

Facts of Offense Sheet Guidelines

Submission Guidelines:

- **Print or type all required information;**
- **Please complete Side Two of this form for each victim;**
- **Fax this form to DOJ, Sexual Habitual Offender Program at (916) 227-3663 or mail this form to DOJ, Sexual Habitual Offender Program, 4949 Broadway RM B-216, Sacramento, CA 95820;**
- **Submit a copy to the California Department of Corrections and Rehabilitation if prison sentence is imposed;**
- **Include a copy in pre-sentencing report;**
- **Retain a copy in the defendant's file;**
- **Attach extra sheets of paper if needed. Please label additional sheets with the Offender's Last Name, CII Number, and Court Case Number.**

If you have any questions regarding the submission or completion of this form please contact the DOJ, Sexual Habitual Offender Program at (916) 227-4736

Data Field Guidelines:

Victim Age

Enter the Victim's Age

Victim Race

Enter the Race of the Victim. Please select from the following valid values:

- | | |
|----------------------------|----------------------|
| A = Other Asian | L = Laotian |
| B = Black | O = Other |
| C = Chinese | P = Pacific Islander |
| D = Cambodian | S = Samoan |
| F = Filipino | U = Hawaiian |
| G = Guamanian | V = Vietnamese |
| H = Hispanic/Latin/Mexican | W = White |
| I = American Indian | X = Unknown |
| J = Japanese | Z = Asian Indian |
| K = Korean | |

Victim Gender

Enter the Victim's biological sex. If the Victim appears different from biological sex or has gone through a sex reassignment surgery, please note this in the narrative section (i.e. Born Male appears Female or born Male had surgery now Female). Please select from the following valid values:

- Male
- Female
- Unknown

Victim Vulnerability

Select the appropriate vulnerability/lifestyle of the Victim. You may select more than one if applicable. Whenever there is a "Describe" please provide a brief description. Please select from the following valid values:

- | | |
|-------------------------------|---------------------------------|
| Alcohol Abuser, | Internet User, |
| Babysitter, | Loner, |
| Bisexual, | Mentally Disabled (Describe), |
| Child, | Mentally Ill (Describe), |
| Criminal Activity (Describe), | Physically Disabled (Describe), |
| Drug User/Seller, | Prostitute, |
| Elderly, | Recluse/Introvert, |
| Gambler, | Retired, |
| Gang Member (Describe), | Runaway, |
| Heterosexual, | Student, |
| Hitchhiker, | Transient/Drifter, |
| Homeless/Street Person, | Transvestite, |
| Homemaker, | Transsexual, |
| Homosexual, | Other (Describe), |
| Illegal Alien, | Unknown |

Offender’s Relationship to the Victim

Enter the offender’s relationship to the offender. Please select from the following valid values:

- | | |
|-----------------------------|-------------------------------------|
| Acquaintance, | Friend, |
| Boyfriend/Girlfriend, | Landlord, |
| Business Partner, | Medical Provider (Describe), |
| Care Provider/Sitter, | Neighbor, |
| Child, | Parent/Guardian, |
| Classmate, | Relative (Describe Relationship), |
| Clergy, | Roommate, |
| Co-worker, | Spouse, |
| Customer/Client, | Stranger (knew less than 24 hours), |
| Date, | Student, |
| Employee, | Teacher/Educator, |
| Employer, | Tenant, |
| Ex-boyfriend/Ex-girlfriend, | Other (Describe), |
| Ex-Spouse, | Unknown |

Victim’s Activity at Time of Offense

Indicate the activity the Victim was engaged in directly prior to the offense. Please select from the following valid values:

- | | |
|------------------------------------|---|
| Babysitting, | On a Date, |
| Driving/Riding in Vehicle, | On Vacation, |
| Going to/from Bar/Club/Restaurant, | Outdoor Exercising (e.g., jogging, biking, etc.), |
| Going to/from Residence, | Playing Outside, |
| Going to/from School, | Prostituting, |
| Going to/from Store, | Selling Home/Vehicle, etc., |
| Going to/from Work, | Sleeping, |
| Hitchhiking, | Using alcohol/drugs, |
| Hunting/Camping/Hiking/Fishing, | Working, |
| Involved in a Drug Transaction, | Other (Describe), |
| Making a Delivery, | Unknown |

Offender’s Initial approach to Victim (Check and describe all that apply)

Select the appropriate approach method the offender used to gain access to the Victim. There are four primary categories each with valid values; Please select from the following valid values:

By Deception/Con or Grooming:

- | | |
|---|---|
| Administers drugs (e.g., GHB, specify), | Offered job, money, treats, or toys, |
| Asked for/offered assistance, | Placed or responded to advertising, |
| Asked victim to model/pose for photos, | Posed as authority figure/police officer, |
| Befriended victim, | Posed as business Person/customer, |
| Caused/staged traffic accident, | Solicited for sex, |
| Engaged victim in conversation, | Telephone contact, |
| Feigned an injury (e.g., arm in cast), | Third person used lure victim, |
| Alleged drug transaction, | Violated position of trust, |
| Implied family emergency/illness, | Wanted to show something, |
| Internet communication, | Other Deception/Con (Describe) |

Offered ride/transportation,

By Surprise:

Awakened victim,
Forceful sudden entry-building,
Forceful sudden entry-vehicle,
Lay in wait-in building,

Lay in wait-in vehicle,
Lay in wait-out of doors,
Threatened with weapon,
Other Surprise (Describe),

By Blitz-Direct and Immediate Physical Assault:

Choked victim,
Hit Victim-Hand/fist/or clubbing weapon,
Physically overpowered victim,

Shot victim,
Stabbed/cut victim,
Other Blitz Assault (Describe),

Other Approach (Describe),

Unknown

Assault Location

Please describe the location(s) the assault took place. Please select from the following valid values:

Arcade,
Amusement Park/Carnival/Fair,
Bar/Restaurant,
Beach/Ocean/Lake/River,
Bike/Jogging Trail,
Building,
Bus,
Bus Stop,
Business/Industrial/Commercial,
Church,
Concert,
Construction Site,
Vacant Building,
Farm/Agricultural,
Gas Station,
Group Home,
Hotel/Motel,
In a Vehicle,
Internet (Describe),
Movie Theater,

Open Field/Vacant Lot,
Park,
Recreation Area/Campground,
Parking Lot/Garage,
Receiving Home,
Residential Home,
School/Playground,
Store/Shopping Mall,
Street/Highway/Alley/Sidewalk,
Registrant's Residence,
Swap/Flea Market/Garage Sale,
Train,
Truck/Rest Stop,
Uninhabited Wilderness,
Vice/Gambling Area,
Victim's Residence,
Victim's Workplace,
Wooded/Remote Area,
Other (Describe),
Unknown

Method of Entry

Select the appropriate Method of entry if the Offender entered a building/structure to gain access to or assault the victim in. Please select from the following valid values:

Forced Entry,
Let in by Victim,
Let in by Third Party,
Lived There/Let Self in,
No Sign of Forced Entry,

Public Access,
Through Unsecured Door/Window,
Other (Describe),
Unknown

Weapons Used in Assault

Please indicate what weapons, if any, were using in the commission of the assault and select if the weapon(s) was brought to the scene by the offender or found at the scene by the offender. If the weapon used is part of a larger category please write in both the primary category and the sub value for example: "Bludgeon/Club-Bottle". Please select from the following valid values:

