

SUNNYVALE DPS CIT SUMMARY		<input type="checkbox"/> CIT <input type="checkbox"/> NON-CIT	EV NUMBER	DATE / TIME
OFFICER NAME		ID #	LOCATION	
NAME (LAST, FIRST, MI)			AKA / ALIAS / NICKNAME	
DOB	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> UNKNOWN	RACE
ADDRESS			PHONE (HOME)	PHONE (OTHER)
REASON FOR CONTACT <input type="checkbox"/> OFFICER SAFETY			USE OF FORCE DOCUMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
DISPOSITION <input type="checkbox"/> CONTACT ONLY <input type="checkbox"/> 5150		<input type="checkbox"/> ARREST/CJ <input type="checkbox"/> ARREST/CITE	CHARGE(S):	<input type="checkbox"/> AMR TO HOSPITAL <input type="checkbox"/> OTHER

PRIOR MENTAL HEALTH HOSPITALIZATION? <input type="checkbox"/> YES (WHERE) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
PRIOR MENTAL HEALTH TREATMENT? <input type="checkbox"/> YES (WHERE) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
CURRENT MENTAL HEALTH TREATMENT? <input type="checkbox"/> YES (WHERE) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
PSYCH MEDICATIONS? <input type="checkbox"/> YES (LIST) <input type="checkbox"/> YES-NOT TAKING (LIST) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
LIVING ARRANGEMENTS <input type="checkbox"/> FAMILY <input type="checkbox"/> FRIENDS <input type="checkbox"/> HOMELESS <input type="checkbox"/> SHELTER (ARMORY) <input type="checkbox"/> MOTEL <input type="checkbox"/> BOARD & CARE <input type="checkbox"/> UNKNOWN	BEHAVIOR(S) OBSERVED (CHECK ALL THAT APPLY) <input type="checkbox"/> NOTHING UNUSUAL <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> ILLOGICAL THOUGHTS/SPEECH <input type="checkbox"/> PHYSICALLY <input type="checkbox"/> DELUSIONAL VIOLENT <input type="checkbox"/> HALLUCINATIONS (AUDITORY/VISUAL) <input type="checkbox"/> SUICIDAL IDEAS <input type="checkbox"/> PARANOIA <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOSTILITY <input type="checkbox"/> ATTEMPT <input type="checkbox"/> OVERLY ELATED MOOD <input type="checkbox"/> INTOXICATION <input type="checkbox"/> AGITATION / ANXIETY <input type="checkbox"/> MEMORY LOSS

SUBJECT INJURIES? (IF YES, LIST NATURE OF INJURY) <input type="checkbox"/> PRIOR TO POLICE CONTACT <input type="checkbox"/> DURING POLICE CONTACT <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	
OFFICER INJURIES? (IF YES, LIST NATURE OF INJURY) <input type="checkbox"/> YES <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	
SUBJECT ARMED? <input type="checkbox"/> YES - LIST WEAPON(S) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
SUBJECT ON PROBATION / PAROLE? <input type="checkbox"/> YES - LIST PROBATION / PAROLE OFFICER <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
PHYSICAL FORCE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF FORCE / EQUIPMENT / TECHNIQUE REQUIRED: <input type="checkbox"/> VERBALIZATION ONLY <input type="checkbox"/> WRAP <input type="checkbox"/> CHEMICAL AGENT <input type="checkbox"/> SOFT RESTRAINTS <input checked="" type="checkbox"/> BATON / ASP <input type="checkbox"/> HANDCUFFS <input type="checkbox"/> TASER <input type="checkbox"/> SAGE <input type="checkbox"/> OTHER LESS LETHAL <input type="checkbox"/> DEADLY FORCE	

