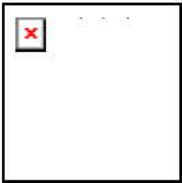


Wong, Jocelyn (BOS)

From: Peter Prows <pprows@briscoelaw.net>
Sent: Saturday, June 15, 2019 12:19 AM
To: Mchugh, Eileen (BOS); HSHSunshine; Calvillo, Angela (BOS); Ng, Wilson (BOS); GIVNER, JON (CAT); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)
Subject: Re: Response to Records Request re "incident reports for Navigation Centers"
Attachments: Responsive Documents re Request for CIRs Volume 6.pdf; ATT00001.htm

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

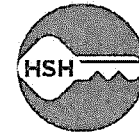
Please also include these documents in the administrative record.



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



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.

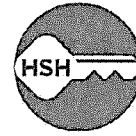
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident** occurs, staff should contact 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:	
3/7/2019	9:20am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT RST 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

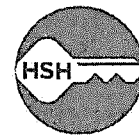
Client C.		
Names of Reporting Staff	Denise Bradford	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Fagis Carter

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.)		
Client A stated she could not walk and was having pains in her body. She asked staff to call the paramedics.		
Describe any injuries observed: Guest said she could not walk and pain in her body.		Describe any action taken by staff: Guest asked staff to call 911
<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: 9:20am Time Arrived: 9:35am		Name of Police Officer/Badge No.: E #7-8
		Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/8/19	
Person Who Completed Report <i>(please print)</i>	Denise Bradford	
Agency Name/Location/Phone <i>(please print)</i>	DCNC 224 South Van Ness 415-268-4004	
Supervisor Name and Phone	Denise Bradford 415 268-4004 ext 514	



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

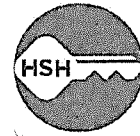
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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:	
3/8/2019	7:15pm	<u>Other Emergency Services</u>	
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.	_____	_____	



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco

Jeff Kositsky
Director

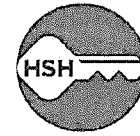
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Tiffany Jones

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.)		
Client A stated that he was having a hard time breathing after dinner, 911 was called at 7:15pm.		
Ambulance arrived at 7:20pm and client A was taken to the hospital.		
Describe any injuries observed: None		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: Client A was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:15pm Time Arrived: 7:20pm		Name of Police Officer/Badge No.: E#36 Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/11/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

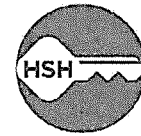
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/9/2018	Approx.. 3:15am	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
 City & County of San Francisco



DEPARTMENT OF
 HOMELESSNESS AND
 SUPPORTIVE HOUSING

Jeff Kositsky
 Director

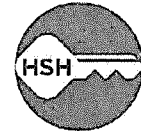
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Braynen

CONFIDENTIAL

		Larry Mobley
		Felton Watson
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 performing a dorm check I was called over by Guest A and asked to call an ambulance. Guest A complained of having severe stomach pains. 911 was called and Guest A was taken to the hospital.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: Staff observed Guest until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics were already Familiar with Guest A and took her to the hospital.	
<input checked="" type="checkbox"/> involved Medic 59 Check if paramedics were involved	Name of Police Officer/Badge No.: N/A	
Time Called: approx. 3:15am Time Arrived: approx. 3:25 am	Where was the client taken: Guest was taken to St. Mary's hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/11/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S.Van Ness S.F. CA/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004/ext. 514	



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.

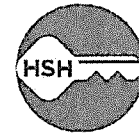
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/9/2019	11:15am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

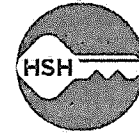
Client C.		
Names of Reporting Staff	Denise Bradford	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Denise Bradford

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.)		
Client A came to the front desk and stated that he had a procedure done at the hospital and that he felt his bandages were leaking fluid or blood from the left side of his buttocks.		
Describe any injuries observed:		Describe any action taken by staff: 911 were called for him.
<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: 11:15am Time Arrived: 11:46am	Name of Police Officer/Badge No.: Where was the client taken: Davies Campos	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/11/19	
Person Who Completed Report <i>(please print)</i>	Denise Bradford	
Agency Name/Location/Phone <i>(please print)</i>	DCNC	
Supervisor Name and Phone	Denise Bradford 415 268-4004 Ext514	



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.

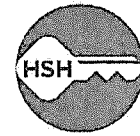
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/10/2019	1:30pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

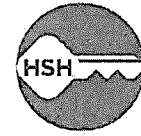
Client C.		
Names of Reporting Staff	Denise Bradford	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Marlene Cowherd

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.)		
Client A asked us to call 911 because he wasn't feeling well. He was complaining of pain all over his body and wasn't able to move.		
Describe any injuries observed:		Describe any action taken by staff:
<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: 1:30pm Time Arrived: 1:50pm		Name of Police Officer/Badge No.: Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/11/19	
Person Who Completed Report <i>(please print)</i>	Denise Bradford	
Agency Name/Location/Phone <i>(please print)</i>	DCNC 224 South Van ness	
Supervisor Name and Phone	Denise Bradford 415-268-4004 Ext 514	



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.

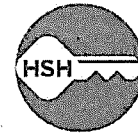
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/12/2019	08/21/19	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

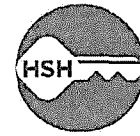
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Mary Jones

CONFIDENTIAL

		David Albizo
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 asked staff for an ambulance as he could not walk. It appeared that Guest A had		
some swelling on his left foot and calf area. Paramedics arrived and took Guest A to the		
Hospital.		
Describe any injuries observed: There appeared to be swelling on the left foot and calf.	Describe any action taken by staff: Staff reported the issue to me, the supervisor, and I determined that medical attention was need.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics observed the foot and calf area and took Guest A to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved EMT 78 Time Called: 8:21am Time Arrived: 8:39am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: Guest A was taken to San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	03/12/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness SF Ca./415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext. 514	



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.

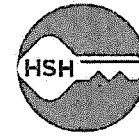
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:
3/16/2019	9:25AM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

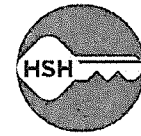
Client C.		
Names of Reporting Staff	Alma Martinez	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Alma Martinez

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.)		
Client A complained that she had a severe stomach pain.		
Describe any injuries observed: She is pregnant and she's complain for stomach pain		Describe any action taken by staff: Contacted San Francisco Fire Department
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Take SF GENERAL HOSPITAL
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:27 am Time Arrived: 9:35 am		Name of Police Officer/Badge No.: #51 Where was the client taken: Sf. General Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/18/19	
Person Who Completed Report <i>(please print)</i>	Alma Martinez	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 415-268-4004	
Supervisor Name and Phone	Alma Martinez 415-268-4004 ext 514	



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.

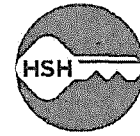
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/16/2019	10:35pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

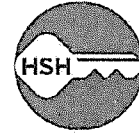
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Domingo Mercado

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.)		
Client A came to the front desk and stated that her wound hurt and that she couldn't suffer anymore, so we called 911 at 10:35pm.		
The ambulance arrived at 10:55pm and client A was taken to the hospital.		
Describe any injuries observed: None	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: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:35pm Time Arrived: 10:55pm	Name of Police Officer/Badge No.: E#83 Where was the client taken: St. Mary's hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/18/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

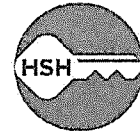
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/27/2019	10:15	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

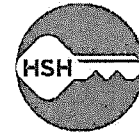
Client C.		
Names of Reporting Staff	Truenetta Webb	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truenetta Webb

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 A was in the bed area crying and saying “call the paramedics, I’m in pain” so 911 was called.		
Describe any injuries observed: Swelling at the leg		Describe any action taken by staff: 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 checked her leg and took her to the hospital
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 10:15 Time Arrived: 10:25		Name of Police Officer/Badge No.: medic #118 Where was the client taken: St Mary Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/27/19	
Person Who Completed Report <i>(please print)</i>	Truenetta Webb	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 415-268-4004	
Supervisor Name and Phone	Truenetta Webb 415-268-4004 ext. 514	



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.

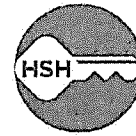
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/28/2019	1:00AM	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

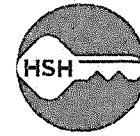
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

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 A came to the front desk and reported a high fever. Guest had been at San Francisco	
General Hospital and Haight Ashbury Free Clinic for treatment of abscess on right wrist	
and infections on shin areas of both the right and left legs on 3/27/19. Medic 75 responded	
and transported guest to UCSF for further evaluation.	
Describe any injuries observed: Abscess on right wrist, infections on shin areas of right and left legs.	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: SFFD Medic 75 responded, evaluated and took guest to UCSF
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:00AM Time Arrived: 1:10AM	Name of Police Officer/Badge No.: Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3/28/19
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	DCNC/ 224 S. Van Ness Ave/ (415) 268-4004
Supervisor Name and Phone	Alma Martinez (415) 268-4004 x514



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.

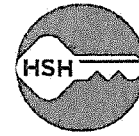
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
4/1/2019	6:25pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

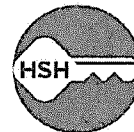
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Tiffany Garrett

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 A advised that he had taken drugs earlier in the day and was having a bad reaction.		
911 was called and SFFD Medic 65 was dispatched to the scene. Guest was evaluated and transported to hospital for further evaluation.		
Describe any injuries observed: No visible injuries. Client had bad reaction due to acid use.	Describe any action taken by staff: Called 911 for further evaluation of guest.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was evaluated and transported to hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:25pm Time Arrived: 6:40pm	Name of Police Officer/Badge No.:	
	Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/2/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 415-268-4004	
Supervisor Name and Phone	Magda Baltodano (415) 268-4004 ext. 514	



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.

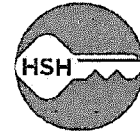
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
4/10/2019	6:30pm	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

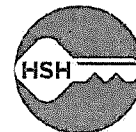
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

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.)		
Client A came to the front desk and stated that she was experiencing back and chest pain, we called 911 for her at 6:30pm.		
The ambulance E#36 arrived at 6:37pm and client was taken to hospital at 6:50pm.		
Describe any injuries observed: None	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: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:30pm Time Arrived: 6:37pm	Name of Police Officer/Badge No.: E#36 Where was the client taken: St. Mary	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/11/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

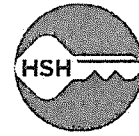
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
4/12/2019	3:19am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

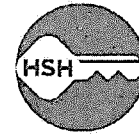
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Mobley, David Albizo

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 A reported difficulty breathing, due to asthmatic condition. Guest was monitored		
by a staff member for any worsening of his condition until medics arrived. SFFD Engine 36		
and SFFD Medic 71 arrived on scene, evaluated, and transported guest to CPMC – Bernal.		
Medics in ambulance said that guest became verbally abusive and SFPD was called.		
Call to SFPD was cancelled, after guest began to cooperate.		
Describe any injuries observed: None. Guest having problems breathing	Describe any action taken by staff: Staff monitored guest for any worsening of condition until SFFD arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Engine 36 and Medic 71 arrived on scene and transported guest to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:19 Time Arrived: 3:25	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: California Pacific Medical Center SF Ca	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-12-19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/415 268-4004	
Supervisor Name and Phone	Lawrence Braynen (415) 268-4004 x514	



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

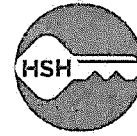
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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:	
4/12/2019	3:30am	<u>Other Emergency Services</u>	
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.			



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco

Jeff Kositsky
Director

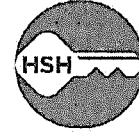
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Terrance Smith

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 A was reporting extreme pain to right leg area where amputation was performed two years ago. Guest was brought to the front desk until medics arrived. AMR – Unit 120 arrived on scene, evaluated guest and transported to St. Mary's for further evaluation.		
Describe any injuries observed: Possible infection to amputation site of right leg.		Describe any action taken by staff: Staff monitored guest until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Asked a few questions and took Guest away	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:30 Time Arrived: 3:49	Name of Police Officer/Badge No.: N/A Where was the client taken: Guest was transported to St. Mary's Hospital for further evaluation.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/12/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/ 224 S. Van Ness SF CA/ 415-268-4004	
Supervisor Name and Phone	Lawrence Braynen (415) 268-4004 x514	



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.

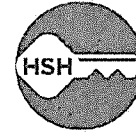
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/1/2019	7:00 pm	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

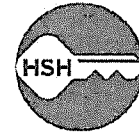
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Monica Cobbins

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.)		
At 7:00 pm, staff Monica reported client A had argument with client B, I went to checked,		
client A was cursing client B and staff, I told her need to calm down or go out to cool down,		
but client A still no stop, so we called 911. At 8:35 pm, 2 officers arrived, client A finally calm and want to have a second chance, so I told her not to do it again and she stated understood.		
Describe any injuries observed: None observed	Describe any action taken by staff: 911 was called, and we tried to calm client down	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 7:05 pm Time Arrived: 8:35 pm	Describe what actions were performed by the Paramedics or Police: Officers leave when they saw client calm down	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: McCarter/4187	
	Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/4/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext. 514	



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.

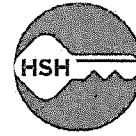
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/2/2019	7:00 pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

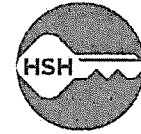
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Domingo Mercado

CONFIDENTIAL

		Tiffany Garrett
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 7:00 pm, staff Domingo told me that client A need the ambulance, I went to checked and		
found client A was crying by suffering the pains, client A stated she has pains of her		
kidney, client A said she had kidney stone and she just came back from the hospital but she		
didn't get any medicines for it, now she can't suffer from the pain anymore, so she need to		
go to hospital again.		
Describe any injuries observed:	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: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:07 pm Time Arrived: 7:13 pm	Name of Police Officer/Badge No.: E#36 & King 140 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/4/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

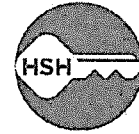
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/5/2019	5:00am	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

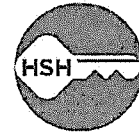
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

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 A fell out of his bed flat on his face. For fifteen or so minutes, Guest A refused to go		
To the hospital. After encouraging Guest A to at least let medical staff come out to take a look at him, he agreed.		
Guest has a six inch cut on his lip that we couldn't stop bleeding.		
911 was called and Guest allowed them to take him to the hospital.		
Describe any injuries observed: Cut on his lip	Describe any action taken by staff: Staff provided paper towels to apply pressure on the cut per 911 instructions	
<input type="checkbox"/> Check if police were involved Time Called: NA Time Arrived: NA	Describe what actions were performed by the Paramedics or Police: Paramedics arrived and took him to UCSF	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:00am Time Arrived: 5:15am	Name of Police Officer/Badge No.: Where was the client taken: UCSF	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/5/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/ 224 S. Van Ness SF CA/ 415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 ext. 514	



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.

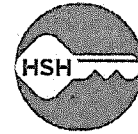
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/9/2019	Approx. 2:55am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

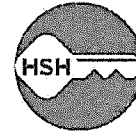
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Felton Watson

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.)		
On February 9, 2019 at approximately 2:50am I was summons to the Dorm area. When I		
arrived I was told by staff that Guest A was requesting an ambulance and wanted to go		
to the hospital. I asked Guest A what was wrong and Guest A stated that they was		
having		
a hard time breathing. I instructed dorm staff to stay with Guest A, front desk to call		
911		
and I proceeded outside to meet the paramedics. As I was going outside a rescue unit		
arrived. I led them to the Guest, they asked some vital questions and took her away.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: Guest was observed and made comfortable until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics asked questions and took Guest A away	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: approx.. 2:55am Time Arrived: 2:59am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: Guest was taken to San Francisco General Hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/11/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness S.F CA./415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext 514	



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.

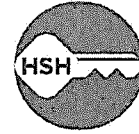
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/9/2019	6:47 pm	<u>Violence</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

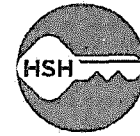
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
	Richard York	Madame Philip

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.)		
At 6:47pm, client B had an argument with client C in community area, client B punched client C's face and left, client A was sitting in front of them so he saw everything.		
At 6:50pm, client B came back to the community area, client A became very aggressive and tried to fight client B, I (Linliang Situ) told him to go out, but client A refused and picked up a chair threw it at client B. Two officers (called by client before) saw this, they took client A to the police station until he calmed down. And the officers called ambulance for client C.		
Client A left after he got the DOS notice.		
Client B was taken to the police station after he got the DOS notice.		
Client C was taken to hospital.		
Case Number of SFPD: 190100580.		
Describe any injuries observed:	Describe any action taken by staff: Client A was DOS for rule#A1 Client B was DOS for rule#A2	
<input checked="" type="checkbox"/> Check if police were involved Time Called: Unknown Time Arrived: 6:45pm	Describe what actions were performed by the Paramedics or Police: Client B was taken to police station, Client C was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Unknown Time Arrived: 7:00pm	Name of Police Officer/Badge No.: Ma/1249 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/11/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-269-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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

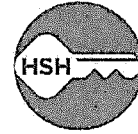
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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:	
2/11/2019	9:10pm	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.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff	TRUENETTA WEBB	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Trevor Evans

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.)**

Staff said guest had been in bed all day and he started to throw up and asked staff to call 911.

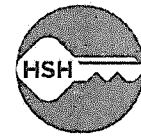
Describe any injuries observed:	Describe any action taken by staff: Staff sat with guest until paramedics came
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Helped guest get out of bed
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called:9:10pm Time Arrived:9:30pm	Name of Police Officer/Badge No.14 Where was the client taken UCSF

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	2/13/19
Person Who Completed Report <i>(please print)</i>	Truennetta Webb
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 SOUNTH VANNESS/415 268-4004
Supervisor Name and Phone	TRUENETTA WEBB/415 268-4004 EXT.514



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.

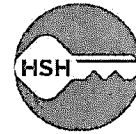
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/12/2019	Approx. 3:21am	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

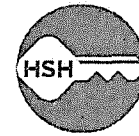
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daniel Harris-Lucas

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.)		
On February 12, 2019 at approximately 3:21am I received a call over the radio that Guest		
A was requesting an ambulance . I responded to Guest A's bed and Guest A requested		
an ambulance. Guest A was experiencing some extensive pain in the leg area. 911 was		
Called. Paramedics arrived shortly after the call and Guest A was taken to St. Francis		
Hospital.		
Describe any injuries observed: No injuries were observed	Describe any action taken by staff: Staff called the supervisor of the shift and 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics looked at Guest A's leg put her on the gurney and took her away.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: approx. 3:25am Time Arrived: approx. 3:30am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: Guest A was taken to St. Francis Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/12/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness S.F. CA/415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 ext. 514	



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.

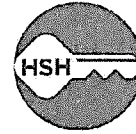
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/13/2019	7:00am	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

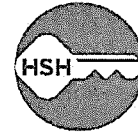
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daniel Harris-Lucas

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 A began vomiting in the men's dorm. Guest appeared to be very sick so 911 was called.	
Describe any injuries observed: None	Describe any action taken by staff: Staff called 911 and followed the instructions given 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: Helped guest get out of bed
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called:7:06am Time Arrived:7:22am	Name of Police Officer/Badge No. Where was the client taken SF General
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/14/19
Person Who Completed Report <i>(please print)</i>	Larry Braynen
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 SOUNTH VANNESS/415 268-4004
Supervisor Name and Phone	TRUENETTA WEBB/415 268-4004 EXT.514



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.

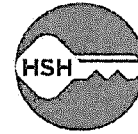
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/13/2019	4:55pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

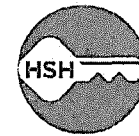
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

CONFIDENTIAL

		Suritha Tucker
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 4:55pm, client A continued to be disruptive toward case manager supervisor Cecily, I told her to go out for a walk to calm down but she refused, so we called 911. 2 officers arrived at		
5:30pm, we talked with client A and she promised not to continue this behavior, so I gave her a second chance. At 7:51pm, staff Suritha reported that client A was passed out by		
her bed, we called 911 for her again, and paramedics arrived at 7:57pm, client A was taken to the hospital.		
Describe any injuries observed: none	Describe any action taken by staff: 911 was called for Client A	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:55pm Time Arrived: 5:30pm	Describe what actions were performed by the Paramedics or Police: Client was taken to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:51pm Time Arrived: 7:57pm	Name of Police Officer/Badge No.: Portillo/1276 Ambulance#64 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/14/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

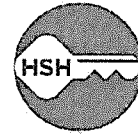
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/14/2019	5:30pm	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

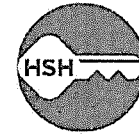
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Madame Phillips

CONFIDENTIAL

		Trevor Evans
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 continuing to be disruptive toward other guests and staff.		
Client A threw her medicines at staff Madame in the dorm area. Client A then began yelling at another		
guest who had argument with her before. Client A kicked the door of the conference room		
and began arguing with Case Managers. Client A was DOS for rule#A2: Act of Violence, but she refused to leave, when I (Linliang Situ) blocked her way to the dorm area, she pushed me. 911 was called, 4 officers arrived and escorted her out.		
Describe any injuries observed: None	Describe any action taken by staff: Client A was DOS for rule#A2 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 5:35pm Time Arrived: 6:04pm	Describe what actions were performed by the Paramedics or Police: Guest was escorted out by the officers	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Cooke/#4020 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/15/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

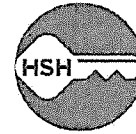
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/14/2019	7:00pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

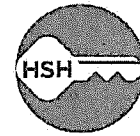
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Madame Phillips

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.)	
At 7:00pm, staff Madame reported that bed bugs were found on bed#27, I (Linliang Situ)	
went to check and saw many bugs on client A's bed and her clothes, but client A was not in	
the facility, so I bagged up her clothes with linen and discarded them.	
At 9:55pm, client A came back, I told her the situation, client A stated she understood, so	
we called an ambulance for her and client A was taken to the hospital at 10:10pm.	
Describe any injuries observed: None	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: Client A was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:55pm Time Arrived: 10:04pm	Name of Police Officer/Badge No.: E#81 Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/15/19
Person Who Completed Report <i>(please print)</i>	Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514



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.

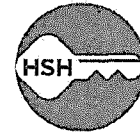
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/15/2019	3:00am	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

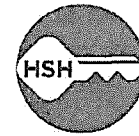
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Braynen

CONFIDENTIAL

		David Albizo
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 complained of having stomach issues and that his colostomy bag was full and he didn't have a replacement. I called HOT transport and they only transport from and not to the hospital. I then called 911 and explained the situation and they were kind enough to dispatch a Medical Unit.</p>		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: Staff allowed Guest A to take and shower and gave him clean clothing.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest A was taken outside in the Paramedics vehicle and accessed for quite a while before taking him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:00am Time Arrived: 3:10am	Name of Police Officer/Badge No.: <p style="text-align: right;">N/A</p> Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/15/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 South Van Ness SF Ca 415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004	



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.

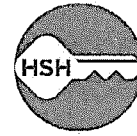
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/19/2019	4:15am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

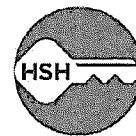
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Braynen

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 A came to the front desk and asked us to call 911 because he was having trouble		
breathing. He explained that he has asthma and couldn't find his inhaler. Firemen		
arrived shortly and then called paramedics in the Medic Vehicle. The Medic Vehicle		
arrived and took Guest A to the hospital.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: We had Guest remain at the front desk so we could watch him until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Guest was accessed and taken to SF General	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Approx. 4:15am Time Arrived: Apprx. 4:20am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: Guest was taken to San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/19/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness SF Ca/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext. 514	



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.

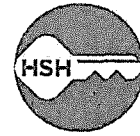
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
2/20/2019	11:35pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

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.)**

Client A came to the front desk and stated that he felt pains around his wound for a couple days, he asked staff to call the paramedics.

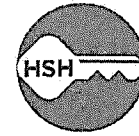
Describe any injuries observed:	Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:35pm Time Arrived: 11:45pm	Name of Police Officer/Badge No.: AMR 116 Where was the client taken: St. Luke

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	2/21/19
Person Who Completed Report <i>(please print)</i>	Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514



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

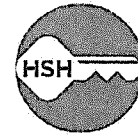
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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:	
3/1/2018	12:30pm	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.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses

CONFIDENTIAL

		Keyanna Hobson
		Dale Jacobs

**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.)**

Body lice were found on Client A 2/27/19. Client was sent to hospital and came back with proof that she received treatment. This morning, lice were found on bed. Ambulance came and picked up client and transported to hospital.

Describe any injuries observed:	Describe any action taken by staff: Called ambulance
--	--

<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:
--	--

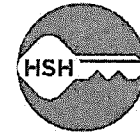
<input type="checkbox"/> Check if paramedics were involved Time Called: 12:30pm Time Arrived: 12:45pm	Name of Police Officer/Badge No.: Medic. 86
	Where was the client taken: San Francisco General Hospital

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	3/1/19
Person Who Completed Report <i>(please print)</i>	Luafa Milo
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness Avenue/415-268-4004
Supervisor Name and Phone	Luafa Milo, 415-268-4004 ext. 514



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.

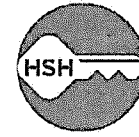
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/5/2019	10:45pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

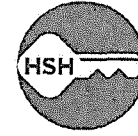
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truenetta Webb

CONFIDENTIAL

		Suritha Tucker
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 10:45pm, client A stated he felt uncomfortable and needed the paramedics, 911 was called. Client A went to shower and used hot water to rinse his hands, but couldn't describe what he was feeling. Ambulance E#79 arrived at 11:05pm, client A was taken to CPMC at 11:10pm.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called Client A was escorted to front desk	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:45pm Time Arrived: 11:05pm	Name of Police Officer/Badge No.: E#79 Where was the client taken: CPMC	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/6/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

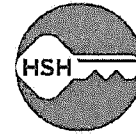
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
3/6/2019	8:45pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
 City & County of San Francisco



DEPARTMENT OF
 HOMELESSNESS AND
 SUPPORTIVE HOUSING

Jeff Kositsky
 Director

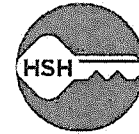
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

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.)		
Client A stated he had a lot of pains all throughout his body and couldn't suffer anymore.		
He asked me to call the paramedics, so I called 911 for him and the ambulance arrived at 8:55pm. Client A was taken to SFGH.		
Describe any injuries observed: None	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: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:45pm Time Arrived: 8:55pm	Name of Police Officer/Badge No.: King#3 Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/7/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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

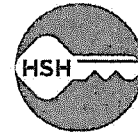
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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:	
12/29/2018	11:30 PM	<u>Other Emergency Services</u>	
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.			



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco

Jeff Kositsky
Director

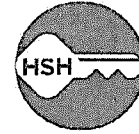
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truenetta

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.)		
Client was found lying on the floor of community area, 911 was called at 11:30 pm, we called 911 for him. Client said he didn't need the paramedics when we calling 911, but 911 operator said client need to be examine. 2 ambulances arrived at 11:36pm, the paramedics checked client and leave.		
Describe any injuries observed:	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: Client was examined by the paramedics	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:31 pm Time Arrived: 11:36 pm	Name of Police Officer/ Badge No.: E# 36 & 94 Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1.10.19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

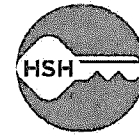
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/9/2019	9:05 PM	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

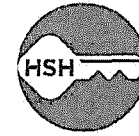
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jose

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.)		
Client was asked staff to call paramedics for him, client stated he can't move his leg 2 days.		
Describe any injuries observed:		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: Paramedics checked with client
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:05 pm Time Arrived: 9:20 pm		Name of Police Officer/Badge No.: E#93 Where was the client taken: Client refused go to hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/10/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

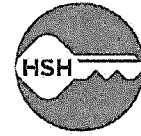
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/12/2019	7:00 PM	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Trevor

CONFIDENTIAL

		India

**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 a hard time for breathing, his face color was changed, and he asked staff to call paramedics for him.

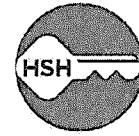
Describe any injuries observed:	Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:00 pm Time Arrived: 7:03 pm	Name of Police Officer/Badge No.: E# 88 Where was the client taken: Unknown

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	1/14/19
Person Who Completed Report <i>(please print)</i>	Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514



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.

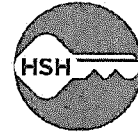
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/12/2019	10:27 PM	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

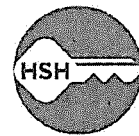
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Trevor

CONFIDENTIAL

		India
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 came to me stated he was throw up and feeling stomach pains for 4 hours, he need Paramedics to help him.		
Describe any injuries observed:	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: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:27 pm Time Arrived: 10:36 pm	Name of Police Officer/Badge No.: King 3 Where was the client taken: Unknow	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/14/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

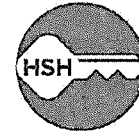
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/15/2019	12:17AM	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

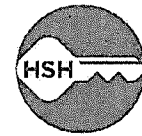
Client C.		
Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Malikka Sanders

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.)		
Client was found lying on the couch conscious but unable to move or speak. Client		
Was able to speak and move after rubbing his chest, 911 was called immediately.		
Describe any injuries observed:		Describe any action taken by staff: Staff stayed with client until paramedics arrive.
<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: 12:17AM Time Arrived: 12:27AM		Name of Police Officer/Badge No.: Engine 36/Medic 86 Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/15/19	
Person Who Completed Report <i>(please print)</i>	Luafa Milo	
Agency Name/Location/Phone <i>(please print)</i>	Division Circle Nav Center/224 S. Van Ness/415.268.4004	
Supervisor Name and Phone	Luafa Milo/415.268-4004	



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.

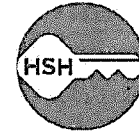
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/15/2019	8:15am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

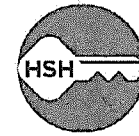
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Linliang Situ

CONFIDENTIAL

		Larry
		India
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 came to front desk and asked to pick up his property in storage. I, (Linliang Situ) checked the discarded property log and found his property had already been discarded.		
Client did not believe me, so I informed him to check in with manager tomorrow, but client		
Refused to leave. 911 was called so the officers could escort client out at 8:20am.		
Client left at 9:30pm before the officers arrived so 911 was cancelled.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called at 8:20pm but cancelled because client left.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:15pm Time Arrived:	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:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/16/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/ 224 S. Van Ness/ 415-268-4004	
Supervisor Name and Phone	Linliang Situ/ 415-268-4004 ext. 514	



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

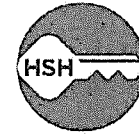
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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:	
1/16/2019	4:15 PM	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.			



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco

Jeff Kositsky
Director

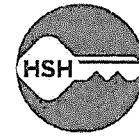
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Fagis Carter

CONFIDENTIAL

		Johnny Thurman
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 was found had a hard time for breathing on his bed, and he stated he feeling chest pains.		
Describe any injuries observed:	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: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:15 pm Time Arrived: 4:20 pm	Name of Police Officer/Badge No.: E# 6 Where was the client taken: CPMC	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/17/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

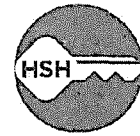
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/16/2019	10:50 PM	Violence	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

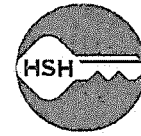
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Mobley

CONFIDENTIAL

		Jose Ortega
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 10:50pm, client A was very drunk and yelling at dorm area, staff Larry reported to me,		
I (Linliang Situ) asked client A to leave for cool down, but client A refused, so we called 911		
at 10:55pm to involved the officers to escorted him out. But client became lost control, he got up and punched locker, and he tried to attacked client B, client B pushed client A for defense. 6 officers arrived at 11:03pm, they escorted client A out. And I informed client A		
he was DOS for rule#2, he didn't sign the DOS notice and didn't request the hearing.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:55 PM Time Arrived:11:03 PM	Describe what actions were performed by the Paramedics or Police: Guest was escorted out	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Sandoval/#1499 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/17/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004	



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.