Asphyxial Device (Describe),
 Bludgeon/Club:
Baseball bat,
Bottle,
Concrete block/brick,
Fireplace tool,
Hammer,
Pipe,
Rock,
Shovel,
Tire iron,
Other bludgeon type (Describe)
 Drug
Cocaine,
Valium,
Tranquilizers,
Other Drug type (Describe)
 Explosive Device,
 Fire Accelerant (Describe),
 Fire Arm:
Shotgun (Describe),
Rifle (Describe),
Handgun (Describe),
Other (Describe),
Unknown,
 Hands or Feet,

Ligature:
Clothing,
Electrical/phone cord,
Rope/cordage,
Wire/coat hanger,
Other ligature type (Describe),
 Mace/Pepper Spray,
 Poison:
Arsenic,
Cyanide,
Strychnine,
Thallium,
Other poison type (Describe),
 Stabbing/Cutting Weapon:
Axe/hatchet,
Buck/hunting knife,
Ice pick,
Knife-Other (Describe),
Pocket knife,
Scissors,
Screwdriver,
Other stabbing/cutting type (Describe),
 Taser/Stun Gun,
 Vehicle,
 Other (Describe),
 Unknown

Sexual Assault Details

Please indicate all sexual assault acts and/or attempted sexual acts. Please select all that apply from the following valid values:

Penetration

Anal:
Penile,
Digital,
Hand/Fist,
Foreign Object (Describe,)
Unknown,
 Vaginal:
Penile,
Digital,
Hand/Fist,
Foreign Object (Describe),
Unknown,

Sexual Dysfunction

Unable to Obtain Erection,
 Unable to Maintain Erection,
 Premature Ejaculation,
 Retarded Ejaculation,
 Other (Describe),
 Unknown,

Other Sex Acts

Ejaculated on/in victim,
 Fondled/Grabbed/Hugged,
 Forced victim to Swallow Semen,
 Kissed,

Oral Sex,

Offender Performed Oral Sex on Victim:

- Anus,*
- Vagina,*
- Penis,*

Victim Performed Oral Sex on Offender:

- Anus,*
- Vagina,*
- Penis,*

- Licked,
- Rubbed Genitalia Against Victim
- Simulated Intercourse,
- Sucked Breasts,
- Other (Describe),
- Unknown

Masturbation

- Offender Masturbated Victim
- Offender Masturbated Self
- Victim Masturbated offender
- Victim Masturbated Self

Level of Forced Used

Please indicate the level of force the offender used in the assault. Please select all that apply from the following valid values:

- No Force (Verbal Intimidation),
- Minimal (Mild Slapping/Hitting),
- Moderate (Repeated Hits-Painful),
- Excessive (Beats-Bruising/Cuts)
- Brutal (Sadistic Torture)
- Unknown

Major Trauma Types/Locations

Please indicate the major types of trauma the Victim endured. Where applicable, indicated the number and extent of the wounds as well as the location on the Victim's body. Please select from the following valid values:

Types:

- Airway Occlusion,
- Asphyxiation,
- Blunt Force Injury(ies) (# of Wounds),
- Extent:
 - Minimal,*
 - Moderate,*
 - Excessive,*
 - Brutal,*
 - Unknown,*
- Burns (Fire),
- Crushing Injury,
- Cutting & Incised Wounds (# of Wounds),
- Drowning,
- Drug Injection/Overdose,
- Explosive Trauma,
- Exposure,
- Gun Shot Wounds (# of Wounds),
- Range:
 - Distant,*
 - Intermediate,*
 - Close Contact,*
 - Unknown,*
- Hanging,
- Malnutrition/Dehydration,
- Poisoning,
- Smoke Inhalation,
- Smothering/suffocation,
- Stab Wounds (# of Wounds),
- Strangulation (Ligature),
- Strangulation (Manual),
- Strangulation (Undetermined),
- Other (Describe) (# of Wounds),
- Undetermined,
- None,
- Unknown

Locations:

- | | |
|-------------|-------------------|
| None, | Foot/Feet, |
| Abdomen, | Genitalia, |
| Anus, | Groin, |
| Arm(s), | Hand(s), |
| Back, | Head, |
| Breasts, | Leg(s), |
| Buttock(s), | Neck/throat, |
| Chest, | Shoulder(s), |
| Ear(s), | |
| Eye(s), | Other (Describe), |
| Face, | Unknown |
| Finger(s), | |

Unusual or Additional Assault

Please indicate any unusual or additional assaults the Victim endured. Please select all that apply from the following valid values:

- | | |
|---|--|
| Beat Sexual Areas:
<i>With Hands/Fists (Describe),</i>
<i>With Object (Describe).</i> | Postmortem Assault:
<i>Sexual (Describe),</i>
<i>Other (Describe),</i> |
| Body Cavities/Genitalia Mutilated (Describe), | Pulled Body Parts (Describe), |
| Body Cavities/Wounds Explored/Probed (Describe), | Puncture/Torture Wounds (Describe), |
| Body Set on Fire (Describe), | Ritual/Script/Fantasy (Describe), |
| Burns (Cigarette, Iron, etc.) (Describe), | Shocked:
<i>Electrical (Describe),</i>
<i>Stun Gun (Describe),</i> |
| Cannibalism (Describe), | Skinned (Describe), |
| Carving on Victim (Describe), | Slapped/Spanked/ Whipped/Paddled
<i>With Hands (Describe),</i>
<i>With Device/Object (Describe),</i> |
| Douche/Enema Given to Victim (Describe), | Tickled (Describe), |
| Evisceration (Describe), | Vampirism (Describe), |
| Hair Cut/Shaved:
<i>Head (Describe),</i>
<i>Pubic (Describe),</i>
<i>Other (Describe),</i> | Vehicular Assault:
Dragged by Vehicle (Describe),
Pushed/Shoved/Thrown from
Vehicle <small>(Describe)</small> ,
Run Over by Vehicle (Describe) |
| Hair Pulled (Describe), | Victim Defecated Upon (Describe), |
| Hanged/Suspended (Describe), | Victim Urinated Upon (Describe), |
| Kicked/Stomped (Describe), | Other (Describe), |
| Patterned Injury (Describe), | Unknown |
| Pierced Body Parts (Describe), | |
| Pinched:
<i>With Hands (Describe),</i>
<i>With Device (Describe) ,</i> | |

Precautions Used to Avoid Apprehension/Identification

Please indicate any steps or actions taken by the Offender to alter the crime scene and/or avoid apprehension or identification. Please select all that apply from the following valid values:

- | | |
|------------------------------|---------------------------------|
| Administered Drug to Victim, | Moved Victim From Assault Site, |
| Altered Lighting, | Planted Evidence, |

Bleach, Ransacked Scene, Burned Scene/Victim's Body, Changes Facial Hair/Hair Length/Hair Style, Police, Cleaned Scene, Cleaned Self, Cleaned Victim, Destroyed/Removed Evidence, Disabled Phone/Security, Disabled Victim's Vehicle, Forced Victim to Bathe/Douche, Gave False Name (Describe), Increased/Decreased Temperature Setting,	Prepares Escape Route Prior to Assault, Told Victim not to Look at Offender, Told Victim not to Report Incident to Used a Condom, Used a Lookout, Used a Police Scanner Radio, Vandalized Scene, Wore Makeup, Wore a Disguise/Mask (Describe), Wore Gloves (Describe), Other (Describe), Unknown
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Offender's Address at Time of Offense

Write in the residence address of the offender at the time the incident occurred. Please do not put the address where in incident occurred unless the incident happened at the Offender's residence.

Vehicle Used in this Offense? Y N

Make	Color
Model	Vehicle License Number
Year	Other (Describe any unique features or modifications)

Any circumstances of the offense not included on this form:

In narrative form, please indicate any crime elements of importance not included on this form. Please attach additional sheets if necessary, complete with the Offender's Last name, CII, and Court Case Number across the top.