

SAN MATEO COUNTY
REPORT OF INJURIES BY A DEADLY WEAPON OR ASSAULTIVE OR ABUSIVE CONDUCT
INCLUDING DOMESTIC VIOLENCE

(Pursuant to Penal Code Section 11160 et. seq.)

NOTE TO LAW ENFORCEMENT: PATIENT'S WHEREABOUTS MUST BE DELETED FROM ANY REPORT REQUIRED TO BE DISCLOSED TO SUSPECT OR SUSPECT'S ATTORNEY.

1. PATIENT'S NAME: (if known): _____
 SEX: M F D.O.B.: ___/___/___ AGE: ___ RACE/ETHNICITY: ASIAN HISPANIC
 BLACK (non-Hispanic)
 WHITE (non-Hispanic)
 PACIFIC ISLANDER FILIPINO

2. PATIENT'S WHEREABOUTS: Specify where and when patient can be safely contacted (specify any special instructions for contacting patient) _____

3. a. REASON FOR REPORT (check all that apply):
 gunshot
 knife wound
 other deadly weapon wound (specify) _____
 assaultive or abusive conduct

4. a. RELATIONSHIP OF SUSPECTED PERPETRATOR TO PATIENT:
 domestic / intimate partner
 other (please specify) _____

b. DESCRIBE NATURE AND EXTENT OF INJURY:

b. NAME OF ANYONE PATIENT ALLEGES INFLECTED THE WOUND OR INJURY:

c. DATE OF INJURY (if known): _____

d. LOCATION OF INJURY (city / jurisdiction): _____

5. IS THE PATIENT WILLING TO BE CONTACTED BY LAW ENFORCEMENT? (NOTE: Patient must be informed that s/he may be contacted regardless of what is checked below)
 YES NO

6. OTHER COMMENTS: (include any special needs of patient, i.e. interpreter):

7. WAS PATIENT REFERRED TO SUPPORT SERVICES?
 YES Specify _____
 NO

Law enforcement agency contacted	
Name and I.D. No. of official contacted	
Date / time of telephone report	
Health practitioner's name	
Signature / health practitioner	
Health practitioner's title	
Health practitioner's medical facility	Department
Health practitioner's phone number	Date of written report

MAIL THIS FORM TO:

 (Agency)

THIS FORM IS NOT A SUBSTITUTE FOR COMPLETE DOCUMENTATION IN THE MEDICAL RECORD.
 ORIGINAL - Medical Record YELLOW - Health Department - Disease Control & Prevention PINK - Law Enforcement Jurisdiction
 225 W. 37th Ave., San Mateo, CA 94403