

SUSPICIOUS INJURY REPORT

CalEMA 2-920 (4/1/09)



STATE OF CALIFORNIA

INFORMATION DISCLOSURE

This form is for law enforcement use only and is confidential in accordance with Section 11163.2 of the Penal Code. This form shall not be disclosed except by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by this report. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts. The person making this report shall not be required to disclose his/her identity to their employer (PC 11160).

Part A: PATIENT WITH SUSPICIOUS INJURY

1. PATIENT'S NAME (Last, First, Middle)	2. BIRTH DATE	3. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	4. SAFE PHONE NUMBER ()
---	---------------	--	-----------------------------

5. PATIENT'S RESIDING ADDRESS (Number and Street / Apt – NO P.O. Box)	City	State	Zip
---	------	-------	-----

6. PATIENT SPEAKS ENGLISH <input type="checkbox"/> Y <input type="checkbox"/> N – Identify language spoken: _____	7. DATE AND TIME OF INJURY Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Unknown
--	--

8. LOCATION / ADDRESS WHERE INJURY OCCURRED, IF AVAILABLE – Check here if unknown:

9. PATIENT'S COMMENTS ABOUT THE INCIDENT – Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident.	<input type="checkbox"/> ADDITIONAL PAGES ATTACHED
---	--

10. NAME OF SUSPECT – If identified by the patient	11. RELATIONSHIP TO PATIENT, IF ANY
--	-------------------------------------

12. SUSPICIOUS INJURY DESCRIPTION – Include a brief description of physical findings and the final diagnosis.	<input type="checkbox"/> ADDITIONAL PAGES ATTACHED
---	--

Part B: REQUIRED – AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

13. LAW ENFORCEMENT AGENCY NOTIFIED BY PHONE (Mandated by PC 11160)	14. DATE AND TIME REPORTED Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm
---	---

15. NAME OF PERSON RECEIVING PHONE REPORT (First and Last)	16. JOB TITLE	17. PHONE NUMBER ()
--	---------------	-------------------------

18. LAW ENFORCEMENT AGENCY RECEIVING WRITTEN REPORT (Mandated by PC 11160)	19. AGENCY INCIDENT NUMBER
--	----------------------------

Part C: PERSON FILING REPORT

20. EMPLOYER'S NAME	21. PHONE NUMBER ()
---------------------	-------------------------

22. EMPLOYER'S ADDRESS (Number and Street)	City	State	Zip
--	------	-------	-----

23. NAME OF HEALTH PRACTITIONER (First and Last)	24. JOB TITLE
--	---------------

25. HEALTH PRACTITIONER'S SIGNATURE:	26. DATE SIGNED:
--------------------------------------	------------------



Instructions To The Health Practitioner

Penal Code Section 11160 *mandates* the following regarding suspicious injuries:

- Internal procedures established to facilitate reporting and apprise supervisors and administrators of reports shall be consistent with the reporting requirements of PC Section 11160. The internal procedures shall not require any employee who must make a report to disclose his or her identity to the employer.
- Report suspicious injuries to your local law enforcement agency by telephone **immediately**, or as soon as practically possible.
- Submit the required completed written report to your local law enforcement agency *within two working days of discovering a suspicious injury*, whether or not:
 1. The person has expired;
 2. The injury was a factor contributing to the person's death; or
 3. Evidence of the conduct of the perpetrator is discovered during an autopsy.
- Use this standard form or a form, developed and adopted by another state agency, that otherwise fulfills the requirements of this form, (see "Exceptions to using this form" below).
- Two or more health practitioners with knowledge of a suspicious injury may mutually select a team member to make the telephone report and one written report signed by the selected team member. A team member who knows that the selected team member has not made the telephone call or submitted the written report shall make the report(s).
- No supervisor or administrator shall impede or inhibit the required reporting duties, and no person making a report pursuant to this section shall be subject to any sanction for making the report.

Exceptions To Using This Form

Other state reporting mandates pre-empt the use of this form to report suspicious injuries, as follows:

Incident	Form	Source of Form
Physical Child Abuse	SS 8572	Call California Department of Justice at (916) 227-3285.
Dependent Adult / Elder Abuse	SOC 341	Online: http://www.dss.cahwnet.gov/pdf/SOC341.pdf or contact your local County Adult Protective Services Dept.
Sexual Assault – Adult*	CalEMA 2-923*	Online: www.CalEMA.ca.gov under Plans and Publications or call Cal EMA at (916) 324-9100.
Sexual Assault – Child*	CalEMA 2-925* CalEMA 2-930*	

*Use these forms to conduct a forensic examination of the victim. Otherwise, use this Suspicious Injury Report form.

Definitions

Health Practitioner – Provides medical services to a patient for a physical condition that he/she reasonably suspects is a suspicious injury as listed below, and is employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department.

Suspicious Injury – Includes any wound or other physical injury that either was:

- Inflicted by the injured person's own act or by another where the injury is by means of a firearm, OR
- Is suspected to be the result of *assaultive or abusive conduct* inflicted upon the injured person.

Injury – Shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

Assaultive / Abusive Conduct – includes committing, or an attempt to commit, any of the following Penal Code violations:

- | | | | |
|---|--|---|--|
| • Abuse of spouse or cohabitant | • Assault with intent to commit mayhem, rape, sodomy, or oral copulation | • Murder | • Sodomy |
| • Aggravated mayhem | • Battery | • Manslaughter | • Spousal rape |
| • Administering controlled substances or anesthetic to aid in the commission of a felony | • Child abuse or endangerment (including Statutory Rape) | • Mayhem | • Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure |
| • Assault with a stun gun or taser | • Elder abuse | • Procuring any female to have sex with another man | • Torture CAL |
| • Assault with a deadly weapon, firearm, assault weapon or machine gun, or by means likely to produce great bodily injury | • Incest | • Rape | |
| | • Lewd and lascivious acts with a child | • Sexual battery | |
| | | • Sexual penetration | |