

Subject Information

Last Name First Name Middle Name DOB Age
 smith -1
 Gender Descent Hair Eyes Height Weight
 Male White Brown Brown
 SSN OLN CII FBI

CAMP Status

Home Address Verified Homeless RD Subject phone
 Contact Name Relation
 Contact Address Contact Phone
 Subject's Mental Health Professional Phone
 Treating Physician Phone:

Personal History

AIDS Dementia; Alcohol Abuse; Developmentally Disabled;
 Diff.Interacting w/others; Drug Use; Health Hazard; Not Taking Any
 Medication; Psychiatric Hospital; Violent Behavior; Transgender; Hx
 of being Homeless

MEU Case: Entered By:

Incident No: DR: Incident Date: 09/12/2017 Time Start 09:31 MEU Recvd 09:31 Type of Call: Patrol

Reporting Person Serial: Name: Partner Serial: Name: MHT
 Report Type: Initial Responder Incident Handled By: Dispo:

Firearm check completed: Yes No Explanation: Serial:
 Connecting Reports Arrest; Crime; NCUOF; CUOF; Property; Other Unit Transporting:

Tracked Statistics SMART not available; Gun Seized; Pre-Booking Diversion; Post-Booking Diversion; Urgent Trans/Combative; Pre-Booking Screening Patrol Unit:

CAMP: Barricade; School Violence; Animal Cruelty; Explosives/Arson; Hoarder; Fin.Stress; Suicide by Cop; Veteran; CONREP; Probation; Parole; PD High Utilizer; FD High Utilizer; DMH High Utilizer; Inc.High Risk beh.; Bullying/Bullied; Spec.Loc; AB 109; PATHE; Disengagement
 CAMP Category:

Other: CDO# Time In
 CAMP Dispo: Time Out

PR Name Relation PR Address Phone

Call Location Facility Type Incident Address RD

APPEARANCE OF POSSIBLE MENTAL ILLNESS

Appearance	Appropriate; Dirty; Naked; Bizarre; Disheveled; Clean; Partial Nude	Mood	Appropriate; Laughing; Anger; Crying; Mood Swing; Irritable; Sad; Flat Affect; Hopeless; Anxious
Thought	Appropriate; False Beliefs; Threatening Ideas; Desire to Hurt Others; Paranoia; Expressed Guilt; Suicidal; Assault Ideas; Sex Preoccupation; Excessive Religionism	Speech	Appropriate; Rapid; Talking to Self; Incoherent; Repetitive; Yelling; Rambling; Selectively Mute; Slurred; Mute; Pressured
Eye Contact	Appropriate; Intense; Avoids; Blank Stare; Erratic; Normal for culture	Behavior	Aggressive; Manipulative; Agitated; Uncooperative; Appropriate; Violent; Hyper-sexual; Belligerent; Self destructive; Poor impulse control; Demanding; Demeaning
Sensory Observations	Appropriate; Tactile Sensation; Hearing Things; Seeing Things; Smell/Touch	Body Movements	Calm; Restless; Jerking; Rigid; Pacing; Rocking

SUBJECT STATED DIAGNOSIS Anxiety/Panic; Adjustment Disorder; Autism; Bipolar; Borderline Personality Disorder; Delusional; Depression; Impulse control; Post Traumatic Stress Disorder; Psychotic; Schizophrenia (disorganized); Schizophrenia (paranoid); ADHD; Oppositional Defiant; Age related cognitive decline; Dementia; Other

PSYCHOTROPIC MEDICATIONS Abilify; Clozaril; Geodon; Haldol; Invega; Prolixin; Risperdal; Seroquel; Thorazine; Zyprexa; Benadryl; Celexa; Desyrel; Effexor; Elavil; Lexapro; Paxol; Prozac; Remeron; Sinquan; Tofranil; Wellbutrin; Zoloft; Depakote*; Lamictal*; Neurontin*; Tegretol*; Topamax*; Lithium; Atarax; Ativan; Buspar; Inderal**; Klonopin; Liprium; Valium; Vistaril; Xanax; Ambien; Dalmane; Nembutal; Seconal; Halcion; Restoril; Sonata; Trasadone; Benadril; Cogentin*; Artane; Ritalin; Adderall; Concerta; Vyvanse; Tenex; Strattera; Aricep; Namenda; Exelon; Razadyne; Namzaric
 List Other Medications: *Also anticonvulsant for seizures ** for chest pain

Narrative

Officer [OFFICER NAME/SERIAL] called MEU at [TIME].

SUMMARY:

UPDATE:

DISPO:

WEAPONS:

Tarasoff Prohibition Record No.:

SCN Completed CAMP Referral Completed **Reviewed By:**

During your investigation do you believe that the individual being contacted, may commit an act of targeted mass violence?

Behaviors

History of Violence / Towards :

[Dropdown]

Do you feel you were justified in using violence?

No [Dropdown]

Has this happened before?

No [Dropdown]

Are you concerned or is someone else concerned about this behavior? No [Dropdown]

Have you told anyone else about your concerns/feelings? No [Dropdown]

How have you communicated your concerns/feelings? [Dropdown]

Do you know who/what is causing you to feel this way? No [Dropdown]

Have you traveled recently? No [Dropdown]

Lethality Potential :

Do you have any firearms or other weapons? No [Dropdown]

How have you become familiar with firearms or other weapons? [Dropdown]

Relationships/Affiliations

What is your living arrangement? [Dropdown]

How are your family relationships? [Dropdown]

How is your financial situation/status? [Dropdown]

Do you have a religious community affiliation? No [Dropdown]

Do you have a political or other community affiliation? No [Dropdown]

Do you have animosity towards any religious, community, or political group? No [Dropdown]

Do you subscribe (view) to any publications or websites? No [Dropdown]

Do you have a social media profile? No [Dropdown]

Background/History

Law Enforcement contacts : [Dropdown]

Mental Health contacts : [Dropdown]

Substance Abuse? No [Dropdown]

Jail / Prison No [Dropdown]

Violence Risk Level / Case Prioritization

Initial Responder (Patrol or SMART) / Risk Level : [Dropdown]

CAMP / Risk Level : [Dropdown]

CAMP Category : [Dropdown]

Reporting Person Serial :

CAMP LAPD Reviewed By:

Chrono

Date Time Serial Name

Weapons

Description Type Caliber Notification Disposition

Weapons

Investigation Docs

Attachment Edited