

ORIGINAL

182281

MOUNTLAKE TERRACE POLICE DEPARTMENT
MENTAL HEALTH CONTACT REPORT - VOLUNTARY / INVOLUNTARY

ADDITIONAL REPORTS ATTACHED <input type="checkbox"/> Property Report <input checked="" type="checkbox"/> Additional Persons	NOTIFICATION REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No (Per RCW 71.05.425)	CASE NUMBER 13-2287
--	--	------------------------

<input type="checkbox"/> Mental Health Evaluation (deliver to closest Emergency Room)		<input type="checkbox"/> MHP referral	
Incident Classification SUICIDE ATTEMPT	Offense Code <input type="checkbox"/> DV	Offense Code <input type="checkbox"/> DV	Reported Time 2356
Address / Location of Incident 4305 238TH PL SW	Related Case(s)	Reported Date 8/15/13	Code 02
		Occurred Time 2356	Geo Codes RES011
		Occurred Date 8/15/13	

INVOLVED PERSON <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Complainant <input checked="" type="checkbox"/> Institutionalized <input type="checkbox"/> Other <input type="checkbox"/> PDA								
No. <input checked="" type="checkbox"/> -1	Name (last, first, middle) YBARRA, AMBROSE JOSE	Date of Birth / Age	Race	Sex M	Height 508	Weight 292	Eyes BRN	Hair
Home Address 4305 238TH PL SW		City MOUNTLAKE TERRACE	State WA	Zip Code 98043	Home Area Code / Phone			
Driver's License Number	State WA	Social Security Number	Place of Employment / City			Work Area Code / Phone		
Ethnicity Code	Residency Code	Alias Name / Scars, Marks, Tattoos						

INVOLVED PERSON <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Complainant <input type="checkbox"/> Other <input type="checkbox"/> PDA								
No. <input checked="" type="checkbox"/> -1	Name (last, first, middle) YBARRA, AARON REY	Date of Birth / Age	Race	Sex M	Height 509	Weight 165	Eyes BRN	Hair
Home Address 4305 238TH PL SW		City MOUNTLAKE TERRACE	State WA	Zip Code 98043	Home Area Code / Phone			
Driver's License Number	State WA	Social Security Number	Place of Employment / City			Work Area Code / Phone		
Ethnicity Code	Residency Code	Alias Name / Scars, Marks, Tattoos						

REASON FOR CONTACT (Check all that apply and explain below)

<input checked="" type="checkbox"/> Suicide attempt	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Medical problems	<input type="checkbox"/> Suicide threat	<input type="checkbox"/> Threats to others	<input checked="" type="checkbox"/> Suspected drug/alcohol use
<input type="checkbox"/> Unable to care for self	<input type="checkbox"/> Property damage	<input type="checkbox"/> Disturbance	<input checked="" type="checkbox"/> Depressed	<input checked="" type="checkbox"/> Weapon(s) involved	<input type="checkbox"/> Agrees to MH treatment

Subject # F-1 has been taken into custody per RCW 71.05.153 because the below peace officer has reasonable cause to believe that such person is suffering from a mental disorder and presents an imminent likelihood of serious harm to others or himself/herself or is in imminent danger because of being gravely disabled. The below information has been established to determine reasonable cause

Describe events/observations that suggest this person is mentally ill. Describe items checked above and prior related contacts.

What did you witness? AMBROSE HAD BLOOD (DRESSED) NEAR HIS RIGHT EAR AND ON NECK. STRONG ODOR OF ALCOHOL EMITTING FROM PERSON. AARON SAID HE CAME HOME AND FOUND AMBROSE HAD BLOOD OF WHISKEY. WAS ON HIS BED WITH AN EXTENDED POKER KNIFE WITH BLOOD. AMBROSE TOLD AARON OVER THE PAST COUPLE DAYS THAT HE WANTS TO PUT A BUCKET ON HIS HEAD.

HOW DID THIS PERSON COME TO YOUR ATTENTION?
AMBROSE'S DAUGHTER CALLED BECAUSE SHE WAS CALLED BY AARON AND TOLD THAT AMBROSE CUT HIS THROAT WITH A KNIFE.

MW	ENT	QC	SC	NBS
DATE	8/15/13			

Does the individual have medications? yes no unknown List Medications:

Is individual in treatment at a mental health agency? yes no unknown

Is there a chargeable offense? yes no unknown

Officer must provide ER staff with verbal confirmation for any police hold

If the individual is NOT detained for inpatient hospitalization, is there a police hold? yes no unknown

Has the individual been searched for contraband/weapons? yes no unknown

STARS	OFFICER NAME / NUMBER METZGER 464	AREA 272	OFFICER NAME / NUMBER	AREA	APPROVED BY P. LOWRI	ASSIGNED CLOSAD
IBR CLEARANCE	ADMIN CLEARANCE	DISTRIBUTION		OTHER:		
<input type="checkbox"/> ARR / A <input type="checkbox"/> ARR / J	<input type="checkbox"/> EXC / A <input type="checkbox"/> EXC / J <input type="checkbox"/> UNF	<input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPENDED	<input type="checkbox"/> CA <input type="checkbox"/> CPD <input type="checkbox"/> DSHS <input type="checkbox"/> PA	<input type="checkbox"/> JUV <input type="checkbox"/> MH <input type="checkbox"/> GANG	<input type="checkbox"/> SED <input type="checkbox"/> DET <input type="checkbox"/> PAT	DATA ENTRY