



GULF COAST  
HIGH INTENSITY DRUG TRAFFICKING AREA

# TRAINING ALERT

## Drug Facilitated Sexual Assault

WHEN : March 10, 2010  
Class times: 0800 - 1700

WHERE : Oxford Police Department  
715 Molly Barr Rd.  
Oxford, MS

COSPONSOR : Gulf Coast HIDTA, Oxford Police Department, and Honorable Jim Greenlee, U.S. Attorney Northern District of Mississippi

DESCRIPTION : Sexual assault cases where ingestion of drugs renders the person intoxicated, with memory loss or potentially unconscious, whether willfully or unknowingly taken, are difficult at best. Officers should conduct a very deliberate investigation to maximize the possibility of apprehension and prosecution. This course will address the issues related to drug facilitated sexual assault investigations, the victims, the 40-plus drugs utilized, toxicology, symptomatology, evidence, suspects, interviews, use of expert witnesses, and prevention strategies.

Overview of Topics :

- The Drugs of Sexual Assault
- Investigating Drug Facilitated Sexual Assault
- Toxicology and Symptomatology
- Evidence Collection
- Suspect Interviews
- Use of Expert Witnesses
- Prevention Strategies

INSTRUCTORS : Multijurisdictional Counterdrug Task Force Training

NOTE: \*\*\* LAW ENFORCEMENT SENSITIVE INFORMATION \*\*\*

\* BE PREPARED TO SHOW YOUR ID OR BADGE EACH DAY AS YOU ENTER THE CLASS ROOM \*

ENROLLMENT: THERE IS NO REGISTRATION FEE FOR THIS COURSE

ATTENDANCE: LAW ENFORCEMENT ONLY: Open to Federal, State, and Local Law Enforcement Personnel, Criminal Intelligence Analysts, Investigators, Investigator Assistants, Counterdrug Operation Supervisors at all Levels and Military Personnel - both Active and Reserve.

CONTACT : Please fax the attached enrollment form to 601-965-4018. Go to web-site <http://training.gchidta.org> or call 601-933-9431 for a course enrollment form.



## GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA TRAINING PROGRAM

**Oxford Police Department**  
715 Molly Barr Rd.  
OXFORD, MS

**Drug Facilitated Sexual Assault**  
March 10, 2010 08:00am to 05:00 pm  
(Fax to Training Coordinator 601-965-4018)

**GC HIDTA Training Unit Use Only**

Your request has been:

- Approved
- Placed on **WAITING LIST**
- Denied Class is full
- Denied (agency cap met)

STUDENT INFORMATION:			
Title (Mr. Ms. Mrs.)	Rank (or Job Title)		
First Name	Middle Initial	Last Name	
Date of Birth-MM/DD/YYYY	Last 4 digits of Social Security Number	HIDTA Initiative Member	Arrest Powers
		Yes    No	Yes    No
Email Address (PLEASE PRINT CLEARLY)		Add to GC HIDTA Distribution List :    Yes    No    N/A	

JOB MAILING ADDRESS (Please spell out):	CONTACT NUMBERS: MUST INCLUDE FAX
Agency Name: _____	Office Phone: (____) _____ - _____ ext _____
Address: _____	Fax Phone: (____) _____ - _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ - _____
	Other Phone : (____) _____ - _____ ext _____

<b>HIDTA NAME:</b>					
<b>INITIATIVE NAME:</b>					
<b>PARENT AGENCY NAME:</b> (What agency signs your check? Please spell out)	(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)				
<b>YOUR PARENT AGENCY IS:</b>	Federal	State	Local	Military	Other

**SUPERVISOR'S APPROVAL INFORMATION**

<b>APPROVED BY (Please print clearly):</b>	Supervisor's Email Address: Add To Distribution List: Yes No N/A
First Name _____ Last Name _____	<b>Supervisor's Signature:</b>
Agency Name: _____	Office Phone: (____) _____ -- _____ ext _____
Address: _____	Fax Phone: (____) _____ -- _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ -- _____
	Other Phone: (____) _____ -- _____