SUSPICIOUS INJURY REPORT

STATE OF CALIFORNIA
California Office of Emergency Services

Cal OES 2-920

Confidential Document

Penal Code Section 11160 requires that if any health practitioner, within their scope of their employment, provides medical services for a wound or physical injury inflicted as a result of assaultive or abusive conduct, or by means of a firearm, shall make a telephone report immediately or as soon as possible. They shall also prepare and submit a written report within 2 working days of receiving the information to a local law enforcement agency. This is the official form (Cal OES 2-920) for submitting the written report.

This form is used by law enforcement only and is confidential in accordance with Section 11163.2 of the Penal Code. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts.

Part A: PATIENT WITH SUSPICIOUS INJURY

1. Name of Patient (Last, First, Middle)	2. Birth Date	3. Gender ☐ M ☐ F	4. SAFE Telephone Number ( )

5. Patient Address (Number and Street / Apt – **No P.O. Box**) City State Zip

6. Patient Speaks English ☐ Yes ☐ No If No, identify language spoken:_____	7. Date and Time of Injury Date: Time: ☐ am ☐ pm ☐ unknown

8. Location / Address Where Injury Occurred, if Available. Check here if unknown: ☐

9. Patient description of 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. ☐ Additional Pages Attached

10. Name of Suspect, if Identified by the Patient	11. Relationship to Patient. ☐ No Relationship

12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. ☐ Additional Pages

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: am pm

15. Name of Person Receiving Phone Report (First and Last)	16. 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. Name of Health Practitioner (First and Last)	Title	Telephone

21. Employer's Name	Phone Number

22. Employer's Address (Number and Street) City State Zip

23. HEALTH PRACTITIONER'S SIGNATURE:	26. Date Signed: