



CRISIS TRACKING FORM
Chester County



Date of Incident: _____ Day of Week: _____ Time: _____
 Police Department: _____ Incident #: _____
 CIT Officer primary officer? Yes No Name of CIT Officer involved in incident: _____
 Was a CIT Officer called to assist if not initially involved? Yes No

Nature of Incident: _____

Person in Crisis Information: Age: _____ Gender: _____

Threats/Violence/Weapons

Threat of Violence toward:

- Self (Consumer)
 - Suicide Threat
 - Suicide Attempt
- Method: _____
- Law Enforcement Officer
- Other: _____
- No Threat Observed

Weapons Involved?

- Yes No

Type of Weapon (check all that apply)

- Knife Firearm
- Other: _____

Incident Injuries

To Consumer

- Self-Inflicted
- by Law Enforcement
- Other

To Law Enforcement Officer

- by Consumer
- by Other

Other

Medications Prescribed?

- Yes No Unknown

Medication Compliance?

- Yes No Unknown

Mental Illness Reported?

- Yes
- specify: _____
- No

Behaviors at Time of Incident

(Check all that apply)

- Agitated (pacing, yelling)
- Belligerent or uncooperative (angry/hostile)
- Depressed
- Delusions (paranoia, believing things that aren't real)
- Disoriented/Confused
- Disorganized Speech
- Hearing, seeing, touching or tasting things that are not there
- Manic (elevated mood, pressured speech)
- Self-Mutilation
- Intoxication
- Other: _____

Disposition

- No Action/resolved on scene
- CRISIS called to scene
- Taken to ER for evaluation
- Hospitalization
- Outpatient Referral
- Released to family/friend
- Arrest
- Incarceration
- Other: _____

Use of Force

- None Open Hand Taser Spray Firearm Handcuffs
- Other: _____

Check all that apply to Consumer:

- Student? Yes-School: _____ No
- Armed forces Veteran? Yes No
- Homeless/Transient? Yes No
- Under the Influence of: Drugs Alcohol Unknown
- Wants follow-up services with CRISIS? Yes No