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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>20250331 |
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The public reporting burden for this collection of information is estimated to average 30 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.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 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.

**PRINCIPAL PURPOSE(S):** 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.

**ROUTINE USE(S):** 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 <https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-06-DoD.pdf>

**DISCLOSURE:** 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.

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| <b>RR DSAID CASE #</b> | <b>RESTRICTED REPORTING CASE NUMBER (RRCN) FOR SAFE KIT #</b> |
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**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:** 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 **NOT** report this sexual assault allegation and will **NOT** 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 <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/550518p.pdf?ver=2019-01-31-120953-593>.

**1. Return of personal property in Restricted Reporting case collected during a Sexual Assault Forensic Examination (SAFE) discussed with SARC or SAPR VA:**

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.

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| <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 civilian facility, and whose kit and personal property is maintained by civilian law enforcement.]  |
|                 | (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.   |
|                 | (7) When I receive my personal property from the evidence custodian, the evidence custodian will ask me to sign an evidence form (not the 2910-3) stating that I received the personal property requested. <ul style="list-style-type: none"> <li>• If there is an issue with my personal property: I should not sign this and I should not retrieve the personal property, and should address the problem with the SARC, who will make the appropriate referral.</li> <li>• If there is no issue: Then I should sign the evidence custodian's form confirming receipt of my personal property.</li> </ul> |

**Select one, but not both**

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| <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. |                                    |   |

**2. DESCRIPTION OF PERSONAL PROPERTY: Be as detailed as possible. Items not described here will not be returned.**

**3.A. Victim Contact Information:** Phone No. (Include area code) \_\_\_\_\_ Email \_\_\_\_\_

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| <b>3.B. SIGNATURE OF VICTIM</b> | <b>3.C. DATE (YYYYMMDD)</b> | <b>4.A. SIGNATURE OF SARC/SAPR VA</b> | <b>4.B. DATE (YYYYMMDD)</b> |
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| <input type="checkbox"/> <b>COVID RESPONSE</b> | <b>COVID NOTES</b> |
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**5. SARC/SAPR VA CONTACT INFORMATION & LOCATION**

6. I have reconsidered my previous selection and I am no longer requesting return of this property.

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| <b>6.A. SIGNATURE OF VICTIM</b> | <b>6.B. DATE (YYYYMMDD)</b> | <b>6.C. SIGNATURE OF SARC/SAPR VA</b> | <b>6.D. DATE (YYYYMMDD)</b> |
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