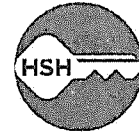
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/22/2019	Approx. 3:30am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

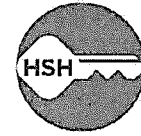
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

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.)		
I was called to the women’s restroom where I saw Guest A laying on the floor		
Unconscious. I radioed the front desk to call 911. Staff David then administered the two		
Narcans that I had with me. I ran back to my office twice and five more Narcans were		
administer along with two narcane injections. Finally the paramedics arrived. Guest A		
was already conscious when paramedics arrived and was able to get up and get on the		
Gurney. Guest A was then taken to the hospital.		
Describe any injuries observed: Guest A was unconscious	Describe any action taken by staff: Narcane was administered until Guest was revived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics put Guest A on the gurney and took her to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: N/A Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/22/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Nav Cntr/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext 514	



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.

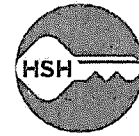
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/23/2019	6:35pm	Arrests	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

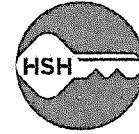
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jose Ortella

CONFIDENTIAL

		Suritha Tucker
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 6:30 pm, Staff member Jose reported Client A and Client B were fighting together in the dorm area. I, (Linliang Situ) went to check and found staff had already separated them.		
Client A went out of the dorm area. I asked what happened, and staff Suritha reported that Client A said he would “knock the baby out” of Client C. So Client B came and stopped Client A from walking up to Client C.		
911 was called and 4 officers arrived at 6:40pm. They arrested Client A but Client A was		
Throwing up, so they called an ambulance for him and Client A was taken to the hospital.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 6:35pm Time Arrived: 6:40pm	Describe what actions were performed by the Paramedics or Police: Police arrested client A and called an ambulance for him.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Chiu #1307 Where was the client taken: SFGH and officer said he would be taken to jail after the hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/24/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness/ 415-268-4004	
Supervisor Name and Phone	Linliang Situ/ 415-268-4004 ext. 514	



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.

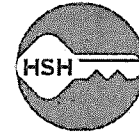
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/24/2019	11:00pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

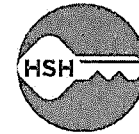
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Suritha Tucker

CONFIDENTIAL

		Trevor Millar
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 tried to slip in the facility at 11pm, I (Linliang Situ) informed him he was DOS		
yesterday so he can't come back and need to leave immediately, but client A refused and		
starting cursing me. 911 was called to involved the officers to escort him out, then he told		
me he want to ask another client to get his medicines and leave, so I checked the facility		
around but could not found the client he said. He went out at 11:18pm, 2 officers arrived		
at		
the same time, I told the officers client A was broke the rules so he cannot come back		
until the time of DOS over, and the officers went to talk with client A.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 11:10pm Time Arrived: 11:18pm	Describe what actions were performed by the Paramedics or Police: The officers went to talk with him but didn't do anything else	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Gilman/#483 Where was the client taken: Client still waiting outside after the officers leave	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/25/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

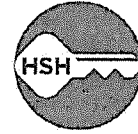
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/25/2019	7:40pm	<u>Other Emergency Services</u>	
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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

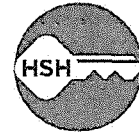
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Domingo Mercado

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.)		
At 7:40pm, client A asked staff Domingo to call the paramedics for him, client A stated he keep feeling pains of his leg and he can't suffer anymore, 911 was called at 7:42pm, 2 ambulances arrived at 7:49 pm, client A was taken to hospital.		
Describe any injuries observed:		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:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:42pm Time Arrived: 7:49pm		Name of Police Officer/Badge No.: E36 & 52 Where was the client taken: Unknow hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/28/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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.

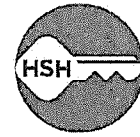
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact 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:	
1/26/2019	7:00am	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.			



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daniel Harris-Lucas

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.)		
I received a call from staff in the women's dormitory informing me that Guest A was asking for an ambulance because she is out of her medication and feeling light headed.		
911 was called. Guest A would not stay in the bed area as 911 instructed that we make Guest A comfortable where Guest A was and not move Guest A. Guest A decided to walk		
to the front desk area on there own. We made Guest A comfortable there until paramedics arrived.		
Describe any injuries observed: None observed	Describe any action taken by staff: Staff made Guest comfortable until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Blood pressure and vitals were cchecked along with blood sugar	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:00am Time Arrived: 7:10am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/28/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Nav Cntr/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext. 514	