

Wong, Jocelyn (BOS)

From: Peter Prows <pprows@briscoelaw.net>
Sent: Monday, June 10, 2019 9:01 AM
To: Mchugh, Eileen (BOS)
Cc: HSHSunshine; Calvillo, Angela (BOS); GIVNER, JON (CAT); Ng, Wilson (BOS); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)
Subject: Re: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330
Attachments: Responsive CIRs Re Wallace Lee Request Volume 4.pdf; Responsive CIRs Re Wallace Lee Request Volume 5.pdf

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please also ensure that the attached further additional records are also included in the administrative record, in addition to whatever else the City has that is responsive to the PRA request made in the appeal letter.

Thanks.

On 31 May 2019, at 6:09 PM, Peter Prows <pprows@briscoelaw.net> wrote:

Thanks.

Please ensure the attached additional records are also included in the administrative record, in addition to whatever else the City has that is responsive to the PRA request made in the appeal letter.

From: Mchugh, Eileen (BOS) [<mailto:eileen.e.mchugh@sfgov.org>]
Sent: Friday, May 31, 2019 1:22 PM
To: Peter Prows <pprows@briscoelaw.net>
Cc: HSHSunshine <HSHSunshine@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; Ng, Wilson (BOS) <wilson.l.ng@sfgov.org>; BOS-Legislative Services <bos-legislative_services@sfgov.org>; Yee, Norman (BOS) <norman.yee@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>
Subject: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330

Dear Peter Prows (Briscoe Ivester & Bazel LLP),

On behalf of the Office of the Clerk of the Board, I am confirming receipt of your attached appeal letter regarding Planning Case No. 2019-002440ENV. BOS Legislative File No. [190611](#) – Appeal of Determination of Exemption from Environmental Review – Seawall Lot 330.

Per the footnotes contained on page 3 of your letter, you stated the following:

Please consider this letter to also be a Public Records Act request for all incident reports for Navigation Centers dating back to 2016. If you have trouble understanding this request, I request assistance in reformulating it in a way that is more understandable. If this request is not addressed correctly, please forward it to the appropriate person who handles Public Records Act

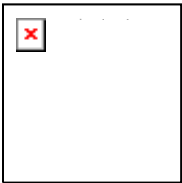
requests for the City. I also request that documents available in electronic format be produced in their electronic format.

By copy of this email, we are referring your request to the San Francisco Department of Homelessness and Supportive Housing (HSHSunshine@sfgov.org), as their agency is the custodian of record for data and reports pertaining to Navigation Centers.

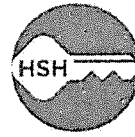
Sincerely,

Eileen McHugh
Executive Assistant
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102-4689
Phone: (415) 554-7703 | Fax: (415) 554-5163
eileen.e.mchugh@sfgov.org | www.sfbos.org

<Responsive Documents re Wall Lee Request CIRs Volume 3.pdf>



PETER PROWS
155 Sansome Street, Seventh Floor
San Francisco, California 94104
Direct: (415) 402-2708 Cell: (415) 994-8991



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

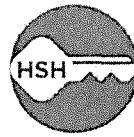
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

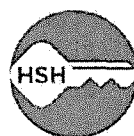
Date of Incident: 11/4/2018	Time Incident Occurred: 6:15pm	Type of Incident: police	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John Mcqueen		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Capri Span	





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Non guest A came to the Navigation to speak about his girl friend client B that had lost her reservation for not making our 72 hour policy. Client A rang the bell to the front office, Client A was let in the gate, after seeing client A did not stay in Navigation, client A was asked to leave the facility, guest A refused to leave and the police had to be called to escort of premises, client A was advocating for Client B about we are suppose to help people not put them out, I told client A that after 72 hours guest reservation will be released, its the rules.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff:
<input checked="" type="checkbox"/> Check if police were involved Time Called: 6:25pm Time Arrived: ;42pm	Describe what actions were performed by the Paramedics or Police: 911 was called
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Williams ,badge #110 Where was the client taken:
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	11/04/2018
Person Who Completed Report <i>(please print)</i>	John Mc Queen
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation
Supervisor Name and Phone	John McQueen





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

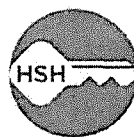
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident: 11/07/2018	Time Incident Occurred: 11:20AM	Type of Incident: Sexual Assault	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Marnisha Conney (Mobile Outreach Eligibility Worker) Human Services Agency		
Names of Witnesses:	Client Witnesses		Staff Witnesses
	Artie Gilbert (Asst. Dir. of Operations)		Tony Chase (Asst. Dir. of Admin & Support)





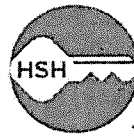
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**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

HSA staff was in the process of helping Cl. A with benefits in her office and reported to Witness (Asst Director of Operations) that as Cl. A was about to leave she office. He (Cl. A) reached down between the HSA staff members legs and grabbed at her crotch without any invite or consent. HSA staff at this time was in shock about being violated with what had just happened and expressed her negative experience to Asst. Director of Operations. The HSA staff member immediately called her supervisor and reported what had just taken place. HSA staff member was distraught and was coached by her supervisor to leave the Bayshore site and go to the HSA main office. The Asst. Director immediately conferred with the other Asst. Director of Admin & Support, who then called the victim and asked her if she wanted to file a police report, before the Cl. A was confronted by staff. Victim stated that at this time she was to distraught to talk, but that she would let us know. During this time, Asst. Director approached the identified Cl. A and told Cl. A what he supposedly had done. Cl. A denied it, but was informed that he was being given a Denial of Service for an A1 violation. Cl. A refused to sign the DOS or accept a future hearing for this violation. Cl. A immediately left the facility without incident, but refused to accept any paperwork. Cl. A then laid down on the sidewalk outside of the front entrance and would not leave. A member of the SF-HOT arrived to drop off another client. I asked them if they would transport Cl. A to the MSC DRC, which they did.

Describe any injuries observed: No Physical injuries	Describe any action taken by staff: Asked client about incident and Denied Services and walked Cl. A to the door
<input type="checkbox"/> Check if police were involved Time Called: none	Describe what actions were performed by the Paramedics or Police: none
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: N/A





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Time Called: none Time Arrived:	Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	11/07/18
Person Who Completed Report <i>(please print)</i>	Tony Chase
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation
Supervisor Name and Phone	Tony Chase 415-920-8920

Page 3 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



REVISED 12/27/17

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

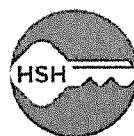
Date of Incident:	Time Incident Occurred:	Type of Incident:	
11/9/18	1740	<u>911 Non - Emergency</u>	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
<p>Describe the incident thoroughly and in full detail (narrative): At approximately 1740 hours I was contacted by Supervisor Michael Johnson to report to the dining area because there was a guest having difficulty breathing. Upon arriving I engaged with the guest inquiring how she was feeling. Guest stated, I am having a hard time breathing and want to</p>			

have a breathing treatment done by the nurse. I informed her there was no medical staff on duty and I would have to call 911 non-emergency for her to get assistance. Support staff was also present assisting throughout this process. Ambassador McNeely was present with the guest throughout her wait for the emergency team to arrive. At 1747 hours Supervisor Michael Johnson and Angel Carrion called 911 non-emergency and gave them information needed to respond to BNC. At approximately 1800 pm Engine #37 arrived at the Bayshore east gate and was escorted to the kitchen by this writer. Guest was approached by the Engine Company and asked her basic medical information to make sure she was alert. They asked her what type of medication she was taking and she stated, I have cancer in my entire body and my left breast has been removed. I also take high blood pressure medication and other medications. Her vitals were taken and she was told her blood pressure was elevated and she needed to be seen by a physician immediately. Guest was ambivalent about being transported to the hospital. I explained to her under the circumstances of her medical condition coupled with the EMR recommendation she had to be seen by a physician before we could allow her to continue her stay here at BNC. She was assured her bed and belongings would be here when she returned and the Guest became compliant with the emergency team and allowed herself to be transported to the hospital. The response team informed us there was no hospital available and she would be transported to the first available hospital that has an available bed. Guest was put in the ambulance and in the care of King Medic #12 at approximately 1820 hours.

Describe any injuries observed: N/A	Describe any action taken by staff: 911 Non - Emergency called.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: EMR took vitals and blood pressure.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1747 Hours Time Arrived: 1800 Hours	Name of Police Officer/Badge No. Eng. # 37 / KIng Medic #12 Where was the client taken: Hospital

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	11/9/18
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	BNC / 125 Bayshore Ave. / 415-920-8920
Supervisor Name and Phone	Paul Young 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

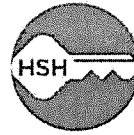
Date of Incident:	Time Incident Occurred:	Type of Incident:	
11/17/2018	3:25 am	Drug Overdose	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Epitacio Cortina		
	Client Witnesses		Staff Witnesses





Names of Witnesses:	Charles Marsaw	
	Corey Willis	
	Kasha Owens #34	
	Jozell Nea #353	
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
While returning from my break, I observed Ambassador: Marsaw looking for me. when		
asked if there was an issue he stated that he had heard a woman yelling from the women's		
restroom. We reported to the women's restroom to find Client A laying on the stall floor.		
At which time I had Ambassador: Marsaw call 911 while I attended Client A in making		
sure she was breathing and coherent by having her respond to my questions. As Client A		
began to sit up I observed a syringe laying next to her on the floor with a small trail of		
blood coming down her left arm. She then took the syringe and flushed it she then began to		
breath erratically, and fast speech. Emergency personal arrived on scene and took Client A		
to S.F.G.H.		
Describe any injuries observed: small trail of Blood coming from the left arm of Client A	Describe any action taken by staff: I immediately had Ambassador: Marsaw call 911, Ambassador: Corey stayed with Client A . Ambassador: Marsaw and I reported to both front and back gates to allow emergency personal entrance.	
<input type="checkbox"/> Check if police were involved Time Called: 3:25 am Time Arrived: 3:36 am	Describe what actions were performed by the Paramedics or Police: S.F.P.D made sure that all was safe. Fire Dept. did an assessment of Client A. Paramedics stabilized Client A and transported Client A to San Francisco General Hospital.	
<input type="checkbox"/> Check if paramedics were involved Time Called: 3:25 am Time Arrived: 3:37 am	Name of Police Officer/Badge No.: Officer: D. Colm and Officer: Coyne. Patrol car #254 Where was the client taken: S.F.G.H.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	11/17/2018	
Person Who Completed Report (please print)	Epitacio Cortina	
Agency Name/Location/Phone (please print)	Bayshore Navigation	





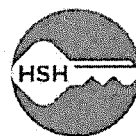
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Supervisor Name and Phone	Epitacio Cortina (650)834-7692
----------------------------------	---------------------------------------

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

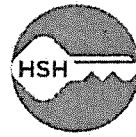
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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
11/17/18	2015 Hours	Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Paul Young		
Names of Witnesses:	Client Witnesses		Staff Witnesses





**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

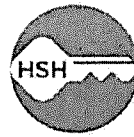
I was exiting the dorm and heard someone yelling Lazarus outside the facility. I walked outside the facility and observed (Client A) lying on the ground. She stated she fell out of her wheelchair walking her dog. I asked OA/Rodriguez to remain with her while I directed OA/Washington to call 911. I went back outside to remain with guest until EMR arrived. EMR arrived to administer medical help and (Client A) refused. (Client A) was able to lift herself up with assistance and seat herself in her wheelchair. I implored (Client A) to come inside and lie down and she refused stating I need to turn in my lottery ticket and walk my dog. She was escorted by (Client B) as she left to walk her dog. Guest returned later without problem or incident.

Describe any injuries observed: None	Describe any action taken by staff: 911 EMR called.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: None
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2015 Hours Time Arrived: 2025 Hours	Name of Police Officer/Badge No.: Where was the client taken: Guest remained on site.

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	11/19/18
Person Who Completed Report <i>(please print)</i>	Paul Young
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation
Supervisor Name and Phone	Paul Young (415) 920-8920





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

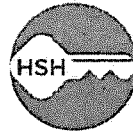
Page 3 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
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<http://hsh.sfgov.org>

REVISED 12/27/17





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

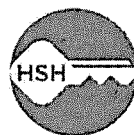
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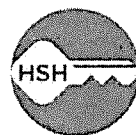
Date of Incident: 11/21/18	Time Incident Occurred: 9:23 AM	Type of Incident: Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		
	Client Witnesses		Staff Witnesses





Names of Witnesses:			
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
<p>Client A came in early in the morning with a large, red, inflamed abscess on her leg complaining of pain and swelling. She laid down to rest but said she had antibiotics and was in a lot of pain. Due to the seriousness of the wound and not having medical staff onsite, we called 911. Paramedics evaluated Ms. Hanson at length and took her vitals. Staff encouraged Ms. Hanson to go with the paramedics and seek medical attention but she refused.</p>			
Describe any injuries observed: Large, inflamed abscess		Describe any action taken by staff: Called paramedics	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Evaluated and took vitals, spoke at length with patient	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:23 AM Time Arrived: 9:54 AM		Name of Police Officer/Badge No.: Truck 63 Lim and McGee Where was the client taken: Refused ambulance	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		11/21/18	
Person Who Completed Report <i>(please print)</i>		Meg O'Neill	
Agency Name/Location/Phone <i>(please print)</i>		Bayshore Navigation Center	
Supervisor Name and Phone		Meg O'Neill, 415-920-8920	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

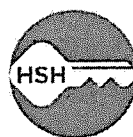
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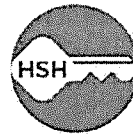
Date of Incident: 11/21/18	Time Incident Occurred: 3:13 PM	Type of Incident: Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		
	Client Witnesses		Staff Witnesses





Names of Witnesses:			
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
<p>Client A came in early in the morning with a large, red, inflamed abscess on her leg complaining of pain and swelling. She laid down to rest but said she had antibiotics and was in a lot of pain. Due to the seriousness of the wound and not having medical staff onsite, we called 911. Paramedics evaluated Client A at length and took her vitals. Staff encouraged Client A to go with the paramedics and seek medical attention but she refused.</p> <p>Around 14:00, staff again spoke with Client A and she expressed a desire to seek medical help. Staff called 911 and they evaluated and took her to the emergency room.</p>			
Describe any injuries observed:		Describe any action taken by staff:	
Abscess on thigh		Called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:	
		Evaluated and taken to St. Luke's	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:07 PM Time Arrived: 3:13 PM		Name of Police Officer/Badge No.:	
		Where was the client taken: St. Luke's Hospital emergency room	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		11/21/18	
Person Who Completed Report <i>(please print)</i>		Meg O'Neill	
Agency Name/Location/Phone <i>(please print)</i>		Bayshore Navigation Center	
Supervisor Name and Phone		Meg O'Neill, 415-920-8920	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

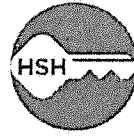
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within 24 hours of the incident preferably by email or **TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT** and. Please fill in all spaces on the form using N/A if appropriate. When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

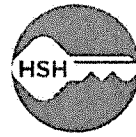
Date of Incident: 11.22.18	Time Incident Occurred: 11:30 AM	Type of Incident: Violence toward other guest	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ron Williams
<p align="center">Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)</p>		
<p>Staff heard shouting in beds and saw Client A and Client B, a couple, arguing. Staff then saw Client A get on top of Client B and start choking her. He then punched her in the face. Staff told Client A he needed to leave and he screamed at staff, “call the f*ing cops!” and approached them in an aggressive manner. He then left after staff asked him again to leave immediately.</p>		
<p>Describe any injuries observed: No physical injuries observed</p>	<p>Describe any action taken by staff: Called police and gave immediate denial of service to Client A</p>	
<p><input checked="" type="checkbox"/> X Check if police were involved Time Called: 11:39 AM Time Arrived: Never</p>	<p>Describe what actions were performed by the Paramedics or Police: None</p>	
<p><input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:</p>	<p>Name of Police Officer/Badge No.: Police did not come but other cops passing by checked board and gave us case number 183261190, reported in Company C (Bayview).</p>	
	<p>Where was the client taken: N/A</p>	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	11/22/18	
Person Who Completed Report <i>(please print)</i>	Meg O’Neill	
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center	
Supervisor Name and Phone	Meg O’Neill, 415-920-8924	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident	Time Incident	Type of Incident:	
11/28/2018	12:15 am	Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Epitacio Cortina		
	Client Witnesses		Staff Witnesses





Names of Witnesses:		

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

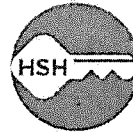
At approximately 12:15 am while conducting my rounds I was informed by staff that we had a guest in the dorm who stated that he had been hit by a car. I immediately reported to the dorm and observed that it was Client A, I asked Client A if he wanted medical attention he stated that he did. 911 was called by A1 Security at about 12:16am. I had staff stay with Client A until emergency personnel arrived. SFPD first arrived and were escorted to Client A, SFPD did a check of Client A and after further questioning it was discovered that Client A had not been hit by a car but in fact had flipped over his handlebars trying to avoid hitting a dog. Ambulance arrived along with SFPD, when asked by EMT if he wanted to go to the hospital Client A stated that he did. As EMT was about to transport Client A to UCSF Client A changed his mind declining further medical attention. Client A stated that the EMT personnel were being disrespectful to him.

Describe any injuries observed: Abrasion to left collarbone, and swollen left knee	Describe any action taken by staff: Called 911
<input type="checkbox"/> Check if police were involved Time Called:12:16am Time Arrived:12:25am	Describe what actions were performed by the Paramedics or Police: Medically checked Client A and was about to transport Client A to UCSF.
<input type="checkbox"/> Check if paramedics were involved Time Called:12:16am Time Arrived:12:25am	Name of Police Officer/Badge No.: Hooley #222, Sgt:Cafferativ. patrol unit #254 Where was the client taken: Client A refused further medical attention

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	11/28/2018
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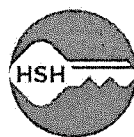




DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Epitacio Cortina (415)920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

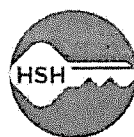
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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

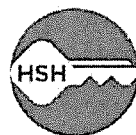
Date of Incident:	Time Incident Occurred:	Type of Incident:	
12/04/18	11:45 pm	911 Call	
Navigation	125 Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Neal Tremain		
	Client Witnesses		Staff Witnesses





Names of Witnesses:		Ambassador
		Ambassador
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At approximately 11:45 pm Ambassador Sandra radioed that she needed assistance in the guest community room and that Client A needed a ambulance, “call 911”. I immediately instructed Front desk security to call 911 as I responded to where Client A was located in the community room, I asked Client A if she needed a ambulance to which she replied “yes, I am sick, there is something wrong with me”. Client A appeared to be in distress. 911 was called and I stood by the front Gate on Jerrold Street to guide them in. Engine # 9 and Medic # 89 responded to the Nav Center at 11:55 pm, took Client A’s vitals and transported her the the hospital		
Describe any injuries observed: N/A	Describe any action taken by staff: Ambassador Sandra stood by Client A speaking words of encouragement and wiping her forehead with a damp washcloth. Supervisor Neal had 911 called, while A1 security guard assisted the process.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took vital signs and transported Client A to SF General Hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:45 pm Time Arrived: 11:55 pm	Name of Police Officer/Badge No.: Lieutenant Yee, engine #9 Where was the client taken: SF General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	12/05/18	
Person Who Completed Report <i>(please print)</i>	Neal Tremain	
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center	
Supervisor Name and Phone	Neal Tremain (408) 724-0387	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

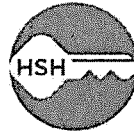
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- Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident	Time Incident Occurred:	Type of Incident:	
12/17/2018	12:25 am	Denial of service	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Epitacio Cortina		
	Client Witnesses		Staff Witnesses





Names of Witnesses:		

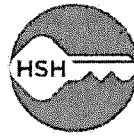
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At about 12:25 am I was informed by Ambassador Magee that Client A had defecated on herself and needed to take a shower. I then approached Ambassador Rochelle if she could talk to Client A into taking a shower being that she had report with her. When Client A when Client A was asked if she would shower she became verbally disrespectful, and started using profanity towards staff specifically Ambassador Rochelle. I then stated to Client A that her behavior would not be tolerated. She continued with her behavior at which time I stated to her that she would have to take a Time Out. She became defiant and denied to take a time out and stated that we should call the police. A1 Security attempted to calm Client A and she then began to be verbally disrespectful towards him as well. The negative behavior began to escalate to the point that it began to incite other guest, creating a unsafe and hostile enviroment. At this point I expressed to Client A that she was going to be issued a Denial of Service. Client A then stated that she did not care and that we should call the police. Client A continued with her behavior which escalated to the point that S.F.P.D. was called. All the while she continued with her barrage towards staff.

Describe any injuries observed: N/A	Describe any action taken by staff: Issued an Immediate Denial of Service. Called S.F.P.D.
<input type="checkbox"/> Check if police were involved Time Called: 12:45am Time Arrived: 2:37am	Describe what actions were performed by the Paramedics or Police: They attempted to talk with Client A. Placed a phone call to H.O.T team.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: L.Malahary, P.Rieghly Where was the client taken: Allowed to stay in the Navigation center for the night due to weather.

IMPORTANT AGENCY INFORMATION





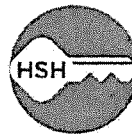
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Date Form Submitted to HSH	12/17/2018
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

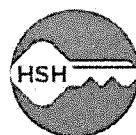
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- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

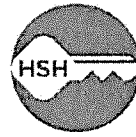
Date of Incident: 12/18/18	Time Incident Occurred: 11:50 AM	Type of Incident: Police	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Meg O'Neill		
Names of Witnesses:	Staff Witnesses		Client Witnesses





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was served with a Non-Immediate DOS on Saturday, December 15. Her effective denial date was Monday 12/17/18. Client A came to the Bayshore Navigation Center today and was let in to speak with staff. Client A became very verbally aggressive and loud after she was unable to get the assistance she wanted from the Homeless Outreach Team who were also onsite. She also was verbally aggressive with Navigation Center staff and refused to leave the premises. She continued to shout loudly at staff. Staff informed her they would need to call the police if she refused to leave and she still did not leave. Staff called police but Client A eventually left before police arrived.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Spoke with Client A and attempted to de-escalate her, provide her with resources and got her property but eventually had to call police because of continued verbal aggression.
<input type="checkbox"/> X Check if police were involved Time Called: 11:56 AM Time Arrived: 12:18 PM	Describe what actions were performed by the Paramedics or Police: Gave us follow-up slip, case number
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Jeff Rosenberg, Squad car 137 Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	12/18/18
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Artie Gilbert, 415-920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

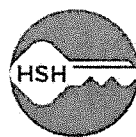
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

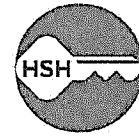
Date of Incident:	Time Incident Occurred:	Type of Incident:	
12/25/2018	2:10 pm	Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Neal Tremain		
Names of Witnesses:	Client Witnesses		Staff Witnesses





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>A medical emergency occurred in the dorm and staff called 911. Client A, who informed us that he had seizures the night before this incident, was now on the ground having a seizure (convulsing). Staff attended to Client A while awaiting the arrival of emergency services.</p>	
Describe any injuries observed: None	Describe any action taken by staff: 911 EMR called.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: None
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:10 pm Time Arrived: 2:20 pm	Name of Police Officer/Badge No.: SFFD Engine #9 SF # 50 Where was the client taken: SF General
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	11/19/18
Person Who Completed Report <i>(please print)</i>	Neal Tremain
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation
Supervisor Name and Phone	Neal Tremain (408) 724-0387





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

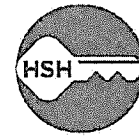
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/5/19	14:11	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

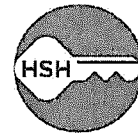
Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Paramedics were onsite for another call. Client A complained of severe chest and arm pain as well as difficulty breathing, and she requested emergency transport. Paramedics evaluated Client A, put her on oxygen, did an EKG, and transported her on a gurney to the hospital.	
Describe any injuries observed: Chest/arm pain and difficulty breathing	Describe any action taken by staff: Alerted paramedics to another medical emergency in the building
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated Client A and took her to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 14:01 Time Arrived: 14:05	Name of Police Officer/Badge No.: Engine 9 Where was the client taken: Unknown, likely Mission Bernal
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/5/19
Person Who Completed Report <i>(please print)</i>	Margaret O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Margaret O'Neill, 415-920-8920



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

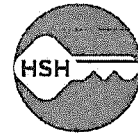
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/08/2019	1:08 am	Medical(seizures)	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



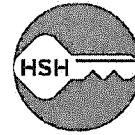
Jeff Kositsky
Director

Names of Reporting Staff	Epitacio Cortina	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 1:08 I was informed by Ambassador Sandra that Client A was in need of medical attention as Client A had fallen in the women’s guest shower area and in a seizure. I immediately had A1 Security call 911 and had Ambassador Sandra stay with Client A while waiting for emergency personnel to arrive.

Describe any injuries observed: None that could be noted.	Describe any action taken by staff: 911 was called and staff stayed with Client A
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: EMT made sure Client A was stabilized and transported her to the hospital.
<input type="checkbox"/> Check if paramedics were involved Time Called: 1:10am Time Arrived: 1:15	Name of Police Officer/Badge No.: Where was the client taken: San Francisco General Hospital



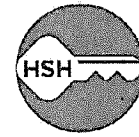
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/08/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 125 Bayshore Blvd. S.F. 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

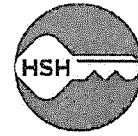
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/10/19	7:15 pm	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Names of Reporting Staff	Neal Tremain, Supervisor		



DEPARTMENT OF
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Jeff Kositsky
Director

Names of Witnesses:	Client Witnesses	Staff Witnesses

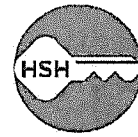
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approx. 7:15 I was informed that client A (who is approx. 8 months pregnant) was having contraction two to three minutes apart. I immediately made contact with client A and called 911. I instructed _____ stand at the Jerrold street entrance to flag the EMT's down if they came from that direction and _____ to the Bayshore entrance for the same reason. Meanwhile I stayed with client A keeping her calm and relaying information to her from the 911 operator as well as getting information from client A to the 911 operator. EMT's were escorted to client A.

Describe any injuries observed: N/A	Describe any action taken by staff: Called 911, comforted client A, took her information for medical staff on the phone.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics transported client A to Mission Bay Hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:15 pm Time Arrived: 7:25 pm	Name of Police Officer/Badge No.: SFFD Engine#9, Paramedic EMT Truck# 78 Where was the client taken: Mission Bay Hospital

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	1/10/19
Person Who Completed Report <i>(please print)</i>	Neal Tremain
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 125 Bayshore Blvd.



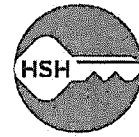
DEPARTMENT OF
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Director

Supervisor Name and Phone	Neal Tremain, 408-724-0387
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

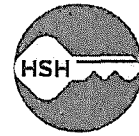
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
01/16/2019	2:50 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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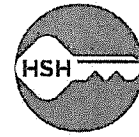
Jeff Kositsky
Director

Names of Reporting Staff	Epitacio Cortina	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

at approximately 2:50 am another guest entered into the office informing staff that Client A was having a seizure in the smoking area. I immediately told A1 security to call 911 as I approached the smoking area I observed Client A sitting in a chair having a seizure ambassador(s) Sandra and Roman who automatically made sure she was stable as to not hurt herself. Paramedics arrived at 2:58 am who then took over in securing Client A. However Client A refused any further medical attention and returned to her bed.

Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 and securing Client A from any further harm.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took her vitals and making sure Client A was stable enough to remain in the Center
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.:



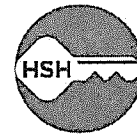
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Director

Time Called: 2:51am Time Arrived: 2::58am	Where was the client taken: Client A refused further medical treatment.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	01/16/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center (415)920-8920
Supervisor Name and Phone	Epitacio Cortina



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San Francisco Housing and Homeless Division Report of Critical Incident

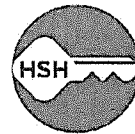
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
01/16/2019	4:19 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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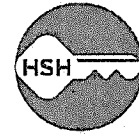
Jeff Kositsky
Director

Names of Reporting Staff	Epitacio Cortina	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 4:19 Clients A’s husband approached me in the dorm while we staff were attending to another medical emergency and informed me that we needed to call 911 for Client A as Client A was suffering severe abdominal pain and could not get up. A call was immediately made to 911.

Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 and staff stood with Client A until medics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Stabilized Client A and transported Client A to St. Lukes Hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:21 am Time Arrived: 4:35 am	Name of Police Officer/Badge No.: Where was the client taken: Saint Lukes Hospital.



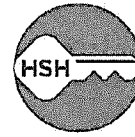
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Jeff Kositsky
Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	Epitacio Cortina
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center (415)920-8920
Supervisor Name and Phone	Epitacio Cortina (415)920-8920



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San Francisco Housing and Homeless Division Report of Critical Incident

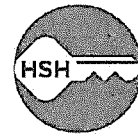
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz; Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
01/16/2019	4:26 am	Medical	
Navigation Center Name	Bayshore navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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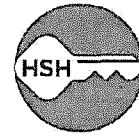
Jeff Kositsky
Director

Names of Reporting Staff	Epitacio Cortina	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 4:15 am Ambassador Sandra called for help which A1 security and my self reported to the dorm where we were informed by staff the Client A who was sitting in a wheelchair was experiencing another seizure. 911 was immediately called and staff stayed with Client A until emergency personnel arrived.

Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 and stabling Client A from any further harm.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics stabilized Client A and transported Client A to U.C. hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:17am Time Arrived: 4:30am	Name of Police Officer/Badge No.: Where was the client taken: U.C. hospital



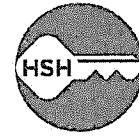
DEPARTMENT OF
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Jeff Kositsky
Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	01/16/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center (415) 920-8920
Supervisor Name and Phone	Epitacio Cortina (415)920-8920



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San Francisco Housing and Homeless Division Report of Critical Incident

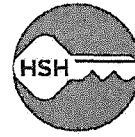
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/20/2018	1:10pm	Medical	
Navigation Center Name	Bayshore Navigation		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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Jeff Kositsky
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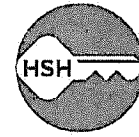
Names of Reporting Staff		
	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approx 1:10 pm I was radioed from the dorm that a guest was having minor seizures. I immediately responded to the guest dorm to find client A up and talkative. I asked client A if she would like a ambulance and she refused. I then told client A that she needed to get checked out by the EMT's and medically cleared before we could allow her to stay. She then agreed. 911 had already been called and arrived a short time later. The EMT's checked client A's vitals and said they are normal. Client A refused to go with the ambulance and signed a refusal. It was the opinion of the first responders that client A needed to go see a doctor as soon as possible and get her seizure medication.

Describe any injuries observed: N/A	Describe any action taken by staff: Staff called 911 and sat with client A the entire time. Staff are also monitoring client A
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Vitals were taken, advised client A to go see a doctor as soon as possible
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:10 pm Time Arrived: 1:15 pm	Name of Police Officer/Badge No.: SFFD# 72 & #9
	Where was the client taken: Client refused and signed computerized refusal offered by EMT's

IMPORTANT AGENCY INFORMATION



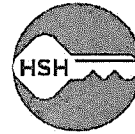
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Jeff Kositsky
Director

Date Form Submitted to HSH	1/20/19
Person Who Completed Report <i>(please print)</i>	Neal Tremain
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center 125 Bayshore Ave
Supervisor Name and Phone	Neal Tremain 415-573-9437



DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

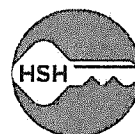
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
01/21/2019	855pm	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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City & County of San Francisco



Jeff Kositsky
Director

Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)

Client A was lying in bed complaining of pains to her hip and that she went to the restroom and blood was coming out of her stool.

Describe any injuries observed:	Describe any action taken by staff:called 911, comfort guest.
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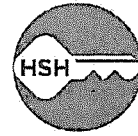
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took guest to hospital
--	---

<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.:#222
--	--

Time Called: 843pm Time Arrived: 855pm	Where was the client taken:St Lukes
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IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	01/21/2019
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Jeff Kositsky
Director

Person Who Completed Report <i>(please print)</i>	John McQueen
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation. 415-920-8920
Supervisor Name and Phone	John McQueen 415-920-8920

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

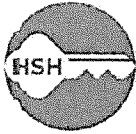
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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident: 01/28/2019	Time Incident Occurred: 7:35pm	Type of Incident: Medical emergency	
		Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John McQueen		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A was sitting in smoking area, when a guest came to office and stated that client A was having a stroke, when i arrived to client A he was sitting in a chair with him leaning on his right side, Client A couldn't move his right side.			

Describe any injuries observed:N/A	Describe any action taken by staff: 911 was called.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: 911 was called. Fire Department paramedics arrived and checked in with Client A, took him to S F General hospital for more support.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: :7:25pm Time Arrived:7:50pm	Name of Police Officer/Badge No.: Fire Dept. Engine 9 Ambulance No. 89
	Where was the client taken to. S F Gerenal Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	01/28/2018
Person Who Completed Report <i>(please print)</i>	John McQueen
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 125 Bayshore Blvd, San Francisco; 415.920.8920
Supervisor Name and Phone	John McQueen, 415.920.8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

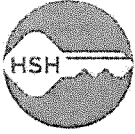
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
01/29/2019	5:30pm	Medical/Psych	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
	Client Witnesses	Staff Witnesses	





Names of Witnesses:			
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A was in the dorm area ejaculating, indecent exposure and getting very loud with other guest. The police came and put client A in an ambulance and took guest to S F General for observation.			
Describe any injuries observed: N/A		Describe any action taken by staff: Called 911	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 5:30pm Time Arrived: 7:10pm		Describe what actions were performed by the Paramedics or Police: Took guest to S F general	
Check if paramedics were involved		Name of Police Officer/Badge #7 Truck	
Time Called: Time Arrived		Where was the client taken: S F general	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		01/29/2019	
Person Who Completed Report <i>(please print)</i>		John Mcqueen	
Agency Name/Location/Phone <i>(please print)</i>		Five Keys Navigation Center 415-920-8920 125 Bayshore	
Supervisor Name and Phone		John Mcqueen	



INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

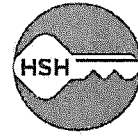
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/29/2019	8:25p	medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved			1253
Last Four of SSN			LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John mcqueen		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A was sitting in the bathroom stall throwing up and defecating at the same time .client said that she needed medical attention.			

Describe any injuries observed: N/A	Describe any action taken by staff: called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: check Client blood pressure, vital signs
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:31pm Time Arrived:8:40 pm	Name of Police Officer/Badge No.: truck #74 Where was the client taken: St Luke's hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH 01/29/2019	
Person Who Completed Report <i>(please print)</i>	John mcqueen
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	John mcqueen 415 920 8920



DEPARTMENT OF
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Director

San Francisco Housing and Homeless Division Report of Critical Incident

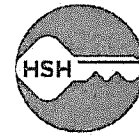
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
01/30/2019	5:41 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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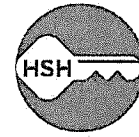
Jeff Kositsky
Director

Names of Reporting Staff	Epitacio Cortina	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 5:40 am I was called to the outside court yard where I found our Ambassador(s) standing alongside Client A who was sitting down at the table, as I approached I was informed by staff that Client A was having severe stomach pains and was requesting medical attention.

Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 and Staff stayed with Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Transported Client A to hospital.
<input type="checkbox"/> Check if paramedics were involved Time Called: 5:41am Time Arrived: 5:57am	Name of Police Officer/Badge No.: Ambulance #56 Where was the client taken: UCSF



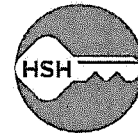
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Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	01/30/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center(415)920-8920
Supervisor Name and Phone	Epitacio Cortina (415)920-8920



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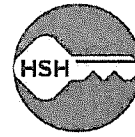
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
02/04/2019	2:30am	Unauthorized Area	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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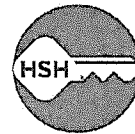
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At about 2:30 am I was informed by staff that Client A was seen entering the ADA shower with a female guest. When staff asked all who was in the shower guest attempted to lie however after some time Client A came from behind the curtain .

Describe any injuries observed: N/A	Describe any action taken by staff: Staff issued a non-immediate denial of service for violating rule B2 of the Navigation center.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: N/A
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: N/A Where was the client taken:

IMPORTANT AGENCY INFORMATION



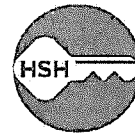
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Director

Date Form Submitted to HSH	
Person Who Completed Report <i>(please print)</i>	
Agency Name/Location/Phone <i>(please print)</i>	
Supervisor Name and Phone	



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San Francisco Housing and Homeless Division Report of Critical Incident

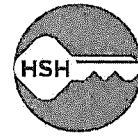
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
02/04/2019	3:18am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



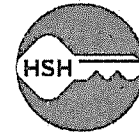
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City & County of San Francisco



Jeff Kositsky
Director

Names of Reporting Staff			
Names of Witnesses:	Client Witnesses		Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A informed me via radio that Client A was seeking medical attention. Client A came into the office stating that he had forgotten his blood pressure medicine and was feeling dizzy, dry mouth, heart palpitations and wanted medical attention. 911 call was immediately made by staff and Client A was transported to the hospital.			
Describe any injuries observed: N/A		Describe any action taken by staff: Called 911 and had Client A remain seated in the front office until emergency personnel arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Checked Client A vitals and transported Client A to the hospital.	
<input type="checkbox"/> Check if paramedics were involved Time Called: 3:17am Time Arrived: 3:35am		Name of Police Officer/Badge No.: Ambulance # 22 Where was the client taken: Client A was transported to Mission Bernal	



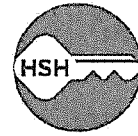
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Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	02/04/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center S.F. Ca. (415) 920-8920
Supervisor Name and Phone	Epitacio Cortina (415)920-8920



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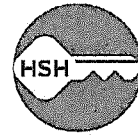
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
02/06/2019	12:02 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses

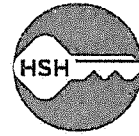
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At 12:02 am Client A came into the office asking for medical assistance due to an allergic reaction Client A was having to medication that was prescribed to Client A.

Describe any injuries observed: Swollen lips and rash about the arms and legs.	Describe any action taken by staff: Called 911 and had Client A remain seated in the front office.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Spoke with Client A ensuring that the client was ok for transporting to the hospital.
<input type="checkbox"/> Check if paramedics were involved Time Called: 12:03am Time Arrived: 12:10am	Name of Police Officer/Badge No.: Ambulance #122 Where was the client taken: SFGH

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	02/06/2019
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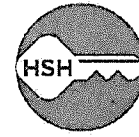
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Jeff Kositsky
Director

Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, S.F. Ca. (415)920-8920
Supervisor Name and Phone	Epitacio Cortina (415)920-8920



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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

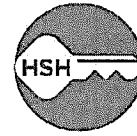
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
02/13/2019	1:33 am	Medical (overdose)	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			

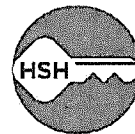
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Director

Names of Reporting Staff	Epitacio Cortina	
Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>At 1:33 am I was informed by staff that we had an incident in the women's guest shower. I immediately responded to the area and noticed Client A sitting on the shower floor. Staff informed me that a syringe had been found in the shower stall that Client A was occupying, staff began asking her questions for the purpose of getting a response, but to no avail. I then had A1 Security call 911 and retrieve Narcan. I was then informed via radio that she was now responding and coherent. At this time emergency personnel arrived and transported Client a to the hospital.</p>		
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911, staff stayed with her keeping her awake and alert.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took vitals and transported Client A to the hospital.	
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: Fire truck #E9 and ambulance #748	



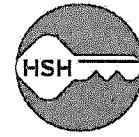
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Director

Time Called: 1:35 am Time Arrived: 1:40 am	Where was the client taken: Mission Bernal
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	02/13/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, S.F. Ca. (415)920-8920
Supervisor Name and Phone	



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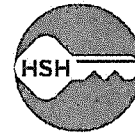
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/14/19	9:15 AM	Psychiatric, medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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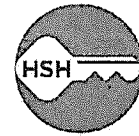
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Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was experiencing psychosis and mania. She did not sleep last night, was talking constantly, pacing, crying and laughing, and made multiple complaints including, “I got Turrent’s and I’m going to jail,” and, “There are 18 sleep deprivation units under the tunnel.” She was also complaining of asthma and trouble breathing. Client A has a history of medical issues and substance use and is bipolar. I called Mobile Crisis and they recommended I call the non-emergency paramedics. The paramedics came, evaluated Client A, put her on oxygen, and took her to the hospital. She returned this afternoon with discharge paperwork from the hospital.</p>	
Describe any injuries observed:	Describe any action taken by staff: Calmed client down, stayed with her, spoke with mobile crisis then paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated client, put her on oxygen and took her to the hospital
<input checked="" type="checkbox"/> X Check if paramedics were involved Time Called: 9:36 AM Time Arrived: 9:42 AM	Name of Police Officer/Badge No.: Truck 62, Engine 9
	Where was the client taken: Mission Bernal
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/14/19



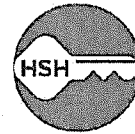
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Director

Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

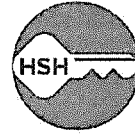
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
2/21/2019	9:05pm	911 emergency
Navigation Center Name	Bay Shore Navigation	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		
Client C.		



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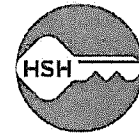
Jeff Kositsky
Director

Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was in the dorm at her bed area using profanity and arguing with client B ,client A was asked to step to supervisor office ,client A refused to leave bed area and continued to keep cursing ,saying (fuck you you bitch im not going anywhere call the fucking police, police were called Client A still refused to leave with police,client A was taken out by SFPD and 911 medical.

Describe any injuries observed: Client A arm was in a brace.	Describe any action taken by staff: called 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 845p Time Arrived: 905p	Describe what actions were performed by the Paramedics or Police: police handcuff client A and called ambulance .
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 905p	Name of Police Officer/Badge No.: 124 engine 9 Where was the client taken: St luke's hosp[ital]



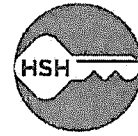
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Director

Time Arrived: 911p	
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/22/2019
Person Who Completed Report <i>(please print)</i>	john mcqueen
Agency Name/Location/Phone <i>(please print)</i>	bayshore navigation
Supervisor Name and Phone	john mcqueen



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San Francisco Housing and Homeless Division Report of Critical Incident

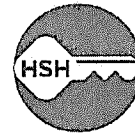
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/22/19	9:15 PM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			



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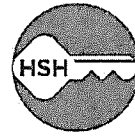
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Jeff Kositsky
Director

Names of Reporting Staff	Paul Young	
Names of Witnesses:	Client Witnesses	Staff Witnesses
	N/A	Capri Spain

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At 9:15 PM while completing rounds in the kitchen I was alerted by Ambassador Spain	
I need to look at Client A as she was having difficulty moving responding and talking.	
I asked her how she felt and her response was very slow and incoherent. I made the decision to call 911 Emergency as a precaution so she could be evaluated. SFFD Engine 9	
arrived took her vitals and asked her general questions about her health. Their conclusion was to have her transported to Mission Bernal for further tests and evaluation.	
Describe any injuries observed: N/A	Describe any action taken by staff: Staff responded to their emergency response training and assisted with keeping the area secure assisted where needed.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Checked vitals, gathered medical history, head to toe exam.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:15 PM Time Arrived: 9:22 PM	Name of Police Officer/Badge No. N/A Where was the client taken: Transported by AMR (116) to Mission Bernal Emergency.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/22/19
Person Who Completed Report	Paul Young Shift Supervisor



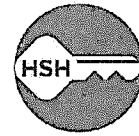
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Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young, (415) 920-8920



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San Francisco Housing and Homeless Division Report of Critical Incident

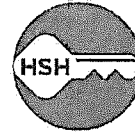
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/1/19	9:38 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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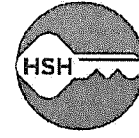
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was in the kitchen getting coffee when she told staff she felt faint. She then went to sit in a chair but missed and fainted. Staff grabbed her and prevented her head from hitting the floor. She was laying on the floor non-responsive and appeared to be unconscious. Staff checked and she had a pulse and was breathing but not responding or opening her eyes.</p> <p>Paramedics arrived, evaluated her and took her to SFGH.</p>	
Describe any injuries observed: Unconscious, shallow breathing	Describe any action taken by staff: Stopped Client A from hitting her head on the floor, took her pulse, provided medics with health information
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated guest and took her to SFGH
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:42 AM Time Arrived: 9:45 AM	Name of Police Officer/Badge No.: Engine 9, AMR 290376
	Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3.1.19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill



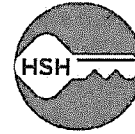
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Director

Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



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San Francisco Housing and Homeless Division Report of Critical Incident

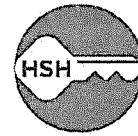
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/7/19	1:57 PM	Police	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.	_____	_____	
Client B.	_____	_____	
Client C.	_____	_____	



DEPARTMENT OF
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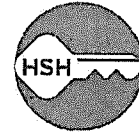
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was denied service from the Bayshore Navigation Center several weeks ago. Client B, his wife, is still a guest here. Client A was standing outside the Navigation Center entrance on Jerrold asking staff to tell his wife to come outside. Client B was afraid to go outside because her husband was trying to convince her to move out and stay on the street with him. Client A became aggressive, yelling, cursing and hitting the gate. When he was asked to move away from the entrance he refused and said, "Call the police, I'm not leaving."</p> <p>Staff called non-emergency police. They said they would send someone but no one showed up until over four hours later. By that time, staff had been able to convince Client A to leave the area. Client B was counseled by her case manager and chose to stay here at the Nav. Center.</p>	
Describe any injuries observed:	Describe any action taken by staff: Prevented any escalation, convinced Client A to leave and got Client B help
<input type="checkbox"/> X Check if police were involved Time Called: 1:57 PM Time Arrived: 6:10 PM	Describe what actions were performed by the Paramedics or Police: Arrived several hours after issue was resolved
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Squad car 217 Where was the client taken:
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3/8/19



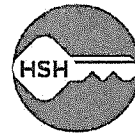
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Director

Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



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San Francisco Housing and Homeless Division Report of Critical Incident

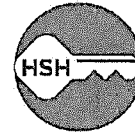
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/16/19	07:00	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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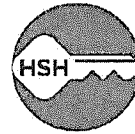
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A reported difficulty breathing, rapid temperature changes, cold sweats, and chest and joint pain. She has stage 4 cancer and recently had pneumonia. Staff called the paramedics, gave her an albuterol inhaler, and kept her calm while waiting for help.</p> <p>The paramedics arrived, evaluated her, and took her to SF General for treatment.</p>	
Describe any injuries observed: Difficulty breathing, rapid temperature changes, cold sweats, and chest and joint pain	Describe any action taken by staff: Called paramedics, kept guest calm
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medically evaluated guest and took her to the hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:00 AM Time Arrived: 7:11 AM	Name of Police Officer/Badge No.: Engine 9, Truck 14500022 Where was the client taken: SF General
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3/16/19
Person Who Completed Report (please print)	Meg O'Neill



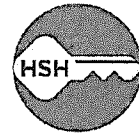
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Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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San Francisco Housing and Homeless Division Report of Critical Incident

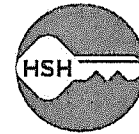
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/17/2019	10:15 AM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			



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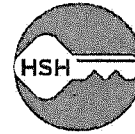
Names of Reporting Staff	Neal Tremain	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Marvin Galdamez

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At 10:15 am Client A came into the Administration area and complained of chest pain, I was summoned to the front desk via radio and found Client A sweating and shallow breath, he was experiencing chest pain so I immediately called 911. Medical teams arrived at the facility at 10:21 and upon examination of Client A they transported him to the hospital	
Describe any injuries observed: Sweating, shallow breathing, chest pain	Describe any action taken by staff: 911 called, comforted client until medics arrived
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated and transported to hospital. Responding Depts. SFFD #9 & SFFD #72
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:15 AM Time Arrived: 10:21 AM	Name of Police Officer/Badge No.: Where was the client taken: CPMC (VanNess)
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3/17/2019
Person Who Completed Report (please print)	Neal Tremain
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Neal Tremain (415-573-9437)

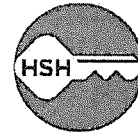
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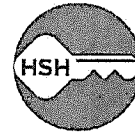
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
03/18/2019	9:55 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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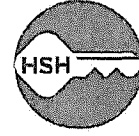
Jeff Kositsky
Director

Names of Reporting Staff	Epitacio Cortina and Ricardo Lopez	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 9:55 am it was announced via radio that we had an emergency in the dorm 911 was immediately called. I and other staff members immediately responded to the location of the emergency where I found Ambassador Ricardo aiding Client A, I was informed that Client A had just experienced a seizure. Emergency personnel arrived to the center and transported Client A to the hospital.

Describe any injuries observed: N/A	Describe any action taken by staff: Called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics arrived on scene taking Client A's vitals and stabilizing the client for transportation to the hospital.
<input type="checkbox"/> Check if paramedics were involved Time Called: 10:00 am Time Arrived: 10:06 am	Name of Police Officer/Badge No.: Bus #81, Paramedic R. Law and firemen Noble and Chow Where was the client taken: SFGH



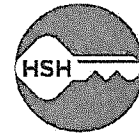
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Jeff Kositsky
Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	03/18/2019
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center S.F. 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

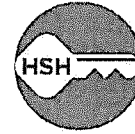
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
04/07/2019	4:45 pm	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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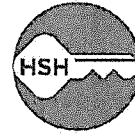
Mayor London
Breed
City & County
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Francisco



Jeff Kositsky
Director

Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At about 4:44 pm guest entered my office stating that he was suffering severe stomach pains and needed medical attention. I immediately had staff call 911.	
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 and had client A stay seated in the front office.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took his vitals and transported Client A to the hospital.
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.:
Time Called: 4:45 pm Time Arrived: 4:53 pm	Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	04/08/2019
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920



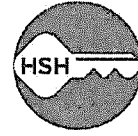
DEPARTMENT OF
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Director

Supervisor Name and Phone	Epitacio Cortina 415-920-8920
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DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

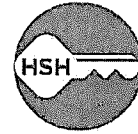
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/7/2019	5:20 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			



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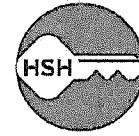
Mayor London
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of San
Francisco



Jeff Kositsky
Director

Names of Reporting Staff	Neal Tremain	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At approx. 5:15 am Client A began exhibiting stroke like symptoms. 911 was called at 5:20 am and paramedics arrived at 5:28 am. Client A was kept comfortable by ambassadors until medical help arrived. Client was transported to SFGH at 5:35 am	
Describe any injuries observed: extreme loss of coordinated muscle movement, slurred speech	Describe any action taken by staff: Staff called 911, performed stroke questions for 911 operator, kept Client A comfortable and made sure that Client A didn't drink or eat anything before the arrival of medical help
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medics did a quick test and transported Client A to hospital
<input type="checkbox"/> Check if paramedics were involved Time Called: 5:20 am Time Arrived: 5:28 am	Name of Police Officer/Badge No.: SFFD Engine #9 SFFD Ambulance #62 Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/7/2019



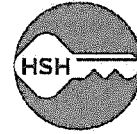
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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Breed
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Jeff Kositsky
Director

Person Who Completed Report <i>(please print)</i>	Neal Tremain
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Neal Tremain, 415-573-9437



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Jeff Kositsky
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San Francisco Housing and Homeless Division Report of Critical Incident

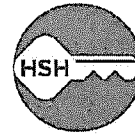
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/10/19	4:40 PM	Medical Transport	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

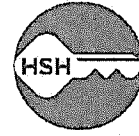
Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Paul Young - Supervisor

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
(Client A) came to the supervisor’s office at 4:40 PM and stated she had strep throat, was not feeling well, and had mild back pain. (Client A) stated she wanted to call an ambulance for transportation to the hospital. Under her own volition she called 911 who in turn arranged for King Ambulance #6 to pick her up and transport her to St. Mary’s Hospital. (OA) Johnny Holman remained with her until medical transportation arrived.	
Describe any injuries observed: N/A	Describe any action taken by staff: Staff made sure (Client A) was comfortable and remained with her until medical transportation arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took medical information and vitals.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:40 PM Time Arrived: 5:00 PM	Name of Police Officer/Badge No.: Where was the client taken: St. Mary’s Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	5/10/19
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920



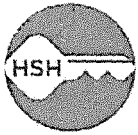
DEPARTMENT OF
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Director

Supervisor Name and Phone	Paul Young - Supervisor
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

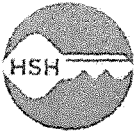
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

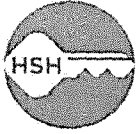
Date of Incident:	Time Incident Occurred:	Type of Incident:	
12/16/2018	5:27pm	Violence	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.	_____	_____	
Client B.	_____	_____	
Client C.	_____	_____	
Names of Reporting Staff	Molly Sullivan		





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Molly Sullivan (via camera footage)
		Marjorie Russell (via camera footage)
		Sam Woods (via camera footage)
		Kevin Marques (via camera footage)
<p align="center">Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)</p>		
<p>On Monday, 12/17 Front Desk Clerk _____ was reviewing camera footage from the night before. Mr. _____ observed Client B striking Client A in the face and pushing her into another client’s unit. Client A and Client B were not visible via camera after that. Two client witnesses saw the event occur but did not wish to write incident reports. Mr. _____ brought this camera footage to the attention of Property Manager _____ and Clinical Case Manager (CCM) _____. CCM called Program Manager _____, who was off-site at the time. Ms. _____ notified CCM that she would be consulting with HSH regarding next steps. On 12/18, Ms. _____ directed Case Manager _____ to file an APS report on behalf of Client A and directed CCM to file a police report. At approx. 4:00 p.m. on 12/18, CCM filed a police report. SFPD dispatchers agreed that RSD Staff should be present when officers arrive. Due to the hotel’s RSD offices being closed on 12/19, the SFPD dispatcher advised CCM to provide information regarding the report, and to call back on 12/20 to request officers to come on-site. At 10:35 a.m. on 12/20, CCM called SFPD, referenced the call number provided on 12/18. Officers were dispatched and arrived on-site at 11:25 a.m. Ms. _____, Mr. _____, and CCM greeted officers and provided background information. Officers viewed and recorded camera footage of the incident. Officers took statements from Client A and Client B. Officers notified Client A that they would be seeing a protection order. Officers arrested Client B.</p>		
<p>Describe any injuries observed:</p>	<p>Describe any action taken by staff: Staff filed an APS report and a police report. Staff remained on-site on 12/20 to greet police and assist Client A and Client B.</p>	
<p><input checked="" type="checkbox"/> Check if police were involved Time Called: Initial report made approx.. 4:00 p.m. on 12/18. Follow-up call made 12/20 at 10:35 a.m.</p>	<p>Describe what actions were performed by the Paramedics or Police: Police took statements from Client A and Client B. Police arrested Client B. Police notified staff that they will be requesting an order of protection for Client A.</p>	

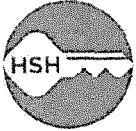




DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Time Arrived: 12/20 at 11:25 a.m.	
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/ Badge No.: Glynn/1631 Dudum/1066 Bautista/police refused to provide badge number
Time Called: Time Arrived:	Where was the client taken: Client B was arrested.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	12/20/18
Person Who Completed Report <i>(please print)</i>	Molly Sullivan
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership/ 20 12 th St.,/ 415.522.0160
Supervisor Name and Phone	Renee Penton/415-713-9409





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
12/17/2018	03:15pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Molly Sullivan		



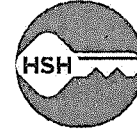


Names of Witnesses:	Client Witnesses	Staff Witnesses
<p align="center">Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)</p>		
<p>Client A reported feeling ill to staff and requested an ambulance. Client A reported that he had been released from SFGH the night before following surgery. Client A reported being in significant pain. Staff observed client sweating and breathing heavily. Staff called 911 and requested paramedics. Staff monitored client while waiting for paramedics to arrive. Staff helped communicate Client A's symptoms and helped problem-solve to make sure Client A's dog was cared for.</p>		
Describe any injuries observed:	Describe any action taken by staff: Staff called paramedics and monitored client while waiting for paramedics to arrive.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: The paramedics took Client A and his dog to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:15pm Time Arrived: 3:25pm	Name of Police Officer/Badge No.: Where was the client taken: St. Francis Memorial Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	12/17/18	
Person Who Completed Report <i>(please print)</i>	Molly Sullivan	
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership, 20 12 th St., San Francisco, CA 94103 / 415.522.0160	
Supervisor Name and Phone	Renee Penton/415-713-9409	





Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

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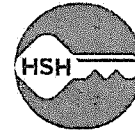
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/2/2019	11:39am	Other Emergency Services	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			



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City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

Client C.		
Names of Reporting Staff	Renee Penton	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Sam Woods (PM), La'Oshia Tillman (asst PD), Mignon Perry (program monitor)

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**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was participant at CCNC for 23 months and was discharged 3/13/18. He has lived outside of the building since that time. Program Director and Property Manager have attempted to access resources and services on his behalf with Client A refusing to go inside

Or be a “burden to others”. He has refused all medical care, SFHot team interventions, and Swords to Plowshare attempts to provide services to him. This morning it was noted by staff that something was wrong with his feet. This writer (T/W) upon seeing the condition of his feet-possible severe gangrene-called 311 for assistance as he had refused services earlier in the morning.

Upon Officer Thomas arriving she completed a mental status evaluation and looked at his feet, calling paramedics and ambulance to the scene. After a lengthy attempt to get him to go the hospital on his own out of concern for his health, with Client A refusing stating “maybe next week”, also refusing a hotel from Swords to Plowshares who was on site to

Attempt to engage him in their services, the Officer and EMT’s decided with consultation from the CCNC Program Director, that Client A met the criteria for gravely disabled and created a 5150. Client A was then told what was going to happen, and informed that he would go to St Francis with Swords to Plowshares following closely behind to intake him. Upon getting into the gurney, which he was unable to do without assistance as he could not stand or walk, he asked for oxygen as he has trouble breathing as well.

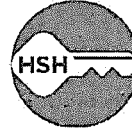
Client A was place in ambulance and transported to hospital. T/W provided her information to the officer for follow up as needed.

Describe any injuries observed: Possible gangrene of both feet, severe	Describe any action taken by staff: Engage with previous client a, encourage to get care, called 311 for assistance with possible 5150 for grave disability
<input checked="" type="checkbox"/> Check if police were involved Time Called: 11:39a Time Arrived: 12p	Describe what actions were performed by the Paramedics or Police: mental status exam, examine feet, attempt to get Client A to go to hospital willingly, eventual 5150 and taken by ambulance to St Francis-grave disability
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:20p Time Arrived: 12:25p	Name of Police Officer/Badge No.: V. Thomas 885 Where was the client taken: St Francis Hospital

IMPORTANT AGENCY INFORMATION



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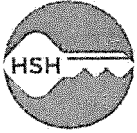


DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Date Form Submitted to HSH	1/2/19
Person Who Completed Report <i>(please print)</i>	Renee Penton
Agency Name/Location/Phone <i>(please print)</i>	CHP-CCNC Nav 2
Supervisor Name and Phone	Anat Leonard-Wookey 415-852-5357

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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

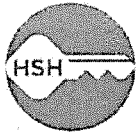
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/7/19	12:00 am		
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		



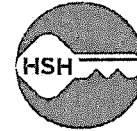


Names of Witnesses:	Client Witnesses	Staff Witnesses
		Hakim
		Jennifer
		Security
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
While Security was conducting rounds, she informed me that two males were in the dorm about to fight, once I got to the dorm guest A and B were in each other's face yelling and cursing, I immediately stepped between them asked what was going on, guest B stated that guest A had his music up to loud and he asked him to turn it down, guest A stated that B stood up over him in a threaten manner and demanded he turn it down, both guys were not calming down so the matter needed 911 assistance		
Describe any injuries observed: N/A	Describe any action taken by staff: Jennifer Savidge called 9-1-1	
<input checked="" type="checkbox"/> Time Called: 12:09 am Time Arrived: 12:40 am	Describe what actions were performed by the Paramedics or Police: officer J.Tynes (2744) and spoke with both guys	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: N/A Time Arrived: N/A	Name of Police Officer/Badge No.: J.Tynes 2744	
	Where was the client taken: N/A	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/8/19	
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center/ 680 Bryant St./ (415) 373-7896	
Supervisor Name and Phone	Jacqueline Williams (415)373-7896	





Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

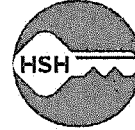
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/7/2019	4:11pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			



Mayor London Breed
City & County of San Francisco



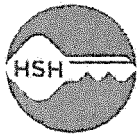
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff	Mary Kay Chin	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		LaMont Dilwod

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
CCM came upon Client A in the hallway on the 3 rd floor dazed and presenting paler than usual. Client A reported she had been ill (vomiting and diarrhea) for three days and requested CCM call her an ambulance. CCM escorted Client A to the lobby and called 911 from the front desk at 4:11pm. The ambulance arrived at 4:27pm. The EMTs reported they would take Client A to St. Luke's.		
Describe any injuries observed:		Describe any action taken by staff: Called 911, provided all necessary information to dispatch regarding Client A's status.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:11pm Time Arrived: 4:27pm		Name of Police Officer/Badge No.:
		Where was the client taken: St. Luke's
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/7/19	
Person Who Completed Report <i>(please print)</i>	Mary Kay Chin	
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership, 415-319-4830	
Supervisor Name and Phone	Renee Penton, 415-713-9409	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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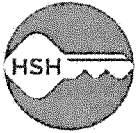
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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/17/2019	6:45p.m	Other Emergency Services	
Navigation Center Name	Bryant Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		

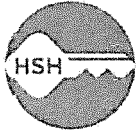
Page 1 of 2





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett
		Michael Johnson
		John Warner
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A. was given an immediate denial of services for violating rule A3- Verbal threats of violence on the premises or within 200 feet in any direction from currently used access door.		
Describe any injuries observed: N/A	Describe any action taken by staff: Guest was asked to exit the premises.	
<input type="checkbox"/> Check if police were involved Time Called: 6:48p.m Time Arrived: 7:27p.m	Describe what actions were performed by the Paramedics or Police: Officer arrived	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: SFPD Officer Orengo #2122 Where was the client taken: Escorted off premises	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1-17-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Navigation Center 680 Bryant Street.	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext 4411	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

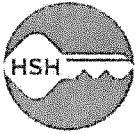
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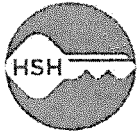
Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/23/2019	11:38pm	Other Emergency Services	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Danielle Belton		





Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was being disruptive and yelling out because guest was upset about being denied of service		
Describe any injuries observed:		Describe any action taken by staff:
<input type="checkbox"/> Check if police were involved Time Called: 11:38pm Time Arrived: 11:48pm		Describe what actions were performed by the Paramedics or Police: The police assisted with getting the guest off the grounds
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: Ledesma/2733 Tynes/2744 Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		
Person Who Completed Report <i>(please print)</i>		Danielle Belton
Agency Name/Location/Phone <i>(please print)</i>		Bryant Navigation Center
Supervisor Name and Phone		Michael Johnson (415) 487-3300 EXT. 4411





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

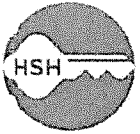
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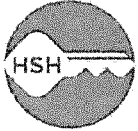
Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/30/19	2:58pm	medical	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		





Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was complaining of sharp feet pain.		
Describe any injuries observed: Complaining of sharp feet pain.	Describe any action taken by staff:	
<input checked="" type="checkbox"/> Time Called: 12:11pm	Describe what actions were performed by the Paramedics or Police: Medic 112 arrived and was transported.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:58pm Time Arrived: 3:15pm	Name of Police Officer/Badge No.:	
	Where was the client taken: St. Francis Medical Center	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/30/19	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant street sf ca 94103	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4411	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

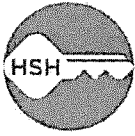
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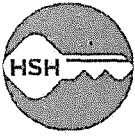
Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/31/2019	6:50p.m	Other Emergency Services	
Navigation Center Name	Bryant Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett
<p>Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)</p>		
<p>Guest A. was complaining about having nerve pain in his feet from previous car accident on December 27th. The paramedics were on site assisting another guest and checked guest A for staff.</p>		
Describe any injuries observed:	Describe any action taken by staff: Guest was asked to get off his feet and rest	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was taken to the ambulance by the paramedics	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 6:50p.m Time Arrived: 6:59pm	Name of Police Officer/Badge No.: Engine 8, Medic 55 Where was the client taken: St. Francis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1-31-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Street Navigation center	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext 4411	





Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

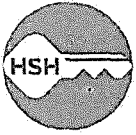
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/4/2019	APPROX. 6:00 PM	<u>Violence</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.		7281	
Client B.		3186	
Client C.			
Names of Reporting Staff	Molly Sullivan (CCM)		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Alondra Scott	Molly Sullivan (CCM), Reginae Raynor (CM), Lamont Dillwood (Front Desk Clerk)	

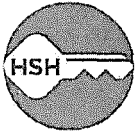
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>CCM was on the 2nd floor and heard loud shouting and thudding noises coming from the 3rd floor. CCM went up to the 3rd floor and located the noise coming from Client A's unit. Client A's door was closed. CCM called on the radio for assistance from the other CM on duty. Client A and Client B continued to shout at each other. CCM shouted loudly to get Client A and Client B's attention. Client B came out of Client A's unit and told CCM that Client A hit Client B and asked CCM to call the police. CCM accompanied Client B downstairs to the Resident Services Office while CM remained on the third floor to calm Client A. Client B reported that she has a history with Client A and that Client A has assaulted her in the past. Client B reported that she used to have an order of protection against Client A, though it expired recently. Client B reported that she would like to file a report with the police. CCM called over the radio for Front Desk Clerk to call the police to report an assault. Client A was observed leaving the building. After some time of Client B describing her relationship history with Client A to CCM, Client B asked to go into the Community Room to get something to drink. Client B was observed leaving the building.</p>		
Describe any injuries observed: None observed	Describe any action taken by staff: Staff helped to separate Clients A and B. Staff called the police so that Client B could file a report. Staff greeted police when they arrived and informed them that Clients A and B were no longer on site.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 6:25 p.m. Time Arrived: 11:10 p.m.	Describe what actions were performed by the Paramedics or Police: Police arrived on-site. Police requested to speak with Client A and Client B for statements. Client A and Client B were not present in the building at the time of police's arrival. Police left the premises.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Front Desk Clerk did not note names or badge numbers of responding officers.	
	Where was the client taken: n/a	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	02/05/2019	
Person Who Completed Report <i>(please print)</i>	Molly Sullivan	
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership, 20 12th St., 415-522-0163	



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Supervisor Name and Phone	Renee Penton, 415-713-9409
----------------------------------	-----------------------------------

CONFIDENTIAL



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/6/2019	8:10am	<u>Violence</u>	
Navigation Center Name	Choose A Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Ronnie Thorton	

		Elgin Rose

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A and B were arguing in the men’s bathroom Client B came out the bathroom and Client A came out behind him and they began to fight. Client B tried to walk away and Client A came at Client B again and they fought again. Client B picked up a blue chair to try to defend his self. I called 911. Client B walked off and went into the dorm. While Client A went back into the restroom. We kept them separate until officers Glynn #1631 and Villena # 472 arrived and escorted Client A off the grounds.

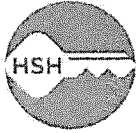
Describe any injuries observed: I did not see any injuries on anyone	Describe any action taken by staff: I called 911
---	---

<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: 8:14am Time Arrived:	Describe what actions were performed by the Paramedics or Police: Police escorted Client A off the grounds
--	--

<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Glynn #1631 and Villena #472 Where was the client taken: No one was arrested They both left the grounds at different times.
---	---

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	2/6/18
Person Who Completed Report <i>(please print)</i>	Missy Mason
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center Sanfrancisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

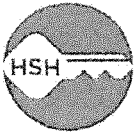
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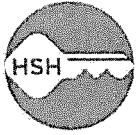
Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/6/2019	6:18pm	Other Emergency Services	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett
		Antwan Thomas
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Guest A. was in dining area yelling sexual obscenities at staff and when asked to go outside on time out guest requested that 911 be called to have him removed. When officers arrived guest fell out on couch and requested an ambulance be called because he could no longer walk not even with walker.</p>		
Describe any injuries observed:	Describe any action taken by staff: Guest was asked to go lay down until the ambulance arrived	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: 6:18p.m Time Arrived: 7:31p.m	Describe what actions were performed by the Paramedics or Police: Police arrived to escort guest off property, guest requested an ambulance, Police Officer #801 called for a paramedic they arrived at 7:36p.m Engine #8 and Medic #72 and then they took vitals and wheeled guest to the ambulance.	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 7:33p.m Time Arrived: 7:36p.m	Name of Police Officer/Badge No.: Police Officer Cestoni #801 and Sanchez#1150 , Engine 8, Medic 72 Where was the client taken: General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2-6-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411

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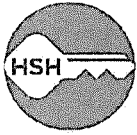
Page 3 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



REVISED 08/07/18



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/7/2019	10:31am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Candra Jordan	

		Missy Mason
		Michael Johnson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was in bed space and began to vomit. Client A was asked by Missy Mason if he needed any medical attention, which they said yes to. 911 was called for Client A and they were taken to SFGH.		
Describe any injuries observed: Client A was vomiting	Describe any action taken by staff: I called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medics 85 arrived and transported him to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:31am Time Arrived: 10:50am	Name of Police Officer/Badge No.	
	Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/7/18	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

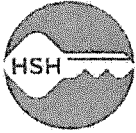
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

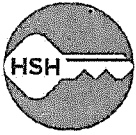
Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/8/2019	7:30p.m	Other Emergency Services	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett
<p>Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)</p>		
<p>Guest B. came to Welcome Center to inform staff that Guest A. was in need of medical.</p>		
<p>Guest A. was in inside dormitory hysterically crying and screaming she can't breathe. Guest A. said that she had a clot in her lung and needs an ambulance. Ambulance was called while S.M Michael made sure guest was able to start to relax.</p>		
Describe any injuries observed:	Describe any action taken by staff: Guest was asked to sit down until ambulance arrived.	
<input type="checkbox"/> Check if police were involved Time Called: 7:30p.m Time Arrived: 7:34p.m	Describe what actions were performed by the Paramedics or Police: Guest was wheeled to the ambulance where they took her vitals and transported her to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:30p.m Time Arrived: 7:34p.m	Name of Police Officer/Badge No.: Engine 8, Medic 71	
	Where was the client taken: General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2-8-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street.	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext 4411	





Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/9/2019	4:51pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jose Ceja Lopez		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

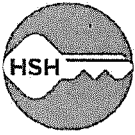
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A came into the office at 4:51pm. Client mentioned her son, Client B was not feeling well. He had taken his medication about two hours prior to her coming to the office, she said he had gotten pale, not violent but was speaking words out of the ordinary. He was anxious, and Client A saw a pattern which she has seen before which eventually leads to an emergency. Client A was trying to prevent things from getting out of control or to an emergency level. (911)Paramedics were called in. Police showed up, officer Mykael Thompson - badge number 970. They were abreast of the situation, they waited outside until the paramedics showed. Paramedics provided first response care, Client B was checked out but he decline going to the hospital. Paramedics and police left around 5:45pm

Describe any injuries observed:	Describe any action taken by staff: 911 called – Medical attention
<input type="checkbox"/> Check if police were involved Time Called: 4:51PM Time Arrived: 5:15PM	Describe what actions were performed by the Paramedics or Police: Provided first medical services.
<input type="checkbox"/> Check if paramedics were involved Time Called: 4:51PM Time Arrived: 5:20PM	Name of Police Officer/Badge No.: Mykael Thompson – badge number 970 Where was the client taken: No one was taken, resident declined being taken to the hospital

IMPORTANT AGENCY INFORMATION

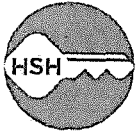
Date Form Submitted to HSH	2/12/2019
Person Who Completed Report <i>(please print)</i>	Jose Ceja Lopez
Agency Name/Location/Phone <i>(please print)</i>	Civic Center Hotel –Navigation Center



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Supervisor Name and Phone	LaOshia Tillman 415 432 4979
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Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

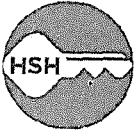
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/12/2019	9:00am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Tamegee Artis		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

		Missy Mason
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was in the community room Yelling and getting into verbal altercations with other guest that was in the community room SM Michael asked him to step out to have a conversation with client A. Client A said that staff that was working the community room assaulted him. Client A was threatening to harm staff so I was told to call the nonemergency police so a report can be taken for safety issues. Report was taken and report number was given		
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 Then I called my supervisor Michael	
<input type="checkbox"/> Check if police were involved Time Called: 10:00am Time Arrived: 10:15 am	Describe what actions were performed by the Paramedics or Police: police arrived and spoke with the guest	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: #317 O'Malley #1310 Patino Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/13/18	
Person Who Completed Report <i>(please print)</i>	Tamegee Artis	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

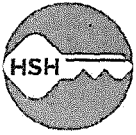
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/12/2019	10:00am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Tamegee Artis		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

		Missy Mason
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was having hand and feet pain and requested staff to call 911.		
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 Then I called my supervisor Michael	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: they checked her vitals	
<input type="checkbox"/> Check if paramedics were involved Time Called: 10:00am Time Arrived: 10:15am	Name of Police Officer/Badge No: Medic 65 Where was the client taken: St. Francis Medical Center	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/13/18	
Person Who Completed Report (please print)	Tamegee Artis	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

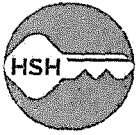
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/13/2019	7:50am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Lakisha Smith	

		Missy Mason
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
The alarm panel keeps going off there is no medical emergency on grounds with any staff or guest. The water Keeps setting it off. Engine 8 arrived and shut it off. They left instructions with me and also spoke with the Director John Ouertani. John called to have the problem fixed.		
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911 Then I called my supervisor Michael and Director John O	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Engine 8 arrived and checked the scene and shut off the alarm.	
<input type="checkbox"/> Check if paramedics were involved Time Called: 7:50am Time Arrived: 7:57am	Name of Police Officer/Badge No: Engine 8 Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/13/18	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/13/2019	10:34am	<u>Other Emergency Services</u>	
Navigation Center Name	Choose A Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Lakisha Smith	

		Missy Mason
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was having shoulder pains in her left shoulder. She asked staff to call 911.		
Describe any injuries observed: N/A		Describe any action taken by staff: Called 911 Then I called my supervisor Michael and Director John O
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: they checked her vitals
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:34am Time Arrived: 11:01am		Name of Police Officer/Badge No: Medic 65 Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/13/18	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/14/2019	4:23am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Danielle Belton		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Danielle Belton	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was complaining of a burning sensation in his hand and requested medical attention.		
Describe any injuries observed: N/A		Describe any action taken by staff: Called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: paramedics took him to St. Francis
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:23am Time Arrived: 4:32am		Name of Police Officer/Badge No:
		Where was the client taken: St. Francis
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/14/19	
Person Who Completed Report <i>(please print)</i>	Danielle Belton	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/14/2019	10:19 AM	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John Warner		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Missy Mason	

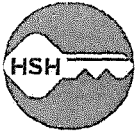
		Michael Johnson
		Elgin Rose

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was arguing with his partner Client B in front of the center. Client B came to the door to get in Client A was asking for his property. Client A began yelling at Client B through the front wood panels. Client A began ringing the door bell and yelling and screaming after the site manager, Michael Johnson, informed him that he will go to the storage and get his property. Client A still kept ringing the door bell and yelling at staff that tried to explain to him that his property is being pulled from the trailers. Client A was informed that through the intercom that he was DOS'ed for another incident and was not allowed on grounds. 911 was called because a guest was trying to get in and client A remained escalated. Staff attempted to de-escalate and let the other guest in due to the weather. When the door opened the other guest walked in Client A walked past staff and entered the center in an aggressive manor. Client A was threatening his partner and staff to give him his property aggressively. Michael and tried to calm him down and escort him back toward the exit while he continued to scream. Client A noticed staff was on the phone with the police and he left and ran down the street.

Describe any injuries observed: n/a	Describe any action taken by staff: 911 was called and case # was filed with SFPD. Staff had client B talk with police about her issues with client A to see if she wanted to look into any legal protections.
<input checked="" type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Demographic information were given and police went to look to see if Client A was at risk for 5150. Police talked to Client B about their history, and any concerns they should be aware of talking to Client A.
<input type="checkbox"/> Check if paramedics were involved Time Called: n/a Time Arrived: n/a	Name of Police Officer/Badge No.: R. Villena #472, C. Tope #677 Where was the client taken: n/a

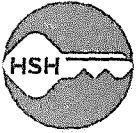
IMPORTANT AGENCY INFORMATION



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Date Form Submitted to HSH	2/14/19
Person Who Completed Report <i>(please print)</i>	John Warner
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center, ECS/680 Bryant/415-487-3300 X
Supervisor Name and Phone	John Ouertani 415-324-9041

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Department of Homelessness and Supportive Housing Report of Critical Incident

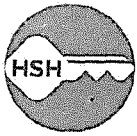
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/20/2019	9:30 PM	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Antwan Thomas	

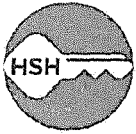


DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

[REDACTED]	[REDACTED]	Whitney Burnett
[REDACTED]	[REDACTED]	Sequoia Gant

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest has been vomiting and medical was called to give her some assistance. Guest refused to have her vitals taken or go to the hospital. Guest is refusing to get any help.		
Describe any injuries observed: N/A	Describe any action taken by staff: Cleaned up guest area and advised guest to lay down. 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics came and guest refused any medical assistance	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:30 PM Time Arrived: 9:51 PM	Name of Police Officer/Badge No: #1660 Galande, #524 Chang, #540 Ivan and Medic #72	
	Where was the client taken: N/A guest refused services	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/21/19	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

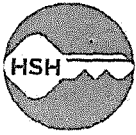
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/21/2019	3:12am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was found in the dorm with no pants or underwear on said that he could not get dressed because his brain would not allow him too and he was unsure why said that he wanted to be examined because this was not normal. I called the paramedics		
Describe any injuries observed: N/A		Describe any action taken by staff: Called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics came and spoke to guests and then took him to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:12am Time Arrived: 3:18am	Name of Police Officer/Badge No: Medic # 87 Engine# 8 Where was the client taken: They were not sure where they were going to take him	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/21/19	
Person Who Completed Report <i>(please print)</i>	Danielle Belton	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

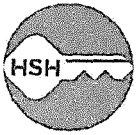
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/21/2019	12:19pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John Warner		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		John Warner	

		Whitney Burnett
		Michael Johnson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Following up on a report that Client A was experiencing a great deal of pain in his jaw from being attacked earlier in the day by a former guest. Client A communicated that he was having difficulty talking to do pain a swelling, had begun to bleed again from his wound, and began going back and forth between being overly hot and cold. Client was asked if he was able to go to the medical clinic across the street which he communicated no and was asked if he would like medical attention to come to get him, which he said yes to. Staff called 911 at 4:15 PM and then again at 5:12 PM, paramedics arrived at 5:24 PM. He was assessed and taken to SFGH.</p>		
Describe any injuries observed: Jaw and mouth had swollen and was bleeding from the mouth. Guest was shivering and sweating.	Describe any action taken by staff: 911 was called twice and monitor him while waiting for paramedics. Basic first was given.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics took him to the ambulance assessed him, gave him something for pain, and then took him to SFGH.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:50 PM, 5:12 PM Time Arrived: 5:24PM	Name of Police Officer/Badge No: Medic 82	
	Where was the client taken: Client A was taken to SFGH.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/21/19	
Person Who Completed Report <i>(please print)</i>	John Warner	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	John Ouertani (415) 487-3300 ext. 4101	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/21/2019	12:19pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

		Missy Mason
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A has a partner here while he was denied services .He is sending other guest to deliver messages to her. He is claiming his partner Client C have his stuff. Client B and Client A got into a physical fight on the deck out front. Site manager de-escalated it. Another guest stepped outside Client A pulled the door open while it was closing and ran inside and punched Client B in the face the police was called Client B and Client C refused to talk to the police. Client A ran out the emergency door setting off the alarm. Client B was offered medical attention he refused.</p>		
Describe any injuries observed: N/A	Describe any action taken by staff: I called 911 for the police.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 12:31pm Time Arrived: 12:35pm	Describe what actions were performed by the Paramedics or Police: Officer #1722 R. Jones arrived to try and take a report. The Clients refused to talk to the police.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: #1277 R. Jones arrived and made sure everyone was alright. Where was the client taken: He left before the police arrived. No one went to the hospital or Jail.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/21/19	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

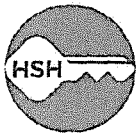
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/21/2019	1:36pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

		Missy Mason
<p align="center">Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)</p>		
<p>Client A went outside and met up with Client B and they came back to the front door where Client C was at the door Client B walked up and began fighting with Client C while Client A began screaming for _____ to come out to break it up but he was on the phone with the police. They stopped fighting on their own. Client A and B walked off together. Client C and the other guest came inside when it was safe to open the door. They were fighting behind the door. The police never showed up while I was on shift.</p>		
Describe any injuries observed: N/A		Describe any action taken by staff: Called 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 1:36 Time Arrived: Never arrived		Describe what actions were performed by the Paramedics or Police: police did not arrive while I was on my shift.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No: Where was the client taken: He left before the police arrived
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/21/19	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

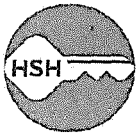
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/22/2019	1:24 pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John Warner		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		John Warner	

		Michael Johnson
		Lakisha Todd-Smith
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Inside the site manager's office Michael Johnson and Myself heard banging on the wall and on the roof. Lakisha had reported that someone was throwing rocks over the fence and one had landed by the laundry room. Staff called 911 and reported incident. Camera was reviewed and could not determine who was throwing the rock from where. After waiting for the police Michael Johnson and Myself inspected the grounds and found a number of rocks through over the fence in the homeless storage area. The rest of the grounds were inspected for damage or injuries. None others were found.</p>		
Describe any injuries observed: N/A		Describe any action taken by staff:
<input checked="" type="checkbox"/> Check if police were involved Time Called: 1:24 PM, 5:25 PM Time Arrived:		Describe what actions were performed by the Paramedics or Police: Police were called and given contact information but did not return contact or show. Non-emergency was called at 5:25 to check on police arrival for incident. Non-emergency said that police sent out a patrol and did not see anything called and left message. When checked no calls or voice mails were found. At 6:35 police called back and asked if an officer showed come out to take report. I had told them that it seemed that the incident had past at that point.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: Where was the client taken:
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/22/19	
Person Who Completed Report <i>(please print)</i>	John Warner	
Agency Name/Location/Phone <i>(please print)</i>	415-487-3300 x4423	
Supervisor Name and Phone	John Ouertani 415-487-3300 x4101	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/26/2019	12:10pm	<u>Death</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Mary Kay Chin		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Barbara Welch, Renee Penton, Bobby Brown, Kevin Marquez	

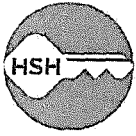
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approx. 12:10pm during weekly unit inspections, CCM [redacted] and CM [redacted] entered a locked 207 unit. CCM [redacted] observed an unresponsive body on the bed, facing away from the door. CCM [redacted] announced staff presence and was unable to gain a response. CCM [redacted] entered the unit, checked for life signs and determined the body was Client A and was deceased. CCM [redacted] and CM [redacted] exited the unit and radioed down to front desk to call an ambulance. At approx. 12:20pm front desk [redacted] called 911 and requested an ambulance. Program Director [redacted] arrived on scene and provided support. At 12:25pm SFFD fire truck #36 and paramedic #749 arrived. CCM [redacted] escorted paramedics (medic #75) to unit 207. At 1:23pm SFPD Officers J. Harper & D. Dito arrived on scene. At 1:42pm SF Coroner investigators arrived.

Describe any injuries observed: death	Describe any action taken by staff: CCM Chin directed staff to call 911, provided support to all emergency services staff and answered all necessary questions for investigation.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 12:20pm Time Arrived: 1:23pm	Describe what actions were performed by the Paramedics or Police: Paramedics determined Client A was DOA and called the coroners.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:20pm Time Arrived: 12:25pm	Name of Police Officer/Badge No.: J. Harper badge #728 and D. Dito badge #9 Where was the client taken: Coroner's office.

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	2/26/19
Person Who Completed Report <i>(please print)</i>	Mary Kay Chin, AFMT
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership, 20 12 th St., 415-522-0163
Supervisor Name and Phone	Renee Penton, 415-713-9409



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/27/2019	3:00 p.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			8830
Client B.			Unknown
Client C.			
Names of Reporting Staff	Molly Sullivan		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Penny Craycraft, David White	Molly Sullivan (CCM), Kevin Marquez (Front Desk)	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

CCM _____ was in the Lobby and noticed Client A outside the front doors. CCM Sullivan observed Client B with his arm forcefully around Client A's neck. CCM Sullivan observed Client A attempting to free herself from his grasp. Client B has been observed assaulting Client A on the property in the past and is not permitted on the property. CCM _____ stood in the doorway and verbally directed Client B to leave the property. CCM _____ notified Client B that he was trespassing and that we would be calling the police. CCM Sullivan directed Front Desk _____ to call the police for a trespass. Front Desk _____ called the police and provided a physical description of Client A and Client B, and the direction they were moving. CCM _____ observed Client B with his arm still around Client A's neck, leading Client A down 12th Street in the direction of Mission St. CCM _____ observed Client A attempting to free herself. Police never arrived on site.

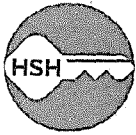
Describe any injuries observed: None observed	Describe any action taken by staff: CCM Sullivan directed Client B to leave the premises immediately, notified him that he was trespassing and that we were calling police. Front Desk Marquez called the police, provided a physical description of Client A and Client B, and notified them as to what direction they were moving.
---	---

<input checked="" type="checkbox"/> Check if police were involved Time Called: 3:02 p.m. Time Arrived: Did not arrive	Describe what actions were performed by the Paramedics or Police: None
--	---

<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Where was the client taken:
--	--

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	2/28/2019
Person Who Completed Report <i>(please print)</i>	Molly Sullivan
Agency Name/Location/Phone <i>(please print)</i>	CHP, Civic Center Hotel, 20 12 th St., 415-522-0163
Supervisor Name and Phone	Renee Penton, 415-713-9409



Department of Homelessness and Supportive Housing Report of Critical Incident

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/28/2019	5:45pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Mary Kay Chin		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Mignon Perry, LaMont Dilwood	

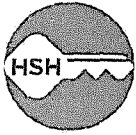
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A came down to the Resident Services offices reporting he was not feeling well. CCM observed Client A was dazed, had difficulty responding to orientation questions and urinated on himself. Client A repeatedly swayed and demonstrated difficulty remaining upright. CCM instructed Client A to take a seat and instructed front desk to call an ambulance. CCM inquired what medication or substances the client had ingested. Client A reported he had taken two pills of prescribed lorazepam and some alcohol. SFFD Engine #39 and ambulance bus #79 arrived several minutes later and transported the client to St. Francis.

Describe any injuries observed:	Describe any action taken by staff: CCM Chin instructed front desk staff to call 911 and request an ambulance.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics administered assessment and transported client to St. Francis.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: approx. 5:30pm Time Arrived: approx. 5:33pm	Name of Police Officer/Badge No.: Where was the client taken: St. Francis

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	3/1/19
Person Who Completed Report <i>(please print)</i>	Mary Kay Chin
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership, 20 12th St., 415-522-0163
Supervisor Name and Phone	Renee Penton, 415-713-9409



Department of Homelessness and Supportive Housing Report of Critical Incident

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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/2/2019	5:14p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Guest A was asked to leave for a 2 hour time out and exited the property. Guest then decided he was coming back several minutes later and pushed his way through office entrance running over/ pushing her out of his way guest B who is in a wheelchair. I called 911 and asked for ambulance as well to check on guest B she declined any help and did not want to press charges on guest A.

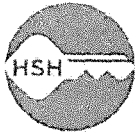
Describe any injuries observed: None	Describe any action taken by staff: Called medical to check and see if guest B was injured.
---	---

<input checked="" type="checkbox"/> Check if police were involved Time Called: 5:14p.m Time Arrived: 5:27p.m	Describe what actions were performed by the Paramedics or Police: Police Officer Vidulich #260 asked guest B if she was ok and escorted guest A off the property.
--	---

<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:14p.m Time Arrived: Guest declined	Name of Police Officer/Badge No.: Vidulich #260 Where was the client taken: Guest was escorted off property.
---	--

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	(Monday) 3-4-2019
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant St. San Francisco Ca 94107
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

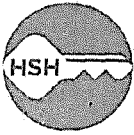
Date of Incident:	Time Incident Occurred:	Type of Incident:	
3-4-19	3:00 a.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		





Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was seen coming out of male restroom by SVC Dana , when asked if she needed something she showed SVC Dana her arm and requested medical assistance		
Describe any injuries observed: Guest has large abscess on arm	Describe any action taken by staff: informed supervisor that guest needed medical assistant	
<input checked="" type="checkbox"/> Time Called: 3:00 a.m. Time Arrived: 3:12 a.m.	Describe what actions were performed by the Paramedics : Took guest with them to get treatment	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No. ENG 64	
Time Called: 3:00 a.m. Time Arrived: 3:12 a.m.	Where was the client taken: Saint Francis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/4/19	
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams	
Agency Name/Location/Phone <i>(please print)</i>	850 Bryant San Francisco Ca 94103	
Supervisor Name and Phone	Jacqueline Williams (415) 487-3300 ext.4411	





Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

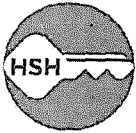
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/4/2019	5:05 pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Alex Napitan		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Alex Napitan	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A claimed she had a seizure and requested medical attention.		
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Vitals and took to hospital ST. Luke's	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:05 PM Time Arrived: 5:11PM	Name of Police Officer/Badge No: Where was the client taken: St. Lukes	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	03/04/19	
Person Who Completed Report <i>(please print)</i>	Alex Napitan	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/10/2019	2:21p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Sara Lancaster	Danielle Belton	

	Candra Jordan
	Whitney Burnett

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Guest felt like she was being followed by unknown persons outside the Navigation Center and requested the police be called. Guest also feels she is supposed to be in witness protection program and needed to get clarity from officers.

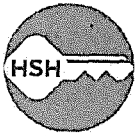
Describe any injuries observed: None	Describe any action taken by staff: Staff called 911 non-emergency line and also reached out to mobile crisis.
--	---

<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: 2:21p.m Time Arrived:3:3 5p.m	Describe what actions were performed by the Paramedics or Police: Officers arrived and spoke with guest and explained that they were unaware of her being in witness protection program. Officers agreed to follow up with guest. Police report was filed
--	--

<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Ryan#179, Sanchez #1750 Where was the client taken: Guest stayed on property.
--	--

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	3-11-2019
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant St. San Francisco Ca, 94107
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

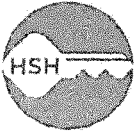
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/14/2019	3:16p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Emily Nakamora	

		Whitney Burnett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was having a conversation with her case manager and stated she wanted to possibly hurt herself. Case Manager Emily dialed 911 to get guest assistance and continued to observe guest until police arrived.		
Describe any injuries observed:	Describe any action taken by staff: Guest was observed by her case Manager until police arrived	
<input type="checkbox"/> Check if police were involved Time Called: 3:16p.m Time Arrived: 3:47p.m	Describe what actions were performed by the Paramedics or Police: Guest was taken to St. Francis for an evaluation	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Smith #1031 and Vical #2244	
	Where was the client taken: St francis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3-14-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco Ca, 94107	
Supervisor Name and Phone	Whitney Burnett	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

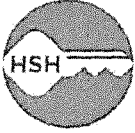
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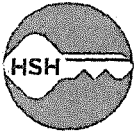
Date of Incident:	Time Incident Occurred:	Type of Incident:	
3-16--19	4:50 a.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Dana Simpson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest has been Displaying unpredictable behavior several guest came to welcome center to inform staff that Client A. had busted out yelling and crying disturbing the entire dorm		
Describe any injuries observed: no injuries	Describe any action taken by staff: Attempted to calm her down until assistance arrived	
<input checked="" type="checkbox"/> Time Called: 5:10 Time Arrived:5:20	Describe what actions were performed by the Paramedics or Police: 911 was called SFPD Arrived and evaluated the guest and determined guest was fit to stay on site	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: Tucker-4115	
Time Called: am Time Arrived: pm	Where was the client taken: Client A was not transported	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/18/19	
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant St. San Francisco Ca 94103	
Supervisor Name and Phone	Jacqueline Williams (415) 487-3300 ext.4411	





Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

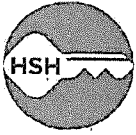
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/16/2019	12:34p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.	_____	_____	_____
Client B.	_____	_____	_____
Client C.	_____	_____	_____
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Candra Jordan	

	Client C.	Whitney Burnett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A. walked onto the 4 th street freeway off ramp and walked towards the bay bridge on the freeway. Guest was picked up by CHP on the Bay Bridge and taken to General Hospital.		
Describe any injuries observed:	Describe any action taken by staff: Walked up to the freeway to see if guest was visible and then called 911 to see if incident had been reported.	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: 12:34p.m Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was picked up by the CHP on the Bay Bridge.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.:	
	Where was the client taken: General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3-18-2019 (Monday)	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco 94107	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext 4411	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

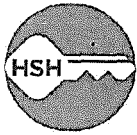
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/16/2019	2:23p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Whitney Burnett	

		Candra Jordan
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
He was laying in front of Navigation Center door way asking staff to call ambulance for him.		
Describe any injuries observed:N/A	Describe any action taken by staff: Called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took vitals	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:23 p.m Time Arrived: 2:27p.m	Name of Police Officer/Badge No.:	
	Where was the client taken: General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3-18-2019 (Monday)	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco Ca, 94107	
Supervisor Name and Phone	415-487-3300 ext 4411	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

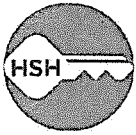
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/16/2019	6:37p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Client B	Whitney Burnett	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client B informed staff that his partner Client A is sick and feeling weak and has been in bed for the past 2 days. Client A has the sweats, diarrhea and some vomiting and would like to go to the hospital.	
Describe any injuries observed: guest was pale in color.	Describe any action taken by staff: Asked Client A did he want an ambulance to come transport him to the hospital
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics took his vitals
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:37 p.m Time Arrived: 6:45 p.m	Name of Police Officer/Badge No.: Where was the client taken: Client A was taken to UCSF
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3-18-2019 (Monday)
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco Ca 94107
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext 4411



Department of Homelessness and Supportive Housing Report of Critical Incident

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Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/19/2019	3:17 p.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Elgin Rose	

		Whitney Burnett

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Guest stated her stomach was hurting and that she had been vomiting. Guest seemed to be in severe pain so 911 was called.

Describe any injuries observed: Stomach pains	Describe any action taken by staff: Asked guest to lay down until medical service arrived.
--	--

<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was put on stretcher and taken to hospital. Vitals were taken in the ambulance.
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<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:17p.m Time Arrived: 3:28p.m	Name of Police Officer/Badge No.: Medic #84 Where was the client taken: General
--	--

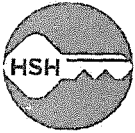
IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	3-19-2019
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Person Who Completed Report <i>(please print)</i>	Whitney Burnett
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Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant St. San Francisco, Ca 92107
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Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411
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Department of Homelessness and Supportive Housing Report of Critical Incident

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/20/2019	7:25pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Marjorie Russell		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Lamont Dillwood	

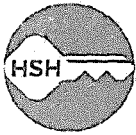
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client B. came and got me from in front of the building saying that I need to go upstairs and get Client A. because Client A. is calling Client B. a bitch and whore. I went upstairs and talked with Client A. and Client A. said Client B. was calling Client A. names and pulled a knife on Client A. I went back outside and asked Client B. if Client B. pulled a knife on Client A. and Client B. said yes because Client A. came in Client Bs. Unit and threatened to hit Client B. I went to my office and called my supervisor. The police were called and when they came they talked with both parties and left. I brought Client B. to my office and Client B. reported to me that Client A. went into another clients unit while the client was asleep and so Client B. said to Client A. what are you doing going in another clients room without knocking. Client B. said that that's when Client A. got irrate and said to Client B. this is my friend and I can do what I want bitch. They argued back and forth and Client B. went to Client Bs room and that's when Client A. came to Client Bs room and threatened Client B. Client B. said Client B. was scared that Client A. would harm Client B. so Client B. said Client B. defended Client Bs. Self by getting the steak knife. I made sure Client B. felt safe going back to Client Bs room because the property manager wanted to move Client B. but Client B. declined the offer. I asked Client B. if Client B. wanted me to walk Client B. upstairs and client declined.

Describe any injuries observed: None	Describe any action taken by staff: Staff intervention led to the ploice being called.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 7:30pm Time Arrived:7:38pm	Describe what actions were performed by the Paramedics or Police: Came and calmed the situation then left
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Ryan 179 Where was the client taken: N/A

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	3/21/19
Person Who Completed Report <i>(please print)</i>	Marjorie Russell
Agency Name/Location/Phone <i>(please print)</i>	Civic Center Hotel NAV. 2/20 12th St. S.F. CA. 94103/415-713-9409
Supervisor Name and Phone	Renee Penton/415-713-9409



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

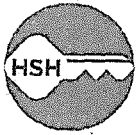
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/22/2019	1:15am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		James Wilson	

		Danielle Belton
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Security Officer walked up to SVC and said some words(not too sure what was said) She walked to the office and so did she came in the office yelling talking about her “baby daddy” was up here and that he could talk to him. said what I need to talk to him for? She said because you need to. As they were going back and forth arguing I let them know that this was not the time nor the place for anything like this. acknowledged what I had said and walked away towards the kitchen. I walked that way to check in with him to see what was going on and how this all started. As we were walking to the kitchen the bell rung for the door she had opened It was her “baby daddy” so after he came through the first door she was like my baby daddy right here I just let him in now talk to him. I walked outside and informed him that he was not allowed to be here he cooperated and walked out she came out the door yelling and screaming James went outside and her baby daddy was still outside and exchanged words. baby mother pulled up because he had called her and said that he felt unsafe and needed to be picked up. baby mama pulled up and her and had a verbal altercation that lead to physical fight not too sure who hit who first and what really happened because I was not outside I was back in forth from the kitchen and the welcome center so I didn’t have time to pay attention to that. came in with her face all scratched up blood all over her shirt and face. She called the police and the paramedics because she said she had been bitten by James baby mama. She Left with the paramedics and was taken to General Hospital.</p>		
Describe any injuries observed: N/A		Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: 2:10am Time Arrived:2:25am	Describe what actions were performed by the Paramedics or Police: Paramedics arrived and took her to SF General	
<input type="checkbox"/> Check if paramedics were involved Time Called: 2:25Am Time Arrived: 2:45Am	Name of Police Officer/Badge No: 1160 /Imsand Where was the client taken: He was transported to ST. Francis Hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/23/19	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/23/2019	4:52p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Ashley Trueba	Whitney Burnett	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Guest B. came to Welcome Center and stated Guest A. might need to go to the hospital. I walked over to the women shower room and Guest A. was hunched over vomiting. I asked Guest A did she need medical she said yes

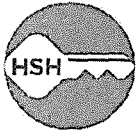
Describe any injuries observed: Vomiting	Describe any action taken by staff: Medical services were called to assist guest.
---	---

<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Vitals were taken in the ambulance and guest was transported to the hospital
---	--

<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 4:52p.m Time Arrived: 5:14p.m	Name of Police Officer/Badge No.: Medic 53 Where was the client taken: St. Lukes
---	---

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	3-25-2019 (Monday)
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco Ca, 94107
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/26/2019	2:00pm	<u>Violence</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Mary Kay Chin, Clinical Case Manager		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Program Director (PD) Renee Penton, Larry George – Maintenance	

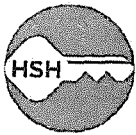
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

CCM heard report on the walkie that Client A was involved in a situation on the Market side of the building with her partner, Client B. CCM & PD went outside and observed Client B with his arm around Client A's neck, forcibly moving her down Market away from CCNC and limiting Client A's freedom of movement. CCM observed Client A's body as she attempted to resist accompanying Client B. CCM verbally inquired with Client A if she wanted to go with Client B, to which Client A reported she did not want to go with Client B at that time and wanted to return to CCNC. CCM instructed Client B to let Client A go and for Client A to return to CCNC. Client C arrived and interceded with Client B, allowing for Client A to return to CCNC of her own volition. CCM observed Client B both physically intimidate & verbally threaten PD. CCM met with Client A in the community room to check in & de-escalate. Approx. 2:21pm SFPD arrived & met with CCM who directed SFPD around the corner to locate Client B. CCM identified Client B to SFPD who then initiated a foot pursuit but were not able to apprehend Client B. CCM returned to CCNC & continued to meet with Client A to create a safety plan for the rest of the day/evening. SFPD returned to CCNC and attempted to interview Client A, who declined to speak with them or give them her name.

Note: Client B has repeatedly assaulted Client A (12/27/18 & 11/6/18) and on Client B broke into CCNC and assaulted Client A.

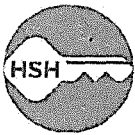
Describe any injuries observed:	Describe any action taken by staff: SFPD called by front desk. Client A accompanied back to CCNC.
<input checked="" type="checkbox"/> Check if police were involved Time Called: approx. 2:10pm Time Arrived: 2:21pm	Describe what actions were performed by the Paramedics or Police: SFPD searched for Client B
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.:
Time Called: Time Arrived:	Where was the client taken:

IMPORTANT AGENCY INFORMATION



Date Form Submitted to HSH	
Person Who Completed Report <i>(please print)</i>	Mary Kay Chin
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership
Supervisor Name and Phone	

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Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/26/2019	4:00p	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Renee Penton Program Director (PD)		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	LaMont Dillwood	Sam Woods	

	Mary Kay Chin	

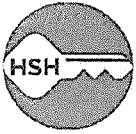
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A is not currently a client at CCNC but was from 12/17/17 to 4/2/18. She was discharged due to medical condition that required her to be in long term stay. ON 3/26/19 she arrived out front of CCNC and PD _____ was waiting at the door to enter. Client A, whose volume increased as she spoke, stated that “everyone here is bit!\$es and they know what they did. I did not jump out of the building I was pushed and these people told SSA that I was dead and then refused to give me my stuff. They are going to write me a check right now or I will show them who Jesus is. They know what happened and they are covering it up.” PD _____ was let into building and asked for Police to be called to calm the yelling and threats and to assist Client A with moving on from out front of the building.

Describe any injuries observed:	Describe any action taken by staff: Called police to engage, calm, and move client A on.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Moved Client A out of area after calming situation.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Where was the client taken: was not taken anywhere

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	4/4/19
Person Who Completed Report <i>(please print)</i>	Renee Penton
Agency Name/Location/Phone <i>(please print)</i>	CHP-CCNC
Supervisor Name and Phone	Anat Leonard aleonard@chp-sf.org



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/27/2019	2:46am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Danielle Belton		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Dana Simpson	

		James Wilson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client had an abscess that had busted in his mouth and arm had both busted and he was in a lot of pain ad was feeling light headed I called the paramedics they arrived shortly and took him to a nearby hospital		
Describe any injuries observed: N/A	Describe any action taken by staff: Called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They took his vitals and looked at the abscess In his mouth and on his shoulder	
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No:	
Time Called: 2:46am Time Arrived: 3:01am	Where was the client taken: St. Luis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/27/19	
Person Who Completed Report <i>(please print)</i>	Danielle Belton	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

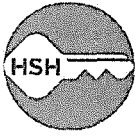
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/27/2019	4:30pm	<u>Sexual Assault</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Mary Kay Chin, Clinical Case Manager		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Reginae Raynor, Case Manager	

		Sam Woods, Property Manager
Summary of Incident – Continue on separate sheet of paper if necessary.		
(Please do not include client names below. Refer to Client A, Client B, etc.)		
At approx. 4:30pm Client A came down to the RSD offices to report another participant had “threatened me with a gun and took my pants and shoes”. CCM was able to get a general description and location of the individual Client A described and using that information suspected it was Client B. Client A returned to her unit. At approx. 4:35pm Property Manager called SFPD. CCM and CM went to Client B’s unit to await SFPD and keep the area clear of other clients. At approx. 4:45pm SFPD arrived on site and went directly to Client B’s unit. CCM provided support for officers wanting to speak to Client A, until Client A requested privacy. CCM returned to the RSD offices. Approx. 5:15pm SFPD ambulance M65 arrived on site (SFPD had called for medical support upon Client B’s report of chest pains) and went upstairs to assess Client B. Client A returned to the lobby and continued her interview with SFPD. CCM continued to provide support to Client A and information to the SFPD. At approx. 6:09pm Client B was removed from CCNC and placed in M65 and was mirandized by SFPD and brought to SFGH for medical evaluation. SFPD reported they would return to CCNC with an emergency protective order for Client A against Client B.		
Case Number: 190-217-602		
Describe any injuries observed:	Describe any action taken by staff: Staff called SFPD and provided support to Client A.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:35pm Time Arrived: 4:45pm	Describe what actions were performed by the Paramedics or Police: SFPD interviewed all clients involved, SFPD provided medical care for Client B and SFPD arrested Client B.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: SFPD called Time Arrived: approx. 5:15pm	Name of Police Officer/Badge No.: 342, 916, 801, 898, 637, 260 (there were others whose badge numbers we were unable to obtain) Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/28/2019	
Person Who Completed Report (please print)	Mary Kay Chin, Clinical Case Manager	



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership 20 12th Street San Francisco, CA 94103
Supervisor Name and Phone	Renee Penton, Program Director 415-713-9409

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Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

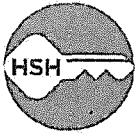
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/28/2019	6:25p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	

		Whitney Burnett
		Denaysia Rabb
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was being verbally abusive towards staff. Referred to the shift Supervisor as stupid/dumb bitch. When asked to go outside and cool down guest stated he isn't doing shit until he shaves.		
Describe any injuries observed:		Describe any action taken by staff: Called 911
<input type="checkbox"/> Check if police were involved Time Called: 6:25p.m Time Arrived: Canceled at 6:40p.m		Describe what actions were performed by the Paramedics or Police: 911 call was canceled guest left once he realized 911 had been called.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: Call was cancelled
		Where was the client taken:
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3-28-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco Ca,94107	
Supervisor Name and Phone	Whitney Burnett	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

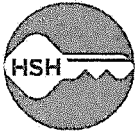
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/30/2019	7:39p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Yolanda Gaines	

		Whitney Burnett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was sitting in the upright position on the floor in the women shower room semi unconscious. Guest was too high and unaware of staffs presence. Guest was given 2 doses of narcan and 911 was called to assist. Within 5 minutes guest was alert, responding and upset.		
Describe any injuries observed:	Describe any action taken by staff: Staff tried to get guests attention and then gave her 2 doses of narcan	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest allowed the medics to take her vitals	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:39p.m Time Arrived: 7:44p.m	Name of Police Officer/Badge No.: Engine #8 and Medic # 83 Where was the client taken: Guest refused to go to the hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3-30-2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation 680 Bryant St. San Francisco Ca, 94107	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/4/2019	5:26pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Mary Kay Chin, AMFT		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Jose Ceja Lopez, Sr. Case Manager	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At approx. 5:20pm CCM received a radio from Sr. CM to attend an issue at	
Client A's unit. At approx. 5:26pm CCM arrived Client A's unit to observe Client	
A vomiting and struggling to remain conscious. CCM inquired with Client A if he	
was okay with CCM calling emergency medical support. Client A agreed and	
reported he was struggling to breath deeply. At approx. 5:28pm front desk staff called	
911 and requested an ambulance. At approx. 5:33pm SFFD ambulance 50 arrived and	
provided medical support and assessment. SFFD removed Client A from CCNC and	
reported they would be bringing him to St. Francis.	
Describe any injuries observed: Client A was throwing up and reported trouble breathing.	Describe any action taken by staff: Staff called for an ambulance and provided logistical support for emergency services staff.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics assessed client and escorted him downstairs and into the ambulance.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:28pm Time Arrived: 5:33pm	Name of Police Officer/Badge No.: Where was the client taken: St. Francis Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/5/19
Person Who Completed Report <i>(please print)</i>	Mary Kay Chin, AMFT
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership 20 12 th Street San Francisco, CA 94103
Supervisor Name and Phone	Renee Penton, Program Director 415-713- 9409



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

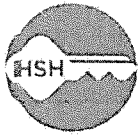
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4-9-19	12:05 a.m.	Other Emergency Services	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		





Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest came into welcome center requesting medical assistance, she stated she was in pain in the abdominal area		
Describe any injuries observed: no injuries		Describe any action taken by staff: 911 was called
<input checked="" type="checkbox"/> Time Called: 12:05 Time Arrived: 12:25		Describe what actions were performed by the Paramedics or Police: 911 was called medics Arrived and evaluated the guest and took her
<input checked="" type="checkbox"/> Check if paramedics were involved		Name of Police Officer/ENG. No.: ED2
Time Called: 12:05 am Time Arrived: 12:25 am		Where was the client taken: Client A was transported
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/9/19	
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant San Francisco Ca 94103	
Supervisor Name and Phone	Jacqueline Williams (415) 487-3300 ext.4411	





Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

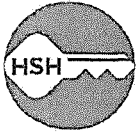
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/10/2019	8:25p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Choose A Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Whitney Burnett	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Guest said that his hernia needed to be pushed back in and asked for the paramedics to be called so that he could get some assistance	
Describe any injuries observed:	Describe any action taken by staff: Called the paramedics and asked guest to have a seat in the Welcome Center.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest walked out to the ambulance and they asked him questions and took his vitals.
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 8:25p.m Time Arrived: 8:43p.m	Name of Police Officer/Badge No.: Medic 63 Where was the client taken: St. Francis
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4-11-2019 (Thursday)
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco Ca, 94107
Supervisor Name and Phone	Whitney Burnett



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

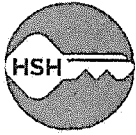
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/12/2019	10:17 AM	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Zion Barrios, Care Management Community Coordinator, San Francisco Health Plan (415) 312-6310		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Barbara Welch, Mary Kay Chin	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Care Management Community Coordinator from San Francisco Health Plan, was visiting with Client A when he noticed she was having difficulty breathing. walked down to the first floor and called 911. CM from Civic Center Hotel met with and he described what happened. Paramedics arrived and went to Client A's unit where paramedics were providing treatment and preparing Client A to be transported to hospital. She was transported to CPMC Bernal campus for treatment.</p>	
<p>Describe any injuries observed: Client had difficulty breathing.</p>	<p>Describe any action taken by staff: Paramedics were called.</p>
<p><input type="checkbox"/> Check if police were involved Time Called: Time Arrived:</p>	<p>Describe what actions were performed by the Paramedics or Police: Paramedics Cody and Smith gave oxygen and put Client A in a transport chair. SFFD team QRV2 was assisting as well. She was taken down the stairs and placed in ambulance # 60, transported to hospital.</p>
<p><input type="checkbox"/> Check if paramedics were involved</p> <p>Time Called: 10:17 AM Time Arrived: 10:22 AM</p>	<p>Name of Police Officer/Badge No.:</p> <p>Where was the client taken: CPMC Bernal campus.</p>
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/12/19
Person Who Completed Report <i>(please print)</i>	Barbara Welch
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership, Civic Center Hotel-Navigation 20 12 th St. San Francisco, CA
Supervisor Name and Phone	Renee Penton



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

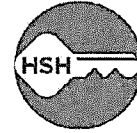
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/13/2019	3:47 p.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Whitney Burnett	

		Calthea Gomes
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Guest was exited on 4-11-2019 for being unseen in 72 hrs. Guest somehow got on property and is refusing to leave. She has been informed that she is no longer a guest and is trespassing. She continued into the dining area to eat her meal and I went to the office to call 911 and request an escort. @4:25 p.m. guest voluntarily left before the police could arrive. She returned @9:45p.m trying to regain entry and was told once again that she has been exited and is no longer a guest and no longer allowed on property.</p>		
Describe any injuries observed:	Describe any action taken by staff: Guest was informed that her exit date was on 4-11-2019 and that she was trespassing.	
<input type="checkbox"/> Check if police were involved Time Called: 3:47p.m Time Arrived: Canceled call @4:28p.m guest left before they could arrive.	Describe what actions were performed by the Paramedics or Police:	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.:	
	Where was the client taken: Guest left to unknown location.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-15-2019 (Monday)	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco, Ca 94107	
Supervisor Name and Phone	Whitney Burnett	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/15/2019	12:00am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Truennetta Webb		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported sharp back pain. Attempted to walk to bathroom and unable to do so.		
Client A requested 911 be called and staff monitored Client A until paramedics arrived.		
SFFD Medic 78 evaluated and transported Client A to VA – Ft. Miley. for observation.		
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored client until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to VA – Ft. Miley.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:00am Time Arrived: 12:10am	Name of Police Officer/Badge No.: SFFD Medic 78	
	Where was the client taken: VA – Ft. Miley	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/14/2019	
Person Who Completed Report <i>(please print)</i>	Truenna webb	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Truenna webb 415-268-4004 x514	