

SUSPECTED INTENTIONAL INJURY REPORTING FORM

REASON FOR REPORT (Check One) **TO BE COMPLETED BY REPORTING PARTY PURSUANT TO PENAL CODE SECTIONS 11160-11163**

DOMESTIC VIOLENCE ASSAULT AGAINST ON-DUTY MEDICAL PERSONNEL VIOLENT INJURY

Name/Title Name of Facility

Address Phone

Signature of Reporting Party

Police / Sheriff Department Name of Official / Reporting Officer

Address Phone Badge

Victim's Name (Last, First, Middle) DOB SEX RACE

Victim's Address

Home Phone Work Phone Cell Phone

Victim's Location and Address After Treatment

Phone Can Victim Be Safely Contacted There? Yes No

Special Instructions

Safe Person to Contact Relationship to Victim Phone

Name and Ages of Children in Home

Referral to Domestic Violence Services Yes No Where

Were Children Present During Incident? Yes No Is Victim over 65 years of age? Yes No Referred to APS? Yes No

Referred to Children's Services? Yes No Is Victim Disabled? Yes No Referred to APS? Yes No

Suspect's name (Last, First, Middle) DOB SEX RACE

Address Relationship to Victim

Home Phone Work Phone Cell Phone Date/Time of Incident

Location & Address of Incident

Type of Injury: Bruises Fractures Lacerations Stab Wound Strangulation Gunshot Wound

Other Internal Injuries Self-Inflicted Sexual Assault

Location of Injury: Face Neck Eyes R L Upper Back Lower Back Abdomen Ribs

Pelvis Chest Extremities: Leg R L Foot R L Arm R L Hand R L

Description - Summarize what the victim or person accompanying the victim said happened

Explain known history of similar incident(s) for this victim:

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Instructions: Pursuant to Penal Code 11160-11163, this incident must be reported by phone and submitted in writing to the law enforcement agency where the incident occurred (see listing below).

1. After completing this form, within 48 hours of receiving information about the injury, make two copies.
 - a. Send original to the law enforcement agency where the incident occurred (see list below).
 - b. Send copy to: Tom Mercadante, LCSW - Family Violence Specialist
Continuing Care Services
Zion, Room 2055
2. If children were present during incident report to Children's Services at 1-800-344-6000 and mail CPS form.
3. If victim is over 65 or disabled also report to Adult Protective Services (APS) at 1-800-510-2020 and mail in APS form.

NOTE: VICTIM'S WHEREABOUTS MUST BE DELETED FROM ANY REPORT REQUIRED TO BE DISCLOSED TO SUSPECT OR SUSPECT'S ATTORNEY

Law Enforcement Locations

Carlsbad Police Department
Domestic Violence Unit
2560 Orion Way
Carlsbad, CA 92008
(760) 931-2197 (Dispatch)
Fax (760) 929-0243

Escondido Police Department
Domestic Violence Unit
700 West Grand Ave.
Escondido, CA 92025
(760) 839-4722 (Dispatch)
Fax (760) 839-4919

San Diego Police Department
Domestic Violence Unit
1401 Broadway
San Diego, CA 92101
(619) 533-3500
Fax (619) 533-3502

Chula Vista Police Department
Domestic Violence Unit
276 4th Avenue
Chula Vista, CA 91910
(619) 691-5151 (Dispatch)
Fax (619) 691-5281

La Mesa Police Department
Domestic Violence Unit
8181 Allison Avenue
La Mesa, CA 91941
(619) 667-1400 (Dispatch)
Fax (619) 667-1419

San Diego Sheriff's Department
Domestic Violence Unit
9621 Ridgehaven Court
San Diego, CA 92117
(858) 565-5200 (Dispatch)
Fax (858) 278-1752

Coronado Police Department
Domestic Violence Unit
700 Orange Avenue
Coronado, CA 92118
(619) 522-7350 (Dispatch)
Fax (619) 435-2193

National City Police Department
Domestic Violence Unit
1200 National City Boulevard
National City, CA 91950
(619) 336-4400 (Dispatch)
Fax (619) 336-4525

El Cajon Police Department
Domestic Violence Unit
100 Fletcher Parkway
El Cajon, CA 92020
(619) 579-3311 (Dispatch)
Fax (619) 444-8312

Oceanside Police Department
Domestic Violence Unit
3855 Mission Avenue
Oceanside, CA 92054
(760) 435-4900 (Dispatch)
Fax (760) 435-4575

California Penal Code 13700 - "Domestic Violence" is defined as abuse committed against an adult or a fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant or person with whom the suspect has had a child or is having a child with, or has had a dating or engagement relationship.

SEND COPY TO: TOM MERCADANTE, LCSW - FAMILY VIOLENCE SPECIALIST
CONTINUING CARE SERVICES ZION ROOM 2055

CALL 911 IF VICTIM IS IN IMMEDIATE DANGER

