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
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

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<tbody>
<tr>
<td>1. Name of Patient (Last, First, Middle)</td>
<td>2. Birth Date</td>
<td>3. Gender</td>
<td>4. SAFE Telephone Number</td>
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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: