

DEPT	AGENCY	Sworn Officers	Mobile Units (vehicles)	Dispatchers		PSAP (P/S)	Dispatching Police, Fire, EMS	# Charms installs	# LiveScan scanners	# of Live Scan locations	CAD	RMS	MOBILES	NYS DCIS	DATA WAREHOUSE	CHAT
				FT	PT											
PRB	ERIE COUNTY PROBATION		0					0			X			X	X	
PRT	PRE-TRIAL SERV		0					0							X	
RPI	ROSWELL PARK INSTITUTE		0				P	0			X	X	X	X	X	X
SCP	SCPA SERVING ERIE COUNTY	5	2					0						X	X	X
SHC	ERIE COUNTY SHERRIF HOLDING CE		0					6			X	X		X	X	X
SPR	SPRINGVILLE PD	12	2				P	3			X	X	X	X	X	X
TAX	NYS DEPT OF TAX & FINANCE		0					0			X	X	X	X	X	X
THM	HAMBURG (TOWN) PD	63	17	16	3	P	P/F/E	34	1	1					X	
TLN	TOWN OF LANCASTER PD	51	22	11	0	P	P/F/E	20	1	1	X	X	X	X	X	X
TCA	TWIN CITY AMBULANCE															X
TOP	ORCHARD PARK PD	35	19	10	4	P	P/F/E	20	1	1	X	X	X	X	X	X
TTO	TOWN OF TONAWANDA PD	99	15	17	19	P	P/F/E	70	1	1	X	X	X	X	X	X
UCS	UNIFIED COURT SYSTEM		0				P	2			X	X	X	X	X	X
UNY	NYS University at Bflo	59	20				P	35	1	1	X	X	X	X	X	X
USA	US ATTORNEY'S OFC Western Dist		0					0							X	
USC	US CUSTOMS PEACE BRIDGE		0					0						X	X	X
USG	US COAST GUARD		0					0						X	X	
USH	US ICE HSI-SAC 130 Delaware Av		0					0							X	
USM	US MARSHALLS		0					0							X	
USS	US Secret Service		0					0							X	
USP	US Probation & PreTrial Serv		0					0							X	
VHM	VILLAGE OF HAMBURG PD	13	6				P	8	1	1	X	X	X	X	X	X
VNC	VILLAGE OF NORTH COLLINS	8	2				P	2			X	X	X	X	X	X
WSE	WEST SENECA PD	66	15	8	10	P	P/F/E	55	1	1	X	X	X	X	X	X
SPF	SPRINGVILLE FIRE CONTROL		0	8	5	S	F	2			X					X
Totals		2764	753	277	95			882	36	33	46	42	42	55	69	59

372

Volunteer Fire Depts	94
Paid Fire Depts	3
- Buffalo	
- Lackawanna	
- City of Tonawanda (doesn't use our system)	

- * co-located at Central Police Services
- ** co-located at Amherst PD
- *** Use another CAD

RMS users -> approximately 3,000	
Mobile users -> approximately 3,000	
Police Reports 2022	87,155
PR's 2021	83,958
PR's 2020	77,435
PR's 2019	90,274
AVERAGE:	84,706

Mental Health - Crisis Intervention Report

Incident Information:

Date: 11/29/2022 10:18:46 AM

Reporting Officer: [REDACTED] AVID W - 168274

CIT-trained? Yes

Incident #: 22-3330264

District: 'D' District

Subject's Name: [REDACTED]

DOB: 10/31/1995

Age: 27

Subject's Address: [REDACTED] BUFFALO, NY [REDACTED]

Call Received From:

- Subject
- Spouse/Partner
- Friend
- Business
- Medical Provider
- Unknown
- Other: _____

Call Type:

- Patrol Requested
- Primary Car
- Follow Up
- Self-Initiated
- Other: _____

Race/Ethnicity:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Caucasian
- Latino/Hispanic
- Other: _____

Gender:

- Male
- Female
- Other: _____

Special Considerations:

- Veteran
- Homeless

Previous Interactions:

- Yes, # of times: _____
- No

Nature of Incident:

- Suicide
 - Attempt
 - Threat
- Mental Health Crisis
- Trespassing
- Intoxication
- Other
- Drug Offense
- Disturbance
- Assault

Actions and Behaviors Observed:

- Places Self in Danger
- Talk of Hurting/Killing Others
- Attempting to Hurt/Kill Self
- Threat/Use of Weapon to Harm
- Verbal Threats
- Refusal to Respond
- Talking to Self
- Impaired Speech
- Hearing Voices
- Irrational Speech/Thoughts
- Hostile/Argumentative/Beligerant/Loud
- Inflated Self Importance
- Focused on Single Subject
- Paranoia/Suspiciousness
- Other: _____
- Talk of Hurting/Killing Self
- Unable to Care for Self
- Attempting to Hurt/Kill Others
- Plans/Means/Access
- Physical Threats
- Dress Indicates Lack of Awareness
- Confused/Disoriented
- Sad/Crying/Depression
- Presence of Feces/Urine
- Exhibits Extraordinary Strength
- Extremely Rapid Heart Rate/Respiration
- Poor Hygiene/Living Environment
- Under the Influence
- Hyperactivity/Psychomotor Agitation

Violent Towards:

- Self
- Others

Weapons:

- Weapons Present

Weapons Involved:

- Knife
- Firearm
- None
- Other: _____

Injuries Pre-CIT Intervention:

- To Victim
 By Self
 By Officer
- To Other
 By Victim
 By Officer
 By Other:

- To Officer
 By Victim
 By Other:

Injuries Post-CIT Intervention:

- To Victim
 By Self
 By Officer
- To Other
 By Victim
 By Officer
 By Other:

- To Officer
 By Victim
 By Other:

Drug/Substance Use:

- Alcohol
 Heroin
 Marijuana
 Methamphetamine
 Prescribed Meds
 Unknown
 None
 Other: _____

Use of Force:

- None
 By Officer
 Lethal
 Non-Lethal
- By Victim
 Lethal
 Non-Lethal

Mental Health History:

- Alcohol/Substance Abuse
 Past CIT Involvement
 Inpatient Treatment
 Outpatient Treatment
 Suicide Threat/Attempt
 Current Mental Health Treatment
 Last Doctor's Name & Agency

Disposition:

- MHL 9.41
 Voluntary Transfer to ECMC
 Diversion Center
- _____
- Criminal Offense
 Arrested
 Felony
 Misdemeanor
 Notified Someone
 No Action Possible
 Information/Referral

Narrative

Patrol requested. APS was on location to investigate a complaint [REDACTED] APS called patrol. BHT was informed that [REDACTED] had previously reported a [REDACTED] but could not provide any details other than it happens in her sleep. Staff reports that [REDACTED] has not been med compliant and has been decomping for 2 months now. Staff states Jenna has been to CPEP a couple times in the past month but she is discharged. BHT engaged with [REDACTED] where she stated she wants to kill herself and has attempted to cut herself so she can bleed out. Jenna states she hears voices that tell her to kill herself. BHT transported to CPEP for further eval. Patrol did incident report for the [REDACTED] aware.

REQUEST FOR EXAMINATION OF PERSON UNDER SECTION 22.09 OF THE NYS MENTAL HYGIENE LAW

POLICE AGENCY/DISTRICT: _____

COMPLAINT#: _____

INCIDENT LOCATION: _____

DATE: _____ **TIME OF TRANSPORT:** _____

AMB. CO.: _____ **AMB. #:** _____

HOSPITAL TRANSPORTED TO: _____

WEAPONS CHECK PRIOR TO TRANSPORT	
Searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Found?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If found, disposition: _____	

Name (L, F, MI)	DOB	AGE	SEX
Address (Number, Street, City, State, Zip)			

Has this individual served in the military/reserves: Yes No Unknown

Describe incident that resulted in police involvement: _____

Suspected/known use of:

Alcohol Opiates (cocaine; heroin; pain meds) Sedatives (valium; xanax) Other/unknown: _____

Any known mental health history and/or diagnosis: _____

Reporter of information: Self Other: _____

What behaviors or actions indicate that the individual is incapacitated as a result of alcohol or substance use?

- Placing self in dangerous situation(s) Talk of hurting/killing: _____ Self _____ Others
- Unable to care for self Attempt to hurt/kill: _____ Self _____ Others
- Other: _____

Additional information supporting the need to enact 22.09, if any: _____

Check here if continuation page is attached.

Check observed and/or reported behaviors or actions that indicate that the individual is incapacitated:

Signs of intoxication:

- Smell of alcohol
- Slurred speech
- Staggering gait
- Incontinence
- Flushed face
- Red eyes or pinpoint pupils
- Vomiting
- Positive BAC (level, if known) _____
- Lack of inhibitions and/or judgment
- Complains of itching or scratching
- Drowsy
- Sedated
- Drooling
- Erratic/irrational behavior and/or speech

Signs of withdrawal:

- Clammy skin
- Irritability
- Enlarged pupils
- Sweating
- Seizures
- Confusion
- Hallucinations
- Depression
- Anxiety
- Restless
- Dilated pupils
- Goose flesh
- Yawning/fatigue
- Cramps
- Hand/body tremors
- Muscle aches
- Memory impairment

Has a criminal charge been placed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, charges: _____
Appearance ticket issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Order of protection in force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer's Name (please print): _____	Date: _____

HOSPITAL DISPOSITION: To be completed by Examining Physician/Emergency Room (check appropriate box)

- Patient admitted to this facility Medical Admission Psychiatric Admission
- Patient transferred to another facility Patient not admitted Patient absconded

Officer's Name (please print): _____ Date: _____

REQUEST FOR EXAMINATION OF PERSON UNDER SECTION 9.41 OF THE NYS MENTAL HYGIENE LAW

- To: Erie County Medical Center - CPEP**
462 Grider Street, Buffalo, NY 14215
- To: Lakeshore Health Care Center**
845 Routes 5 & 20, Irving, NY 14081

POLICE AGENCY/DISTRICT: _____

COMPLAINT #: _____

INCIDENT LOCATION: _____

DATE: _____ TIME OF TRANSPORT: _____

AMB CO: _____ AMB #: _____

Is responding officer CIT-trained? _____ Yes
Does individual have active CIT Crisis Plan? _____ Yes

Name (L, F, MI)	DOB	Age	Sex
Address (Number, Street, City, State, Zip)			

Has this individual served in the military/reserves? Yes No Unknown

Known mental health history and/or diagnosis: _____

What was reported to the police about this individual?

Name source of information: _____ Relationship to individual: _____ Phone: _____

Any known linkages to treatment/significant others: _____

Justification for transport - describe any known history of violence to self or others, current violent behavior, and harmful or neglectful behavior to self or others, including documentation of any plans, means, and access for suicide/harm to others:

What behaviors or actions indicate that the individual might be a danger to self/others?

Check here if a continuation page is attached.

- | | |
|---|--|
| <input type="checkbox"/> Places self in dangerous situations | <input type="checkbox"/> Talk of hurting/killing <input type="checkbox"/> self <input type="checkbox"/> others |
| <input type="checkbox"/> Unable to care for self | <input type="checkbox"/> Attempting to hurt/kill <input type="checkbox"/> self <input type="checkbox"/> others |
| <input type="checkbox"/> Threat/use of weapon to harm self/others | <input type="checkbox"/> Plan/means/access available |
| <input type="checkbox"/> Verbal threats | <input type="checkbox"/> Physical threats |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Weapon(s) present (describe) _____ | |

WEAPONS CHECK PRIOR TO TRANSPORT	
Searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Found?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If found, disposition: _____	

What behaviors or actions indicate that the individual might be a danger to self/others?

O	R	Verbal and Behavioral	O	R	Appearance and Behavior
<input type="checkbox"/>	<input type="checkbox"/>	Refusal to respond to question	<input type="checkbox"/>	<input type="checkbox"/>	Paranoia/suspiciousness/feelings of persecution
<input type="checkbox"/>	<input type="checkbox"/>	Talking to self	<input type="checkbox"/>	<input type="checkbox"/>	Dress indicates lack of awareness of weather/setting
<input type="checkbox"/>	<input type="checkbox"/>	Impaired speech (slurred, slow, illogical/incoherent, fast)	<input type="checkbox"/>	<input type="checkbox"/>	Confused/disoriented
<input type="checkbox"/>	<input type="checkbox"/>	Reported hearing voices	<input type="checkbox"/>	<input type="checkbox"/>	Sad expression/crying/depression
<input type="checkbox"/>	<input type="checkbox"/>	Irrational speech/thoughts	<input type="checkbox"/>	<input type="checkbox"/>	Presence of feces or urine
<input type="checkbox"/>	<input type="checkbox"/>	Hostile/argumentative/belligerent/loud/yelling	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits extraordinary physical strength
<input type="checkbox"/>	<input type="checkbox"/>	Expresses ideas of inflated self-importance	<input type="checkbox"/>	<input type="checkbox"/>	Extremely rapid heart rate/respiration
<input type="checkbox"/>	<input type="checkbox"/>	Talks repeatedly about a single subject (death, religion, illness, government, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Poor hygiene/living environment
			<input type="checkbox"/>	<input type="checkbox"/>	Under the influence
			<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity/psychomotor agitation

Has a criminal charge been placed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, charges: _____
Appearance ticket issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Order of protection in force? <input type="checkbox"/> Yes <input type="checkbox"/> No

Officer's Name (please print): _____ Date: _____

HOSPITAL DISPOSITION: To be completed by Examining Physician/Emergency Room (check appropriate boxes).		
<input type="checkbox"/> Patient admitted to this facility	<input type="checkbox"/> Medical admission	<input type="checkbox"/> Psychiatric admission
<input type="checkbox"/> Patient transferred to another facility	<input type="checkbox"/> Patient not admitted	<input type="checkbox"/> Patient absconded
Staff Signature: _____		Date: _____ Time _____