

Staff - false statements by Correctional would not prosecute. That's why the DA.

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
 CDCR 837-C1 (Rev. 07/05)

PAGE 1 OF 2 INCIDENT LOG NUMBER
 SATF-006-12-03-0104

NAME: LAST

SANTOS

FIRST [REDACTED]

TYPE OF INFORMATION:
 CONTINUATION OF REPORT

CLARIFICATION OF REPORT

ADDITIONAL INFORMATION

NARRATIVE:

THE PROGRAM OFFICE WHERE WE COULD TALK. INMATE SAID HE WOULD NOT BE HAND CUFFED AND CONTINUED TO CAUSE A DISRUPTION OUTSIDE THE PROGRAM OFFICE. ULTIMATELY, INMATE COLLINS TURNED AROUND AND I PLACED HIM IN HAND CUFFS. ONCE INSIDE THE PROGRAM OFFICE, I WALKED INMATE COLLINS INTO THE HOLDING CELL ROOM, WHERE LT. R. ROBERSON ENTERED AND TRIED TO INTERCEDE. INMATE COLLINS REPLIED "FUCK YOU TOO, I'M NOT AFRAID OF YOU, I'M GOING TO EARN MY WAY TO THE HOLE TODAY". IN THAT INSTANT INMATE COLLINS TRIED TO BREAK MY HOLD PULLING AWAY FROM ME TO THE RIGHT. HOWEVER, I MANAGED TO MAINTAIN CONTROL, PULLED HIM TO THE LEFT OF ME AND PUSHED HIM INTO THE WALL IN FRONT OF HOLDING CELL #1. WHILE PUSHED INTO THE WALL, INMATE COLLINS WOULD NOT COMPLY WITH MY ORDERS TO STOP AND I FELT HIM RAISE HIS RIGHT LEG. I HEARD LT. R. ROBERSON YELL "HE'S KICKING". SUBSEQUENTLY, LT. R. ROBERSON AND I PULLED INMATE OFF THE WALL PUSHED COLLINS ON TO THE FLOOR. PRIOR TO INMATE COLLINS LANDING ON THE FLOOR, HE STRUCK HIS HEAD ON THE WALL IN FRONT OF HOLDING CELL #2. WITH INMATE COLLINS PRONED ON THE FLOOR KICKING, I UTILIZED MY INSTITUTIONAL RADIO TO SOUND THE ALARM AND REQUEST RESPONDING STAFF BRING LEG RESTRAINTS. LT. R. ROBERSON WAS KNEELING ON INMATE COLLINS LEGS AND I HEARD HIM MUSTERING UP PHLEM IN HIS THROAT AS TO SPIT. I IMMEDIATELY SENT OUT A SECOND RADIO CALL REQUESTING A SPIT MASK. ALMOST SIMULTANEOUSLY, I HEARD OFFICER T. ORTIZ ARRIVE AND HE HANDED ME THE NEEDED SPIT MASK. I PLACED THE MASK ON INMATE COLLINS AND SERGEANT J. LEAHY PLACED INMATE COLLINS IN LEG RESTRAINTS. I ASSISTED INMATE COLLINS TO HIS FEET AND PROCEEDED TO ESCORT HIM TO THE CLINIC HOLDING CELL FOR A MEDICAL EVALUATION. AS WE WERE LEAVING THE PROGRAM OFFICE, INMATE COLLINS STILL YELLING OBSCENITIES, TURNED BACK, LOOKED AT LT. R. ROBERSON AND SAID "I HOPE IT HURT MOTHERFUCKER". I SEARCHED HOLDING CELL #3, CLEARED IT FOR OCCUPANCY, PLACED A LOCK INSIDE AND LOCKED IT. INMATE COLLINS' VIOLENT OUTBURSTS PRECLUDED ME FROM REMOVING THE RESTRAINTS AND CONDUCTING AN UNUSUAL BODY SEARCH. AS I WAS LEAVING THE CLINIC, INMATE COLLINS YELLED, "IF I HAD A WEAPON I WOULD HAVE STABBED YOU!"

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

| | | | |
|---|-----------------------------|---|---|
| SIGNATURE OF REPORTING STAFF <u>[REDACTED]</u> | TITLE <u>C/O</u> | BADGE # <u>[REDACTED]</u> | DATE <u>3/15/12</u> |
| | DATE RECEIVED <u>1/1</u> | APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| | | | DATE <u>3/15/12</u> |

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C - STAFF REPORT
CDCR 837-C (REV. 07/05)

Page 1 of 2

INC IT LOG NUMBER
 SATF-0005-12-03-0104

DATE OF INCIDENT
 3/15/12

TIME OF INCIDENT
 1219 hrs.

NAME: LAST
 Lane

FIRST
 [REDACTED]

MI
 A.

LOCATION OF INCIDENT
 Facility E Program

POST #
 283503

POSITION
 S&I #4

YEARS OF SERVICE
 22 YR 4 MO.

DATE OF REPORT
 3/15/12

CCR SECTION / RULE N/A
 3005 (d) (1)

RDO's
 S/S

DUTY HOURS
 Varied

DESCRIPTION OF CRIME / INCIDENT/
 Battery on a Peace Officer

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESSES)
 (S) Collins, E81393

- YOUR ROLE
- PRIMARY
 - RESPONDER
 - WITNESS
 - VICTIM
 - CAMERA

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

(S) R. Roberson
 (S) S. Flippen

- FORCE USED BY YOU
- WEAPON
 - PHYSICAL
 - CHEMICAL
 - NONE

WEAPONS AND SHOTS FIRED BY YOU

| NO: | TYPE: |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> MINI 14 | <input type="checkbox"/> 37m |
| <input type="checkbox"/> 9 MM | <input type="checkbox"/> 40 MM |
| <input type="checkbox"/> .38 CAL | <input type="checkbox"/> L8 |
| <input type="checkbox"/> SHOTGUN | <input type="checkbox"/> 40 MULTI |
| <input type="checkbox"/> N/A | <input type="checkbox"/> HFWS |
| | <input type="checkbox"/> BATON |

CHEMICAL AGENTS USED BY YOU

TYPE:

- OC
- CN
- CS
- OTHER:
- N/A

- FORCE OBSERVED BY YOU
- WEAPON
 - PHYSICAL
 - CHEMICAL
 - NONE

EVIDENCE DESCRIPTION

N/A
 CD-R Disk

EVIDENCE DISPOSITION

N/A
 ISU Sub-Evidence Locker # 21

BIO HAZARD

Yes
 No

PPE

Yes
 No

- EVIDENCE COLLECTED BY YOU
- Yes
 No
- REPORTING STAFF INJURED
- Yes
 No

DESCRIPTION OF INJURY

N/A

LOCATION TREATED (HOSPITAL / CLINIC)

N/A

FLUID EXPOSURE

BODILY
 UNKNOWN
 OTHER

N/A

SCIF 3301/3067 COMPLETED

Yes
 No

NARRATIVE:

On Thursday, March 15, 2012, the Investigative Services Unit (ISU) at the California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF/SP), reported to E Facility Program Office after a Battery on a Peace Officer incident occurred at approximately 1219 hours.

- I located Lieutenant R. Roberson in his office and he stated Inmate Collins, E81393, became resistive and kicked his knee. Utilizing a Kodak digital camera I obtained the following photographs:
- P1: View of Lieutenant R. Roberson, with lead card.
 - P2: View of Lt. Roberson, without lead card.
 - P3: View of Knee, with indicator.
- I located Collins in the medical clinic holding cell. I observed Collins in handcuffs and a spit mask. For my safety Collins remained in the holding cell. I obtained the following photographs:

CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF
 C. LANE

TITLE
 Correctional Officer

BADGE #
 [REDACTED]

DATE
 [REDACTED]

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)
 D. [REDACTED]

DATE RECEIVED
 3/15/12

APPROVED
 YES NO

CLARIFICATION NEEDED
 YES NO

DATE
 3/15/12

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C1-REVIEW NOTICE
CDCR 837-C1 (Rev. 07/05)

| | |
|---------------------------|---|
| Page <u>2</u> of <u>2</u> | INCIDENT LOG NUMBER SATF-0005-12-03-0104 |
| FIRST [REDACTED] | MI A. |

NAME: LAST
Lane

TYPE OF INFORMATION

CONTINUATION OF REPORT

CLARIFICATION OF REPORT

ADDITIONAL INFORMATION

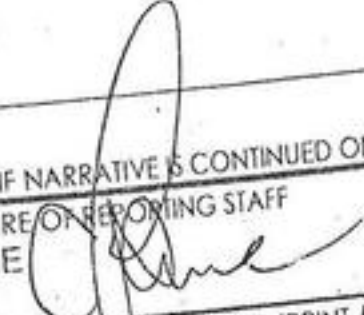
NARRATIVE

- P4: View of Inmate Collins, E81393, with lead card.
- P5: View of Collins, with lead card.

I returned to the ISU Headquarters and transferred the photographs to a CD-R Disk. I labeled the disk with the incident log number (SATF-0005-12-03-0104), the date (3/15/12) and my initials (CAL). I maintained sole possession of the disk and submitted it into ISU Sub-Evidence room locker #21.

Typed and prepared solely by the author of this report.

This concludes my report.

| | | | | |
|---|--------------------------|---|---|-----------------|
| <input type="checkbox"/> CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1 | TITLE ISU Officer | BADGE # [REDACTED] | ID# [REDACTED] | DATE 3/15/12 |
| SIGNATURE OF REPORTING STAFF C. LANE  | DATE RECEIVED 3/15/12 | APPROVED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | CLARIFICATION NEEDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DATE 3/15/12 |
| TITLE OF REVIEWER (PRINT / SIGNATURE) [REDACTED] | [REDACTED] | | | |

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C - STAFF REPORT
 CDCR 837-C (Rev. 07/05)

Page 1 of 1

INCIDENT LOG NUMBER
 SATF-0005-12-03-0104

NAME: LAST
PALLARES

POST #
 250257

POSITION
 E1 Ad/Seg Lt.

YEARS OF SERVICE
 11 YR. 1 MO.

DATE OF REPORT
 03/21/12

DATE OF INCIDENT
 03/15/2012

TIME OF INCIDENT
 1219

LOCATION OF INCIDENT
 FACILITY E

CCR SECTION / RULE N/A
 3005(d)(1)

RDO's
 S/S

DUTY HOURS
 0630-1430

DESCRIPTION OF CRIME / INCIDENT
BATTERY ON A PEACE OFFICER

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESSES)
 (S) I/M COLLINS (E81393)

YOUR ROLE

- PRIMARY
- RESPONDER
- WITNESS
- VICTIM
- CAMERA

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)
 (S) C/O R. Johnson

FORCE USED BY YOU

- WEAPON
- PHYSICAL
- CHEMICAL
- NONE

WEAPONS AND SHOTS FIRED BY YOU

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> MINI 14 | <input type="checkbox"/> 37m |
| <input type="checkbox"/> 9 MM | <input type="checkbox"/> 40 MM |
| <input type="checkbox"/> .38 CAL | <input type="checkbox"/> L8 |
| <input type="checkbox"/> SHOTGUN | <input type="checkbox"/> 40 MULTI |
| | <input type="checkbox"/> HFWRs |
| | <input type="checkbox"/> BATON |

CHEMICAL AGENTS USED BY YOU

- OC
- CN
- CS
- OTHER:
- N/A

FORCE OBSERVED BY YOU

- WEAPON
- PHYSICAL
- CHEMICAL
- NONE

EVIDENCE DESCRIPTION

N/A

EVIDENCE DISPOSITION

N/A

BIO HAZARD

- Yes
- No

PPE

- Yes
- No

EVIDENCE COLLECTED BY YOU

- Yes
- No

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

N/A

FLUID EXPOSURE

- BODILY
- UNKNOWN
- OTHER
- N/A

SCIF 3301/3067 COMPLETED

- Yes
- No

REPORTING STAFF INJURED

- Yes
- No

N/A

NARRATIVE:

On Wednesday, March 21, 2012, at approximately 1050 hours, while assigned as the E1 Administrative Segregation (Ad/Seg) Lieutenant, I attempted to conduct a videotaped interview with inmate Collins E-81393, FEB1-223L, in regards to his staff allegations. I assigned Correctional Officer R. Johnson as the camera operator. I proceeded to cell 223 with Officer Johnson while he was recording, as inmate Collins refused to cooperate with the interview to exit his cell and to be interviewed, by not responding to my questions. I deemed the his refusal to respond to my questions as a refusal to cooperate. I instructed Officer Johnson to maintained sole possession of the JVC video camcorder and submitted it into ISU Sub-Evidence Locker.

This report was typed and prepared solely by the author of this report.

CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE
 LIEUTENANT

BADGE #

DATE
 03/21/2012

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED
 3/21/12

APPROVED
 YES NO

CLARIFICATION NEEDED
 YES NO

DATE
 3/21/12

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C - STAFF REPORT
 CDCR 837-C (Rev. 07/05)

Page 1 of 1
 INCIDENT LOG NUMBER
 SATF-0005-12-03-0104

NAME: LAST JOHNSON
 POST # 253283
 RDO's TH/F
 DUTY HOURS 0630-1430
 POSITION E1 Ad/Seg S&E #2
 YEARS OF SERVICE 5 YR. 8 MO.
 DATE OF REPORT 03/21/12
 DATE OF INCIDENT 03/15/2012
 TIME OF INCIDENT 1219
 LOCATION OF INCIDENT FACILITY E
 CCR SECTION / RULE 3005(d)(1) N/A

DESCRIPTION OF CRIME / INCIDENT
BATTERY ON A PEACE OFFICER
 WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) (S) I/M COLLINS (E81393)
 YOUR ROLE
 PRIMARY
 RESPONDER
 WITNESS
 VICTIM
 CAMERA

FORCE USED BY YOU
 WEAPON
 PHYSICAL
 CHEMICAL
 NONE
 WEAPONS AND SHOTS FIRED BY YOU
 NO: TYPE:
 MINI 14 37m
 9 MM 40 MM
 .38 CAL L8
 SHOTGUN 40 MULTI
 HFWRs
 BATON
 CHEMICAL AGENTS USED BY YOU
 OC
 CN
 CS
 OTHER:
 N/A

FORCE OBSERVED BY YOU
 WEAPON
 PHYSICAL
 CHEMICAL
 NONE
 EVIDENCE DISPOSITION
 N/A
 ISU SUB-EVIDENCE LOCKER #2
 BIO HAZARD Yes No
 PPE Yes No

EVIDENCE COLLECTED BY YOU
 Yes
 No
 REPORTING STAFF INJURED
 Yes
 No
 DESCRIPTION OF INJURY
 N/A
 LOCATION TREATED (HOSPITAL / CLINIC)
 N/A
 FLUID EXPOSURE
 BODILY N/A
 UNKNOWN
 OTHER
 SCIF 3301/3067 COMPLETED
 Yes
 No

NARRATIVE:
 On Wednesday, March 21, 2012, at approximately 1050 hours, while assigned as the E1 Administrative Segregation (Ad/Seg) Search and Escort Officer #2, I was assigned as a video operator by Lt. M. Pallares in E1. The interview was to be on inmate Collins E-81393, FEB1-223L, in regards to his staff allegations. I proceeded with Lt. Pallares to cell 223, as inmate Collins refused to cooperate with the interview to exit his cell and to be interviewed, by not responding to Lt. Pallares's questions. I video tapped the refusal and stopped recording with Lt. Pallares's instructions. I maintained sole possession of the JVC video camcorder and submitted it into ISU Sub-Evidence Locker #2.
 This report was typed and prepared solely by the author of this report.

CHECK IF NARRATIVE IS CONTINUED ON PART C1
 SIGNATURE OF REPORTING STAFF [Signature]
 TITLE OFFICER
 NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) [Signature]
 DATE RECEIVED 3/21/12
 BADGE # [Redacted]
 APPROVED YES NO
 CLARIFICATION NEEDED YES NO
 DATE 03/21/2012
 DATE 3/21/12

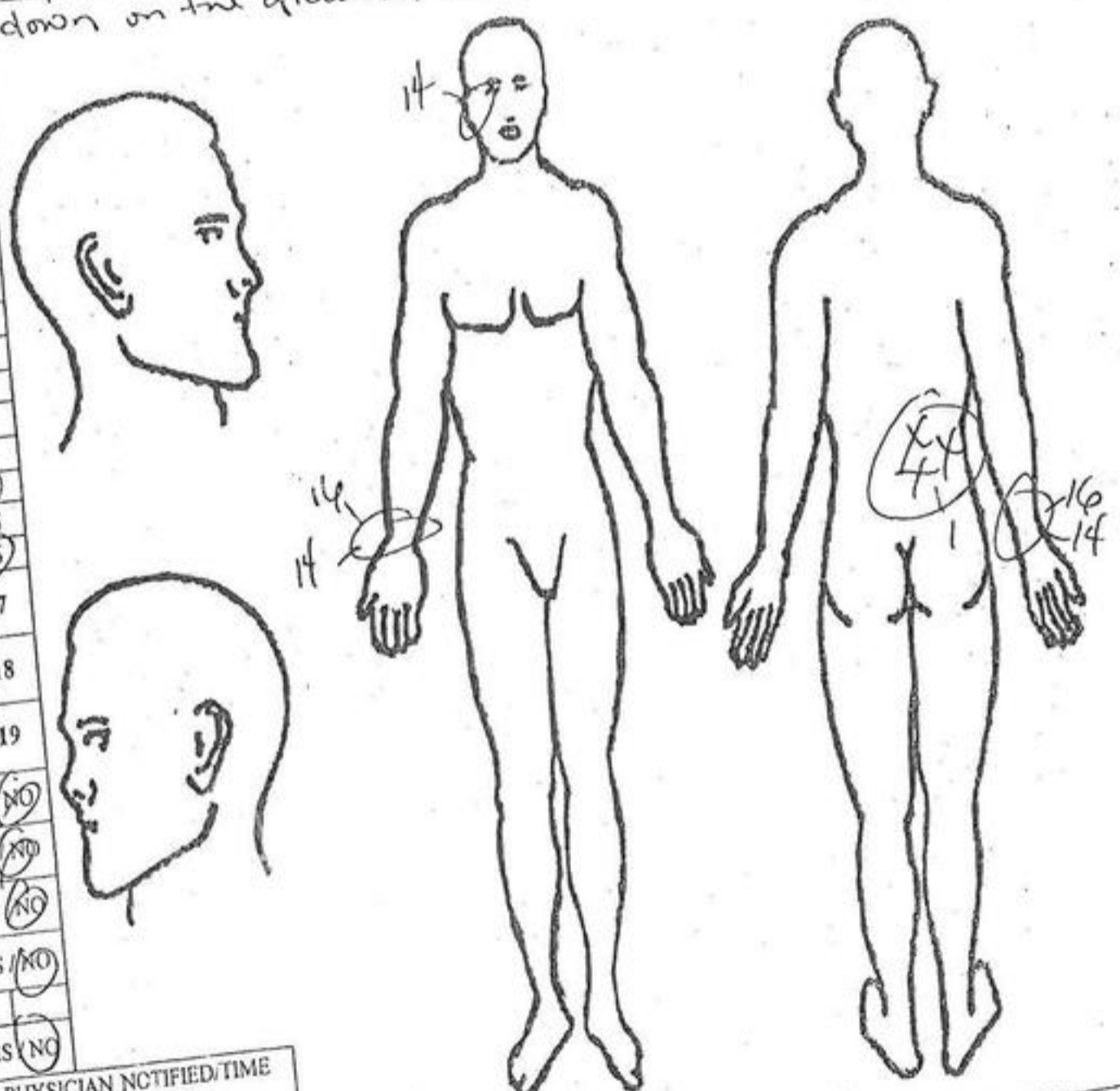
STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**

