

**KANSAS CITY MISSOURI POLICE DEPARTMENT
MENTAL HEALTH/CRISIS INTERVENTION TEAM REPORT**

APPROVED BY _____ CRN _____

SERIAL # _____ RELATED CRN _____

DATE _____ TIME RECEIVED _____ TIME ARRIVED _____ TIME CLEARED _____

SUBJECT	LAST NAME		FIRST NAME		INIT.	JR/SR	RACE	SEX	DATE OF BIRTH	
	SSN	STREET #	STREET NAME & CLASSIFICATION			APT. #	CITY		STATE	ZIP CODE
	PHONE	BUSINESS/SCHOOL ADDRESS				UNEMPLOYED <input type="checkbox"/>		BUSINESS PHONE		
	REL/ACQ (NAME)		(ADDRESS)			(PHONE)		(RELATIONSHIP)		
	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No		Notified CIT Squad: <input type="checkbox"/> Yes <input type="checkbox"/> No		CONTACTED			
WITNESS			ADDRESS				PHONE			

THREAT ASSESSMENT:

Suicide Threat: YES NO

Suicide Attempt: YES NO

WEAPON/METHOD:

Firearm Edged Weapon Hanging Carbon Monoxide Traffic
 Overdose Jumping Police Other: _____

Threat to Harm Police: YES NO

Threat to Harm Other(s): YES NO

Danger to Self: YES NO

ACCESS TO WEAPONS:

Firearm Edged Weapon Physical Force
 Other _____

INJURIES:

Police Subject Other Person None
 Subject-Prior to Police Contact: YES NO UNKNOWN
 Subject-Due to Use of Force: YES NO UNKNOWN

CRIMINAL CHARGE: YES NO

POLICE HOLD: YES NO

Reason: _____

TAKEN FOR MENTAL HEALTH EVALUATION: YES NO

Location: _____

ADMISSION: VOLUNTARY COURT ORDER 96 HOUR

KC – ATC (Crisis Center)

TRANSPORTED BY:

Police Ambulance Other: _____

SUBSTANCE USE:

None
 Unknown Marijuana
 Alcohol Methamphetamine
 Cocaine Prescription Meds Abuse
 Heroin Other: _____

MEDICATIONS:

YES NO

Complaint: YES NO

List: _____

Currently In-Services:

YES NO

Case Worker/Doctor: _____

Facility: _____

Phone: _____

Date of Last Visit: _____

MENTAL HEALTH DIAGNOSIS: _____ UNKNOWN

NOTIFICATION: DHSS / AGING HOTLINE ACI / CRISIS LINE AFFIDAVIT ATTACHED

MENTAL HEALTH COURT REFERRAL: YES NO

Officer _____ Serial # _____ CIT: YES NO

NARRATIVE

CRN _____

PAGE _____ OF _____

DATE _____

AFFIDAVIT ATTACHED AS NARRATIVE

Officer _____ Serial # _____