
- C. The date on which a report summarizing the results of the test was prepared for each sexual assault evidence collection kit."

XII. PROPONENT UNIT: CID – Major Crimes Section.

XIII. CANCELLATION: This directive cancels Index Code 1806, dated ***10-26-22***.