

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

Do you feel you were justified in using violence?

Has this happened before?

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

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

How have you communicated your concerns/feelings?

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

Have you traveled recently?

**Lethality Potential:**

Do you have any firearms or other weapons? No

How have you become familiar with firearms or other weapons?

**Relationships/Affiliations**

What is your living arrangement?

How are your family relationships?

How is your financial situation/status?

Do you have a religious community affiliation? No

Do you have a political or other community affiliation? No

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

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

Do you have a social media profile? No

**Background/History**

Law Enforcement contacts :

Mental Health contacts :

Substance Abuse? No

Jail / Prison No

**Violence Risk Level / Case Prioritization**

Initial Responder (Patrol or SMART) / Risk Level :

CAMP / Risk Level :

CAMP Category :

Reporting Person Serial :

CAMP LAPD Reviewed By:

**Chrono**

# Date Time Serial Name

**Weapons**

# Description Type Caliber Notification Disposition

**Weapons****Investigation Docs**

# Attachment Edited