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Victim Rights Law Center

# **Mandatory Reporting of Non-Accidental Injuries**

**A State-by-State Guide**

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# **Mandatory Reporting of Non-Accidental Injuries**

## **A State-by-State Guide**

**(Updated May 2014)**



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## Mandatory Reporting Requirements for Health Care Practitioners

Every U.S. state and territory has a law mandating certain (or sometimes all) individuals to report child abuse. Nearly every jurisdiction also requires reporting, under certain circumstances, the abuse of elders and/or vulnerable adults.<sup>1</sup> In addition, all but five jurisdictions have laws mandating that health care providers report knowledge and/or treatment of certain injuries regardless of the age of the victim.<sup>2</sup> A few jurisdictions require health care providers to obtain consent from adult victims before reporting injuries caused by domestic violence and/or sexual assault, but most do not.

On the following pages, each U.S. state and territory is listed along with the full text of any applicable statutes requiring health care providers to report injuries and burns.<sup>3</sup> Also included are any statutory exceptions made for victims of domestic violence and/or sexual assault. Wherever possible, links to the relevant statutes have been included at the beginning of the entry. For ease of navigation, each jurisdiction listed below is a clickable link that will take you that particular jurisdiction's statutes within this document. To view a basic chart outlining the requirements of all jurisdictions, click "Appendix" below. The foot of each page contains clickable links that will bring you back to this index or forward to the Appendix. **\*NOTE: THIS DOCUMENT WAS LAST UPDATED IN MAY, 2014.\***

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<sup>1</sup> The exceptions are New Jersey, New York, North Dakota, South Dakota, Guam, and American Samoa.

<sup>2</sup> Alabama, New Mexico, Wyoming, Guam, and American Samoa have no such statutes.

<sup>3</sup> Note that some states require reporting burns only when the burn victim is suspected of committing arson; those statutes are not included below.

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## Alabama

No mandatory reporting statute for non-accidental injuries.

## Alaska

[AS 08.64.369](#) Updated 2013

### **Sec. 08.64.369. Health care professionals to report certain injuries. Article 04. GENERAL PROVISIONS**

- (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.

## American Samoa

No mandatory reporting statute for non-accidental injuries.

## Arizona

[A.R.S. 13-3806](#), Updated 2013

### **13-3806. 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

[ACA 12-12-602](#), Updated 2013; [ACA 12-12-402](#)

### **12-12-602. Report of treatment required.**

- (a) All physicians, surgeons, hospitals, druggists, or other persons or entities that render first aid treatment to a person shall report as provided in subsection (b) of this section if they treat or receive in the hospital a case of a:
- (1) Knife or gunshot wound when the knife or gunshot wound appears to have been intentionally inflicted; or
  - (2) Burn wound that could reasonably be connected to criminal activity that is:
    - (A) A second or third degree burn to five percent (5%) or more of a person's body; or
    - (B) A burn to a person's upper respiratory tract or laryngeal edema due to the inhalation of super-heated air.
- (b) The reporting requirements of this subchapter are satisfied if:
- (1) The report is made to the county sheriff;
  - (2) Within a city of the first class, the report is made to the municipal law enforcement agency; or
  - (3) The report is made under subdivision (a)(2) of this section to the local fire marshal, fire chief, assistant fire chief, or an officer of the fire department having jurisdiction.
- (c) A physician, surgeon, hospital, druggist, or other person or entity required to report under this section that, in good faith, makes a report under this section has immunity from any civil or criminal liability that might otherwise be incurred or imposed with respect to the making of a report under this section.

### **12-12-402. 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.

## California

[11160–11163.6](#), Updated 2011; [13823.11 \(Sexual Assault Specific\)](#), Updated 2004

### ARTICLE 2. Reports of Injuries [11160 - 11163.6]

#### 11160.

- (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 Office of Emergency Services, 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.

**11161.**

- (a) Notwithstanding Section 11160, the following shall apply to every physician or surgeon who has under his or her charge or care any person described in subdivision (a) of Section 11160:
- (1) The physician or surgeon shall make a report in accordance with subdivision (b) of Section 11160 to a local law enforcement agency.
  - (2) It is recommended that any medical records of a person about whom the physician or surgeon is required to report pursuant to subdivision (a) include the following:
    - (A) Any comments by the injured person regarding past domestic violence, as defined in Section 13700, or regarding the name of any person suspected of inflicting the wound, other physical injury, or assaultive or abusive conduct upon the person.
    - (B) A map of the injured person's body showing and identifying injuries and bruises at the time of the health care.



- (C) A copy of the law enforcement reporting form.
- (b) It is recommended that the physician or surgeon refer the person to local domestic violence services if the person is suffering or suspected of suffering from domestic violence, as defined in Section 13700.

**11161.8.**

- (a) Every person, firm, or corporation conducting any hospital in the state, or the managing agent thereof, or the person managing or in charge of such hospital, or in charge of any ward or part of such hospital, who receives a patient transferred from a health facility, as defined in Section 1250 of the Health and Safety Code or from a community care facility, as defined in Section 1502 of the Health and Safety Code, who exhibits a physical injury or condition which, in the opinion of the admitting physician, reasonably appears to be the result of neglect or abuse, shall report such fact by telephone and in writing, within 36 hours, to both the local police authority having jurisdiction and the county health department.
- (b) Any registered nurse, licensed vocational nurse, or licensed clinical social worker employed at such hospital may also make a report under this section, if, in the opinion of such person, a patient exhibits a physical injury or condition which reasonably appears to be the result of neglect or abuse.
- (c) Every physician and surgeon who has under his charge or care any such patient who exhibits a physical injury or condition which reasonably appears to be the result of neglect or abuse shall make such report.
- (d) The report shall state the character and extent of the physical injury or condition.
- (e) No employee shall be discharged, suspended, disciplined, or harassed for making a report pursuant to this section.
- (f) No person shall incur any civil or criminal liability as a result of making any report authorized by this section.

**13823.11.** The minimum standards for the examination and treatment of victims of sexual assault or attempted sexual assault, including child molestation and the collection and preservation of evidence therefrom include all of the following:

- (a) Law enforcement authorities shall be notified.
- (b) In conducting the physical examination, the outline indicated in the form adopted pursuant to subdivision (c) of Section 13823.5 shall be followed.
- (c) Consent for a physical examination, treatment, and collection of evidence shall be obtained.
  - (1) Consent to an examination for evidence of sexual assault shall be obtained prior to the examination of a victim of sexual assault and shall include separate written documentation of consent to each of the following:
    - (A) Examination for the presence of injuries sustained as a result of the assault.
    - (B) Examination for evidence of sexual assault and collection of physical evidence.
    - (C) Photographs of injuries.
  - (2) Consent to treatment shall be obtained in accordance with usual hospital policy.

- (3) A victim of sexual assault shall be informed that he or she may refuse to consent to an examination for evidence of sexual assault, including the collection of physical evidence, but that a refusal is not a ground for denial of treatment of injuries and for possible pregnancy and sexually transmitted diseases, if the person wishes to obtain treatment and consents thereto.
  - (4) Pursuant to Chapter 3 (commencing with Section 6920) of Part 4 of Division 11 of the Family Code, a minor may consent to hospital, medical, and surgical care related to a sexual assault without the consent of a parent or guardian.
  - (5) In cases of known or suspected child abuse, the consent of the parents or legal guardian is not required. In the case of suspected child abuse and nonconsenting parents, the consent of the local agency providing child protective services or the local law enforcement agency shall be obtained. Local procedures regarding obtaining consent for the examination and treatment of, and the collection of evidence from, children from child protective authorities shall be followed.
- (d) A history of sexual assault shall be taken.
- The history obtained in conjunction with the examination for evidence of sexual assault shall follow the outline of the form established pursuant to subdivision (c) of Section 13823.5 and shall include all of the following:
- (1) A history of the circumstances of the assault.
  - (2) For a child, any previous history of child sexual abuse and an explanation of injuries, if different from that given by parent or person accompanying the child.
  - (3) Physical injuries reported.
  - (4) Sexual acts reported, whether or not ejaculation is suspected, and whether or not a condom or lubricant was used.
  - (5) Record of relevant medical history.
- (e)
- (1) If indicated by the history of contact, a female victim of sexual assault shall be provided with the option of postcoital contraception by a physician or other health care provider.
  - (2) Postcoital contraception shall be dispensed by a physician or other health care provider upon the request of the victim.
- (f) Each adult and minor victim of sexual assault who consents to a medical examination for collection of evidentiary material shall have a physical examination which includes, but is not limited to, all of the following:
- (1) Inspection of the clothing, body, and external genitalia for injuries and foreign materials.
  - (2) Examination of the mouth, vagina, cervix, penis, anus, and rectum, as indicated.
  - (3) Documentation of injuries and evidence collected.
- Prepubertal children shall not have internal vaginal or anal examinations unless absolutely necessary. This does not preclude careful collection of evidence using a swab.
- (g) The collection of physical evidence shall conform to the following procedures:

- (1) Each victim of sexual assault who consents to an examination for collection of evidence shall have the following items of evidence collected, except where he or she specifically objects:
    - (A) Clothing worn during the assault.
    - (B) Foreign materials revealed by an examination of the clothing, body, external genitalia, and pubic hair combings.
    - (C) Swabs and slides from the mouth, vagina, rectum, and penis, as indicated, to determine the presence or absence of sperm and sperm motility, and for genetic marker typing.
    - (D) If indicated by the history of contact, the victim's urine and blood sample, for toxicology purposes, to determine if drugs or alcohol were used in connection with the assault. Toxicology results obtained pursuant to this paragraph shall not be admissible in any criminal or civil action or proceeding against any victim who consents to the collection of physical evidence pursuant to this paragraph. Except for purposes of prosecuting or defending the crime or crimes necessitating the examination specified by this section, any toxicology results obtained pursuant to this paragraph shall be kept confidential, may not be further disclosed, and shall not be required to be disclosed by the victim for any purpose not specified in this paragraph. The victim shall specifically be informed of the immunity and confidentiality safeguards provided herein.
  - (2) Each victim of sexual assault who consents to an examination for the collection of evidence shall have reference specimens taken, except when he or she specifically objects thereto. A reference specimen is a standard from which to obtain baseline information (for example: pubic and head hair, blood, and saliva for genetic marker typing). These specimens shall be taken in accordance with the standards of the local criminalistics laboratory.
  - (3) A baseline gonorrhea culture, and syphilis serology, shall be taken, if indicated by the history of contact. Specimens for a pregnancy test shall be taken, if indicated by the history of contact.
  - (4)
    - (A) If indicated by the history of contact, a female victim of sexual assault shall be provided with the option of postcoital contraception by a physician or other health care provider.
    - (B) Postcoital contraception shall be dispensed by a physician or other health care provider upon the request of the victim.
- (h) Preservation and disposition of physical evidence shall conform to the following procedures:
- (1) All swabs and slides shall be air-dried prior to packaging.
  - (2) All items of evidence including laboratory specimens shall be clearly labeled as to the identity of the source and the identity of the person collecting them.
  - (3) The evidence shall have a form attached which documents its chain of custody and shall be properly sealed.
  - (4) The evidence shall be turned over to the proper law enforcement agency.

## Colorado

[C.R.S. 12-36-135](#), Updated 2013

- (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.

### ANNOTATION

The plain, clarifying language of subsection (3) states that in cases where a physician has a duty to report an injury to the police, the physician-patient privilege is abrogated only with regard to testimony about the information received from the physician's observations of the patient, not regarding any statements the patient may have made to the physician. *People v. Covington*, 19 P.3d 15 (Colo. 2001).

Physician duty to report abrogates the physician-patient privilege established in § 13-90-107, and 1995 amendments to subsection (1) merely clarified that inherent within the reporting statute was an abrogation of the physician-patient privilege as it relates to the bare medical information the physician observed during the examination; otherwise, duty to report would have been rendered meaningless. *People v. Covington*, 19 P.3d 15 (Colo. 2001).

## Connecticut

[Conn Gen. Stat. 19a-490f](#), Updated 2013

### **Sec. 19a-490f. 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

[25 Del. C. 1762](#), Updated 2014

### **§ 1762 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

[DC Code §7-2601](#); [DC Code §7-2602](#); [DC Code §7-2603](#), Updated 2014

### **§ 7-2601. Reports by physicians and institutions required**

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.

#### **§ 7-2602. Nature and contents of reports**

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.

#### **§ 7-2603. Immunity from liability**

Any person, hospital, or institution participating in good faith in the making of a report pursuant to this chapter shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report.

## **Florida**

[Fla. Stat. 790-24](#), Updated 2013

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

## **Georgia**

[OCGA 31-7-9](#), Updated 2013

#### **§ 31-7-9. 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.

## Guam

No mandatory reporting statute for non-accidental injuries.

## Hawaii

[HRS 453-14](#), Updated 2014

### **§453-14 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

[Id C 39-1390](#), Updated 2013

### **39-1390. 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

[20 ILCS 2630/3.2](#)

### **(20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)**

Sec. 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.

(Source: P.A. 86-1475.)

## Indiana

[In 35-47-7](#)

### **Reporting of Wounds Inflicted by Weapons and Burn Injuries**

#### **IC 35-47-7-1. Persons required to report wounds**

Sec. 1. 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.



**IC 35-47-7-3. Burn injury reporting**

## Sec. 3.

- (a) As used in this section, "burn" includes chemical burns, flash burns, and thermal burns.
- (b) If a person is treated for:
  - (1) a second or third degree burn to ten percent (10%) or more of the body;
  - (2) any burn to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air; or
  - (3) a burn that results in serious bodily injury; the physician treating the person, or the hospital administrator or the hospital administrator's designee of the hospital or ambulatory outpatient surgical center (if the person is treated in a hospital or outpatient surgical center), shall report the case to the state fire marshal within seventy-two (72) hours. This report may be made orally or in writing and shall be considered confidential information.
- (c) If a person is treated for a second or third degree burn to less than ten percent (10%) of the body, the attending physician may report the case to the state fire marshal under subsection (b).
- (d) The state fire marshal shall ascertain the following when a report is made under this chapter:
  - (1) Victim's name, address, and date of birth.
  - (2) Address where burn injury occurred.
  - (3) Date and time of injury.
  - (4) Degree of burns and percent of body burned.
  - (5) Area of body burned.
  - (6) Injury severity.
  - (7) Apparent cause of burn injury.
  - (8) Name and address of reporting facility.
  - (9) Attending physician.

As added by P.L.328-1987, SEC.1.

**Iowa**

[Ia 147.111](#); [Ia 147.113A](#)

**147.111. Report of treatment of wounds and other injuries.**

1. A person licensed under the provisions of this subtitle 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, 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 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 such person, the person's residence if ascertainable, and giving a brief description of the gunshot or stab wound or other serious injury.
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.

3. Any provision of law or rule of evidence relating to a confidential communication is suspended for communications under this section.

#### **147.113A. Report of burn injuries**

Any person licensed under the provisions of this subtitle who administers any treatment to a person suffering a burn which appears to be of a suspicious nature on the body, a burn to the upper respiratory tract, a laryngeal edema due to the inhalation of super-heated air, or a burn injury that is likely to result in death, 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 burn or burn injury shall at once but not later than twelve hours after treatment was administered or application was made report the fact to law enforcement. The report shall be made to the law enforcement agency within whose jurisdiction the treatment was administered or application was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the burn or burn injury occurred, stating the name of such person, the person's residence if ascertainable, and giving a brief description of the burn or burn 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**

[KS 21-6319](#), Updated 2012

#### **21-6319. Unlawful failure to report a wound.**

- (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.

## **Kentucky**

[KRS 209A.030](#), Updated 2013

#### **209A.030b 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

### [LRS 14:403.5](#)

#### **§403.5. 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

### [MRS 17-A §512](#), Updated 2013

#### **§512. 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.  
[2009, c. 49, §1 (AMD) .]
2. Failure to report treatment of a gunshot wound is a Class E crime.  
[1975, c. 499, §1 (NEW) .]
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.

[2009, c. 49, §2 (NEW) .]

## Maryland

[MD HEALTH-GENERAL Code Ann. §20-703](#), Updated 2013

### § 20-703. 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

[ALM Gl. Ch. 112 §12A](#)

**Section 12A.** 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.

In cases of examination or treatment of a person with injuries resulting from opiate, illegal or illicit drug overdose, a hospital, community health center or clinic shall report de-identified, aggregate information in a manner to be determined in conjunction with the department of public health.

### **Section 12A1/2: 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.

## Michigan

### [MLC 750-411](#)

#### **750.411 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.
- (6) 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

[Minn Stat § 626.52](#), Updated 2013

### **626.52 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

[Miss. Code § 45-9-31](#), Updated 2013

**§ 45-9-31. 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

[MO Rev. Stat. § 578.350](#), Updated 2013

### **578.350. Gunshot wounds--physicians, nurses, therapists, duty to report, content—violation, penalty.**

1. Any person licensed under chapter 334 or 335 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 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

[Mont. Code § 37-2-302](#), Updated 2013

**37-2-302. 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

[Neb. Rev. Stat. § 28-902](#)

### **28-902. 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

[Nev. Rev. Stat. § 629.041](#); [Nev. Rev. Stat. § 629.045](#)

### **NRS 629.041. 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 or her location and the character and extent of the injury to an appropriate law enforcement agency.

(Added to NRS by 1977, 239)

### **NRS 629.045. 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 the body;
- (b) Burns to the 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 the 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 45,000 or more; or
- (b) The State Fire Marshal in counties whose population is less than 45,000.

→ The report must be on a form provided by the State Fire Marshal.

(4) A provider of health care and his or her 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

[N.H. Rev. Stat. § 631:6](#)

### **631:6 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.

## New Jersey

[N.J. Stat. § 2C:58-8](#), Updated 2013

### **2C:58-8. 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 law enforcement agency of the municipality where the person reporting is located and to the Division of State Police by the physician consulted, attending or treating the case or the administrator or administrator's designee, whenever such case is presented for treatment or treated in a general hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

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 law enforcement agency 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 administrator or administrator's designee, whenever such case is presented for treatment or treated in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), or an 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**

No mandatory reporting statute for non-accidental injuries.

## **New York**

[NY CLS Penal § 265.25](#); [NY CLS Penal § 265.26](#)

### **§ 265.25 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.

### **§ 265.26 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**

[N.C. Gen. Stat. § 90-21.20](#), Updated 2013

### **§ 90-21.20. 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. (1971, c. 4; 1977, c. 31; c. 843, s. 2; 2008-179, s. 1.)

## North Dakota

### [N.D. Gen. Code § 43-17-41](#)

#### **43-17-41. Duty of physicians and others to report injury—Penalty.**

1. Any physician, physician assistant, naturopath licensed under chapter 43-58, 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, naturopath, 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.

## Northern Mariana Islands

### [1 CMC § 3105](#)

#### **§3105 Duty to Report Wounds or Deaths.**

- (a) Every person who gains knowledge of a rape, aggravated assault, or death or injury resulting from a knife wound, bullet wound, powder burn, or other cause sustained in a suspicious or unusual manner or under conditions suggesting poisoning or violence, shall make a report of it immediately, and in any case within five days of obtaining such knowledge, to the nearest law enforcement official or to any police officer or to the Director of Public Safety. The report shall state:
  - (1) The name and location of the injured or deceased person;
  - (2) The date of injury or death, or date of gaining knowledge of it by the informant, if the date of injury or death is unknown;
  - (3) The cause and manner of injury or death; and

- (4) The name of the person causing injury or death, if known.
- (b) No person making a report in compliance with this section is deemed to have violated the confidential relationship existing between doctor and patient.
- (c) Every person who gains knowledge of an offense under this title shall promptly notify the nearest law enforcement official, any police officer, or the Director of Public Safety and shall:
  - (1) Provide his or her own name and address
  - (2) The nature of the offense;
  - (3) The approximate date, time, and location of the offense; and
  - (4) Identification or description of any known participants in the offense.
- (d) Copies of the report shall be furnished without charge to the public defender upon request after charges have been filed in court
- (e) A person convicted of violating this section may be punished by imprisonment for not more than six months, or by a fine of not more than \$500, or both.

## Ohio

[ORC § 2921.22](#), Updated 2013

### **2921.22 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 services provider certified pursuant to section 5119.36 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

[22 Okl. Stat. § 22-40](#)

### §22-40. Definitions.

As used in Sections 40 through 40.3 of this title:

1. "Rape" means an act of sexual intercourse accomplished with a person pursuant to Sections 1111, 1111.1 and 1114 of Title 21 of the Oklahoma Statutes; and



2. "Forcible sodomy" means the act of forcing another person to engage in the detestable and abominable crime against nature pursuant to Sections 886 and 887 of Title 21 of the Oklahoma Statutes that is punishable under Section 888 of Title 21 of the Oklahoma Statutes.

**§22-40.3A. Reporting of rape, sodomy, or sexual assault incidents –Referral of victim to services programs – Production of records to law enforcement officers.**

- A. Any physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating the victim of what appears to be or is reported by the victim to be rape, rape by instrumentation or forcible sodomy, as defined in Section 1111, 1111.1 or 888 of Title 21 of the Oklahoma Statutes or any form of sexual assault, shall not be required to report any incident of what appears to be or is reported to be such crimes if:
  1. Committed upon a person who is over the age of eighteen (18) years; and
  2. The person is not an incapacitated adult.
- B. Any physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating a victim shall be required to report any incident of what appears to be or is reported to be rape, rape by instrumentation, forcible sodomy or any form of sexual assault, if requested to do so either orally or in writing by the victim and shall be required to inform the victim of the victim's right to have a report made. A requested report of any incident shall be promptly made orally or by telephone to the nearest law enforcement agency in the county wherein the sexual assault occurred or, if the location where the sexual assault occurred is unknown, the report shall be made to the law enforcement agency nearest to the location where the injury is treated.
- C. In all cases of what appears to be or is reported to be rape, rape by instrumentation, forcible sodomy or any form of sexual assault, the physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating the victim of what appears to be such crimes, shall clearly and legibly document the incident and injuries observed and reported, as well as any treatment provided or prescribed.
- D. In all cases of what appears to be or is reported to be rape, rape by instrumentation, forcible sodomy or any form of sexual assault, the physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating the victim of what appears to be rape, rape by instrumentation, forcible sodomy or any form of sexual assault, shall refer the victim to sexual assault and victim services programs, including providing the victim with twenty-four-hour statewide telephone communication service established by Section 18p-5 of Title 74 of the Oklahoma Statutes.
- E. Every physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional making a report of rape, rape by instrumentation, forcible sodomy or any form of sexual assault pursuant to this section or examining such victims to determine the likelihood of such crimes, and every hospital or related institution in which the victims were examined or treated shall, upon the request of a law enforcement officer conducting a criminal investigation into the case, provide to the officer copies of the results of the examination or copies of the examination on which the report was based, and any other clinical notes, X-rays, photographs, and other previous or current records relevant to the case.

**§ 22-58 Mandatory reporting of domestic abuse - Exceptions.**

- A. Criminally injurious conduct, as defined by the Oklahoma Crime Victims Compensation Act, which appears to be or is reported by the victim to be domestic abuse, as defined in Section 60.1 of this title, or domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a child, as defined in Section 644 of Title 21 of the Oklahoma Statutes, shall be reported according to the standards for reporting as set forth in subsection B of this section.
- B. Any physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating the victim of what appears to be domestic abuse or is reported by the victim to be domestic abuse, as defined in Section 60.1 of this title, or domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a child, as defined in Section 644 of Title 21 of the Oklahoma Statutes, shall not be required to report any incident of what appears to be or is reported to be domestic abuse, domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a child if:
  - 1. Committed upon the person of an adult who is over the age of eighteen (18) years; and
  - 2. The person is not an incapacitated adult.
- C. Any physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating a victim shall be required to report any incident of what appears to be or is reported to be domestic abuse, domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a child, if requested to do so either orally or in writing by the victim. A report of any incident shall be promptly made orally or by telephone to the nearest law enforcement agency in the county wherein the domestic abuse occurred or, if the location where the conduct occurred is unknown, the report shall be made to the law enforcement agency nearest to the location where the injury is treated.
- D. In all cases of what appears to be or is reported to be domestic abuse, the physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating the victim of what appears to be domestic abuse shall clearly and legibly document the incident and injuries observed and reported, as well as any treatment provided or prescribed.
- E. In all cases of what appears to be or is reported to be domestic abuse, the physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending or treating the victim of what appears to be domestic abuse shall refer the victim to domestic violence and victim services programs, including providing the victim with the twenty-four-hour statewide telephone communication service established by Section 18p-5 of Title 74 of the Oklahoma Statutes.
- F. Every physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional making a report of domestic abuse pursuant to this section or examining a victim of domestic abuse to determine the likelihood of domestic abuse, and every hospital or related institution in which the victim of domestic abuse was examined or treated shall, upon the request of

a law enforcement officer conducting a criminal investigation into the case, provide copies of the results of the examination or copies of the examination on which the report was based, and any other clinical notes, x-rays, photographs, and other previous or current records relevant to the case to the investigating law enforcement officer.

## Oregon

[OR Rev. Stat. § 146.750](#)

Updated 2013

### **146.750 Injuries to be reported to law enforcement agency.**

- (1) Except as required in subsection (3) of this section, a physician, including an intern and resident, or a registered nurse licensed under ORS 678.010 to 678.410, who has reasonable cause to suspect that a person brought to the physician or registered nurse or coming before the physician or registered nurse 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 must be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to an appropriate law enforcement agency.
- (3) When 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 apply.

### **146.760 Immunity of participant in making of report.**

Anyone participating in good faith in the making of a report pursuant to ORS 146.750 and who has reasonable grounds for the making thereof shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report. [1965 c.472 §5; 1971 c.451 §13; 1989 c.171 §20]

## Pennsylvania

[18 PA Con. Stat. § 5106](#)

### **§ 5106. 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.

(Dec. 9, 2002, P.L.1350, No.162, eff. 60 days)

## Puerto Rico

### [25 L.P.R.A. § 458m](#)

**§ 458m. Reports of medical assistance to injured persons.** Any person, including health professionals, who treats a bullet wound or a burn produced by gunpowder, as well as any other wound caused by the firing of any firearm, whether in, or outside of a hospital, clinic, sanitarium or other similar institution, shall notify said case immediately to the police district or precinct in whose jurisdiction the service has been provided. In the event it is in a hospital or similar institution, the person shall notify the case to the administrator or person in charge of the institution, to notify the authorities. Failure to notify the rendering of this service shall constitute a misdemeanor, and upon conviction thereof, the person shall be punished with a fine of up to five thousand dollars (\$5,000).

The Superintendent shall investigate every report of treatments, and shall proceed to file criminal charges if justified, and shall keep a detailed register of the results thereof, in order to keep a statistical record of the reports of medical treatments.

## Rhode Island

[R.I Gen Laws § 11-47-48](#); [R.I Gen Laws § 23-28.2-24](#)

**§ 11-47-48 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).

### **§ 23-28.2-24 Burn injury reporting law.**

- (a) Every case of a burn injury or wound, where the victim sustained second or third degree burns to five percent (5%) 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 the state fire marshal. The state fire marshal shall accept the report and notify the proper investigatory agency. A written report shall also be provided to the office of the state fire marshal within ten (10) days after a request from that office. The report shall be made by (1) the physician attending or treating the case; or (2) the manager, superintendent or other person in charge, whenever the case is treated in a hospital, sanitarium, institution, or other medical facility.
- (b) 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

[S.C. Code § 16-3-1072](#), Updated 2013

### **SECTION 16-3-1072. 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

[S.D. Cod. Laws § 23-13-10](#)

### **23-13-10. Report to sheriff of gunshot wounds treated.**

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.

## Tennessee

[Tenn. Code Ann. § 38-1-101](#), Updated 2013

### **38-1-101. Reports to law enforcement officials of certain types of injuries -- Immunity for reporting -- Exception.**

- (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 suffering from the effects of poison, or suffocation, or where a wound or injury is reasonably believed to have resulted from exposure to a methamphetamine laboratory or a methamphetamine related fire, explosion, or chemical release, or appears to be suffering from or to have been the victim of female genital mutilation in violation of § 39-13-110, 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.

- (c) (1) Where a person acts in good faith in making a report under subsection (a), that person shall be immune from any civil liability and shall have an affirmative defense to any criminal liability arising from that protected activity.
- (2) There exists a rebuttable presumption that a person making a report under subsection (a) is doing so in good faith.
- (d) For purposes of this part, "person" means any individual, firm, partnership, co-partnership, association, corporation, governmental subdivision or agency, or other organization or other legal entity, or any agent, servant, or combination of persons thereof.
- (e) (1) The reporting provisions in subsection (a) do not apply if the person seeking or receiving treatment:
  - (A) Is 18 years of age or older;
  - (B) Objects to the release of any identifying information to law enforcement officials; and
  - (C) Is a victim of a sexual assault offense or domestic abuse as defined in § 36-3-601.
- (2) This exception shall not apply and the injuries shall be reported as provided in subsection (a) if the injuries incurred by the sexual assault or domestic abuse victim are considered by the treating healthcare professional to be life threatening, or the victim is being treated for injuries inflicted by strangulation, a knife, pistol, gun, or other deadly weapon.
- (3) A hospital, healthcare provider or other person who is required to report under subsection (a) shall be immune from civil liability for not reporting if in good faith the hospital, healthcare provider or other person does not report the injury in order to comply with this subsection (e).
- (4) If a person injured as provided in subsection (a) is first treated by an EMT, EMT-P, emergency medical or rescue worker, firefighter or other first responder, it shall not be the duty of the first responder to determine if the patient comes within the provisions of subdivision (e)(1). If the first responder transports the patient to a healthcare facility, the first responder's duty is to notify the treating physician or emergency room staff at the facility of the suspected cause of the patient's injury. If the patient is not transported to a healthcare facility, the first responder shall report the result of the call to the 911 center.

## Texas

[Tex. Health & Safety Code § 161.041](#), Updated 2011

### **Sec. 161.041. 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.

## Utah

### [Utah Code § 26-23a-2](#)

#### **26-23a-2. 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.

## Vermont

### [13 VSA § 4012](#)

#### § 4012. 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.

## Virgin Islands

### [23 V.I.C. § 478](#)

#### **§ 478. 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.



## Virginia

[VA Code § 54.1-2967](#), Updated 2013

### **§ 54.1-2967. 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

[RCW § 70.41.440](#), Updated 2013

### **RCW 70.41.440. Duty to report violent injuries — Preservation of evidence — Immunity — Privilege.**

- (1) A hospital shall report to a local law enforcement authority as soon as reasonably possible, taking into consideration a patient's emergency care needs, when the hospital provides treatment for a bullet wound, gunshot wound, or stab wound to a patient. A hospital shall establish a written policy to identify the person or persons responsible for making the report.
- (2) The report required under subsection (1) of this section must include the following information, if known:
  - (a) The name, residence, sex, and age of the patient;
  - (b) Whether the patient has received a bullet wound, gunshot wound, or stab wound; and
  - (c) The name of the health care provider providing treatment for the bullet wound, gunshot wound, or stab wound.
- (3) Nothing in this section shall limit a person's duty to report under RCW 26.44.030 or 74.34.035.
- (4) Any bullets, clothing, or other foreign objects that are removed from a patient for whom a hospital is required to make a report pursuant to subsection (1) of this section shall be preserved and kept in custody in such a way that the identity and integrity thereof are reasonably maintained until the bullets, clothing, or other foreign objects are taken into possession by a law enforcement authority or the hospital's normal period for retention of such items expires, whichever occurs first.
- (5) Any hospital or person who in good faith, and without gross negligence or willful or wanton misconduct, makes a report required by this section, cooperates in an investigation or criminal or judicial proceeding related to such report, or maintains bullets, clothing, or other foreign objects, or provides such items to a law enforcement authority as described in subsection (4) of this section, is immune from civil or criminal liability or professional licensure action arising out of or related to the report and its contents or the absence of information in the report, cooperation in an investigation or criminal or judicial proceeding, and the maintenance or

provision to a law enforcement authority of bullets, clothing, or other foreign objects under subsection (4) of this section.

- (6) The physician-patient privilege described in RCW 5.60.060(4), the registered nurse-patient privilege described in RCW 5.62.020, and any other health care provider-patient privilege created or recognized by law are not a basis for excluding as evidence in any criminal proceeding any report, or information contained in a report made under this section.
- (7) All reporting, preservation, or other requirements of this section are secondary to patient care needs and may be delayed or compromised without penalty to the hospital or person required to fulfill the requirements of this section.
- (8) If the patient states his or her injury is the result of domestic violence, the hospital shall follow its established processes to inform the patient of resources to assure the safety of the patient and his or her family.

## West Virginia

[W Va. Code §61-2-27 \(Updated 2013\); W Va. Code §61-2-27a](#)

### **§61-2-27. 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

[Wis. Stat. § 255.40](#)

Updated 2014

### **255.40. 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 patient's body or, due to the inhalation of superheated air, swelling of the patient's larynx or a burn to the patient's 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 patient's name and the type of wound or burn injury involved as soon as reasonably possible to the local police department or county sheriff's 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 patient's 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**

No Mandatory Reporting Statute (there are a child abuse and vulnerable adult statutes: Wyo. Stat. § 14-3-205 & § 35-20-103 (2013))

## Non-Accidental Mandatory Reporting Statutes. May 2014.

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Alabama</b>	N/A			
<b>Alaska</b>	AS 08.64.369	Certain burns; gun-related wound; non-accidental knife/stab wound; non-accidental life-threatening injury		
<b>American Samoa</b>	N/A			
<b>Arizona</b>	A.R.S 13-3806	Gunshot wound; knife wound; injury resulting from a criminal act		
<b>Arkansas</b>	ACA 12-12-602; ACA 12-12-402	Intentionally inflicted knife or gunshot wound; certain burns		ACA 12-12-402 prohibits report of rape, sexual assault, or incest of an adult victim without the victim's consent.
<b>California</b>	11160 - 11163.6	Any self-inflicted wound; gunshot wound; injury resulting from assaultive or abusive conduct	11160(d)(18) specifies that abuse of a spouse or cohabitant must be reported under 11160(a)(2)	11160(d) specifies that sexual assault must be reported under 11160(a)(2); 13823.11 outlines minimum standards of treatment for SA victims

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Colorado</b>	C.R.S. 12-36-135	Gunshot wound; non-accidental knife/stabbing wound; injury resulting from criminal act	12-36-135(1)(a) specifies that injuries resulting from domestic violence must be reported	12-36-135(1)(b) specifies that collection of evidence of sexual assault at the request of the victim shall contact law enforcement to ensure the preservation of evidence.
<b>Connecticut</b>	Conn. Gen. Stat. 19a-490f	Gun-related wound		
<b>Delaware</b>	25 Del. C. 1762	Stab wound; non-accidental poisoning; wound resulting from discharge of a firearm		
<b>District of Columbia</b>	DC Code § 7-2601	Gunshot wound; any injury caused by a dangerous weapon in the commission of crime		
<b>Florida</b>	Fla. Stat. 790.24	Gunshot wound; life-threatening injury resulting from act of violence		
<b>Georgia</b>	OCGA 31-7-9	Any non-accidental injury		
<b>Guam</b>	N/A			
<b>Hawaii</b>	HRS 453-14	Any non-accidental injury		

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Idaho</b>	Id C 39-1390	Gun-related wound; any injury indicating the person is a victim of a criminal act		
<b>Illinois</b>	20 ILCS 2630/3.2	Gun-related wound; injury related to a criminal offense		
<b>Indiana</b>	IC 35-47-7-1	Gun-related wound; life-threatening knife/stabbing wound		
<b>Iowa</b>	Ia 147.111; Ia 147.113A	Gunshot wound; stab wound; serious injury related to a criminal offense; certain burns		
<b>Kansas</b>	KS 21-6319	Gun-related wound; life-threatening knife/stabbing wound		
<b>Kentucky</b>	KRS 209A.030	Any indication of abuse and/or neglect by a spouse	209A.010 identifies purpose of Chapter 209A to be identification of DV, but allows that it may be used more broadly	
<b>Louisiana</b>	LRS 14:403.5	Gunshot wound (unless caused by an air gun)		
<b>Maine</b>	MRS 17-A § 512	Gunshot wound		
<b>Maryland</b>	Md. HEALTH-GENERAL Code Ann. § 20-703	Gunshot wound		

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Massachusetts</b>	ALM Gl. ch. 112 § 12A	Gunshot wound; certain burns; knife/ stabbing wound related to criminal offense		112, 12A1/2: Mandatory report of rape/SA w/out identifying info;
<b>Michigan</b>	MLC 750.411	Wound inflicted by a gun, knife, deadly weapon, or other means of violence		
<b>Minnesota</b>	Minn Stat § 626.52 (Sub. 1 GSW and other dangerous weapons defined in Minn Stat § 609.2, Sub 6; Sub. 2 Burns)	Gunshot wound; wound inflicted by a dangerous weapon on a suspected perpetrator of a crime; certain burns		
<b>Mississippi</b>	Miss. Code § 45-9-31	Gunshot wound; knife wound; wound resulting from a hunting or boating accident		
<b>Missouri</b>	MO Rev. Stat. § 578.350	Gunshot wound		
<b>Montana</b>	Mont. Code § 37-2-302	Gunshot wound; stab wound		
<b>Nebraska</b>	Neb. Rev. Stat. § 28-902	Wound or injury caused by violence or received in connection to a criminal offense		
<b>Nevada</b>	Nev. Rev. Stat. § 629.041; Nev. Rev. Stat. § 629.045	Non-accidental gunshot or knife wound; certain burns		

