



CRISIS INTERVENTION TEAM STAT SHEET

(To be completed on crisis calls involving mental illnesses)



Date: _____ Time: _____ Scene Time: _____

Location: _____ Ward: _____

Consumer Name: _____ Sex/Race: _____ Age: _____

Address: _____

Complainant: Name & Address – If complainant is unknown, list how call was reported:

Supervisor (Commanding Officer) on scene: () yes () no

CIT Officer(s): 1. _____ 2. _____

EQUIPMENT / TECHNIQUE:

- () Verbalization
- () Handcuffs
- () Ripp Hobble
- () Chemical Agent(s) - Report Required
- () Less-Lethal Equipment - Report Required: (specify) _____
- () Other (specify) _____

CONSUMER and/or OFFICER INJURY:

- () Prior to Police arrival - Consumer (Explain in Arrest Ticket narrative or on back of this document)
- () During Police presence - Consumer (Explain in Arrest Ticket narrative or on back of this document)
- () None/Unknown - Consumer
- () Officer(s) (Total number of officer(s) injured # _____)

DISPOSITION OF PERSON TAKEN INTO CUSTODY: See *

* A summary of the arrest event is **not** required on this document if a copy of the arrest ticket is attached and submitted to the officer's workstation.

- () TCA 33-6-401 Emergency Commitment **with** pending criminal charges
- () TCA 33-6-401 Emergency Commitment **without** pending criminal charges

DISPOSITION OF PERSON NOT TAKEN INTO CUSTODY: See *

(*) A brief Summary is required on the back of this document.

- () Complaint unfounded, requiring no police action. (*)
- () Consumer stabilized requiring no further police intervention. (*)
- () Other (*)
- () Complainant and/or Consumer not located

OTHER INFORMATION:

Armed - Yes () No () Weapon: _____
Veteran - Yes () No ()

TRANSPORTING:

- () Consumer transported by MPD car _____ to _____
- () Consumer transported by MFD unit _____ to _____

NARRATIVE

Routing Procedures:

- Precinct
- CIT Coordinator's Office

Effective Date: February 2009