

**SAMPLE  
CRISIS INTERVENTION TEAM  
REPORTING SHEET**

---

Date \_\_\_\_\_ Nature Code \_\_\_\_\_ Time of Call \_\_\_\_\_ On Scene Time \_\_\_\_\_

Location \_\_\_\_\_ District \_\_\_\_\_ Did you volunteer for call: Yes/No

**Subject:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Sex/Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Hair Type \_\_\_\_\_

Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_ Beard/Mustache \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Emergency Contact (family/friend): \_\_\_\_\_ Phone: \_\_\_\_\_

CIT Officer(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Were you requested by (circle): other officers EMS subject's family case worker other (explain on back)

Supervisor(s) on the scene: ( ) yes ( ) no Report # \_\_\_\_\_

**EQUIPMENT/TECHNIQUE USED:**

- ( ) Verbal de-escalation techniques
- ( ) Handcuffs
- ( ) OC spray
- ( ) M26 Advanced Air Taser: ( ) presented only ( ) laser sight only ( ) stun only ( ) fired
- ( ) Other (takedown, firearm, etc.) \_\_\_\_\_
- ( ) Open hand control
- ( ) Baton

**SUBJECT INJURIES:**

- ( ) Prior to Police arrival
- ( ) During Police involvement
- ( ) None/Unknown

**OFFICER(S) INJURIES:**

- ( ) None
- ( ) Slight \_\_\_\_\_
- ( ) Severe \_\_\_\_\_

**DISPOSITION OF PATIENT/EVENT:**

- ( ) Arrested ( ) Arrested and referred to MH Court ( ) Pink Slipped to PES ( ) Voluntary to PES
- ( ) Pink Slipped to Hospital ER ( ) Voluntary to Hospital ER
- ( ) Referred for outpatient mental health treatment (C.S.S., Portage Path, etc.) (summarize on back)
- ( ) Family members referred to other agencies
- ( ) Complaint unfounded requiring no police action (summarize on back)
- ( ) Subject stabilized requiring no further action (summarize on back)
- ( ) Other (summarize on back)
- ( ) EMS handled

**ADDITIONAL COMMENTS:**

- ( ) Officer left message on MH agency voicemail line
- ( ) Individual needs Mental Health Outreach
- ( ) Drugs suspected
- ( ) Alcohol suspected

**TRANSPORTING:**

- ( ) Subject transported by APD unit #: \_\_\_\_\_ to: \_\_\_\_\_
- ( ) Subject transported by EMS to: \_\_\_\_\_
- ( ) Subject transported by private ambulance/self or others to: \_\_\_\_\_

If transported by APD how long did you spend at the Mental Health/ER facility: \_\_\_\_\_  
What was your experience with the above facility: ( ) Good ( ) Fair ( ) Poor (summarize on back)  
Before CIT, would you have arrested this person? ( ) Yes ( ) No

**NARRATIVE**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If **Taser** was used the following information is needed:

Taser was         Fired                             Drive Stun                             Laser presented / arced

Distance from subject when fired? \_\_\_\_\_

General area each probe struck? 1. \_\_\_\_\_ 2. \_\_\_\_\_

Did both probes make contact? \_\_\_\_\_ How long was the application? \_\_\_\_\_

How many cartridges fired? \_\_\_\_\_ If drive stun: Where? \_\_\_\_\_ How long? \_\_\_\_\_

Statement by subject during and after use:

“ \_\_\_\_\_ ”