

NATIONAL DISTRICT ATTORNEYS ASSOCIATION

Mandatory Reporting of Domestic Violence and Sexual Assault Statutes

*Note: Text in green refers to recent legislative amendments and repeals that correspond to the subsequent statutory offense enumerated.

<u>ALABAMA</u>	<u>7</u>
<u>ALASKA</u>	<u>7</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	7
ALASKA STAT. § 08.64.369 (2010). HEALTH CARE PROFESSIONALS TO REPORT CERTAIN INJURIES.	7
<u>ARIZONA</u>	<u>8</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	8
ARIZ. REV. STAT. § 13-3806 (2010). DUTY OF PHYSICIAN OR ATTENDANT UPON TREATING CERTAIN WOUNDS; CLASSIFICATION.	8
<u>ARKANSAS</u>	<u>8</u>
<i>Reporting of Sexual Assault Incidents</i>	8
ARK. CODE ANN. § 12-12-402 (2010). PROCEDURES GOVERNING MEDICAL TREATMENT.	8
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	10
ARIZ. CODE ANN. § 12-12-602 (2010). REPORT OF TREATMENT REQUIRED.....	10
<u>CALIFORNIA</u>	<u>10</u>
<i>Reporting of Domestic Violence and Sexual Assault Incidents</i>	10
CAL. PEN. CODE § 11160 (2010). INJURIES REQUIRED TO BE REPORTED; METHOD OF REPORTING; TEAM REPORTS; INTERNAL PROCEDURES.	10
CAL. PEN. CODE § 11161.2 (2009). MEDICAL FORENSIC FORMS, INSTRUCTIONS, AND EXAMINATION PROTOCOL FOR VICTIMS OF DOMESTIC VIOLENCE AND ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT.	13

<u>COLORADO</u>	14
<i>Reporting of Domestic Violence Incidents and Related to the Reporting of Sexual Assault Incidents</i>	14
COLO. REV. STAT. § 12-36-135 (2009). INJURIES TO BE REPORTED - PENALTY FOR FAILURE TO REPORT - IMMUNITY FROM LIABILITY.....	14
<u>CONNECTICUT</u>	16
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	16
CONN. GEN. STAT. § 19A-490F (2010). REQUIREMENTS FOR REPORTS OF TREATMENT OF WOUNDS FROM FIREARMS.	16
<u>DELAWARE</u>	16
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	16
DEL. CODE ANN. TIT. 24, § 1762 (2010). REPORTS OF TREATMENT OF CERTAIN WOUNDS, INJURIES, POISONINGS, OR OTHER CONDITIONS; FAILURE TO REPORT; PENALTY.	16
<u>DISTRICT OF COLUMBIA</u>	17
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	17
D.C. CODE ANN. § 7-2601 (2010). REPORTS BY PHYSICIANS AND INSTITUTIONS REQUIRED [FORMERLY § 2-1361].	17
D.C. CODE ANN. § 7-2602 (2010). NATURE AND CONTENTS OF REPORTS [FORMERLY § 2-1362].	17
<u>FLORIDA</u>	17
<i>Reporting of Sexual Assault Incidents</i>	17
FLA. STAT. § 794.027 (2010). DUTY TO REPORT SEXUAL BATTERY; PENALTIES.	17
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	18
FLA. STAT. § 790.24 (2010). REPORT OF MEDICAL TREATMENT OF CERTAIN WOUNDS; PENALTY FOR FAILURE TO REPORT.	18
<u>GEORGIA</u>	18
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	18
G.A. CODE ANN. § 31-7-9 (2010). REPORTS BY PHYSICIANS AND OTHER PERSONNEL OF NONACCIDENTAL INJURIES TO PATIENTS; IMMUNITY FROM LIABILITY.....	18
<u>HAWAII</u>	19
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	19
HAW. REV. STAT. ANN. § 453-14 (2010). DUTY OF PHYSICIAN, OSTEOPATHIC PHYSICIAN, SURGEON, HOSPITAL, CLINIC, ETC., TO REPORT WOUNDS.	19
<u>IDAHO</u>	20
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	20
IDAHO CODE ANN. § 39-1390 (2010). REPORTS TO LAW ENFORCEMENT AGENCIES OF CERTAIN TYPES OF INJURIES.	20
<u>ILLINOIS</u>	21
<i>Reporting of Domestic Violence Incidents</i>	21
55 ILL. COM. STAT. 5/3-3013 (2010). PRELIMINARY INVESTIGATIONS; BLOOD AND URINE ANALYSIS; SUMMONING JURY.	21
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	26
20 ILL. COMP. STAT. ANN. 2630/3.2 (2010). [DUTY TO REPORT INJURIES RESULTING FROM DISCHARGE OF FIREARM OR SUSTAINED IN COMMISSION OF OR AS VICTIM OF CRIMINAL OFFENSE].	26

<u>INDIANA</u>	<u>27</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	27
IND. CODE ANN. § 35-47-7-1 (2010). REPORT OF INJURIES FROM GUN, FIREARM, KNIFE, ICE PICK OR OTHER SHARP OR POINTED INSTRUMENT.	27
<u>IOWA</u>	<u>27</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	27
IOWA CODE ANN. § 147.111 (2010). REPORT OF TREATMENT OF WOUNDS AND OTHER INJURIES.....	27
<u>KANSAS</u>	<u>29</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	29
KAN. STAT. ANN. § 21-4213 (2009). UNLAWFUL FAILURE TO REPORT A WOUND.	29
<u>KENTUCKY</u>	<u>30</u>
<i>Reporting of Domestic Violence Incidents</i>	30
KY. REV. STAT. ANN. § 209A.020 (2010). DEFINITIONS FOR CHAPTER.	30
KY. REV. STAT. § 209A.030 (2010). ADMINISTRATIVE REGULATIONS -- REPORTS OF ABUSE OR NEGLECT -- CABINET ACTIONS -- PENALTY FOR FAILURE TO REPORT ABUSE OR NEGLECT.....	31
<u>LOUISIANA</u>	<u>33</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	33
LA. REV. STAT. ANN. § 14:403.4 (2010). BURN INJURIES AND WOUNDS; REPORTS; REGISTRY; IMMUNITY; PENALTIES.....	33
LA. REV. STAT. ANN. § 14:403.5 (2010). GUNSHOT WOUNDS; MANDATORY REPORTING.....	34
<u>MAINE</u>	<u>35</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	35
ME. REV. STAT. ANN. TIT. 17-A, § 512 (2009). FAILURE TO REPORT TREATMENT OF A GUNSHOT WOUND.	35
ME. REV. STAT. ANN. TIT. 22, § 3087 (2009). REGISTRY; DUTY TO REPORT.	35
<u>MARYLAND</u>	<u>36</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	36
MD. CODE ANN., HEALTH-GEN. § 20-703 (2010). GUNSHOT.	36
<u>MASSACHUSETTS</u>	<u>37</u>
<i>Reporting of Sexual Assault Incidents</i>	37
MASS. ANN. LAWS. CH. 112, § 12A1/2 (2010). REPORTING OF RAPE OR SEXUAL ASSAULT CRIMES; CONFIDENTIALITY OF VICTIM'S IDENTITY; PENALTY.	37
MASS. ANN. LAWS CH. 268, § 40 (2010). FAILURE OF WITNESS TO REPORT AGGRAVATED RAPE, RAPE, MURDER, MANSLAUGHTER, OR ARMED ROBBERY; PENALTY.....	37
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	37
MASS. ANN. LAWS CH. 112, § 12A (2010). REPORTS OF TREATMENT OF CERTAIN WOUNDS, ETC.; EXCEPTIONS; PENALTY.....	37
<u>MICHIGAN</u>	<u>38</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	38
MICH. COMP. LAWS SERV. § 750.411 (2010). HOSPITALS, PHARMACIES, PHYSICIANS; DUTY TO REPORT INJURIES; VIOLATION AS MISDEMEANOR; IMMUNITY; LIMITATIONS.	38
<u>MINNESOTA</u>	<u>39</u>

<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	39
MINN. STAT. § 626.52 (2009). REPORTING SUSPICIOUS WOUNDS BY HEALTH PROFESSIONALS.....	39
<u>MISSISSIPPI</u>	40
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	40
MISS CODE ANN. § 45-9-31 (2010). MEDICAL PERSONNEL REQUIRED TO REPORT INJURIES FROM GUNSHOTS, KNIFINGS, AND HUNTING OR BOATING ACCIDENTS.	40
<u>MISSOURI</u>	41
<i>Reporting of Sexual Assault Incidents</i>	41
M.O. REV. STAT. § 188.023 (2010). REPORTS OF RAPE OR UNDER AGE EIGHTEEN SEXUAL ABUSE, REQUIRED TO REPORT, HOW.....	41
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	41
M.O. REV. STAT. § 578.350 (2010). GUNSHOT WOUNDS--PHYSICIANS, NURSES, THERAPISTS, DUTY TO REPORT, CONTENT--VIOLATION, PENALTY.	41
<u>MONTANA</u>	41
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	41
MONT. CODE ANN. § 37-2-302 (2010). GUNSHOT OR STAB WOUNDS TO BE REPORTED.	41
<u>NEBRASKA</u>	42
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	42
NEB. REV. STAT. ANN. § 28-902 (2010). FAILURE TO REPORT INJURY OF VIOLENCE; PHYSICIAN OR SURGEON; EMERGENCY ROOM OR FIRST-AID STATION ATTENDANT; PENALTY.	42
<u>NEVADA</u>	42
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	42
NEV. REV. STAT. ANN. § 629.041 (2009). PROVIDER OF HEALTH CARE TO REPORT PERSONS HAVING CERTAIN INJURIES.	42
NEV. REV. STAT. ANN. § 629.045 (2009). PROVIDER OF HEALTH CARE TO REPORT PERSONS HAVING CERTAIN BURNS.	42
<u>NEW HAMPSHIRE</u>	43
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	43
N.H. REV. STAT ANN. 631:6 (2010). FAILURE TO REPORT INJURIES.....	43
<u>NEW JERSEY</u>	44
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	44
N.J. STAT. § 2C:58-8 (2010). CERTAIN WOUNDS AND INJURIES TO BE REPORTED.....	44
<u>NEW MEXICO</u>	45
<u>NEW YORK</u>	45
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	45
N.Y. PENAL LAW § 265.25 (2010). CERTAIN WOUNDS TO BE REPORTED.	45
N.Y. PENAL LAW § 265.26 (2010). BURN INJURY AND WOUNDS TO BE REPORTED. ..	46
<u>NORTH CAROLINA</u>	46
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	46
N.C. GEN. STAT. § 90-21.20 (2010). REPORTING BY PHYSICIANS AND HOSPITALS OF WOUNDS, INJURIES AND ILLNESSES.	46
<u>NORTH DAKOTA</u>	47
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	47

N.D. CENT. CODE, § 43-17-41 (2010). DUTY OF PHYSICIANS AND OTHERS TO REPORT INJURY – PENALTY.....	47
<u>OHIO</u>	48
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	48
OHIO REV. CODE ANN. § 2921.22 (2010). FAILURE TO REPORT A CRIME OR KNOWLEDGE OF A DEATH OR BURN INJURY.....	48
<u>OKLAHOMA</u>	51
<i>Reporting of Domestic Violence Incidents</i>	51
LEGISLATIVE ALERT: S.B. 1251, 2009 LEG., 52 ND SESS. (OK 2010).....	51
<u>OREGON</u>	52
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	52
OR. REV. STAT. § 146.710 (2010). DEFINITION FOR ORS 146.710 TO 146.780.	52
OR. REV. STAT. § 146.750 (2010). INJURIES TO BE REPORTED TO MEDICAL EXAMINER.	52
<u>PENNSYLVANIA</u>	53
<i>Related to the Reporting of Sexual Assault Incidents</i>	53
18 PA. CONS. STAT. § 5106 (2010). FAILURE TO REPORT INJURIES BY FIREARM OR CRIMINAL ACT.....	53
<u>RHODE ISLAND</u>	54
<i>Reporting of Domestic Violence Incidents</i>	54
R.I. GEN. LAWS § 12-29-9 (2010). MEDICAL DATA COLLECTION REPORTS.	54
<i>Reporting of Sexual Assault Incidents</i>	55
R.I. GEN. LAWS § 11-37-3.1 (2010). DUTY TO REPORT SEXUAL ASSAULT.	55
R.I. GEN. LAWS § 11-37-3.3 (2010). FAILURE TO REPORT – PENALTY.....	56
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	56
R.I. GEN. LAWS § 11-47-48 (2010). REPORT OF GUNSHOT WOUNDS.	56
<u>SOUTH CAROLINA</u>	56
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	56
S.C. CODE ANN. § 16-3-1072 (2009). REPORTING MEDICAL TREATMENT FOR GUNSHOT WOUND; IMMUNITY; PHYSICIAN-PATIENT PRIVILEGE ABROGATED; PENALTIES.....	56
<u>SOUTH DAKOTA</u>	57
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	57
S.D. CODIFIED LAWS § 23-13-10 (2010). PERSONS TREATING FIREARM INJURY -- REPORTING REQUIREMENT.....	57
S.D. CODIFIED LAWS § 23-13-13 (2010). FIREARM INJURY -- No CONFIDENTIAL RELATION PRIVILEGE.....	57
S.D. CODIFIED LAWS § 23-13-14 (2010). FIREARM INJURY -- FALSE REPORT – PENALTY.....	57
<u>TENNESSEE</u>	58
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	58
TENN. CODE ANN. § 38-1-101 (2010). REPORTS TO LAW ENFORCEMENT OFFICIALS OF CERTAIN TYPES OF INJURIES.....	58
TENN. CODE ANN. § 49-7-129 (2010). SHORT TITLE -- NOTIFICATION OF LAW ENFORCEMENT AGENCY OF A MEDICALLY UNATTENDED DEATH OR OF A REPORT ALLEGING RAPE -- JOINT INVESTIGATION – PENALTY.....	58

<u>TEXAS</u>	<u>59</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	59
TEX. HEALTH & SAFETY CODE § 161.041 (2010). MANDATORY REPORTING OF GUNSHOT WOUNDS.	59
TEX. HEALTH & SAFETY CODE § 161.043 (2010). CRIMINAL PENALTY.	60
<u>UTAH</u>	<u>60</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	60
UTAH CODE ANN. § 26-23A-1 (2010). DEFINITIONS.	60
UTAH CODE ANN. § 26-23A-2 (2010). INJURY REPORTING REQUIREMENTS BY HEALTH CARE PROVIDER -- CONTENTS OF REPORT.	61
UTAH CODE ANN. § 26-23A-3 (2010). PENALTIES	61
<u>VERMONT</u>	<u>61</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	61
VT. STAT. ANN. TIT. 13, § 4012 (2010). REPORTING TREATMENT OF FIREARM WOUNDS.	61
<u>VIRGINIA</u>	<u>62</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	62
VA. CODE ANN. § 54.1-2967 (2010). PHYSICIANS AND OTHERS RENDERING MEDICAL AID TO REPORT CERTAIN WOUNDS.	62
<u>WASHINGTON</u>	<u>62</u>
<u>WEST VIRGINIA</u>	<u>62</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	62
W. VA. CODE § 61-2-27 (2010). REQUIRED REPORTING OF GUNSHOT AND OTHER WOUNDS.	62
<u>WISCONSIN</u>	<u>63</u>
<i>Reporting of Domestic Violence and Sexual Assault Incidents</i>	63
WIS. STAT. § 940.34 (2010). DUTY TO AID VICTIM OR REPORT CRIME.	63
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	64
WIS. STAT. § 255.40 (2010). REPORTING OF WOUNDS AND BURN INJURIES.	64
<u>WYOMING</u>	<u>65</u>
<u>U.S. TERRITORIES</u>	<u>65</u>
<u>AMERICAN SAMOA</u>	<u>65</u>
<u>GUAM</u>	<u>65</u>
<u>NORTHERN MARIANA ISLANDS</u>	<u>66</u>
<i>Reporting of Domestic Violence Incidents</i>	66
2004 N. MAR. I. PUB. L. 14-9. SECTION 1502. INTERFERING WITH A DOMESTIC VIOLENCE REPORT.	66
<u>PUERTO RICO</u>	<u>66</u>
<u>VIRGIN ISLANDS</u>	<u>66</u>
<i>Related to the Reporting of Domestic Violence and Sexual Assault Incidents</i>	66
V.I. CODE ANN. TIT. 23, § 478 (2010). REPORT OF TREATMENT OF WOUNDED PERSONS	66

ALABAMA

There are not any statutes that require the reporting of domestic violence or sexual assault.

ALASKA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

ALASKA STAT. § 08.64.369 (2010). Health care professionals to report certain injuries.

(a) A health care professional who initially treats or attends to a person with an injury described in (b) of this section shall make certain that an oral report of the injury is made promptly to the Department of Public Safety, a local law enforcement agency, or a village public safety officer. The health care professional shall make certain that a written report of an injury described in (b)(1) or (2) of this section is submitted to the Department of Public Safety within three working days after the person is treated. The report shall be on a form provided by the Department of Public Safety.

(b) The following injuries shall be reported under (a) of this section:

- (1) second or third degree burns to five percent or more of a patient's body;
- (2) a burn to a patient's upper respiratory tract or laryngeal edema due to the inhalation of super-heated air;
- (3) a bullet wound, powder burn, or other injury apparently caused by the discharge of a firearm;
- (4) an injury apparently caused by a knife, axe, or other sharp or pointed instrument, unless the injury was clearly accidental; and
- (5) an injury that is likely to cause the death of the patient, unless the injury was clearly accidental.

(c) A person who, in good faith, makes a report under this section, or who participates in judicial proceedings related to a report under this section, is immune from any civil or criminal liability that might otherwise be incurred as a result of making such a report or participating in the judicial proceedings.

(d) In this section, "health care professional" includes an emergency medical technician certified under AS 18.08, health aide, physician, nurse, mobile intensive care paramedic, and physician assistant, but does not include a practitioner of religious healing.

ARIZONA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

ARIZ. REV. STAT. § 13-3806 (2010). Duty of physician or attendant upon treating certain wounds; classification.

A. A physician, surgeon, nurse or hospital attendant called upon to treat any person for gunshot wounds, knife wounds or other material injury which may have resulted from a fight, brawl, robbery or other illegal or unlawful act, shall immediately notify the chief of police or the city marshal, if in an incorporated city or town, or the sheriff, or the nearest police officer, of the circumstances, together with the name and description of the patient, the character of the wound and other facts which may be of assistance to the police authorities in the event the condition of the patient may be due to any illegal transaction or circumstances.

B. Any violation of the provisions of this section by a physician, surgeon, nurse or hospital attendant, is a class 3 misdemeanor.

ARKANSAS

Reporting of Sexual Assault Incidents

ARK. CODE. ANN. § 12-12-402 (2010). Procedures governing medical treatment.

(a) All medical facilities or licensed health care providers conducting medical-legal examinations in Arkansas shall adhere to the procedures set forth in this section in the event that a person presents himself or herself or is presented for treatment as a victim of rape, attempted rape, any other type of sexual assault, or incest.

(b) (1) (A) Any adult victim presented for medical treatment shall make the decision of whether or not the incident will be reported to a law enforcement agency.

(B) No medical facility or licensed health care provider may require an adult victim to report the incident in order to receive medical treatment.

(C) (i) Evidence will be collected only with the permission of the victim.

(ii) However, permission shall not be required when the victim is unconscious, mentally incapable of consent, or intoxicated.

(2) (A) Should an adult victim wish to report the incident to a law enforcement agency, the appropriate law enforcement agencies shall be contacted by the medical facility or licensed health care provider or the victim's designee.

(B) (i) The victim shall be given a medical screening examination by a qualified medical person as provided under the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, as in effect on January 1, 2001, if the victim arrives at the emergency department of a hospital, and the person shall be examined and treated and any injuries requiring medical attention will be treated in the standard manner.

(ii) A medical-legal examination shall be conducted and specimens shall be collected for evidence.

(C) If a law enforcement agency has been contacted and with the permission of the victim, the evidence shall be turned over to the law enforcement officers when they arrive to assume responsibility for investigation of the incident.

(c) (1) Any victim under eighteen (18) years of age shall be examined and treated, and any injuries requiring medical attention shall be treated in the standard manner.

(2) A medical-legal examination shall be performed, and specimens shall be collected for evidence.

(3) The reporting medical facility or licensed health care provider shall follow the procedures set forth in Subchapter 4 of the Child Maltreatment Act, § 12-18-101 et seq., regarding the reporting of injuries to victims under eighteen (18) years of age.

(4) The evidence shall be turned over to the law enforcement officers when they arrive to assume responsibility for investigation of the incident.

(d) Reimbursement for the medical-legal examinations shall be available to the medical facility or licensed health care provider pursuant to the procedures set forth in § 12-12-403.

(e) The victim shall not be transferred to another medical facility unless:

(1) (A) The victim or a parent or guardian of a victim under eighteen (18) years of age requests the transfer; or

(B) A physician, or other qualified medical personnel when a physician is not available, has signed a certification that the benefits to the patient's health would outweigh the risks to the patient's health as a result of the transfer; and

(2) The transferring medical facility or licensed health care provider provides all necessary medical records and ensures that appropriate transportation is available.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

ARIZ. CODE ANN. § 12-12-602 (2010). Report of treatment required.

(a) All physicians, surgeons, hospitals, druggists, or other persons or entities that render first aid treatment shall report to the office of the county sheriff of the county all cases of knife or gunshot wounds treated by them or received in the hospital when the wounds appear to have been intentionally inflicted.

(b) If within a city of the first class, a report to the chief of police or a regular member of the police force shall be equivalent to a report to the office of the county sheriff, and a proper report to the chief of police, regular member of the police force, or office of the county sheriff shall be compliance with the requirements of this subchapter.

CALIFORNIA

Reporting of Domestic Violence and Sexual Assault Incidents

CAL. PEN. CODE § 11160 (2010). Injuries required to be reported; Method of reporting; Team reports; Internal procedures.

(a) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (b):

(1) Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.

(2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

(b) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department shall make a report regarding persons described in subdivision (a) to a local law enforcement agency as follows:

(1) A report by telephone shall be made immediately or as soon as practically possible.

(2) A written report shall be prepared on the standard form developed in compliance with paragraph (4) of this subdivision, and Section 11160.2, and adopted by the agency or agencies designated by the Director of Finance pursuant to Section 13820, or on a form developed and adopted by another state agency that otherwise fulfills the requirements of the standard form. The completed form shall be sent to a local law enforcement agency within two working days of receiving the information regarding the person.

(3) A local law enforcement agency shall be notified and a written report shall be prepared and sent 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, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

(4) The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

(c) For the purposes of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

(d) For the purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses:

(1) Murder, in violation of Section 187.

(2) Manslaughter, in violation of Section 192 or 192.5.

(3) Mayhem, in violation of Section 203.

(4) Aggravated mayhem, in violation of Section 205.

(5) Torture, in violation of Section 206.

(6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220.

(7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222.

(8) Battery, in violation of Section 242.

(9) Sexual battery, in violation of Section 243.4.

(10) Incest, in violation of Section 285.

(11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244.

(12) Assault with a stun gun or taser, in violation of Section 244.5.

(13) Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, in violation of Section 245.

(14) Rape, in violation of Section 261.

(15) Spousal rape, in violation of Section 262.

(16) Procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c.

(17) Child abuse or endangerment, in violation of Section 273a or 273d.

(18) Abuse of spouse or cohabitant, in violation of Section 273.5.

(19) Sodomy, in violation of Section 286.

(20) Lewd and lascivious acts with a child, in violation of Section 288.

(21) Oral copulation, in violation of Section 288a.

(22) Sexual penetration, in violation of Section 289.

(23) Elder abuse, in violation of Section 368.

(24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who

has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(f) The reporting duties under this section are individual, except as provided in subdivision (e).

(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer.

(h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

CAL. PEN. CODE § 11161.2 (2009). Medical forensic forms, instructions, and examination protocol for victims of domestic violence and elder and dependent adult abuse and neglect.

(a) The Legislature finds and declares that adequate protection of victims of domestic violence and elder and dependent adult abuse has been hampered by lack of consistent and comprehensive medical examinations. Enhancing examination procedures, documentation, and evidence collection will improve investigation and prosecution efforts.

(b) The agency or agencies designated by the Director of Finance pursuant to Section 13820 shall, in cooperation with the State Department of Health Services, the Department of Aging and the ombudsman program, the State Department of Social Services, law enforcement agencies, the Department of Justice, the California Association of Crime Lab Directors, the California District Attorneys Association, the California State Sheriff's Association, the California Medical Association, the California Police Chiefs' Association, domestic violence advocates, the California Medical Training Center, adult protective services, and other appropriate experts:

(1) Establish medical forensic forms, instructions, and examination protocol for victims of domestic violence and elder and dependent adult abuse and neglect using as a model the form and guidelines developed pursuant to Section 13823.5. The form should include, but not be limited to, a place for a notation concerning each of the following:

(A) Notification of injuries and a report of suspected domestic violence or elder or dependent adult abuse and neglect to law enforcement authorities, Adult Protective Services, or the State Long-Term Care Ombudsmen, in accordance with existing reporting procedures.

(B) Obtaining consent for the examination, treatment of injuries, collection of evidence, and photographing of injuries. Consent to treatment shall be obtained in accordance with the usual hospital policy. A victim shall be informed that he or she may refuse to consent to an examination for evidence of domestic violence and elder and dependent adult abuse and neglect, including the collection of physical evidence, but that refusal is not a ground for denial of treatment of injuries and disease, if the person wishes to obtain treatment and consents thereto.

(C) Taking a patient history of domestic violence or elder or dependent adult abuse and neglect and other relevant medical history.

(D) Performance of the physical examination for evidence of domestic violence or elder or dependent adult abuse and neglect.

(E) Collection of physical evidence of domestic violence or elder or dependent adult abuse.

(F) Collection of other medical and forensic specimens, as indicated.

(G) Procedures for the preservation and disposition of evidence.

(H) Complete documentation of medical forensic exam findings.

(2) Determine whether it is appropriate and forensically sound to develop separate or joint forms for documentation of medical forensic findings for victims of domestic violence and elder and dependent adult abuse and neglect.

(3) The forms shall become part of the patient's medical record pursuant to guidelines established by the agency or agencies designated by the Director of Finance pursuant to Section 13820 advisory committee and subject to the confidentiality laws pertaining to release of medical forensic examination records.

(c) The forms shall be made accessible for use on the Internet.

COLORADO

Reporting of Domestic Violence Incidents and Related to the Reporting of Sexual Assault Incidents

COLO. REV. STAT. § 12-36-135 (2009). Injuries to be reported - penalty for failure to report - immunity from liability.

(1) (a) It shall be the duty of every licensee who attends or treats a bullet wound, a gunshot wound, a powder burn, or any other injury arising from the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed

instrument that the licensee believes to have been intentionally inflicted upon a person, or an injury arising from a dog bite that the licensee believes was inflicted upon a person by a dangerous dog, as defined in section 18-9-204.5 (2) (b), C.R.S., or any other injury that the licensee has reason to believe involves a criminal act, including injuries resulting from domestic violence, to report the injury at once to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located. Any licensee who fails to make a report as required by this section commits a class 2 petty offense, as defined by section 18-1.3-503, C.R.S., and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars, or by imprisonment in the county jail for not more than ninety days, or by both such fine and imprisonment.

(b) When a licensee performs a forensic medical examination that includes the collection of evidence at the request of a victim of sexual assault, not in connection with a referring or requesting law enforcement agency, and the licensee's employing medical facility knows where the crime occurred, the facility shall contact the law enforcement agency in whose jurisdiction the crime occurred regarding preservation of the evidence. If the medical facility does not know where the crime occurred, the facility shall contact its local law enforcement agency regarding preservation of the evidence.

(1.5) As used in subsection (1) of this section, unless the context otherwise requires:

(a) "Domestic violence" means an act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or any municipal ordinance violation against a person when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.

(b) "Intimate relationship" means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.

(2) Any licensee who, in good faith, makes a report pursuant to subsection (1) of this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report, and shall have the same immunity with respect to participation in any judicial proceeding resulting from such report.

(3) Any licensee who makes a report pursuant to subsection (1) of this section shall not be subject to the physician-patient relationship described in section 13-90-107 (1) (d), C.R.S., as to the medical examination and diagnosis. Such licensee may be examined as a witness, but not as to any statements made by the patient that are the subject matter of section 13-90-107 (1) (d), C.R.S.

CONNECTICUT

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

CONN. GEN. STAT. § 19A-490F (2010). Requirements for reports of treatment of wounds from firearms.

Each hospital, outpatient surgical facility and outpatient clinic shall report or cause a report to be made to the local police department or the state police of each person treated for a bullet wound, gunshot wound or any injury arising from the discharge of a firearm. Such report shall be made as soon as practicable after the treatment is rendered and shall contain the name and address of the injured person, if known, the nature and extent of the injury and the circumstances under which the treatment was rendered.

DELAWARE

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

DEL. CODE ANN. TIT. 24, § 1762 (2010). Reports of treatment of certain wounds, injuries, poisonings, or other conditions; failure to report; penalty.

(a) Every person certified to practice medicine who attends to or treats a stab wound; poisoning by other than accidental means; or a bullet wound, gunshot wound, powder burn, or other injury or condition arising from or caused by the discharge of a gun, pistol, or other firearm, or when such injury or condition is treated in a hospital, sanitarium, or other institution, the person, manager, superintendent, or other individual in charge shall report the injury or condition as soon as possible to the appropriate police authority where the attending or treating person was located at the time of treatment or where the hospital, sanitarium, or institution is located. This section does not apply to wounds, burns, poisonings, or injuries or conditions received by a member of the armed forces of the United States or the State while engaged in the actual performance of duty. A person who fails to make a report required by this section shall be fined not less than \$ 100 nor more than \$ 2,500.

(b) A person certified to practice medicine or other individual who makes a report pursuant to this section is immune from liability for the report, provided that the person or other individual acted in good faith and without gross or wanton negligence.

DISTRICT OF COLUMBIA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

D.C. CODE ANN. § 7-2601 (2010). Reports by physicians and institutions required [Formerly § 2-1361].

Any physician in the District of Columbia, including persons licensed under Chapter 12 of Title 3, having reasonable cause to believe that a person brought to him or coming before him for examination, care, or treatment has suffered injury caused by a firearm, whether self-inflicted, accidental, or occurring during the commission of a crime, or has suffered injury caused by any dangerous weapon in the commission of a crime, shall report or cause reports to be made in accordance with this chapter; provided, that when a physician in the performance of service as a member of the staff of a hospital or similar institution attends any person so injured, he shall notify the person in charge of the hospital or institution or his designated agent who shall report or cause reports to be made in accordance with this chapter.

D.C. CODE ANN. § 7-2602 (2010). Nature and contents of reports [Formerly § 2-1362].

An oral report shall be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to the Metropolitan Police Department of the District of Columbia. Such reports shall contain, if readily available, the name, address, and age of the injured person, and shall also contain the nature and extent of the person's injuries, and any other information which the physician or other person required to make the report believes might be helpful in establishing the cause of the injuries and the identity of the person who caused the injuries.

FLORIDA

Reporting of Sexual Assault Incidents

FLA. STAT. § 794.027 (2010). Duty to report sexual battery; penalties.

A person who observes the commission of the crime of sexual battery and who:

(1) Has reasonable grounds to believe that he or she has observed the commission of a sexual battery;

- (2) Has the present ability to seek assistance for the victim or victims by immediately reporting such offense to a law enforcement officer;
- (3) Fails to seek such assistance;
- (4) Would not be exposed to any threat of physical violence for seeking such assistance;
- (5) Is not the husband, wife, parent, grandparent, child, grandchild, brother, or sister of the offender or victim, by consanguinity or affinity; and
- (6) Is not the victim of such sexual battery

is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

FLA. STAT. § 790.24 (2010). Report of medical treatment of certain wounds; penalty for failure to report.

Any physician, nurse, or employee thereof and any employee of a hospital, sanitarium, clinic, or nursing home knowingly treating any person suffering from a gunshot wound or life-threatening injury indicating an act of violence, or receiving a request for such treatment, shall report the same immediately to the sheriff's department of the county in which said treatment is administered or request therefor [sic] received. This section does not affect any requirement that a person has to report abuse pursuant to chapter 39 or chapter 415. Any such person willfully failing to report such treatment or request therefor [sic] is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

GEORGIA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

G.A. CODE ANN. § 31-7-9 (2010). Reports by physicians and other personnel of nonaccidental injuries to patients; immunity from liability.

(a) As used in this Code section, the term "medical facility" includes, without being limited to, an ambulatory surgical treatment center defined in subparagraph (C) of paragraph (4) of Code Section 31-7-1 and a freestanding imaging center defined in subparagraph (G) of paragraph (4) of Code Section 31-7-1.

(b) Any:

(1) Physician, including any doctor of medicine licensed to practice under the laws of this state;

(2) Licensed registered nurse employed by a medical facility;

(3) Security personnel employed by a medical facility; or

(4) Other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein

having cause to believe that a patient has had physical injury or injuries inflicted upon him other than by accidental means shall report or cause reports to be made in accordance with this Code section.

(c) An oral report shall be made immediately by telephone or otherwise and shall be followed by a report in writing, if requested, to the person in charge of the medical facility or his designated delegate. The person in charge of the medical facility or his designated delegate shall then notify the local law enforcement agency having primary jurisdiction in the area in which the medical facility is located of the contents of the report. The report shall contain the name and address of the patient, the nature and extent of the patient's injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

(d) Any person or persons participating in the making of a report or causing a report to be made to the appropriate police authority pursuant to this Code section or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil liability that might otherwise be incurred or imposed, providing such participation pursuant to this Code section shall be in good faith.

HAWAII

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

HAW. REV. STAT. ANN. § 453-14 (2010). Duty of physician, osteopathic physician, surgeon, hospital, clinic, etc., to report wounds.

(a) Every physician, osteopathic physician, physician assistant, and surgeon attending or treating a case of knife wound, bullet wound, gunshot wound, powder burn, or any injury that would seriously maim, produce death, or has rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual

manner or in motor vehicle collisions resulting in serious injury or death, or, whenever the case is treated in a hospital, clinic, or other institution, the manager, superintendent, or person in charge thereof, shall report the case or provide requested information to the chief of police of the county within which the person was attended or treated, giving the name of the injured person, description of the nature, type, and extent of the injury, together with other pertinent information that may be of use to the chief of police. As used herein, the term "chief of police" means the chief of police of each county and any of the chief's authorized subordinates.

(b) This section shall not apply to wounds, burns, or injuries received by a member of the armed forces of the United States or of the State while engaged in the actual performance of duty.

(c) Any person who fails to make the report called for herein within twenty-four hours after the attendance or treatment shall be fined not less than \$50 nor more than \$500.

IDAHO

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

IDAHO CODE ANN. § 39-1390 (2010). Reports to law enforcement agencies of certain types of injuries.

(1) As soon as treatment permits, any person operating a hospital or other medical treatment facility, or any physician, resident on a hospital staff, intern, physician assistant, nurse or emergency medical technician shall notify the local law enforcement agency of that jurisdiction upon the treatment of or request for treatment of a person when the reporting person has reason to believe that the person treated or requesting treatment has received:

(a) Any injury inflicted by means of a firearm; or

(b) Any injury indicating that the person may be a victim of a criminal offense.

(2) The report provided to the law enforcement agency pursuant to subsection (1) of this section shall include the name and address of the injured person, the character and extent of the person's injuries, and the medical basis for making the report.

(3) Any person operating a medical facility, or any physician, resident on a hospital staff, intern, physician assistant, nurse or emergency medical technician shall be held harmless from any civil liability for his reasonable compliance with the provisions of this section.

ILLINOIS

Reporting of Domestic Violence Incidents

55 ILL. COM. STAT. 5/3-3013 (2010). Preliminary investigations; blood and urine analysis; summoning jury.

Legislative Alert: S.B. 3585, 96th Gen. Assem. (Ill. 2010).

Section 5. The Counties Code is amended by changing Section 3-3013 as follows:

(55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

Sec. 3-3013. Preliminary investigations; blood and urine analysis; summoning jury [A> ; REPORTS <A] . Every coroner, whenever, as soon as he knows or is informed that the dead body of any person is found, or lying within his county, whose death is suspected of being:

- (a) A sudden or violent death, whether apparently suicidal, homicidal or accidental, including but not limited to deaths apparently caused or contributed to by thermal, traumatic, chemical, electrical or radiational injury, or a complication of any of them, or by drowning or suffocation, or as a result of domestic violence as defined in the Illinois Domestic Violence Act of 1986;
- (b) A maternal or fetal death due to abortion, or any death due to a sex crime or a crime against nature;
- (c) A death where the circumstances are suspicious, obscure, mysterious or otherwise unexplained or where, in the written opinion of the attending physician, the cause of death is not determined;
- (d) A death where addiction to alcohol or to any drug may have been a contributory cause; or
- (e) A death where the decedent was not attended by a licensed physician; shall go to the place where the dead body is, and take charge of the same and shall make a preliminary investigation into the circumstances of the death. In the case of death without attendance by a licensed physician the body may be moved with the coroner's consent from the place of death to a mortuary in the same county. Coroners in their discretion shall notify such physician as is designated in accordance with Section 3-3014 to attempt to ascertain the cause of death, either by autopsy or otherwise.

In cases of accidental death involving a motor vehicle in which the decedent was (1) the operator or a suspected operator of a motor vehicle, or (2) a pedestrian 16 years of age or older, the coroner shall require that a blood specimen of at least 30 cc., and if medically

possible a urine specimen of at least 30 cc. or as much as possible up to 30 cc., be withdrawn from the body of the decedent in a timely fashion after the accident causing his death, by such physician as has been designated in accordance with Section 3-3014, or by the coroner or deputy coroner or a qualified person designated by such physician, coroner, or deputy coroner. If the county does not maintain laboratory facilities for making such analysis, the blood and urine so drawn shall be sent to the Department of State Police or any other accredited or State-certified laboratory for analysis of the alcohol, carbon monoxide, and dangerous or narcotic drug content of such blood and urine specimens. Each specimen submitted shall be accompanied by pertinent information concerning the decedent upon a form prescribed by such laboratory. Any person drawing blood and urine and any person making any examination of the blood and urine under the terms of this Division shall be immune from all liability, civil or criminal, that might otherwise be incurred or imposed.

In all other cases coming within the jurisdiction of the coroner and referred to in subparagraphs (a) through (e) above, blood, and whenever possible, urine samples shall be analyzed for the presence of alcohol and other drugs. When the coroner suspects that drugs may have been involved in the death, either directly or indirectly, a toxicological examination shall be performed which may include analyses of blood, urine, bile, gastric contents and other tissues. When the coroner suspects a death is due to toxic substances, other than drugs, the coroner shall consult with the toxicologist prior to collection of samples. Information submitted to the toxicologist shall include information as to height, weight, age, sex and race of the decedent as well as medical history, medications used by and the manner of death of decedent.

When the coroner or medical examiner finds that the cause of death is due to homicidal means, the coroner or medical examiner shall cause blood and buccal specimens (tissue may be submitted if no uncontaminated blood or buccal specimen can be obtained), whenever possible, to be withdrawn from the body of the decedent in a timely fashion. Within 45 days after the collection of the specimens, the coroner or medical examiner shall deliver those specimens, dried, to the Illinois Department of State Police, Division of Forensic Services, for analysis and categorizing into genetic marker groupings to be maintained by the Illinois Department of State Police in the State central repository in the same manner, and subject to the same conditions, as provided in Section 5-4-3 of the Unified Code of Corrections. The requirements of this paragraph are in addition to any other findings, specimens, or information that the coroner or medical examiner is required to provide during the conduct of a criminal investigation.

In all counties, in cases of apparent suicide, homicide, or accidental death or in other cases, within the discretion of the coroner, the coroner may summon 8 persons of lawful age from those persons drawn for petit jurors in the county. The summons shall command these persons to present themselves personally at such a place and time as the coroner shall determine, and may be in any form which the coroner shall determine and may incorporate any reasonable form of request for acknowledgement which the coroner deems practical and provides a reliable proof of service. The summons may be served by first class mail. From the 8 persons so summoned, the coroner shall select 6 to serve as

the jury for the inquest. Inquests may be continued from time to time, as the coroner may deem necessary. The 6 jurors selected in a given case may view the body of the deceased. If at any continuation of an inquest one or more of the original jurors shall be unable to continue to serve, the coroner shall fill the vacancy or vacancies. A juror serving pursuant to this paragraph shall receive compensation from the county at the same rate as the rate of compensation that is paid to petit or grand jurors in the county. The coroner shall furnish to each juror without fee at the time of his discharge a certificate of the number of days in attendance at an inquest, and, upon being presented with such certificate, the county treasurer shall pay to the juror the sum provided for his services.

In counties which have a jury commission, in cases of apparent suicide or homicide or of accidental death, the coroner may conduct an inquest. The jury commission shall provide at least 8 jurors to the coroner, from whom the coroner shall select any 6 to serve as the jury for the inquest. Inquests may be continued from time to time as the coroner may deem necessary. The 6 jurors originally chosen in a given case may view the body of the deceased. If at any continuation of an inquest one or more of the 6 jurors originally chosen shall be unable to continue to serve, the coroner shall fill the vacancy or vacancies. At the coroner's discretion, additional jurors to fill such vacancies shall be supplied by the jury commission. A juror serving pursuant to this paragraph in such county shall receive compensation from the county at the same rate as the rate of compensation that is paid to petit or grand jurors in the county.

[A> IN EVERY CASE IN WHICH A FIRE IS DETERMINED TO BE A CONTRIBUTING FACTOR IN A DEATH, THE CORONER SHALL REPORT THE DEATH TO THE OFFICE OF THE STATE FIRE MARSHAL. THE CORONER SHALL PROVIDE A COPY OF THE DEATH CERTIFICATE (I) WITHIN 30 DAYS AFTER FILING THE PERMANENT DEATH CERTIFICATE AND (II) IN A MANNER THAT IS AGREED UPON BY THE CORONER AND THE STATE FIRE MARSHAL. <A]

In addition, in every case in which domestic violence is determined to be a contributing factor in a death, the coroner shall report the death to the Department of State Police.

All deaths in State institutions and all deaths of wards of the State in private care facilities or in programs funded by the Department of Human Services under its powers relating to mental health and developmental disabilities or alcoholism and substance abuse or funded by the Department of Children and Family Services shall be reported to the coroner of the county in which the facility is located. If the coroner has reason to believe that an investigation is needed to determine whether the death was caused by maltreatment or negligent care of the ward of the State, the coroner may conduct a preliminary investigation of the circumstances of such death as in cases of death under circumstances set forth in paragraphs (a) through (e) of this Section.

Sec. 3-3013. Preliminary investigations; blood and urine analysis; summoning jury. Every coroner, whenever, as soon as he knows or is informed that the dead body of any person is found, or lying within his county, whose death is suspected of being:

(a) A sudden or violent death, whether apparently suicidal, homicidal or accidental, including but not limited to deaths apparently caused or contributed to by thermal, traumatic, chemical, electrical or radiational injury, or a complication of any of them, or by drowning or suffocation, or as a result of domestic violence as defined in the Illinois Domestic Violence Act of 1986 [750 ILCS 60/101 et seq.];

(b) A maternal or fetal death due to abortion, or any death due to a sex crime or a crime against nature;

(c) A death where the circumstances are suspicious, obscure, mysterious or otherwise unexplained or where, in the written opinion of the attending physician, the cause of death is not determined;

(d) A death where addiction to alcohol or to any drug may have been a contributory cause; or

(e) A death where the decedent was not attended by a licensed physician;

shall go to the place where the dead body is, and take charge of the same and shall make a preliminary investigation into the circumstances of the death. In the case of death without attendance by a licensed physician the body may be moved with the coroner's consent from the place of death to a mortuary in the same county. Coroners in their discretion shall notify such physician as is designated in accordance with Section 3-3014 [55 ILCS 5/3-3014] to attempt to ascertain the cause of death, either by autopsy or otherwise.

