

SUSPECTED VIOLENT INJURY/SUSPECTED DOMESTIC VIOLENCE INJURY REPORT

<ul style="list-style-type: none"> Note to Law Enforcement: Patient's whereabouts and place of contact must be deleted from any report required to be disclosed to suspect or suspect's attorney. To Be Completed by Reporting Party Pursuant to Penal Code Section 11160-11163 Type or print legibly 	Case Identification or Addressograph	Victim Name: _____ Medical Record # or PCR: _____											
Reported to	Police/Sheriff (circle one) Department Name: _____		Crime Report # _____										
	Mailing Address: _____												
	Name of Official Contacted	ID #	Phone ()	Date/Time Verbal Contact	Date/Time Written Copy Sent								
Reporting Party	Name of Facility			Name of Reporting Party (print)									
	Facility Address			Title of Reporting Party									
	Phone ()	Date/Time of Observation		Signature of Reporting Party									
Involved Parties	Victim	Name (Last, First, Middle)		DOB	Sex	Race	SS# or DL#	Marital Status					
		Address				Ages of Children Living With Victim							
		Location of victim after evaluation				Home phone () Message phone ()							
	Suspect	Name (Last, First, Middle)		DOB	Sex	Race		Relationship to victim					
		Address											
		Location of suspect				Home phone () Message phone ()							
Incident Information	If Necessary, Attach Extra Sheet or Other Form and Check This Box <input type="checkbox"/>												
	Date/Time of Incident				Place of Incident								
	Narrative description of Incident using victim's own words when possible												
	Type of Injuries: (Check one or more)												
	<input type="checkbox"/> Bruises		<input type="checkbox"/> Fractures		<input type="checkbox"/> Internal Injuries		<input type="checkbox"/> Gunshot Wound		<input type="checkbox"/> Other _____				
	<input type="checkbox"/> Lacerations		<input type="checkbox"/> Strangulation		<input type="checkbox"/> Stab Wound		<input type="checkbox"/> Sexual Assault						
	Location of Injuries: (Check one or more)												
<input type="checkbox"/> Face		<input type="checkbox"/> Mouth		<input type="checkbox"/> Eye		<input type="checkbox"/> Ribs		<input type="checkbox"/> Abdomen		<input type="checkbox"/> Pelvis			
<input type="checkbox"/> Neck		<input type="checkbox"/> Head		<input type="checkbox"/> Chest		<input type="checkbox"/> Upper Back		<input type="checkbox"/> Lower Back		<input type="checkbox"/> Extremities			
<input type="checkbox"/> Other _____													
Narrative description of injuries								<input type="checkbox"/> photos taken		<input type="checkbox"/> x-rays		<input type="checkbox"/> dental models available	
Is victim willing to talk to law enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No								Primary language of the victim: _____					
Describe a safe way to contact the victim: (contact person and contact phone number, time of day to call)													

INSTRUCTIONS

1. This is not a substitute for complete documentation in the medical record.
2. The police crime report is not a substitute for this report.
3. Report by phone to the jurisdiction where the injury occurred.
4. Prepare this report and send to the contacted law enforcement agency within two days of receiving information about the injury.
5. Retain a copy of this report
6. Sexual Assault, Child Abuse and Elder Abuse are reported on separate forms.

Original – Law Enforcement

Copy – Medical Records