TO BE TYPED OR PRINTED - PRESS FIRMLY - DO NOT USE FELT PEN

CHILD ABUSE INVESTIGATION REPORT

To be Completed by Investigating Child Protective Agency
Pursuant to Penal Code Section 11169
(SHADED AREAS MUST BE COMPLETED)

RCN
AGY

FOR DOJ USE ONLY

A. INVESTIGATING AGENCY

1. INVESTIGATING AGENCY (Enter complete name and check type): ❒ POLICE ❒ WELFARE ❒ SHERIFF ❒ PROBATION
2. AGENCY REPORT NO./CASE NAME:
3. AGENCY ADDRESS: Street City Zip Code
4. AGENCY TELEPHONE: EXT: ( )
5. NAME OF INVESTIGATING PARTY: TITLE
6. DATE REPORT COMPLETED: MO DA YR
7. AGENCY CROSS-REPORTED TO:
8. PERSON CROSS-REPORTED TO:
9. DATE CROSS-REPORTED: MO DA YR
10. **ACTION TAKEN** (check only one box):
❒ (1) SUBSTANTIATED (Credible evidence of abuse)
❒ (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)
10A. **SUPPLEMENTAL INFORMATION** (Attach copy of original report)
❒ (a) INCONCLUSIVE ❒ (c) ADDITIONAL INFORMATION
❒ (b) UNFOUNDED (false report, accidental, improbable)
11. Active investigation conducted per PC 11169(a)? ❒ Yes ❒ No* Victim(s) contacted? ❒ Yes ❒ No* Suspect(s) contacted? ❒ Yes ❒ No* ❒ No Suspects
Witness(es) contacted? ❒ Yes ❒ No* ❒ No witnesses *Explain in comments field A.12.
12. COMMENTS:

B. INCIDENT INFORMATION

1. DATE OF INCIDENT: MO DA YR
2. TIME OF INCIDENT:
3. LOCATION OF INCIDENT:
4. NAME OF PARTY REPORTING INCIDENT: TITLE:
5. EMPLOY
6. TELEPHONE: ( )
7. TYPE OF ABUSE (check one or more): ❒ (1) PHYSICAL ❒ (2) MENTAL ❒ (3) SEXUA ❒ (4) SEVERE NEGLECT ❒ (5) GENERAL NEGLECT
8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE ❒ (1) FAMILY DAY CARE ❒ (2) CHILD CAR NTER ❒ (3) FOSTER FAMILY HOME ❒ (4) SMALL FAMILY HOME
❒ (5) GROUP HOME OR INSTITUTION-Enter name and address: _____

C. INVOLVED PARTIES

VICTIMS

1. NAME: Last First Middle AKA DOB MO DA YR APPROX. AGE: ❒ MALE ❒ FEMALE RACE *
ADDRESS: Street City Zip Code
DID VICTIM'S INJURIES RESULT IN DEATH? ❒ YES ❒ NO
NATURE OF INJURIES:
PRESENT LOCATION OF VICTIM: TEL UM R:
IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? ❒ YES ❒ NO

2. NAME: Last First Middle AKA DOB MO DA YR APPROX. AGE: ❒ MALE ❒ FEMALE RACE *
ADDRESS: Street City Zip Code
DID VICTIM'S INJURIES RESULT IN DEATH? ❒ YES ❒ NO
NATURE OF INJURIES:
PRESENT LOCATION OF VICTIM: TELEPHONE NUMBER:
IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? ❒ YES ❒ NO

SUSPECTS

1. NAME: Last First Middle AKA DOB MO DA YR APPROX. AGE: ❒ MALE ❒ FEMALE RACE *
ADDRESS: Street City Zip Code HGT WGT EYES HAIR SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:
RELATIONSHIP TO VICTIM: ❒ (1) PARENT/STEPPARENT ❒ (2) SIBLING ❒ (3) OTHER RELATIVE ❒ (4) FRIEND/ACQUAINTANCE ❒ (5) STRANGER
Suspect given written notice per PC 11169(b) ❒ Yes ❒ No Date notice given: MO DA YR If notice not given, explain in comments field A.12.

2. NAME: First Middle AKA DOB MO DA YR APPROX. AGE: ❒ MALE ❒ FEMALE RACE *
ADDRESS: Street City Zip Code HGT WGT EYES HAIR SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:
RELATIONSHIP TO VICTIM: ❒ (1) PARENT/STEPPARENT ❒ (2) SIBLING ❒ (3) OTHER RELATIVE ❒ (4) FRIEND/ACQUAINTANCE ❒ (5) STRANGER
Suspect given written notice per PC 11169(b) ❒ Yes ❒ No Date notice given: MO DA YR If notice not given, explain in comments field A.12.

OTHER

1. NAME: Last First Middle ❒ (1) PARENT/STEPPARENT ❒ (2) SIBLING DOB MO DA YR APPROX. AGE: ❒ MALE ❒ FEMALE RACE *
2. NAME: Last First Middle ❒ (1) PARENT/STEPPARENT ❒ (2) SIBLING DOB MO DA YR APPROX. AGE: ❒ MALE ❒ FEMALE RACE *

***RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown**

❒ **CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.**