In cases of accidental death involving a motor vehicle in which the decedent was (1) the operator or a suspected operator of a motor vehicle, or (2) a pedestrian 16 years of age or older, the coroner shall require that a blood specimen of at least 30 cc., and if medically possible a urine specimen of at least 30 cc. or as much as possible up to 30 cc., be withdrawn from the body of the decedent in a timely fashion after the accident causing his death, by such physician as has been designated in accordance with Section 3-3014 [55 ILCS 5/3-3014], or by the coroner or deputy coroner or a qualified person designated by such physician, coroner, or deputy coroner. If the county does not maintain laboratory facilities for making such analysis, the blood and urine so drawn shall be sent to the Department of State Police or any other accredited or State-certified laboratory for analysis of the alcohol, carbon monoxide, and dangerous or narcotic drug content of such blood and urine specimens. Each specimen submitted shall be accompanied by pertinent information concerning the decedent upon a form prescribed by such laboratory. Any person drawing blood and urine and any person making any examination of the blood and urine under the terms of this Division shall be immune from all liability, civil or criminal, that might otherwise be incurred or imposed.

In all other cases coming within the jurisdiction of the coroner and referred to in subparagraphs (a) through (e) above, blood, and whenever possible, urine samples shall

be analyzed for the presence of alcohol and other drugs. When the coroner suspects that drugs may have been involved in the death, either directly or indirectly, a toxicological examination shall be performed which may include analyses of blood, urine, bile, gastric contents and other tissues. When the coroner suspects a death is due to toxic substances, other than drugs, the coroner shall consult with the toxicologist prior to collection of samples. Information submitted to the toxicologist shall include information as to height, weight, age, sex and race of the decedent as well as medical history, medications used by and the manner of death of decedent.

When the coroner or medical examiner finds that the cause of death is due to homicidal means, the coroner or medical examiner shall cause blood and buccal specimens (tissue may be submitted if no uncontaminated blood or buccal specimen can be obtained), whenever possible, to be withdrawn from the body of the decedent in a timely fashion. Within 45 days after the collection of the specimens, the coroner or medical examiner shall deliver those specimens, dried, to the Illinois Department of State Police, Division of Forensic Services, for analysis and categorizing into genetic marker groupings to be maintained by the Illinois Department of State Police in the State central repository in the same manner, and subject to the same conditions, as provided in Section 5-4-3 of the Unified Code of Corrections [730 ILCS 5/5-4-3]. The requirements of this paragraph are in addition to any other findings, specimens, or information that the coroner or medical examiner is required to provide during the conduct of a criminal investigation.

In all counties, in cases of apparent suicide, homicide, or accidental death or in other cases, within the discretion of the coroner, the coroner may summon 8 persons of lawful age from those persons drawn for petit jurors in the county. The summons shall command these persons to present themselves personally at such a place and time as the coroner shall determine, and may be in any form which the coroner shall determine and may incorporate any reasonable form of request for acknowledgement which the coroner deems practical and provides a reliable proof of service. The summons may be served by first class mail. From the 8 persons so summoned, the coroner shall select 6 to serve as the jury for the inquest. Inquests may be continued from time to time, as the coroner may deem necessary. The 6 jurors selected in a given case may view the body of the deceased. If at any continuation of an inquest one or more of the original jurors shall be unable to continue to serve, the coroner shall fill the vacancy or vacancies. A juror serving pursuant to this paragraph shall receive compensation from the county at the same rate as the rate of compensation that is paid to petit or grand jurors in the county. The coroner shall furnish to each juror without fee at the time of his discharge a certificate of the number of days in attendance at an inquest, and, upon being presented with such certificate, the county treasurer shall pay to the juror the sum provided for his services.

In counties which have a jury commission, in cases of apparent suicide or homicide or of accidental death, the coroner may conduct an inquest. The jury commission shall provide at least 8 jurors to the coroner, from whom the coroner shall select any 6 to serve as the jury for the inquest. Inquests may be continued from time to time as the coroner may deem necessary. The 6 jurors originally chosen in a given case may view the body of the deceased. If at any continuation of an inquest one or more of the 6 jurors originally

chosen shall be unable to continue to serve, the coroner shall fill the vacancy or vacancies. At the coroner's discretion, additional jurors to fill such vacancies shall be supplied by the jury commission. A juror serving pursuant to this paragraph in such county shall receive compensation from the county at the same rate as the rate of compensation that is paid to petit or grand jurors in the county.

In addition, in every case in which domestic violence is determined to be a contributing factor in a death, the coroner shall report the death to the Department of State Police.

All deaths in State institutions and all deaths of wards of the State in private care facilities or in programs funded by the Department of Human Services under its powers relating to mental health and developmental disabilities or alcoholism and substance abuse or funded by the Department of Children and Family Services shall be reported to the coroner of the county in which the facility is located. If the coroner has reason to believe that an investigation is needed to determine whether the death was caused by maltreatment or negligent care of the ward of the State, the coroner may conduct a preliminary investigation of the circumstances of such death as in cases of death under circumstances set forth in paragraphs (a) through (e) of this Section.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

20 ILL. COMP. STAT. ANN. 2630/3.2 (2010). [Duty to report injuries resulting from discharge of firearm or sustained in commission of or as victim of criminal offense].

[Prior to 1/1/93 cited as: Ill. Rev. Stat., Ch. 38, para. 206-3.2]

It is the duty of any person conducting or operating a medical facility, or any physician or nurse as soon as treatment permits to notify the local law enforcement agency of that jurisdiction upon the application for treatment of a person who is not accompanied by a law enforcement officer, when it reasonably appears that the person requesting treatment has received:

- (1) any injury resulting from the discharge of a firearm; or
- (2) any injury sustained in the commission of or as a victim of a criminal offense.

Any hospital, physician or nurse shall be forever held harmless from any civil liability for their reasonable compliance with the provisions of this Section.

INDIANA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

IND. CODE ANN. § 35-47-7-1 (2010). Report of injuries from gun, firearm, knife, ice pick or other sharp or pointed instrument.

Every case of a bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a firearm, and every case of a wound which is likely to or may result in death and is actually or apparently inflicted by a knife, ice pick, or other sharp or pointed instrument, shall be reported at once to the law enforcement authorities of the county, city, or town in which the person reporting is located by either the physician attending or treating the case, or by the manager, superintendent, or other person in charge if the case is treated in a hospital, clinic, sanitarium, or other facility or institution. A person who violates this section commits a Class A misdemeanor.

IOWA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

IOWA CODE ANN. § 147.111 (2010). Report of treatment of wounds and other injuries.

Legislative Alert: H.F.674, 83rd Gen. Assem., 1st Sess. (Iowa 2010)—See section 1.

[*1] Section 1. Section 147.111, Code 2009, is amended to read as follows:

147.111 Report of treatment of wounds and other injuries.

[A] 1. [D] Any [D] [A] A [A] person licensed under the provisions of this subtitle who [D] shall administer [D] [A] ADMINISTERS [A] any treatment to any person suffering a gunshot or stab wound or other serious injury, as defined in section 702.18, which appears to have been received in connection with the commission of a criminal offense, [A] OR A MOTOR VEHICLE ACCIDENT OR CRASH, [A] or to whom an application is made for treatment of any nature because of any such gunshot or stab wound or other serious injury, as defined in section 702.18, shall at once but not later than twelve hours thereafter, report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or an application [D] therefor [D] [A] FOR TREATMENT [A] was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the gunshot or stab wound or other serious injury occurred, stating the name of such person, the person's residence if ascertainable, and giving a brief

description of the gunshot or stab wound or other serious injury. [D] Any provision of law or rule of evidence relative to confidential communications is suspended insofar as the provisions of this section are concerned. <D]

[A] 2. A PERSON CERTIFIED UNDER THE PROVISIONS OF CHAPTER 147A WHO ADMINISTERS ANY TREATMENT TO ANY PERSON SUFFERING A GUNSHOT OR STAB WOUND OR OTHER SERIOUS INJURY, AS DEFINED IN SECTION 702.18, WHICH APPEARS TO HAVE BEEN RECEIVED IN CONNECTION WITH THE COMMISSION OF A CRIMINAL OFFENSE, OR A MOTOR VEHICLE ACCIDENT OR CRASH, OR TO WHOM AN APPLICATION IS MADE FOR TREATMENT OF ANY NATURE BECAUSE OF ANY SUCH GUNSHOT OR STAB WOUND OR OTHER SERIOUS INJURY, MAY REPORT THAT FACT TO THE LAW ENFORCEMENT AGENCY WITHIN WHOSE JURISDICTION THE TREATMENT WAS ADMINISTERED OR APPLICATION FOR TREATMENT WAS MADE, OR IF ASCERTAINABLE, TO THE LAW ENFORCEMENT AGENCY IN WHOSE JURISDICTION THE GUNSHOT OR STAB WOUND OR OTHER SERIOUS INJURY OCCURRED, STATING THE NAME OF THE PERSON, THE PERSON'S RESIDENCE IF ASCERTAINABLE, AND GIVING A BRIEF DESCRIPTION OF THE GUNSHOT OR STAB WOUND OR OTHER SERIOUS INJURY. <A]

[A] 3. ANY PROVISION OF LAW OR RULE OF EVIDENCE RELATING TO A CONFIDENTIAL COMMUNICATION IS SUSPENDED FOR COMMUNICATIONS UNDER THIS SECTION. <A]

Any person licensed under the provisions of this subtitle who shall administer any treatment to any person suffering a gunshot or stab wound or other serious injury, as defined in section 702.18, which appears to have been received in connection with the commission of a criminal offense, or to whom an application is made for treatment of any nature because of any such gunshot or stab wound or other serious injury, as defined in section 702.18, shall at once but not later than twelve hours thereafter, report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or an application therefor was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the gunshot or stab wound or other serious injury occurred, stating the name of such person, the person's residence if ascertainable, and giving a brief description of the gunshot or stab wound or other serious injury. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as the provisions of this section are concerned.

KANSAS

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

KAN. STAT. ANN. § 21-4213 (2009). Unlawful failure to report a wound.

Legislative Alert: H.B. 2668. 83rd Leg., Reg. Sess. (Kan. 2010).

[*204] New Sec. 204. (a) Unlawful failure to report a wound is, with no requirement of a culpable mental state, the failure by an attending physician or other person to report such person's treatment of any of the following wounds, to the office of the chief of police of the city or the office of the sheriff of the county in which such treatment took place:

(1) Any bullet wound, gunshot wound, powder burn or other injury arising from or caused by the discharge of a firearm; or

(2) any wound which is likely to or may result in death and is apparently inflicted by a knife, ice pick or other sharp or pointed instrument.

(b) Unlawful failure to report a wound is a class C misdemeanor.

[*307] Sec. 307. K.S.A. 21-3101, 21-3102, 21-3103, 21-3104, 21-3105, 21-3106, 21-3107, 21-3108, 21-3109, 21-3110a, 21-3111, 21-3112, 21-3201, 21-3202, 21-3203, 21-3204, 21-3205, 21-3206, 21-3207, 21-3208, 21-3209, 21-3210, 21-3211, 21-3212, 21-3213, 21-3214, 21-3215, 21-3216, 21-3217, 21-3218, 21-3219, 21-3301, 21-3302, 21-3303, 21-3401, 21-3402, 21-3403, 21-3404, 21-3405, 21-3406, 21-3408, 21-3409, 21-3410, 21-3411, 21-3412, 21-3413, 21-3414, 21-3415, 21-3416, 21-3418, 21-3420, 21-3421, 21-3422, 21-3422a, 21-3423, 21-3424, 21-3425, 21-3426, 21-3427, 21-3428, 21-3430, 21-3434, 21-3435, 21-3437, 21-3439, 21-3442, 21-3443, 21-3444, 21-3445, 21-3446, 21-3447, 21-3448, 21-3449, 21-3450, 21-3451, 21-3452, 21-3501, 21-3502, 21-3503, 21-3504, 21-3505, 21-3506, 21-3507, 21-3508, 21-3510, 21-3511, 21-3512, 21-3513, 21-3515, 21-3516, 21-3517, 21-3518, 21-3520, 21-3521, 21-3522, 21-3601, 21-3602, 21-3603, 21-3604, 21-3604a, 21-3605, 21-3608, 21-3609, 21-3610b, 21-3612, 21-3701, 21-3703, 21-3704, 21-3707, 21-3709, 21-3710, 21-3711, 21-3712, 21-3713, 21-3715, 21-3716, 21-3719, 21-3720, 21-3721, 21-3722, 21-3724, 21-3725, 21-3726, 21-3727, 21-3728, 21-3729, 21-3730, 21-3731, 21-3734, 21-3738, 21-3739, 21-3742, 21-3743, 21-3744, 21-3748, 21-3749, 21-3750, 21-3751, 21-3755, 21-3756, 21-3757, 21-3758, 21-3759, 21-3760, 21-3761, 21-3762, 21-3763, 21-3764, 21-3765, 21-3766, 21-3801, 21-3802, 21-3805, 21-3807, 21-3808, 21-3809, 21-3810, 21-3812, 21-3813, 21-3814, 21-3815, 21-3816, 21-3817, 21-3818, 21-3819, 21-3820, 21-3821, 21-3822, 21-3823, 21-3824, 21-3825, 21-3827, 21-3828, 21-3829, 21-3830, 21-3831, 21-3832, 21-3833, 21-3834, 21-3835, 21-3836, 21-3837, 21-3838, 21-3839, 21-3840, 21-3841, 21-3842, 21-3844, 21-3845, 21-3846, 21-3847, 21-3848, 21-3849, 21-3850, 21-3851, 21-

3852, 21-3853, 21-3854, 21-3855, 21-3856, 21-3901, 21-3902, 21-3903, 21-3904, 21-3905, 21-3910, 21-3911, 21-3912, 21-4001, 21-4002, 21-4003, 21-4004, 21-4005, 21-4006, 21-4018, 21-4019, 21-4101, 21-4102, 21-4103, 21-4104, 21-4105, 21-4106, 21-4106a, 21-4107, 21-4110, 21-4111, 21-4113, 21-4202, 21-4204a, 21-4206, 21-4207, 21-4208, 21-4209, 21-4209a, 21-4209b, 21-4210, 21-4211, 21-4212, 21-4213. . . .

(1) Unlawful failure to report a wound is the failure by an attending physician or other person to report his treatment of any wound, described in subsections (a) and (b) hereafter, to the office of the chief of police of the city or the office of the sheriff of the county in which such treatment took place:

(a) Any bullet wound, gunshot wound, powder burn or other injury arising from or caused by the discharge of a firearm; or

(b) Any wound which is likely to or may result in death and is apparently inflicted by a knife, ice pick, or other sharp or pointed instrument.

(2) Unlawful failure to report a wound is a class C misdemeanor.

KENTUCKY

Reporting of Domestic Violence Incidents

KY. REV. STAT. ANN. § 209A.020 (2010). Definitions for chapter.

As used in this chapter, unless the context otherwise requires:

(1) "Secretary" means the secretary of the Cabinet for Health and Family Services;

(2) "Cabinet" means the Cabinet for Health and Family Services;

(3) "Department" means the Department for Community Based Services of the Cabinet for Health and Family Services;

(4) "Adult" means a person without regard to age who is the victim of abuse or neglect inflicted by a spouse;

(5) "Protective services" means agency services undertaken with or on behalf of an adult in need of protective services who is being abused or neglected. These services may include but are not limited to conducting investigations of complaints of possible abuse or neglect to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action, including action under KRS Chapter 209, and social services aimed at preventing and remedying abuse or neglect;

(6) "Abuse" means the infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm or pain, including mental injury;

(7) "Investigation" shall include but is not limited to a personal interview with the individual reported to be abused or neglected. When abuse or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation;

(8) "Records" means the medical or mental health records of the adult that are in the possession of any individual, hospital, firm, corporation, or other facility if necessary to complete the investigation mandated in KRS 209.030(5);

(9) "Neglect" means a situation in which a person deprives his or her spouse of reasonable services to maintain health and welfare; and

(10) "Authorized agency" means:

(a) The Cabinet for Health and Family Services;

(b) A local law enforcement agency or the Department of Kentucky State Police; or

(c) The office of a Commonwealth's attorney or county attorney.

KY. REV. STAT. § 209A.030 (2010). Administrative regulations -- Reports of abuse or neglect -- Cabinet actions -- Penalty for failure to report abuse or neglect.

(1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. The secretary may offer or cause to be offered protective services for safeguarding the welfare of an adult who has experienced abuse or neglect inflicted or caused by a spouse. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.

(2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, mental health professional, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse or neglect, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.

(3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse or neglect of an adult.

(4) Any person making such a report shall provide the following information, if known:

- (a) The name and address of the adult;
 - (b) The age of the adult;
 - (c) The nature and extent of the abuse or neglect, including any evidence of previous abuse or neglect;
 - (d) The identity of the perpetrator, if known;
 - (e) The identity of the complainant, if possible; and
 - (f) Any other information that the person believes might be helpful in establishing the cause of abuse or neglect.
- (5) Upon receipt of the report, the cabinet shall take the following action:
- (a) Notify the appropriate law enforcement agency, if indicated;
 - (b) Initiate an investigation of the complaint; and
 - (c) Make a written report of the initial findings together with a recommendation for further action, if indicated.
- (6) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter.
- (7) Any representative of the cabinet actively involved in the conduct of an abuse or neglect investigation under subsection (5) of this section shall also be allowed access to the mental and physical health records of the adult which are in the possession of any individual, hospital, or other facility if necessary to complete the investigation mandated by this section.
- (8) Any representative of the cabinet may with consent of the adult enter any private premises where any adult alleged to be abused or neglected is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter.
- (9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.
- (10) In the event the adult elects to accept the protective services to be provided by the cabinet, no other person shall interfere with the cabinet when rendering such services.

(11) Anyone knowingly or wantonly violating the provisions of subsection (2) of this section shall be guilty of a Class B misdemeanor and penalized in accordance with KRS 532.090. Each violation shall constitute a separate offense.

LOUISIANA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

LA. REV. STAT. ANN. § 14:403.4 (2010). Burn injuries and wounds; reports; registry; immunity; penalties.

A. The purpose of this Section is to combat arson through the rapid identification and apprehension of suspected arsonists who may suffer burn injuries during the commission of their crimes. It is the further intent of this Section to provide for a central registry for burn injuries and wounds data from which effective fire and arson prevention and fire safety education programs may be developed.

B. In every case of a burn injury or wound in which the victim sustains second or third degree burns to five percent or more of the body or any burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air, and every case of a burn injury or wound which is likely to or may result in death shall be reported to the office of state fire marshal, code enforcement and building safety, hereinafter sometimes referred to as the "office". That office shall then immediately notify the appropriate local or state investigatory agency or law enforcement agency of the receipt of such report and its contents.

C. (1) An oral report shall be made within twenty-four hours of the examination or treatment of the victim. The report shall be made by the physician attending or treating the case, or by the manager, superintendent, director, or other person in charge whenever such case is treated in a hospital, burn center, sanitarium, or other medical facility. The report may be recorded electronically or in any other suitable manner, by the office of state fire marshal, code enforcement and building safety.

(2) The oral report shall contain the following information if known:

- (a) Victim's name, address, and date of birth.
- (b) Address where the burn injury occurred.
- (c) Date and time of the burn injury.
- (d) Degree of burns and percent of body burned.
- (e) Area of body injured.

- (f) Injury severity.
- (g) Apparent cause of burn injury.
- (h) Name and address of reporting facility.
- (i) Name of the attending physician.

D. (1) The office shall maintain a central registry of all reported cases of the treatment or examination of persons with burn injuries or wounds. The registry may be used to provide information to those agencies whose duties include the investigation into possible arson activities.

(2) The office of state fire marshal, code enforcement and building safety, may adopt rules and regulations as may be necessary in carrying out the provisions of this Section. Specifically such rules shall provide for cooperation with local investigatory and law enforcement agencies and may also authorize law enforcement personnel and the state fire marshal to review those medical records of reported victims which relate to the burn without the consent of the victim.

E. No cause of action shall exist against any person who in good faith makes a report pursuant to this Section, cooperates in an investigation by any agency, or participates in any judicial proceeding resulting from such report.

F. Any person who knowingly files a false report shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

LA. REV. STAT. ANN. § 14:403.5 (2010). Gunshot wounds; mandatory reporting.

A. The purpose of this Section is to aid law enforcement in combating violent crime through the rapid identification and reporting of all gunshot wounds or injuries treated by any medical professionals, practitioners, or associated personnel.

B. In every case of a gunshot wound or injury presented for treatment to a medical professional, practitioner, or associated person, that professional, practitioner, or associated person shall make an oral notification to either the sheriff of the parish in which the wounded person was presented for treatment, or the chief or superintendent of police in the municipality in which the wounded person was presented for treatment immediately after complying with all applicable state and federal laws, rules, and regulations related to the treatment of emergencies and before the wounded person is released from the hospital. A written notation of this action shall be made on the emergency record.

C. The provisions of this Section shall not apply to any wounds or injuries received from the firing of an air gun.

D. Any report of a gunshot wound or injury required to be reported by this Section which does not result in criminal prosecution shall not become public record and shall be destroyed by the law enforcement agency receiving the information.

E. Any person who fails to file a report under this Section shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both. Any person who knowingly files a false report under this Section shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

MAINE

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

ME. REV. STAT. ANN. TIT. 17-A, § 512 (2009). Failure to report treatment of a gunshot wound.

1. A person is guilty of failure to report treatment of a gunshot wound if, being a health care practitioner or emergency medical services person, that person treats a human being for a wound apparently caused by the discharge of a firearm and knowingly fails to report the same to a law enforcement agency immediately by the quickest means of communication.

2. Failure to report treatment of a gunshot wound is a Class E crime.

3. As used in this section, "health care practitioner" has the same meaning as in Title 24, section 2502, subsection 1-A, and "emergency medical services person" has the same meaning as in Title 32, section 83, subsection 12.

ME. REV. STAT. ANN. TIT. 22, § 3087 (2009). Registry; duty to report.

The Bureau of Health shall establish, maintain and operate a statewide registry of persons who sustain head injuries to assist in promoting the general health and welfare of the State's citizens, including, but not limited to, the following specific purposes:

1. ASSESSMENT NEEDS, PLANNING AND COORDINATION. To assess the needs of persons who sustain head injuries and to facilitate rehabilitation planning and coordination efforts;

2. EDUCATION AND INFORMATION. To provide educational material to the medical community including, but not limited to, emergency room physicians, psychiatrists, neurologists, neurosurgeons, neuropsychologists and other interested

persons relating to diagnosis, evaluation and treatment of the sequelae of head injuries; and

3. NETWORK. To provide a means for persons who have sustained head injuries or their family members or friends to contact each other or to contact local or statewide support groups for survivors of head injuries.

Hospitals, physicians and neuropsychologists are encouraged to report to the bureau all persons whom they diagnose as having sustained head injuries. They are encouraged to submit a report within 7 days of the diagnosis which shall contain, but shall not be limited to, the following: The name, if released; age; and residence of the person; and the date and cause of the injury. No person's name may be released without that person's consent or the consent of the person's guardian or other person having legal responsibility for the person. A hospital, physician or neuropsychologist who submits a report under this section is not liable for any civil damages as a result of that act.

MARYLAND

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

MD. CODE ANN., HEALTH-GEN. § 20-703 (2010). Gunshot.

(a) Required. -- A physician, pharmacist, dentist, or nurse who treats an individual for an injury that was caused or shows evidence of having been caused by a gunshot of any type, or the individual in charge of a hospital that treats the injured individual, shall notify the county sheriff, the county police, or the Department of State Police of the injury as soon as practicable.

(b) Contents. -- A report of injury shall include:

- (1) The injured individual's name and address, if known;
- (2) A description of the injury; and
- (3) Any other facts concerning the matter that might assist in detecting crime.

(c) Penalty. -- A person who fails to make a report required by this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$ 25.

MASSACHUSETTS

Reporting of Sexual Assault Incidents

MASS. ANN. LAWS. ch. 112, § 12A1/2 (2010). Reporting of Rape or Sexual Assault Crimes; Confidentiality of Victim's Identity; Penalty.

Every physician attending, treating, or examining a victim of rape or sexual assault, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim's name, address, or any other identifying information. The report shall describe the general area where the attack occurred.

Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars.

MASS. ANN. LAWS ch. 268, § 40 (2010). Failure of Witness to Report Aggravated Rape, Rape, Murder, Manslaughter, or Armed Robbery; Penalty.

Whoever knows that another person is a victim of aggravated rape, rape, murder, manslaughter or armed robbery and is at the scene of said crime shall, to the extent that said person can do so without danger or peril to himself or others, report said crime to an appropriate law enforcement official as soon as reasonably practicable. Any person who violates this section shall be punished by a fine of not less than five hundred nor more than two thousand and five hundred dollars.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

MASS. ANN. LAWS ch. 112, § 12A (2010). Reports of Treatment of Certain Wounds, etc.; Exceptions; Penalty.

Every physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm, or examining or treating a person with a burn injury affecting five per cent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the colonel of the state police and to the police of the town where such physician, hospital, sanatorium or institution is located or, in the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred. This section shall

not apply to such wounds, burns or injuries received by any member of the armed forces of the United States or of the commonwealth while engaged in the actual performance of duty. Every physician attending or treating a case of wound or injury caused by a knife or sharp or pointed instrument shall, if in his opinion a criminal act was involved, report such case forthwith to the police authorities of the town in which he attended or treated such wound or injury. Whoever violates any provision of this section shall be punished by a fine of not less than fifty nor more than one hundred dollars. The colonel of state police shall make available to the commissioner of public health all reports regarding: (i) bullet wounds, gunshot wounds, powder burns or any other injury arising from or caused by the discharge of a rifle, shotgun, firearm or air rifle; (ii) burn injuries affecting 5 per cent or more of the surface area of the human body; and (iii) wounds or injuries caused by a knife or other sharp or pointed instrument; provided, however, that personal information identifying the victim or the perpetrator may be redacted if the release of such information may compromise an investigation.

MICHIGAN

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

MICH. COMP. LAWS SERV. § 750.411 (2010). Hospitals, pharmacies, physicians; duty to report injuries; violation as misdemeanor; immunity; limitations.

Sec. 411. (1) A person, firm, or corporation conducting a hospital or pharmacy in this state, the person managing or in charge of a hospital or pharmacy, or the person in charge of a ward or part of a hospital to which 1 or more persons come or are brought suffering from a wound or other injury inflicted by means of a knife, gun, pistol, or other deadly weapon, or by other means of violence, has a duty to report that fact immediately, both by telephone and in writing, to the chief of police or other head of the police force of the village or city in which the hospital or pharmacy is located, or to the county sheriff if the hospital or pharmacy is located outside the incorporated limits of a village or city. The report shall state the name and residence of the person, if known, his or her whereabouts, and the cause, character, and extent of the injuries and may state the identification of the perpetrator, if known.

(2) A physician or surgeon who has under his or her charge or care a person suffering from a wound or injury inflicted in the manner described in subsection (1) has a duty to report that fact in the same manner and to the same officer as required by subsection (1).

(3) A person, firm, or corporation that violates this section is guilty of a misdemeanor.

(4) To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, a person who makes a report in good faith under subsection (1) or (2) or who cooperates in good faith in an investigation, civil proceeding, or criminal proceeding conducted as a result of such a report is immune from civil or criminal liability that would otherwise be incurred by making the report or cooperating in the investigation or civil or criminal proceeding. A person who makes a report under

subsection (1) or (2) or who cooperates in an investigation, civil proceeding, or criminal proceeding conducted as a result of such a report is presumed to have acted in good faith. The presumption created by this subsection may be rebutted only by clear and convincing evidence.

(5) The immunity from civil and criminal liability granted under subsection (4) extends only to the actions described in subsection (4) and does not extend to another act or omission that is negligent or that amounts to professional malpractice, or both, and that causes personal injury or death.

(6) The physician-patient privilege created under section 2157 of the revised judicature act of 1961, 1961 PA 236, MCL 600.2157, a health professional-patient privilege created under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, and any other health professional-patient privilege created or recognized by law do not apply to a report made under subsection (1) or (2), are not valid reasons for a failure to comply with subsection (1) or (2), and are not a defense to a misdemeanor charge filed under this section.

MINNESOTA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

MINN. STAT. § 626.52 (2009). Reporting suspicious wounds by health professionals.

Subdivision 1. Definition.

As used in this section, "health professional" means a physician, surgeon, person authorized to engage in the practice of healing, superintendent or manager of a hospital, nurse, or pharmacist.

Subd. 2. Health professionals required to report.

A health professional shall immediately report, as provided under section 626.53, to the local police department or county sheriff all bullet wounds, gunshot wounds, powder burns, or any other injury arising from, or caused by the discharge of any gun, pistol, or any other firearm, which wound the health professional is called upon to treat, dress, or bandage.

A health professional shall report to the proper police authorities any wound that the reporter has reasonable cause to believe has been inflicted on a perpetrator of a crime by a dangerous weapon other than a firearm as defined under section 609.02, subdivision 6.

Subd. 3. Reporting burns.

A health professional shall file a written report with the state fire marshal within 72 hours after being notified of a burn injury or wound that the professional is called upon to treat, dress, or bandage, if the victim has sustained second- or third-degree burns to five percent or more of the body, the victim has sustained burns to the upper respiratory tract or sustained laryngeal edema from inhaling superheated air, or the victim has sustained a burn injury or wound that may result in the victim's death. The state fire marshal shall provide the form for the report.

Subd. 4. Immunity from liability.

Any person reporting in good faith and exercising due care shall have immunity from any liability, civil or criminal, that otherwise might result by reason of the person's actions pursuant to this section or section 626.53. No cause of action may be brought against any person for not making a report pursuant to this section or section 626.53.

MISSISSIPPI

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

MISS CODE ANN. § 45-9-31 (2010). Medical personnel required to report injuries from gunshots, knifings, and hunting or boating accidents.

Any physician, surgeon, dentist, veterinarian, paramedical employee, or nurse, or any employee of a hospital, clinic, or any other medical institution or office where patients regularly receive care, who treats, at any location, any human being suffering from a wound or injury and who has reason to believe or ought to know that the wound or injury was caused by gunshot or knifing, or receiving a request for such treatment, shall report the same immediately to the municipal police department or sheriff's office of the municipality or county in which such treatment is administered or request for such treatment is received. If the wound or injury is the result of a hunting or boating accident, the injury shall be reported immediately to the Mississippi Department of Wildlife, Fisheries and Parks.

Any person making a report or the reports required by this section shall be immune from civil liability for the making of the said reports.

MISSOURI

Reporting of Sexual Assault Incidents

M.O. REV. STAT. § 188.023 (2010). Reports of rape or under age eighteen sexual abuse, required to report, how.

Any licensed health care professional who delivers a baby or performs an abortion, who has prima facie evidence that a patient has been the victim of statutory rape in the first degree or statutory rape in the second degree, or if the patient is under the age of eighteen, that he or she has been a victim of sexual abuse, including forcible rape, sexual assault, or incest, shall be required to report such offenses in the same manner as provided for by section 210.115, RSMo.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

M.O. REV. STAT. § 578.350 (2010). Gunshot wounds--physicians, nurses, therapists, duty to report, content--violation, penalty.

1. Any person licensed under chapter 334 or 335, RSMo, who treats a person for a wound inflicted by gunshot shall immediately report to a local law enforcement official the name and address of the person, if known, and if unknown, a description of the person, together with an explanation of the nature of the wound and the circumstances under which the treatment was rendered.

2. Any person licensed under chapter 334 or 335, RSMo, who knowingly fails to report the injuries described in this section is guilty of the offense of medical deception.

3. Medical deception is an infraction.

MONTANA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

MONT. CODE ANN. § 37-2-302 (2010). Gunshot or stab wounds to be reported.

The physician, nurse, or other person licensed to practice a health care profession treating the victim of a gunshot wound or stabbing shall make a report to a law enforcement officer by the fastest possible means. Within 24 hours after initial treatment

or first observation of the wound, a written report shall be submitted, including the name and address of the victim, if known, and shall be sent by regular mail.

NEBRASKA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

NEB. REV. STAT. ANN. § 28-902 (2010). Failure to report injury of violence; physician or surgeon; emergency room or first-aid station attendant; penalty.

(1) Every person engaged in the practice of medicine and surgery, or who is in charge of any emergency room or first-aid station in this state, shall report every case, in which he is consulted for treatment or treats a wound or injury of violence which appears to have been received in connection with the commission of a criminal offense, immediately to the chief of police of the municipality or to the sheriff of the county wherein the consultation or treatment occurs. Such report shall include the name of such person, the residence, if ascertainable, and a brief description of the injury. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as the provisions of this section are concerned.

(2) Any person who fails to make the report required by subsection (1) of this section commits a Class III misdemeanor.

NEVADA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

NEV. REV. STAT. ANN. § 629.041 (2009). Provider of health care to report persons having certain injuries.

Every provider of health care to whom any person comes or is brought for treatment of an injury which appears to have been inflicted by means of a firearm or knife, not under accidental circumstances, shall promptly report the person's name, if known, his location and the character and extent of the injury to an appropriate law enforcement agency.

NEV. REV. STAT. ANN. § 629.045 (2009). Provider of health care to report persons having certain burns.

1. Every provider of health care to whom any person comes or is brought for the treatment of:

- (a) Second or third degree burns to 5 percent or more of his body;
 - (b) Burns to his upper respiratory tract or laryngeal edema resulting from the inhalation of heated air; or
 - (c) Burns which may result in death,
- shall promptly report that information to the appropriate local fire department.

2. The report required by subsection 1 must include:

- (a) The name and address of the person treated, if known;
- (b) The location of the person treated; and
- (c) The character and extent of his injuries.

3. A person required to make a report pursuant to subsection 1 shall, within 3 working days after treating the person, submit a written report to:

- (a) The appropriate local fire department in counties whose population is 40,000 or more; or
- (b) The state fire marshal in counties whose population is less than 40,000.

The report must be on a form provided by the state fire marshal.

4. A provider of health care, his agents and employees are immune from any civil action for any disclosures made in good faith in accordance with the provisions of this section or any consequential damages.

NEW HAMPSHIRE

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

N.H. REV. STAT ANN. 631:6 (2010). Failure to Report Injuries.

I. Except as provided in paragraph II, a person is guilty of a misdemeanor if, having knowingly treated or assisted another for a gunshot wound or for any other injury he believes to have been caused by a criminal act, he fails immediately to notify a law enforcement official of all the information he possesses concerning the injury.

II. A person who has rendered treatment or assistance is excepted from the reporting provisions of paragraph I if the person seeking or receiving treatment or other assistance: (a) is 18 years of age or older, (b) has been a victim of a sexual assault offense or abuse as defined in RSA 173-B:1, and (c) objects to the release of any information to law enforcement officials. This exception shall not apply if the sexual assault or abuse victim is also being treated for a gunshot wound or other serious bodily injury.

III. [Repealed.]

NEW JERSEY

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

N.J. STAT. § 2C:58-8 (2010). Certain wounds and injuries to be reported.

a. Every case of a wound, burn or any other injury arising from or caused by a firearm, destructive device, explosive or weapon shall be reported at once to the police authorities of the municipality where the person reporting is located or to the State Police by the physician consulted, attending or treating the case or the manager, superintendent or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or other institution. This subsection shall not, however, apply to wounds, burns or injuries received by a member of the armed forces of the United States or the State of New Jersey while engaged in the actual performance of duty.

b. Every case which contains the criteria defined in this subsection shall be reported at once to the police authorities of the municipality where the person reporting is located, or to the Division of State Police, by the physician consulted, attending, or treating the injury, or by the manager, superintendent, or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or any other institution, facility, or office where medical care is provided. This subsection shall not apply to injuries received by a member of the armed forces of the United States or the State of New Jersey while engaged in the actual performance of duty.

The defined criteria shall consist of a flame burn injury accompanied by one or more of the following factors:

(1) A fire accelerant was used in the incident causing the injury and the presence of an accelerant creates a reasonable suspicion that the patient committed arson in violation of N.J.S. 2C:17-1.

(2) Treatment for the injury was sought after an unreasonable delay of time.

(3) Changes or discrepancies in the account of the patient or accompanying person concerning the cause of the injury which creates a reasonable suspicion that the patient committed arson in violation of N.J.S. 2C:17-1.

(4) Voluntary statement by the patient or accompanying person that the patient was injured during the commission of arson in violation of N.J.S. 2C:17-1.

(5) Voluntary statement by the patient or accompanying person that the patient was injured during a suicide attempt or the commission of criminal homicide in violation of N.J.S. 2C:11-1.

(6) Voluntary statement by the patient or accompanying person that the patient has exhibited fire setting behavior prior to the injury or has received counseling for such behavior.

(7) Any other factor determined by the bureau of fire safety in the Department of Community Affairs from information in the burn patient arson registry established under section 4 of P.L.1991, c.433 (C.52:27D-25d3) to typify a patient whose injuries were caused during the commission of arson in violation of N.J.S. 2C:17-1.

NEW MEXICO

There are not any statutes mandating the reporting of domestic violence and sexual assault incidents.

NEW YORK

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

N.Y. PENAL LAW § 265.25 (2010). Certain wounds to be reported.

Every case of a bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun or firearm, and every case of a wound which is likely to or may result in death and is actually or apparently inflicted by a knife, icepick or other sharp or pointed instrument, shall be reported at once to the police authorities of the city, town or village where the person reporting is located by: (a) the physician attending or treating the case; or (b) the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium or other institution. Failure to make such report is a class A misdemeanor. This subdivision shall not apply to such wounds, burns or injuries received by a member of the armed forces of the United States or the state of New York while engaged in the actual performance of duty.

N.Y. PENAL LAW § 265.26 (2010). Burn injury and wounds to be reported.

Every case of a burn injury or wound, where the victim sustained second or third degree burns to five percent or more of the body and/or any burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air, and every case of a burn injury or wound which is likely to or may result in death, shall be reported at once to the office of fire prevention and control. The state fire administrator shall accept the report and notify the proper investigatory agency. A written report shall also be provided to the office of fire prevention and control within seventy-two hours. The report shall be made by (a) the physician attending or treating the case; or (b) the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium, institution or other medical facility.

The intentional failure to make such report is a class A misdemeanor.

NORTH CAROLINA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

N.C. GEN. STAT. § 90-21.20 (2010). Reporting by physicians and hospitals of wounds, injuries and illnesses.

(a) Such cases of wounds, injuries or illnesses as are enumerated in subsection (b) shall be reported as soon as it becomes practicable before, during or after completion of treatment of a person suffering such wounds, injuries, or illnesses. If such case is treated in a hospital, sanitarium or other medical institution or facility, such report shall be made by the Director, Administrator, or other person designated by the Director or Administrator, or if such case is treated elsewhere, such report shall be made by the physician or surgeon treating the case, to the chief of police or the police authorities of the city or town of this State in which the hospital or other institution, or place of treatment is located. If such hospital or other institution or place of treatment is located outside the corporate limits of a city or town, then the report shall be made by the proper person in the manner set forth above to the sheriff of the respective county or to one of his deputies.

(b) Cases of wounds, injuries or illnesses which shall be reported by physicians, and hospitals include every case of a bullet wound, gunshot wound, powder burn or any other injury arising from or caused by, or appearing to arise from or be caused by, the discharge of a gun or firearm, every case of illness apparently caused by poisoning, every case of a wound or injury caused, or apparently caused, by a knife or sharp or pointed instrument if it appears to the physician or surgeon treating the case that a criminal act was involved, and every case of a wound, injury or illness in which there is grave bodily

harm or grave illness if it appears to the physician or surgeon treating the case that the wound, injury or illness resulted from a criminal act of violence.

(c) Each report made pursuant to subsections (a) and (b) above shall state the name of the wounded, ill or injured person, if known, and the age, sex, race, residence or present location, if known, and the character and extent of his injuries.

(c1) In addition to the reporting requirements of subsection (b) of this section, cases involving recurrent illness or serious physical injury to any child under the age of 18 years where the illness or injury appears, in the physician's professional judgment, to be the result of non-accidental trauma shall be reported by the physician as soon as it becomes practicable before, during, or after completion of treatment. If the case is treated in a hospital, sanitarium, or other medical institution or facility, the report shall be made by the Director, Administrator, or other person designated by the Director or Administrator of the medical institution or facility, or if the case is treated elsewhere, the report shall be made by the physician or surgeon treating the case to the chief of police or the police authorities of the city or town in this State in which the hospital or other institution or place of treatment is located. If the hospital or other institution or place of treatment is located outside the corporate limits of a city or town, then the report shall be made by the proper person in the manner set forth above to the sheriff of the respective county or to one of the sheriff's deputies. This reporting requirement is in addition to the duty set forth in G.S. 7B-301 to report child abuse, neglect, dependence, or the death of any juvenile as the result of maltreatment to the director of the department of social services in the county where the juvenile resides or is found.

(d) Any hospital, sanitarium, or other like institution or Director, Administrator, or other designated person, or physician or surgeon participating in good faith in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as the result of the making of such report.

NORTH DAKOTA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

N.D. CENT. CODE, § 43-17-41 (2010). Duty of physicians and others to report injury – Penalty.

1. Any physician, physician assistant, or any individual licensed under chapter 43-12.1 who performs any diagnosis or treatment for any individual suffering from any wound, injury, or other physical trauma:

a. Inflicted by the individual's own act or by the act of another by means of a knife, gun, or pistol shall as soon as practicable report the wound, injury, or trauma to a law enforcement agency in the county in which the care was rendered; or

b. Which the individual performing diagnosis or treatment has reasonable cause to suspect was inflicted in violation of any criminal law of this state, shall as soon as practicable report the wound, injury, or trauma to a law enforcement agency in the county in which the care was rendered.

2. The report under subsection 1 must state the name of the injured individual and the character and extent of the individual's injuries.

3. When a report of domestic violence, as defined in section 14-07.1-01, or a report of physical injury resulting from a sexual offense, as defined in chapter 12.1-20, is made to a law enforcement agency as required by this section, the injured individual must be provided with information regarding a domestic violence sexual assault organization as defined in section 14-07.1-01 or other victims' assistance program by the physician, physician assistant, or any individual licensed under chapter 43-12.1, unless it is known that the information has previously been provided to the injured individual.

4. The reports mandated by this section must be made as soon as practicable and may be either oral or in writing. Oral reports must be followed by written reports within forty-eight hours if so requested by the sheriff or state's attorney to whom the oral report is originally made.

5. Any individual required to report as provided by this section who willfully fails to do so is guilty of an infraction.

6. Any individual making or not making a report in good faith pursuant to this section is immune from liability for making or not making a report.

OHIO

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

OHIO REV. CODE ANN. § 2921.22 (2010). Failure to report a crime or knowledge of a death or burn injury.

