

Exhibit B

Crisis Intervention Team Data Sheet

Original Hardcopy

**CLEVELAND DIVISION OF POLICE / CRISIS INTERVENTION
MENTAL HEALTH/AOD STATISTIC SHEET**

Date: _____ Time: _____ Incident type: _____

Incident # _____ - _____ Location: _____

Requested by: ☐ CCS ☐ Z/C ☐ Family ☐ Case Worker ☐ Fire/EMS
☐ Other: _____

SUBJECT Name: _____

Gender: _____ Race/ethnicity: _____ DOB: _____ SSN: (Last 4) _____

Best means of contact/locating: _____

PLEASE CHECK ALL THAT APPLY:

☐ Mental Illness ☐ Alcohol/Drug ☐ Developmental Disability ☐ Homeless ☐ Veteran

Was the subject armed? ☐ Yes ☐ No Type of weapon: _____

☐ Injury to Subject ☐ Injury to Officers ☐ Injury to others

TOOLS/TECHNIQUES USED:

☐ Verbal De-escalation/Crisis Intervention techniques
☐ Use of Force: ☐ Pain compliance ☐ Take Down ☐ Handcuffs
☐ ASP ☐ OC Spray ☐ Taser ☐ Other: _____

☐ FIT notified ☐ Incident Report Completed

DISPOSITION:

☐ Complaint Unfounded ☐ Information received / advised ☐ Citation issued
☐ Subject/Incident stabilized requiring no further action ☐ Confer w/Mobile Crisis
☐ Subject referred for additional support at: _____
☐ Conveyed/Transported to (Facility) _____ ☐ By: _____
☐ Voluntary ☐ Involuntary ☐ Probate Warrant ☐ Pink Slipped
☐ EMS On Scene? Unit # _____ ☐ Arrested Charge _____

Name/Address of caller: _____

☐ Point of Contact (Case worker, Dr., etc.) _____

☐ Reason for interaction: _____

Any concerns (safety) whatsoever, for this subject (or) address: _____

_____ ☐ CCS Advised

Supervisor on scene: ☐ Yes ☐ No Name/Badge # _____

Officer(s): Name / Badge # _____ CIT certified ☐

Name / Badge # _____ CIT certified ☐