**DOCUMENTATION OR COLLECTION OF BIOLOGICAL AND OTHER EVIDENCE RELATED TO CRIMINAL/ TRAUMATIC EVENT**

Forensic documentation includes a written component, a diagrammatic component, and a photographic component. Each should accurately inform the other. The written component must be detailed, accurate and objective; the diagrammatic component must be thorough and legible; and the photographic component must include measurement scale, be representative of the evidence, and remain objective. The collection of evidence as a forensic proof with great accuracy is of vital importance. If it is not retrieved, recognized and preserved at the crime scene properly, an important information can be lost and nothing can be done in the forensic laboratory to salvage the situation. Since most of the times, the victim presents in the hospital emergency or trauma department, the health care professionals are the persons who play a significant role in the identification, collection and preservation of the biological and non- biological sample. Thus, they need adequate knowledge and training in evidence handling procedures.

 PRINCIPLES OF EVIDENCE COLLECTION, PRESERVATION AND DOCUMENTATION

1. When a person or object comes in contact with another person or object, there exists a possibility that an exchange of materials will take place. This is referred to as Locard’s principle. This presence of materials prove to be very useful in the investigation of a crime or an accident. However, this evidence hold its value only if it is properly collected, handled and documentation while maintaining a chain of custody.
2. CHAIN- OF- CUSTODY: it is the record of the transfer of evidence from one person to another person or to another location. It results in a paper trail or a document which records where the evidence was, on what date, and who held the responsibility for it from the time it was, on what date, and time it is presented in court. The chain of custody begins as soon as the physical evidence is collected by the nurse.

To properly initiate the chain of custody, labels are placed on each item of sealed evidence indicating the patient’s name, a description of the item, source of the material ( including anatomic location), the name of the person who sealed the evidence,, the date and time it was sealed, the name of those who released and receive the evidence, and the time it is transferred. The chain of custody should be kept as short as possible. Evidence chain of custody forms are usually contained in evidence kits. When there are many items of evidence for a single case, evidence disbursement forms can be used to document the transfer of evidence.

Collected evidence must remain with the nurse, in plain view, or in a secure location to maintain the chain of custody. Evidence should never be left unattended or handled by patients, parents, support persons, or caseworkers. Sealed and correctly labeled evidence kits or bags may be stored in a secure location until they are transferred to law enforcement officials. The best place to store evidence is in a locked drop box and locked refrigerator, located in a limited access room that requires a key entry. Wet evidence, such as wet clothing, cannot be placed in a drop box so it must be picked up immediately by law enforcement officials. The final transfer of evidence to law enforcement is then documented in the patient’s medical record.

1. An important and foremost step of proper evidence collection is thorough documentation. Descriptive notes and observations should be recorded immediately on the arrival of the patients. It should include the condition in which the arrived and the time and mode of arrival. If possible, photography of the patient and each injured part can be done. However, photography should not be done without the consent of the patient or significant relative in case patient is not able to give consent to avoid legal implications. Further, care should be taken not to clean or treat the injured area before photography to avoid damaging evidence.
2. Film and digital photography are the two methods of forensic photography. During photography also, include the patient’s face, along with injured areas. An object of measurement should be included in the photograph to delineate the size of injury. More photographs can be taken with the changes in the condition of the injured part. A photo log should be maintained which include important information such as a patient’s name, date, time, photographer’s name, type and speed of film, and the specific exposure numbers. This log must be submitted along with handwritten notes describing injuries.
3. Anatomical charts or diagrams can be used to record all the marks over the body. The size, shape, color, location and characteristics of the edges around the wounds should also be recorded. If there is any foreign material present inside the wound, that should also be recorded.
4. An inventory of all the items collected, the time and location of their collection and the person involved in collection and name of the person who has received the items or the evidence should also be recorded.
5. All the verbal statement made by the victim should also be recorded in the quotations.