



Caller # SA \_\_\_\_\_



# LINCOLN POLICE DEPARTMENT ANONYMOUS SEXUAL ASSAULT REPORT

This form was designed to facilitate the anonymous report of a sexual assault. Such reports help the Lincoln Police Department understand the current sexual violence trends in our city and can serve to introduce the reporting party to the criminal justice system in Lincoln. Filing this form will not result in an investigation unless the victim later decides to make a formal report to law enforcement. The completion of this form is also the first step, should the victim decide they want to have a forensic exam done at a local hospital.

DATE OF REPORT: \_\_\_\_\_ TIME: \_\_\_\_\_ DATE OF ASSAULT: \_\_\_\_\_ TIME: \_\_\_\_\_

PLACE OF OCCURRENCE: \_\_\_\_\_  
 (AN ADDRESS IS PREFERRED, BUT IF IT OCCURRED AT THE VICTIM'S HOME,  
 A TEAM AREA, PART OF TOWN OR STREET COORDINATES ARE ACCEPTABLE.)

**SUSPECT INFORMATION**

NAME/NICKNAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ PHYSICAL DESCRIPTION: \_\_\_\_\_

DISTINGUISHING CHARACTERISTICS - (ODORS, SCARS, TATTOOS, FACIAL HAIR, SPEECH IMPEDIMENTS, ETC.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUSPECT / VICTIM RELATIONSHIP**

PARTNER / LOVER \_\_\_\_\_

EX-PARTNER / LOVER \_\_\_\_\_

SPOUSE \_\_\_\_\_

COLLEAGUE / CO-WORKER \_\_\_\_\_

ACQUAINTANCE \_\_\_\_\_

MET SAME DAY >SOCIALY \_\_\_\_\_

MET SAME DAY >  
NON-SOCIALY \_\_\_\_\_

STRANGER \_\_\_\_\_

**TYPE OF COERCION / FORCE**

VERBAL \_\_\_\_\_

PHYSICAL \_\_\_\_\_

THREAT OF DEATH \_\_\_\_\_

PRESENCE OF A WEAPON Yes / No  
 IF YES, WHAT TYPE \_\_\_\_\_

INCAPACITATION BY DRUGS OR ALCOHOL Yes / No  
 IF YES, WHAT TYPE \_\_\_\_\_

OTHER COERCION / FORCE \_\_\_\_\_

\_\_\_\_\_

**WERE YOU PHYSICALLY INJURED?** Yes / No

IF YES, PLEASE DESCRIBE THE EXTENT AND NATURE OF YOUR INJURIES IN DETAIL:

\_\_\_\_\_

\_\_\_\_\_

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# LINCOLN POLICE DEPARTMENT ANONYMOUS SEXUAL ASSAULT REPORT

<u>NATURE OF THE ASSAULT</u>	<u>PLACE OF OCCURRENCE</u>	
ATTEMPTED _____	VICTIM'S HOME _____	WORKPLACE _____
COMPLETED _____	SUSPECT'S HOME _____	PARK _____
VAGINAL _____	UNKNOWN HOME _____	OUTDOORS _____
ORAL _____	HIKE / BIKE TRAIL _____	PARKING LOT _____
ANAL _____	CAR / VEHICLE _____	OTHER _____

**MANNER OF INITIAL CONTACT** (I.E. CAME TO VICTIM'S DOOR, ATTACKED ON THE STREET, ETC.):

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**WHAT DID THE SUSPECT SAY BEFORE, DURING AND AFTER THE ASSAULT?** (PLEASE BE A SPECIFIC AS POSSIBLE)

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**DO YOU PLAN TO MAKE A FORMAL REPORT TO THE POLICE?**    YES / NO / NOT SURE

IF NOT YES, WHY HAVE YOU CHOSEN TO MAKE AN ANONYMOUS REPORT RATHER THAT MAKE A FORMAL REPORT TO THE POLICE?

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**PLEASE GIVE A NARRATIVE OF THE SEXUAL ASSAULT:**  
(PLEASE PROVIDE AS MUCH DETAILED INFORMATION AS POSSIBLE)

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