| | | | | |
|--------------------------------------|------------------------------------|---|---|-------------------------------|
| NAME OF INSTITUTION CSATIF | FACILITY/UNIT ECHO | REASON FOR REPORT (circle) UNUSUAL OCCURRENCE | ON-THE-JOB INJURY PRE-AD/SEG ADMISSION | DATE 3/15/12 |
| THIS SECTION FOR INMATE ONLY | NAME LAST Collins, James | USE OF FORCE | CDC NUMBER E81393 | HOUSING LOC. E5/204 |
| THIS SECTION FOR STAFF ONLY | NAME LAST | FIRST | BADGE# | RANK/CLASS |
| THIS SECTION FOR VISITOR ONLY | NAME LAST | FIRST | MIDDLE | ASSIGNMENT/RDO: |
| | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | HOME PHONE |

| | | | | | | | | | |
|---|---|-------------------------------|---|--------|------------|---------|------------------|------------------|-----------------|
| PLACE OF OCCURRENCE E-program | DATE/TIME OF OCCURRENCE 3/15/12 1130. | NAME OF WITNESS(ES) | MODE OF ARRIVAL (circle) AMBULATORY | LITTER | WHEELCHAIR | ON SITE | AGE 50 | RACE W | SEX M |
| TIME NOTIFIED 1250 | TIME SEEN 1305 | ESCORTED BY Custody | | | | | | | |

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE
 I went down to talk to the Sgt. They said I tried to resist but I didn't. They gave me attitude so I gave it back. They assaulted me. Soaked me in the face, slammed me ^{on the ground}. I tried to kick them. ~~They were lucky I didn't have anything on me.~~ And when I was down on the ground, they elbowed me.

| INJURIES FOUND? | YES/NO |
|------------------------|-------------------------------------|
| Abrasion/Scratch | <input checked="" type="checkbox"/> |
| Active Bleeding | <input type="checkbox"/> |
| Broken Bone | <input type="checkbox"/> |
| Bruise/Discolored Area | <input type="checkbox"/> |
| Burn | <input type="checkbox"/> |
| Dislocation | <input type="checkbox"/> |
| Dried Blood | <input type="checkbox"/> |
| Fresh Tattoo | <input type="checkbox"/> |
| Cut/Laceration/Slash | <input type="checkbox"/> |
| O.C. Spray Area | <input type="checkbox"/> |
| Pain | <input type="checkbox"/> |
| Protrusion | <input type="checkbox"/> |
| Puncture | <input type="checkbox"/> |
| Reddened Area | <input checked="" type="checkbox"/> |
| Skin Flap | <input checked="" type="checkbox"/> |
| Swollen Area | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |



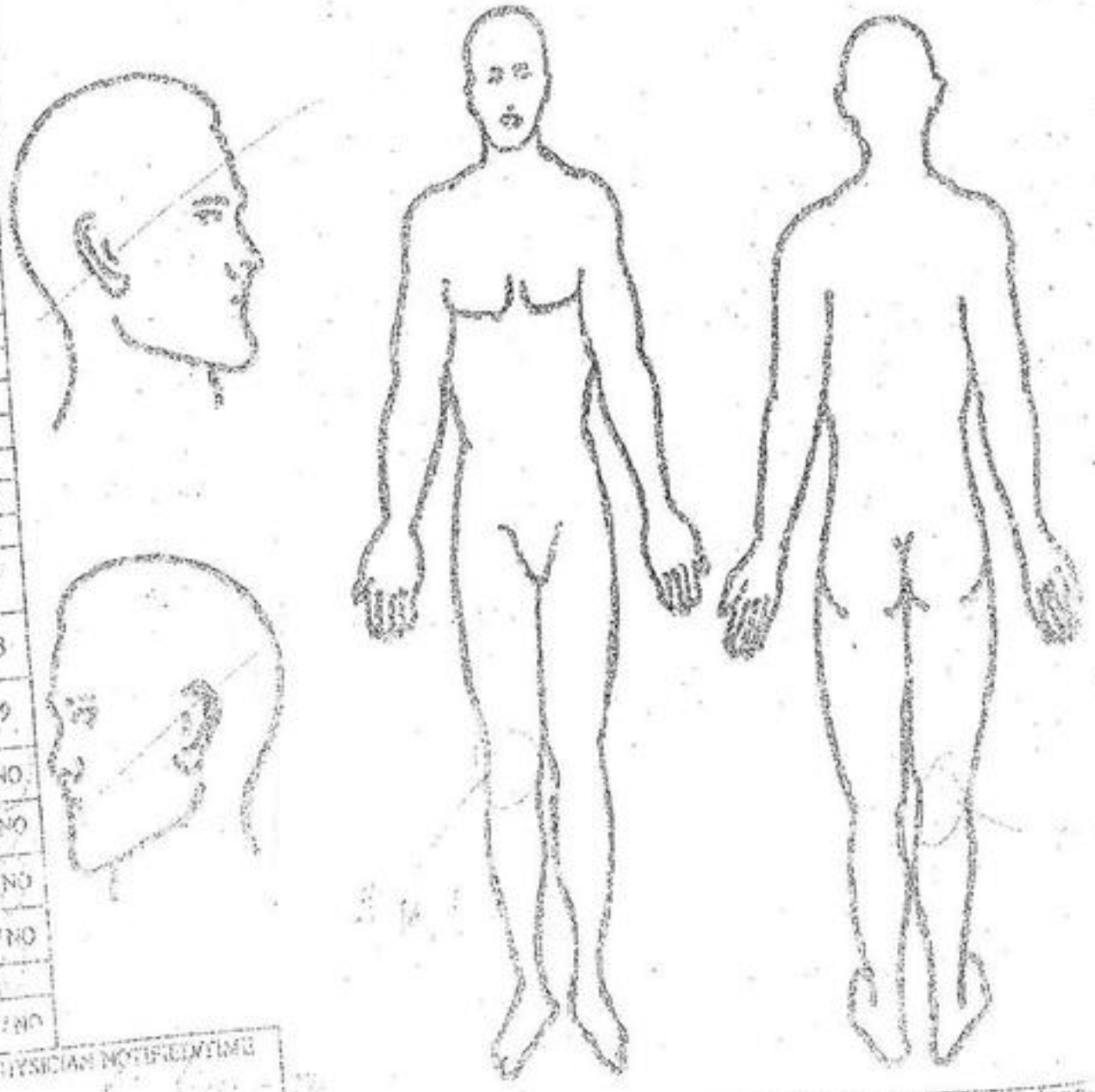
| | | |
|--|--------------------------|--|
| O.C. SPRAY EXPOSURE? | YES | <input checked="" type="checkbox"/> NO |
| DECONTAMINATED? | YES | <input checked="" type="checkbox"/> NO |
| Self-decontamination instructions given? | YES | <input checked="" type="checkbox"/> NO |
| Refused decontamination? | YES | <input checked="" type="checkbox"/> NO |
| Q 15 min. checks | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff issued exposure packet? | YES | <input checked="" type="checkbox"/> NO |

| | | | | |
|-----------------------------------|-------------------------|---|---------|-----------------------|
| RN NOTIFIED/TIME 8 | PHYSICIAN NOTIFIED/TIME | REPORT COMPLETED BY/TITLE (PRINT AND SIGN) Villarreal | BADGE # | RDOs S/S/16 |
| TIME/DISPOSITION Travel | | | | |

STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**

| | | | | | | | | | | | |
|--|--|-------------------------------|--|--|--|--|--|---|--|-------------------------------|--|
| NAME OF INSTITUTION <i>15711</i> | | FACILITY/UNIT <i>15711</i> | | REASON FOR REPORT (circle) USE OF FORCE | | INJURY UNUSUAL OCCURRENCE | | ON THE JOB INJURY PRE AD/SEF/ADMISSION | | DATE <i>5/15/12</i> | |
| THIS SECTION FOR INMATE ONLY | | NAME LAST <i>...</i> | | FIRST <i>...</i> | | CDC NUMBER <i>...</i> | | HOUSING LOC. <i>...</i> | | NEW HOUSING LOC. | |
| THIS SECTION FOR STAFF ONLY | | NAME LAST <i>...</i> | | FIRST <i>...</i> | | BADGE # <i>...</i> | | RANK/CLASS <i>...</i> | | ASSIGNMENT/ROOM <i>...</i> | |
| THIS SECTION FOR VISITOR ONLY | | NAME LAST <i>...</i> | | FIRST <i>...</i> | | MIDDLE <i>...</i> | | DOB <i>...</i> | | OCCUPATION <i>...</i> | |
| HOME ADDRESS <i>...</i> | | CITY <i>...</i> | | STATE <i>...</i> | | ZIP <i>...</i> | | HOME PHONE <i>...</i> | | | |
| PLACE OF OCCURRENCE <i>...</i> | | | DATE/TIME OF OCCURRENCE <i>5/15/12 10:45 AM</i> | | | NAME OF WITNESS(ES) <i>...</i> | | | | | |
| TIME NOTIFIED <i>11:00 AM</i> | | TIME SEEN <i>...</i> | | ESCORTED BY <i>...</i> | | MODE OF ARRIVAL (circle) AMBULATORY | | LITTER ON SITE | | WHEELCHAIR | |
| | | | | | | | | AGE <i>...</i> | | RACE <i>...</i> | |
| | | | | | | | | SEX <i>...</i> | | | |
| BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE <i>I WAS KICKED IN THE...</i> | | | | | | | | | | | |

| INJURIES FOUND? | YES/NO |
|--|--------|
| Abrasion/Scratch | 1 |
| Active Bleeding | 2 |
| Broken Bone | 3 |
| Bruise/Discolored Area | 4 |
| Burn | 5 |
| Dislocation | 6 |
| Dried Blood | 7 |
| Fresh Tattoo | 8 |
| Cut/Laceration/Slash | 9 |
| O.C. Spray Area | 10 |
| Pain | 11 |
| Protrusion | 12 |
| Puncture | 13 |
| Reddened Area | 14 |
| Skin Flap | 15 |
| Swollen Area | 16 |
| Other | 17 |
| | 18 |
| | 19 |
| O.C. SPRAY EXPOSURE? | YES/NO |
| DECONTAMINATED? | YES/NO |
| Self-decontamination instructions given? | YES/NO |
| Refused decontamination? | YES/NO |
| Q 15 min. checks | |
| Staff issued exposure packet? | YES/NO |



| | | | | |
|--------------------------------|---------------------------------------|--|-----------------------|--------------------|
| RN NOTIFIED/TIME <i>...</i> | PHYSICIAN NOTIFIED/TIME <i>...</i> | REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <i>...</i> | BADGE # <i>...</i> | ROOM <i>...</i> |
| TIME/DISPOSITION <i>...</i> | | | | |