(A) (1) Except as provided in division (A)(2) of this section, no person, knowing that a felony has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.

(2) No person, knowing that a violation of division (B) of section 2913.04 of the Revised Code has been, or is being committed or that the person has received information derived from such a violation, shall knowingly fail to report the violation to law enforcement authorities.

(B) Except for conditions that are within the scope of division (E) of this section, no physician, limited practitioner, nurse, or other person giving aid to a sick or injured person shall negligently fail to report to law enforcement authorities any gunshot or stab wound treated or observed by the physician, limited practitioner, nurse, or person, or any serious physical harm to persons that the physician, limited practitioner, nurse, or person knows or has reasonable cause to believe resulted from an offense of violence.

(C) No person who discovers the body or acquires the first knowledge of the death of a person shall fail to report the death immediately to a physician whom the person knows to be treating the deceased for a condition from which death at such time would not be unexpected, or to a law enforcement officer, an ambulance service, an emergency squad, or the coroner in a political subdivision in which the body is discovered, the death is believed to have occurred, or knowledge concerning the death is obtained.

(D) No person shall fail to provide upon request of the person to whom a report required by division (C) of this section was made, or to any law enforcement officer who has reasonable cause to assert the authority to investigate the circumstances surrounding the death, any facts within the person's knowledge that may have a bearing on the investigation of the death.

(E) (1) As used in this division, "burn injury" means any of the following:

(a) Second or third degree burns;

(b) Any burns to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air;

(c) Any burn injury or wound that may result in death;

(d) Any physical harm to persons caused by or as the result of the use of fireworks, novelties and trick noisemakers, and wire sparklers, as each is defined by section 3743.01 of the Revised Code.

(2) No physician, nurse, or limited practitioner who, outside a hospital, sanitarium, or other medical facility, attends or treats a person who has sustained a burn injury that is inflicted by an explosion or other incendiary device or that shows evidence of having been inflicted in a violent, malicious, or criminal manner shall fail to report the burn injury immediately to the local arson, or fire and explosion investigation, bureau, if there is a bureau of this type in the jurisdiction in which the person is attended or treated, or otherwise to local law enforcement authorities.

(3) No manager, superintendent, or other person in charge of a hospital, sanitarium, or other medical facility in which a person is attended or treated for any burn injury that is inflicted by an explosion or other incendiary device or that shows evidence of having been inflicted in a violent, malicious, or criminal manner shall fail to report the burn injury immediately to the local arson, or fire and explosion investigation, bureau, if there

is a bureau of this type in the jurisdiction in which the person is attended or treated, or otherwise to local law enforcement authorities.

(4) No person who is required to report any burn injury under division (E)(2) or (3) of this section shall fail to file, within three working days after attending or treating the victim, a written report of the burn injury with the office of the state fire marshal. The report shall comply with the uniform standard developed by the state fire marshal pursuant to division (A)(15) of section 3737.22 of the Revised Code.

(5) Anyone participating in the making of reports under division (E) of this section or anyone participating in a judicial proceeding resulting from the reports is immune from any civil or criminal liability that otherwise might be incurred or imposed as a result of such actions. Notwithstanding section 4731.22 of the Revised Code, the physician-patient relationship is not a ground for excluding evidence regarding a person's burn injury or the cause of the burn injury in any judicial proceeding resulting from a report submitted under division (E) of this section.

(F) (1) Any doctor of medicine or osteopathic medicine, hospital intern or resident, registered or licensed practical nurse, psychologist, social worker, independent social worker, social work assistant, professional clinical counselor, or professional counselor who knows or has reasonable cause to believe that a patient or client has been the victim of domestic violence, as defined in section 3113.31 of the Revised Code, shall note that knowledge or belief and the basis for it in the patient's or client's records.

(2) Notwithstanding section 4731.22 of the Revised Code, the doctor-patient privilege shall not be a ground for excluding any information regarding the report containing the knowledge or belief noted under division (F)(1) of this section, and the information may be admitted as evidence in accordance with the Rules of Evidence.

(G) Divisions (A) and (D) of this section do not require disclosure of information, when any of the following applies:

(1) The information is privileged by reason of the relationship between attorney and client; doctor and patient; licensed psychologist or licensed school psychologist and client; member of the clergy, rabbi, minister, or priest and any person communicating information confidentially to the member of the clergy, rabbi, minister, or priest for a religious counseling purpose of a professional character; husband and wife; or a communications assistant and those who are a party to a telecommunications relay service call.

(2) The information would tend to incriminate a member of the actor's immediate family.

(3) Disclosure of the information would amount to revealing a news source, privileged under section 2739.04 or 2739.12 of the Revised Code.

(4) Disclosure of the information would amount to disclosure by a member of the ordained clergy of an organized religious body of a confidential communication made to that member of the clergy in that member's capacity as a member of the clergy by a person seeking the aid or counsel of that member of the clergy.

(5) Disclosure would amount to revealing information acquired by the actor in the course of the actor's duties in connection with a bona fide program of treatment or services for drug dependent persons or persons in danger of drug dependence, which program is maintained or conducted by a hospital, clinic, person, agency, or organization certified pursuant to section 3793.06 of the Revised Code.

(6) Disclosure would amount to revealing information acquired by the actor in the course of the actor's duties in connection with a bona fide program for providing counseling services to victims of crimes that are violations of section 2907.02 or 2907.05 of the Revised Code or to victims of felonious sexual penetration in violation of former section 2907.12 of the Revised Code. As used in this division, "counseling services" include services provided in an informal setting by a person who, by education or experience, is competent to provide those services.

(H) No disclosure of information pursuant to this section gives rise to any liability or recrimination for a breach of privilege or confidence.

(I) Whoever violates division (A) or (B) of this section is guilty of failure to report a crime. Violation of division (A)(1) of this section is a misdemeanor of the fourth degree. Violation of division (A)(2) or (B) of this section is a misdemeanor of the second degree.

(J) Whoever violates division (C) or (D) of this section is guilty of failure to report knowledge of a death, a misdemeanor of the fourth degree.

(K) (1) Whoever negligently violates division (E) of this section is guilty of a minor misdemeanor.

(2) Whoever knowingly violates division (E) of this section is guilty of a misdemeanor of the second degree.

OKLAHOMA

Reporting of Domestic Violence Incidents

Legislative Alert: S.B. 1251, 2009 LEG., 52ND SESS. (OK 2010).

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.10A of Title 36, unless there is created a duplication in numbering, reads as follows:

A. 1. No health benefit plan shall deny coverage, refuse to issue or renew, cancel or otherwise terminate, restrict or exclude any person from any health benefit plan issued or renewed on or after November 1, 2010, on the basis of the applicant's or insured's status as a victim of domestic abuse as defined in Section 60.1 of Title 22 of the Oklahoma Statutes.

2. No health benefit plan shall deny a claim on the basis of the insured's status as a victim of domestic violence.

3. Domestic abuse shall not be considered to be a preexisting condition.

B. As used in this section, "health benefit plan" means individual or group coverage, a not-for-profit hospital or medical service or indemnity plan, a prepaid health plan, a health maintenance organization plan, a preferred provider organization plan, the State and Education Employees Group Health Insurance Plan, any program funded under Title XIX of the Social Security Act or such other publicly funded program, and coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan except as exempt under federal ERISA provisions.

C. In order to comply with the provisions of this section, the acts constituting the domestic abuse shall be reported to a law enforcement agency setting forth the relevant facts.

SECTION 2. This act shall become effective November 1, 2010.

OREGON

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

OR. REV. STAT. § 146.710 (2010). Definition for ORS 146.710 to 146.780.

As used in ORS 146.710 to 146.780, "injury" means:

(1) A physical injury caused by a knife, gun, pistol or other dangerous or deadly weapon;
or

(2) A serious physical injury.

OR. REV. STAT. § 146.750 (2010). Injuries to be reported to medical examiner.

(1) Except as required in subsection (3) of this section, any physician, including any intern and resident, having reasonable cause to suspect that a person brought to the physician or coming before the physician for examination, care or treatment has had

injury, as defined in ORS 146.710, inflicted upon the person other than by accidental means, shall report or cause reports to be made in accordance with the provisions of subsection (2) of this section.

(2) An oral report shall be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to the appropriate medical examiner.

(3) When either an injury as defined in ORS 146.710 or abuse as defined in ORS 419B.005 occurs to an unmarried person who is under 18 years of age, the provisions of ORS 419B.005 to 419B.050 shall apply.

PENNSYLVANIA

Related to the Reporting of Sexual Assault Incidents

18 PA. CONS. STAT. § 5106 (2010). Failure to report injuries by firearm or criminal act.

(a) OFFENSE DEFINED.-- Except as set forth in subsection (a.1), a physician, intern or resident, or any person conducting, managing or in charge of any hospital or pharmacy, or in charge of any ward or part of a hospital, to whom shall come or be brought any person:

(1) suffering from any wound or other injury inflicted by his own act or by the act of another which caused death or serious bodily injury, or inflicted by means of a deadly weapon as defined in section 2301 (relating to definitions); or

(2) upon whom injuries have been inflicted in violation of any penal law of this Commonwealth; commits a summary offense if the reporting party fails to report such injuries immediately, both by telephone and in writing, to the chief of police or other head of the police department of the local government, or to the Pennsylvania State Police. The report shall state the name of the injured person, if known, the injured person's whereabouts and the character and extent of the person's injuries.

(A.1) EXCEPTION.-- In cases of bodily injury as defined in section 2301 (relating to definitions), failure to report under subsection (a)(2) does not constitute an offense if all of the following apply:

(1) The victim is an adult and has suffered bodily injury.

(2) The injury was inflicted by an individual who:

- (i) is the current or former spouse of the victim;
- (ii) is a current or former sexual or intimate partner of the victim;
- (iii) shares biological parenthood with the victim; or
- (iv) is or has been living as a spouse of the victim.

(3) The victim has been informed:

- (i) of the duty to report under subsection (a)(2); and
- (ii) that the report under subsection (a)(2) cannot be made without the victim's consent.

(4) The victim does not consent to the report under subsection (a)(2).

(5) The victim has been provided with a referral to the appropriate victim service agency such as a domestic violence or sexual assault program.

(b) IMMUNITY GRANTED.-- No physician or other person shall be subject to civil or criminal liability by reason of complying with this section.

(c) PHYSICIAN-PATIENT PRIVILEGE UNAVAILABLE.-- In any judicial proceeding resulting from a report pursuant to this section, the physician-patient privilege shall not apply in respect to evidence regarding such injuries or the cause thereof. This subsection shall not apply where a report is not made pursuant to subsection (a.1).

(d) REPORTING OF CRIME ENCOURAGED.-- Nothing in this chapter precludes a victim from reporting the crime that resulted in injury.

(e) AVAILABILITY OF INFORMATION.-- A physician or other individual may make available information concerning domestic violence or sexual assault to any individual subject to the provisions of this chapter.

RHODE ISLAND

Reporting of Domestic Violence Incidents

R.I. GEN. LAWS § 12-29-9 (2010). Medical data collection reports.

(a) (1) For the purpose of documenting incidents of family violence resulting in injuries treated at medical facilities or by medical providers and of providing statistically valid information on the extent of family violence, the domestic violence training and

monitoring unit of the court system shall prescribe a form for making medical data collection reports. The form shall include, but is not limited to the following:

- (i) Relationship of the parties;
- (ii) Sex of the parties;
- (iii) Date of birth of the parties;
- (iv) Time and date of the incident;
- (v) Whether the incident is verified by the victim;
- (vi) Type of injuries;
- (vii) Whether medical attention or hospitalization is required;
- (viii) Whether the victim has previously sustained injuries as a result of family violence;
- (ix) Action taken;
- (x) Source of the report;
- (xi) Address of the reporter.

(2) The report shall not contain the name of the parties nor any other identifying information.

(b) A report shall be completed for any victim being treated for injuries which the victim states resulted from domestic violence or which the mandated medical provider has reasonable cause to believe resulted from domestic violence.

(c) The report shall be submitted to the unit on a quarterly basis for quarters ending on September 30, December 31, March 31, and June 30.

Reporting of Sexual Assault Incidents

R.I. GEN. LAWS § 11-37-3.1 (2010). Duty to report sexual assault.

Any person, other than the victim, who knows or has reason to know that a first degree sexual assault or attempted first degree sexual assault is taking place in his or her presence shall immediately notify the state police or the police department of the city or town in which the assault or attempted assault is taking place of the crime.

R.I. GEN. LAWS § 11-37-3.3 (2010). Failure to report – Penalty.

Any person who knowingly fails to report a sexual assault or attempted sexual assault as required under § 11-37-3.1 shall be guilty of a misdemeanor and, upon conviction, shall be punished by imprisonment for not more than one year, or fined not more than five hundred dollars (\$ 500), or both.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

R.I. GEN. LAWS § 11-47-48 (2010). Report of gunshot wounds.

Every physician attending or treating a case of bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a gun, pistol, or other firearm, or whenever any case is treated in a hospital, sanitarium, dispensary, or other institution the person in charge of it, shall report the case at once to the police authorities of the town or city where the physician, hospital, sanitarium, dispensary or institution is located. This section shall not apply to wounds, burns, or injuries received by any member of the armed forces of the United States or of this state while engaged in the actual performance of duty. Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars (\$ 50.00) nor more than one hundred dollars (\$ 100).

SOUTH CAROLINA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

S.C. CODE ANN. § 16-3-1072 (2009). Reporting medical treatment for gunshot wound; immunity; physician-patient privilege abrogated; penalties.

(A) Any physician, nurse, or any other medical or emergency medical services personnel of a hospital, clinic, or other health care facility or provider who knowingly treats any person suffering from a gunshot wound or who receives a request for such treatment shall report within a reasonable time the existence of the gunshot wound to the sheriff's department of the county in which the treatment is administered or a request is received. However, no report is necessary if a law enforcement officer is present with the victim while treatment is being administered.

(B) The reports provided for in subsection (A) may be made orally, or otherwise. A hospital, clinic, or other health care facility or provider may designate an individual to make the reports provided for in this section. However, a report must be made as soon as possible, but no later than the time of the victim's release from that facility.

(C) A person required to make a report pursuant to this section or who participates in judicial proceedings resulting from the report, acting in good faith, is immune from civil and criminal liability which might otherwise result by reason of these actions. In all such civil and criminal proceedings, good faith is rebuttably presumed.

(D) For purposes of this section, the confidential or privileged nature of communication between physician and patient and any other professional person and his patient or client is abrogated and does not constitute grounds for failure to report or the exclusion of evidence resulting from a report made pursuant to this section.

(E) A person required to report the existence of a gunshot wound who knowingly fails to do so is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars.

SOUTH DAKOTA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

S.D. CODIFIED LAWS § 23-13-10 (2010). Persons treating firearm injury - Reporting requirement.

Any person treating any bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of any firearm, shall report such treatment to the sheriff of the county in which the wound is treated.

S.D. CODIFIED LAWS § 23-13-13 (2010). Firearm injury -- No confidential relation privilege .

Any confidential relation privilege set forth in §§ 19-13-7 and 19-13-13 may not be claimed in any judicial proceeding relating to a report concerning an injury from a firearm made pursuant to §§ 23-13-10 and 23-13-11.

S.D. CODIFIED LAWS § 23-13-14 (2010). Firearm injury -- False report – Penalty.

Any person described in § 23-13-10 who knowingly fails to make the reports required by §§ 23-13-10 and 23-13-11 is guilty of a Class 1 misdemeanor.

TENNESSEE

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

TENN. CODE ANN. § 38-1-101 (2010). Reports to law enforcement officials of certain types of injuries.

(a) All hospitals, clinics, sanitariums, doctors, physicians, surgeons, nurses, pharmacists, undertakers, embalmers, or other persons called upon to tender aid to persons suffering from any wound or other injury inflicted by means of a knife, pistol, gun, or other deadly weapon, or by other means of violence, or resulting from exposure to a methamphetamine laboratory or a methamphetamine laboratory related fire, explosion, or chemical release, or suffering from the effects of poison, or suffocation, shall report the same immediately to the chief of police, if the injured person is in or brought into or the injury occurred in an incorporated town or city, or to the sheriff if the injured person is in or brought into or the injury occurred in the county outside the corporate limits of any incorporated town or city, and shall also, in either event, report the same immediately to the district attorney general or a member of the district attorney general's staff of the judicial district in which the injured person is, or has been brought into, or the injury occurred. Such report shall state the name, residence, and employer of such person, if known, such person's whereabouts at the time the report is made, the place the injury occurred, and the character and extent of such injuries.

(b) Injuries to minors that are required to be reported by § 37-1-403 are not required to be reported under this section.

TENN. CODE ANN. § 49-7-129 (2010). Short title -- Notification of law enforcement agency of a medically unattended death or of a report alleging rape -- Joint investigation – Penalty.

(a) This section shall be known and may be cited as the "Robert 'Robbie' Nottingham Campus Crime Scene Investigation Act of 2004."

(b) Regardless of whether a public or private institution of higher education has entered into a mutual assistance agreement with a law enforcement agency pursuant to § 49-7-118, the chief security officer or chief law enforcement officer of the institution shall immediately notify, unless otherwise provided by federal law, the local law enforcement agency with territorial jurisdiction over the institution, if the medically unattended death of a person occurs on the property of the institution, or if the officer is in receipt of a report from the victim alleging that any degree of rape has occurred on the property of the institution. The chief security officer or chief law enforcement officer shall designate one (1) or more persons who shall have the authority and duty to notify the appropriate law

enforcement agency in the absence of the chief security officer or chief law enforcement officer.

(c) Upon notification pursuant to subsection (b), it shall be the duty of each law enforcement agency to participate in a joint investigation of the death or alleged rape reported pursuant to subsection (b). In the case of a medically unattended death, the local law enforcement agency shall lead the investigation. In the case of an alleged rape, the institution's law enforcement agency shall lead the investigation.

(d) After notifying the local law enforcement agency pursuant to subsection (b), the security officers or law enforcement officers and all other employees of the institution shall cooperate in every respect with the investigation conducted by the law enforcement agency.

(e) Any official of a public or private institution of higher education receiving a report from a victim of rape occurring on the property or in the vicinity of the institution shall refer the victim to a sexual assault program or other service on campus or in the community. Sexual assault programs shall report annually, by January 31, to the chief security or law enforcement officer of the institution of the number of requests for assistance received from victims who were raped on or in the vicinity of a public or private institution of higher education during the preceding calendar year.

(f) As used in this section, "local law enforcement agency" means:

(1) Within the territory of a municipality, the municipal police force;

(2) Within the territory of a county having a metropolitan form of government, the metropolitan police force; and

(3) Within the unincorporated territory of a county, the sheriff's office.

(g) A knowing violation of this section is a Class C misdemeanor.

TEXAS

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

TEX. HEALTH & SAFETY CODE § 161.041 (2010). Mandatory Reporting of Gunshot Wounds.

A physician who attends or treats, or who is requested to attend or treat, a bullet or gunshot wound, or the administrator, superintendent, or other person in charge of a hospital, sanitorium, or other institution in which a bullet or gunshot wound is attended or treated or in which the attention or treatment is requested, shall report the case at once to

the law enforcement authority of the municipality or county in which the physician practices or in which the institution is located.

TEX. HEALTH & SAFETY CODE § 161.043 (2010). Criminal Penalty.

(a) A person commits an offense if the person is required to report under this subchapter and intentionally fails to report.

(b) An offense under this section is a misdemeanor punishable by confinement in jail for not more than six months or by a fine of not more than \$ 100.

UTAH

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

UTAH CODE ANN. § 26-23A-1 (2010). Definitions.

As used in this chapter:

(1) "Health care provider" means any person, firm, corporation, or association which furnishes treatment or care to persons who have suffered bodily injury, and includes hospitals, clinics, podiatrists, dentists and dental hygienists, nurses, nurse practitioners, physicians and physicians' assistants, osteopathic physicians, naturopathic practitioners, chiropractors, acupuncturists, paramedics, and emergency medical technicians.

(2) "Injury" does not include any psychological or physical condition brought about solely through the voluntary administration of prescribed controlled substances.

(3) "Law enforcement agency" means the municipal or county law enforcement agency:

(a) having jurisdiction over the location where the injury occurred; or

(b) if the reporting health care provider is unable to identify or contact the law enforcement agency with jurisdiction over the injury, "law enforcement agency" means the agency nearest to the location of the reporting health care provider.

(4) "Report to a law enforcement agency" means to report, by telephone or other spoken communication, the facts known regarding an injury subject to reporting under Section 26-23a-2 to the dispatch desk or other staff person designated by the law enforcement agency to receive reports from the public.

UTAH CODE ANN. § 26-23A-2 (2010). Injury reporting requirements by health care provider -- Contents of report.

(1) (a) Any health care provider who treats or cares for any person who suffers from any wound or other injury inflicted by the person's own act or by the act of another by means of a knife, gun, pistol, explosive, infernal device, or deadly weapon, or by violation of any criminal statute of this state, shall immediately report to a law enforcement agency the facts regarding the injury.

(b) The report shall state the name and address of the injured person, if known, the person's whereabouts, the character and extent of the person's injuries, and the name, address, and telephone number of the person making the report.

(2) A health care provider may not be discharged, suspended, disciplined, or harassed for making a report pursuant to this section.

(3) A person may not incur any civil or criminal liability as a result of making any report required by this section.

(4) A health care provider who has personal knowledge that the report of a wound or injury has been made in compliance with this section is under no further obligation to make a report regarding that wound or injury under this section.

UTAH CODE ANN. § 26-23A-3 (2010). Penalties

Any health care provider who intentionally or knowingly violates any provision of Section 26-23a-2 is guilty of a class B misdemeanor.

VERMONT

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

VT. STAT. ANN. TIT. 13, § 4012 (2010). Reporting treatment of firearm wounds.

(a) Every physician attending or treating a case of bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a gun, pistol, or other firearm, or whenever such case is treated in a hospital, sanitarium or other institution, the manager, superintendent or other person in charge shall report such case at once to local law enforcement officials or the state police. The provisions of this section shall not apply to such wounds, burns or injuries received by a member of the armed forces of the United States or state of Vermont while engaged in the actual performance of duty.

(b) A person violating the provisions of this section shall be fined not more than \$ 100.00.

VIRGINIA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

VA. CODE ANN. § 54.1-2967 (2010). Physicians and others rendering medical aid to report certain wounds.

Any physician or other person who renders any medical aid or treatment to any person for any wound which such physician or other person knows or has reason to believe is a wound inflicted by a weapon specified in § 18.2-308 and which wound such physician or other person believes or has reason to believe was not self-inflicted shall as soon as practicable report such fact, including the wounded person's name and address, if known, to the sheriff or chief of police of the county or city in which treatment is rendered. If such medical aid or treatment is rendered in a hospital or similar institution, such physician or other person rendering such medical aid or treatment shall immediately notify the person in charge of such hospital or similar institution, who shall make such report forthwith.

Any physician or other person failing to comply with this section shall be guilty of a Class 3 misdemeanor. Any person participating in the making of a report pursuant to this section or participating in a judicial proceeding resulting therefrom shall be immune from any civil liability in connection therewith, unless it is proved that such person acted in bad faith or with malicious intent.

WASHINGTON

There are not any statutes that are related to the mandatory reporting of domestic violence and sexual assault incidents.

WEST VIRGINIA

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

W. VA. CODE § 61-2-27 (2010). Required reporting of gunshot and other wounds.

(a) Any medical provider who provides medical treatment to a person suffering from a wound caused by a gunshot or a knife or other sharp or pointed instrument, under circumstances which would lead a reasonable person to believe resulted from a violation of the criminal laws of this state, shall report the same to a law-enforcement agency located within the county within which such wound is treated. The report shall be made initially by telephone and shall be followed by a written report delivered to such agency within forty-eight hours following the initial report: Provided, That where two or more persons participate in the medical treatment of such wound, the obligation to report imposed by this section shall apply only to the attending physician or, if none, to the person primarily responsible for providing the medical treatment.

(b) Any medical provider person who in good faith reports a wound described in subsection (a) of this section shall be immune from any civil liability which may otherwise result solely from reporting the same.

WISCONSIN

Reporting of Domestic Violence and Sexual Assault Incidents

WIS. STAT. § 940.34 (2010). Duty to aid victim or report crime.

(1) (a) Whoever violates sub. (2) (a) is guilty of a Class C misdemeanor.

(b) Whoever violates sub. (2) (b) is guilty of a Class C misdemeanor and is subject to discipline under s. 440.26 (6) (c) Whoever violates sub. (2) (c) is guilty of a Class C misdemeanor.

(2) (a) Any person who knows that a crime is being committed and that a victim is exposed to bodily harm shall summon law enforcement officers or other assistance or shall provide assistance to the victim.

(b) Any person licensed as a private detective or granted a private security permit under s. 440.26 who has reasonable grounds to believe that a crime is being committed or has been committed shall notify promptly an appropriate law enforcement agency of the facts which form the basis for this belief.

(c)

1. In this paragraph, "unlicensed private security person" means a private security person, as defined in s. 440.26 (1m) (h), who is exempt from the permit and licensure requirements of s. 440.26

2. Any unlicensed private security person who has reasonable grounds to believe that a crime is being committed or has been committed shall notify promptly an appropriate law enforcement agency of the facts which form the basis for this belief.

(d) A person need not comply with this subsection if any of the following apply:

1. Compliance would place him or her in danger.
2. Compliance would interfere with duties the person owes to others.
3. In the circumstances described under par. (a), assistance is being summoned or provided by others.
4. In the circumstances described under par. (b) or (c), the crime or alleged crime has been reported to an appropriate law enforcement agency by others.

(2m) If a person is subject to sub. (2) (b) or (c), the person need not comply with sub. (2) (b) or (c) until after he or she has summoned or provided assistance to a victim.

(3) If a person renders emergency care for a victim, s. 895.48 (1) applies. Any person who provides other reasonable assistance under this section is immune from civil liability for his or her acts or omissions in providing the assistance. This immunity does not apply if the person receives or expects to receive compensation for providing the assistance.

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

WIS. STAT. § 255.40 (2010). Reporting of wounds and burn injuries.

(1) In this section:

(a) "Crime" has the meaning specified in s. 949.01 (1) (b) "Inpatient health care facility" has the meaning specified in s. 50.135 (1)

(2) (a) Any person licensed, certified or registered by the state under ch. 441, 448 or 455 who treats a patient suffering from any of the following shall report in accordance with par. (b):

1. A gunshot wound.
2. Any wound other than a gunshot wound if the person has reasonable cause to believe that the wound occurred as a result of a crime.
3. Second-degree or 3rd-degree burns to at least 5% of the patients body or, due to the inhalation of superheated air, swelling of the patients larynx or a burn to the patients upper respiratory tract, if the person has reasonable cause to believe that the burn occurred as a result of a crime.

(b) For any mandatory report under par. (a), the person shall report the patients name and the type of wound or burn injury involved as soon as reasonably possible to the local police department or county sheriffs office for the area where the treatment is rendered.

(c) Any such person who intentionally fails to report as required under this subsection may be required to forfeit not more than 500.

(3) Any person reporting in good faith under sub. (2), and any inpatient health care facility that employs the person who reports, are immune from all civil and criminal liability that may result because of the report. In any proceeding, the good faith of any person reporting under this section shall be presumed.

(4) The reporting requirement under sub. (2) does not apply under any of the following circumstances:

(a) The patient is accompanied by a law enforcement officer at the time treatment is rendered.

(b) The patients name and type of wound or burn injury have been previously reported under sub. (2) (c) The wound is a gunshot wound and appears to have occurred at least 30 days prior to the time of treatment.

WYOMING

There are not any statutes that are related to the mandatory reporting of domestic violence and sexual assault incidents.

U.S. TERRITORIES

AMERICAN SAMOA

There are not any statutes that specifically require the reporting of domestic violence or sexual assault.

GUAM

There are not any statutes that specifically require the reporting of domestic violence or sexual assault.

NORTHERN MARIANA ISLANDS

Reporting of Domestic Violence Incidents

2004 N. MAR. I. PUB. L. 14-9. Section 1502. Interfering with a domestic violence report.

(a) A person, other than the victim, commits the crime of interfering with a domestic violence report if the person knowingly interferes with another person who is reporting or attempting to report a crime involving domestic violence to a law enforcement agency, emergency medical personnel, or any other person who might reasonably be expected to render assistance to the victim.

(b) A person convicted under this section may be punished by imprisonment for a term not to exceed one year, by a fine not to exceed \$1,000, or both.

PUERTO RICO

There are not any statutes that specifically require the reporting of domestic violence or sexual assault.

VIRGIN ISLANDS

Related to the Reporting of Domestic Violence and Sexual Assault Incidents

V.I. CODE ANN. TIT. 23, § 478 (2010). Report of treatment of wounded persons

Any physician, physician aide, or nurse treating a case of bullet wound, powder burn or any other wound arising from or caused by the discharge of a gun, revolver, pistol, or other firearm, and whenever such cases are treated in a hospital, clinic, sanitarium or other similar institution, the manager, superintendent, or other person in charge shall report such case at once to the police authorities.