



CIT DATA SHEET

Laurel Highlands Region
Crisis Intervention Team



Date of Incident _____ 20____ Day of week Su Mo Tu We Th Fr Sa Time _____ AM / PM

Location of incident _____ Incident # _____

Police Dept. _____ Officer on scene/Badge # _____

CIT officer present Y / N Was a CIT officer called if not present Y / N

Consumer Name _____ Age: _____ Gender M / F

Race: Caucasian / African American / Hispanic/ Native American / Other

Address: _____

Nature of call: _____

Was Crisis Called? Y / N

Was the consumer under the influence? Drugs / Alcohol

List any reported mental illness _____
_____ No mental illness reported

Medications prescribed? Y / N Compliance? Y / N

Threat assessment: _____ NONE

_____ suicide attempt: method _____ Attempt to harm others: method _____
_____ suicide threat _____ Threat to others

Weapons present: None / Firearm / Edged Weapon / Other _____

Injuries to Consumer? Y / N to Officer? Y / N

Was the consumer injured prior to police contact? Y / N

Force used: None / physical / taser / baton / spray / firearm / other

Method of transportation: Police / EMS / other Private Vehicle

Outcome of Incident: Hospitalization / Arrest / No action / Other _____

SERT called Y / N

Send completed form to :
Laurel Highlands CIT
401 Washington St.
Johnstown, PA 15901
FAX 814-535-6842