



## El Dorado County Emergency Services Authority

Policy Subject Matter:       **Mandated Suspicious Injury Report**  
Review Date:  
Revision Date:  
Creation Date:               **01.31.19**

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### **I. Purpose:**

To ensure compliance with Assembly Bill No 1973 which requires all Paramedics and Emergency Medical Technicians who have knowledge of or observe a patient who the practitioner knows or reasonably suspects has suffered from a wound or injury inflicted by specified types of conduct to report the incident to the local law enforcement agency.

### **II. Policy:**

All Paramedics and Emergency Medical Technicians shall immediately make a verbal report either via dispatch or telephone and then submit a written report to the local law enforcement agency when providing medical care to:

1. A person suffering from any wound or other physical injury inflicted upon by his or her own act or inflicted by another where the injury is by means of a firearm.
2. A person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

### **III. Procedure:**

1. A verbal report to law enforcement shall be made either via dispatch or by telephone immediately or as soon as practically possible, unless a representative from the local law enforcement agency is on scene.
2. A written report shall be submitted to the local law enforcement agency utilizing the State of California Office of Emergency Services Mandated Suspicious Injury Report Form CAL OES 2-920 as referenced in Exhibit A.
3. The local law enforcement agency shall be notified and a written report shall be prepared and submitted pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death.
4. A copy of the written report must be uploaded to the PCR in ImageTrend.

#### **IV. Definitions:**

For the purposes of completing the State of California Office of Emergency Services Mandated Suspicious Injury Report Form CAL OES 2-920, the following apply:

1. "Injury" shall not include psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.
2. "Assaultive or abusive conduct" shall include any of the following offenses:
  - a. Murder
  - b. Manslaughter
  - c. Mayhem
  - d. Aggravated mayhem
  - e. Torture
  - f. Assault with intent to commit mayhem, rape, sodomy, or oral copulation
  - g. Administering controlled substances or anesthetic to aid in commission of a felony
  - h. Battery
  - i. Sexual battery
  - j. Incest
  - k. Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure
  - l. Assault with a deadly weapon, firearm, assault weapon, or automatic weapon, or by means likely to produce great bodily injury
  - m. Rape
  - n. Spousal rape
  - o. Procuring any female to have sex with another man
  - p. Child abuse or endangerment
  - q. Abuse of spouse or cohabitant
  - r. Sodomy
  - s. Lewd and lascivious acts with a child
  - t. Oral copulation
  - u. Sexual penetration
  - v. Elder abuse
  - w. Any attempt to commit any crime specified in items (a) – (v)

#### **V. Local Law Enforcement Contact Information**

<b>Agency</b>	<b>Phone Number</b>	<b>Fax Number</b>
El Dorado County Sheriff's Office	(530) 621-5655	(530) 626-8091
Placerville Police Department	(530) 642-5210	(530) 642-5258
Folsom Police Department	(916) 355-7230	(916) 985-7643
City of South Lake Tahoe Police Department	(530) 542-6100	(530) 542-6146

State of California  
Office of Emergency Services  
([www.oes.ca.gov](http://www.oes.ca.gov))

# MANDATED SUSPICIOUS INJURY REPORT

## CAL OES 2-920



For copies of this form or assistance in completing the Cal OES 2-920, please contact the  
**California Clinical Forensic Medical Training Center:**  
(916) 930-3080 or  
Contact Us @ [www.ccfmtc.org](http://www.ccfmtc.org)

# 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 <input type="checkbox"/> M <input type="checkbox"/> F	4. SAFE Telephone Number ( )
5. Patient Address (Number and Street / Apt – No P.O. Box)		City	State Zip
6. Patient Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, 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: <input type="checkbox"/>			
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.			<input type="checkbox"/> Additional Pages Attached
10. Name of Suspect, if Identified by the Patient	11. Relationship to Patient. <input type="checkbox"/> No Relationship		
12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. <input type="checkbox"/> 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: