

CLEVELAND DIVISION OF POLICE / CRISIS INTERVENTION MENTAL HEALTH/AOD STATISTIC SHEET

Date: _____ Time: _____ Incident type: _____

Incident # _____ - _____ Location: _____

Requested by: CCS Z/C Family Case Worker Fire/EMS

SUBJECT

Name/Address: _____

Gender: _____ Race/ethnicity: _____ DOB: _____ SSN: (Last 4) _____

Best means of contact/locating: _____

PLEASE CHECK ALL THAT APPLY:

Mental Illness Alcohol/Drug Developmental Disability Homeless Veteran

Was the subject armed? Yes No Type of weapon: _____

Injury to Subject Injury to Officers Injury to others

TOOLS/TECHNIQUES USED: (check all that apply)

Verbal De-escalation/Crisis Intervention techniques

Use of Force: Pain compliance Take Down Handcuffs

ASP OC Spray Taser Other: _____

FIT notified Incident Report Completed

DISPOSITION: (check all that apply)

Complaint Unfounded Information received / advised Citation issued

Subject/Incident stabilized requiring no further action Confer w/Mobile Crisis

Subject referred for additional support at: _____

Conveyed/Transported to (Facility) _____ By: _____

Voluntary Involuntary Probate Warrant Pink Slipped

EMS On Scene? Unit # _____ Arrested Charge _____

Name/Address of caller: _____

Point of Contact (Case worker, Dr., etc.) _____

Reason for interaction: _____

Any concerns (safety) whatsoever, for this subject (or) address: _____

_____ CCS Advised

Supervisor on scene: Yes No Name/Badge # _____

Officer(s): Name / Badge # _____ CIT certified

Name / Badge # _____ CIT certified