

INCIDENT REPORT

Confidential Client Record

REPORT INFORMATION

Report	001	Date Prepared	05/01/2026
Prepared By	Kelly Mortazavi	Report Status	Final

CLIENT INFORMATION

Client Name	Erin Webb	Client DOB	06/30/1991
Primary Contact	Carol Hutcherson	Contact Phone	(310) 944-1115
Referring Provider	Taylor Sorenson	Treatment Team	N/A

INCIDENT DETAILS

Incident Date	05/01/2026	Incident Time	3:53 PM
Location	1825 Isabel street, Los Angeles 90065		

Incident Type (check all that apply):

- Suicidal ideation / threat (with or without plan)
- Self-harm or self-harm threat
- Psychiatric emergency / involuntary hold (5150/5585)
- Substance use / relapse incident
- Overdose (accidental or intentional)
- Medical emergency
- Verbal threat / aggression toward others
- Physical altercation / violence
- Elopement / AMA (left program against medical advice)
- Property damage
- Boundary violation (client toward staff or vice versa)
- Mandated reporting trigger (abuse, neglect, danger to others)
- Legal involvement (arrest, police contact)
- Other: _____

INCIDENT NARRATIVE

Provide a factual, chronological account of events. Include what was observed, heard, and communicated. Avoid interpretation or opinion.

Describe the sequence of events leading up to and including the incident:

In the weeks leading up to the May 1, 2026 eviction deadline (6:00 PM), the Case Manager worked closely with the client to pack and prepare her residence for move-out. Throughout this period, three post-move options were clearly communicated and explained to the client: (1) reach out to her personal

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network to secure temporary housing with friends while she applies for permanent housing (solo or with roommates) and obtains new employment; (2) accept admission to a 30-day residential program (Clearview) fully funded by her family, with the goal of obtaining a comprehensive diagnostic evaluation and appropriate treatment; or (3) utilize no-cost housing resources and homeless services available in Los Angeles County, with the understanding that this would likely involve living out of her vehicle in the interim.

The Case Manager arrived at the client's residence at 9:00 AM to assist with the final stages of packing and move-out preparation. Throughout the morning, the client proposed an alternative plan in which her family would secure housing on her behalf in exchange for her agreement to sign a contract committing to outpatient treatment. This proposal was discussed at length; however, the Case Manager consistently communicated that this plan was not feasible given the client's current level of functioning. Based on ongoing observation and presentation over the preceding months, the client has not demonstrated the capacity to independently and consistently attend daily treatment without structured accountability in place.

Midday, the client asked what she should do with her bedding. The Case Manager informed her that the bedding should be placed in a plastic storage bin so it would be available for sleeping in her vehicle that evening. Following this exchange, the client became visibly agitated and began raising her voice. She stated that no one was listening to her, that everyone needed to give her a break, and that she intended to make everyone suffer. She then made the following explicit statement: "I am going to take a belt and hang myself tonight." The Case Manager immediately informed the client that if she continued to make statements of this nature, a call to 911 would be necessary to ensure her safety.

Over the next approximately thirty minutes, the client continued to make references to "ending it all." Based on the persistence and escalation of these statements, the Case Manager determined that emergency intervention was warranted and placed a call to 911 at 3:53 PM, Family (Mom and Brother) were also notified.. Officers Garcia (Badge #44654) and Evans (Badge #44652) arrived on scene and conducted separate interviews with the Case Manager and the client. The Case Manager communicated her professional role, the context of the situation, and the specific statements made by the client throughout the day. Officers reported that during their interview with the client, she denied any intent to harm herself and stated that she simply wanted to stay with her family in their guest room. The Case Manager clarified that this was not a viable option, as the client does not have active communication with her mother at this time. Officers indicated that without documented evidence of the specific threat made earlier in the day, they would not be able to place the client on an involuntary hold. The Case Manager then provided an audio recording that captured the client's statement regarding the belt. Upon review of the recording, officers proceeded with placing the client into custody for transport to a psychiatric facility. LAPD Incident Number: #3069.

The client was admitted to the Emergency Room at Glendale Adventist Hospital at approximately 5:30 PM. The Case Manager contacted the Glendale Adventist ER at 8:55 PM for a status update. Hospital staff reported that the client's toxicology screen was negative and all lab work returned within normal limits. The client was awaiting her psychiatric evaluation at that time. Staff indicated the anticipated disposition was transfer to the Behavioral Health Unit (BHU) for placement on a 5150 involuntary psychiatric hold (72 hours). Staff noted the hold may extend beyond the standard 72-hour period due to the weekend, as psychiatrist availability is limited.

RISK ASSESSMENT AT TIME OF INCIDENT

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Risk Indicators Observed (check all that apply):

- Expressed suicidal ideation
- Identified plan and/or means
- Expressed intent to act
- History of prior attempts
- Access to means (firearms, medications, etc.)
- Intoxication or substance use at time of incident
- Escalating agitation or emotional dysregulation
- Refusal of intervention or de-escalation
- Expressed homicidal ideation or threat to others

Additional risk context or clinical observations:

Expressed wanting to “end” herself multiple times throughout the conversation, at one point stating she is going to end her life on her Mothers lawn and then said she was going to do it with a belt tonight.

INTERVENTIONS & ACTIONS TAKEN

Document all actions taken in response to the incident, in chronological order.

Immediate Response (check all that apply):

- De-escalation attempted
- Safety plan reviewed with client
- 911 called — Time of call: 3:53pm
- Client transported to hospital — Facility: Glendale Adventist Hospital
- 5150 / 5585 initiated : 5150 Initiaed
- Crisis hotline contacted
- On-site first aid administered
- Narcan administered
- Client removed from unsafe environment
- Law enforcement contacted — Officer / Badge #: Garcia (44654) and Evans (44652)

Detailed narrative of interventions and actions taken:

After client stated intent to harm with a plan companion stated that she will have to move forward with calling 911 for a wellness check and client said to go ahead and do it because “she is friends with all the cops and they will let her off”

NOTIFICATIONS & COMMUNICATIONS

Record all individuals contacted regarding this incident.

Person Notified	Relationship	Method	Time	Summary of Communication
Carol Hutcherson	Mother	Call/Text	3:18pm	Case Manager relayed that she would need to call 911 if

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				client kept escalating. Mother agreed to have case manager call 911
Chris Webb	Brother	Text	3:18pm	

CLIENT STATUS POST-INCIDENT

Current Location	<i>Glendale Adventist Hospital</i>
Admission Status	<i>ER, Will be transferred to Behavioral Health Unit (BHU)</i>
Current Condition	<i>Stable</i>

Additional notes on client status:

Nurse relayed that Drug tests came back negative and Blood test result was normal

FOLLOW-UP PLAN

Outline next steps, continued monitoring plan, scheduled check-ins, and any referrals made:

The Case Manager will continue to follow up with Glendale Adventist Hospital and is listed as the client's designated point of contact. The Case Manager has been in communication with Clearview Treatment Center and has notified them of a potential transfer of care should the client agree to residential treatment upon discharge. Clearview has confirmed they are able to provide safe transport from the hospital directly to their facility.

In the event the client refuses treatment upon discharge, the plan is as follows: the client's vehicle will be delivered to a neutral location along with her remaining personal possessions. The client will be responsible for retrieving the vehicle independently and will proceed without financial support from her family unless she is willing to engage in treatment. It will be clearly reiterated to the client that she will be solely responsible for securing her own housing and funding her day-to-day living expenses moving forward.

Follow-Up Actions:

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Action Item	Responsible Party	Due Date	Status
CM will follow up with hospital in the AM to get client status update. Will relay info back to the family	Kelly (Case Manager)	5/2/2026	

SUPPORTING DOCUMENTATION

Attach or reference any supporting materials:

- Text message / communication screenshots
- Call log records
- Voicemail transcriptions
- Email correspondence
- Hospital / facility intake documentation
- Police report (case #: _____)
- Photos (scene, injuries, property damage)
- Witness statements
- Prior incident reports (reference #: _____)
- Other: _____

Notes on attached documentation:

Texts and Audio Available upon Request

ATTESTATION

I attest that the information contained in this report is accurate and complete to the best of my knowledge. This report was prepared contemporaneously with or promptly following the incident described herein.

Kelly Mortazavi

Signature

Kelly Mortazavi

Printed Name

5/1/2026

Date

Founder/ Case Manager

Title / Credential

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