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>New Hampshire</b>	N.H. Rev. Stat. § 631:6	Gunshot wound; injury caused by criminal act		631:6(II) prohibits report of sexual assault-related injuries without consent where victim is an adult, and the injuries do not include gunshot wounds or serious bodily injury
<b>New Jersey</b>	N.J. Stat. § 2C:58-8	Wound caused by gunshot, explosive device, destructive device, or weapon		
<b>New Mexico</b>	N/A			
<b>New York</b>	NY CLS Penal § 265.25; NY CLS Penal § 265.26	Gun-related wound; potentially life-threatening knife/stabbing wound; certain burns		
<b>North Carolina</b>	N.C. Gen. Stat. § 90-21.20	Gun-related wound; injury or illness caused by poisoning; knife wound related to a criminal act; grave bodily injury or grave illness connected to a criminal act of violence		
<b>North Dakota</b>	N.D. Cen. Code § 43-17-41	Wound, injury, or physical trauma caused by a firearm or knife; or inflicted in violation of the law	No exception, but 43-17-41(3) requires referral to DVSA organization	No exception, but 43-17-41(3) requires referral to DVSA organization



Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Northern Mariana Islands</b>	1 CMC § 3105	Wound indicating rape or aggravated assault; sustained in a suspicious or unusual manner; or sustained under conditions suggesting poisoning or violence		§3105 requires all persons (including medical personnel) to report to law enforcement any knowledge of an incident of rape
<b>Ohio</b>	ORC § 2921.22	Gunshot wound; stab wound; serious injury resulting from violence; certain burns	2921.22(F)(1-2) requires recording knowledge or reasonable suspicion of DV in patient's record, and is not subject to Doctor-Patient Privilege, may be admitted as evidence	Exception: Person providing counseling not mandated to report injury due to SA if doing so reveals info acquired through provision of counseling to SA victim
<b>Oklahoma</b>			22 Okl. Stat. § 22-58 (Exception to mandatory reporting if DV and victim is over eighteen years old and not an incapacitated adult)	22 Okl. Stat. § 22-40 (Exception to mandatory reporting if rape or sexual assault and victim is over eighteen years old and not an incapacitated adult)
<b>Oregon</b>	OR Rev. Stat. § 146.750	Non-accidental gunshot or knife wound; non-accidental wound caused by dangerous or deadly weapon; non-accidental serious physical injury		

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Pennsylvania</b>	18 PA Con. Stat. § 5106	Any wound or injury resulting in death or serious injury; inflicted by means of a deadly weapon; or inflicted in violation of the law	5106(a.1) implies that a report of intimate-partner violence against an adult cannot be made without the consent of the victim.	
<b>Puerto Rico</b>	25 L.P.R.A. § 458m	Gun-related wound		
<b>Rhode Island</b>	R.I. Gen Laws § 11-47-48; R.I. Gen Laws § 23-28.2-24	Gun-related wound; certain burns		
<b>South Carolina</b>	S.C. Code § 16-3-1072	Gunshot wound		
<b>South Dakota</b>	S.D. Cod. Laws § 23-13-10	Gun-related wound		
<b>Tennessee</b>	Tenn. Code Ann. § 38-1-101	Any injury caused by a firearm, knife, or other deadly weapon; injury caused by means of violence; injury resulting from poison or suffocation	Under 38-1-101(e)(1-2), a report is not required for adult DV victims who object, UNLESS injury is life-threatening or result of strangulation, a knife, pistol, gun, or other deadly weapon	Under 38-1-101(e)(1-2), a report is not required for adult SA victims who object, UNLESS injury is life-threatening or result of strangulation, a knife, pistol, gun, or other deadly weapon
<b>Texas</b>	Tex. Health & Safety Code § 161.041	Gunshot wound		

Jurisdiction	Statute	Injuries Requiring Report	DV-Specific Reporting Statutes	SA-Specific Reporting Statutes
<b>Utah</b>	Utah Code § 26-23a-2	Any wound or injury inflicted by means of knife, gun, explosive, infernal device, or deadly weapon; or in violation of criminal statute		
<b>Vermont</b>	13 VSA § 4012 (GSW)	Gun-related wound		
<b>US Virgin Islands</b>	23 V.I.C. § 478	Gun-related wound		
<b>Virginia</b>	VA Code § 54.1-2967	Non-self-inflicted injury resulting from a weapon		
<b>Washington</b>	RCW § 70.41.440	Gunshot wound; stab wound (Note: all requirements of reporting considered secondary to patient need and can be "delayed or compromised" without penalty)		
<b>West Virginia</b>	W Va. Code § 61-2-27	Gunshot or stabbing wound that appears to be the result of the violation of criminal law		
<b>Wisconsin</b>	Wis. Stat. § 255.40	Gunshot wound; wound occurring due to a crime; certain burns		
<b>Wyoming</b>	N/A			