

CRISIS INTERVENTION (CIT) REPORT
CHICAGO POLICE DEPARTMENT

CIT Report No. _____

Date/Time Assigned _____ / _____

Address of Incident _____

Location Code _____

Beat of Occurrence _____

Assigned by
 OEMC Supervisor On-View

OEMC Event Classification _____

Event No. _____

RD No. (If applicable) _____

CB No. (If applicable) _____

IR No. (If applicable) _____

Previous Interaction?

Yes No
 Unknown

Was mental health component indicated before arrival?

Yes No

Relationship of Complainant to Subject?

Domestic Self EMS/Medical Provider Friend Stranger
 Mental Health Professional Police Unknown Other

Subject Information

Name _____

Address _____

Phone No. _____

ID Verified

Yes
 No

Identification _____

Sex

Male
 Female

Date of Birth _____

Age _____

Juvenile Yes No

Veteran Yes No

Race 1-Black 2-White 3-Black-Hispanic 7-Other

4-White-Hispanic 5-Amer. Ind/Alask. 6-Asian/Pacific Islander

Living Arrangements Homeless Independent Assisted Living Unknown Family If Family checked

Family Member's Phone No. _____

Hospitalization/Treatment

Prior mental health hospitalization Yes No Unknown

Prior mental health treatment Yes No Unknown

Current mental health treatment Yes No Unknown

If known, list Practitioner's Name and Agency/Facility _____

Currently taking medication for mental health condition Yes No Unknown

(If known, indicate name and last time the medication(s) were taken) _____

Was any of the following observed or reported (Check as many as apply):

- Nothing unusual observed
- Signs of injury upon arrival
- Irrational thoughts/speech
- Unusual behavior/appearance
- Hearing voices/hallucinating
- Anxious/excited
- Paranoid or suspiciousness
- Violent behavior
- Severe, depressed mood
- Suicidal talk
- Suicidal gesture(s)
- Signs of alcohol/illegal drug use
- Signs of developmental or intellectual disability
- Hostile/threatening behavior or speech
- Weapons Displayed Used Access to/Possession
 Firearm Knife Other

Member Actions

- Resolved on Scene (Explain in Narrative) _____
- Transported to _____
Type of facility
 Hospital Triage Center/Crisis Stabilization Unit
 Homeless Shelter Substance Use Treatment Facility
 Home Other _____

Specify

- Petition for Hospitalization? Yes No
If yes, Voluntary Involuntary
- Petition completed by member? Yes No

Reason for Petition

- Harm to self Harm to others Basic needs not met

A reportable use of force documented on a TRR?
 Yes No

A criminal offense documented on a case report?
 Yes No

An arrest made? Yes No
 Felony Misdemeanor Ordinance

Mental Health Incident Notice/Referral Provided?
 Yes No

Skills, Techniques or Equipment Used (Check all that apply)

- Physical restraint Taser Firearm
- Canine Impact Weapon OC Chemical Weapon
- Verbal Communication Time as a Tactic
- Tactical Positioning/Creating Distance
- Other (Specify) _____ Additional Resources (Ex.: C.A.R.E., DOCS)

This section to be completed for CIT District, Operations, and Community Support followup. Documentation must be attached and submitted to Unit 143. ISP Clear and Present Danger Firearms Restraining Order RWOC Frequent Service Calls/Interactions

Officer's Name _____

CIT Star No. _____

Beat No. _____

Officer's Name _____

CIT Star No. _____

Beat No. _____

On-Scene Supervisor's Name CIT Star No. _____

Supervisor's Approval Star No. _____

Date/Time Completed _____ / _____

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NARRATIVE: