

ORIGINAL

Alcohol ✓

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

ADDITIONAL REPORTS ATTACHED <input type="checkbox"/> Property Report <input type="checkbox"/> Additional Persons	NOTIFICATION REQUESTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Per RCW 71.05.425)	CASE NUMBER 10-2892 <b>102892</b>
---	---	--------------------------------------

<input checked="" 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 0310
Address / Location of Incident 22803 CEDAR WAY		Reported Date 10/09/10	Code 061
		Related Case(s)	Geo Codes CPC/52
		Occurred Time	Occurred Date

INVOLVED PERSON <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Complainant <input type="checkbox"/> Institutionalized <input type="checkbox"/> Other <input type="checkbox"/> PDA											
No.	Name (last, first, middle)	Date of Birth / Age	Race	Sex	Height	Weight	Eyes	Hair			
11	YBARA, ANTON N		W	M	5-9	155	BROWN	BLK			
Home Address 4305 238th PL SW			City MLT	State WA	Zip Code 98043	Home Area Code / Phone					
Driver's License Number		State WA	Social Security Number		Place of Employment / City KENNETH GUN RANGE			Work Area Code / Phone			
Ethnicity Code	Residency Code	Alias Name									

INVOLVED PERSON <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Complainant <input type="checkbox"/> Other <input type="checkbox"/> PDA											
No.	Name (last, first, middle)	Date of Birth / Age	Race	Sex	Height	Weight	Eyes	Hair			
Home Address			City	State	Zip Code	Home Area Code / Phone					
Driver's License Number		State	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 type="checkbox"/> Suicide attempt	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Medical problems	<input checked="" type="checkbox"/> Suicide threat	<input checked="" 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 type="checkbox"/> Depressed	<input type="checkbox"/> Weapon(s) involved	<input type="checkbox"/> Agrees to MH treatment

Subject # 11 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID THIS PERSON COME TO YOUR ATTENTION? CALLED 911 AND STATED HE WANTED TO HURT HIMSELF AND OTHERS. STATED HE WAS SUICIDAL AND HAD A RAGE INSIDE HIM. STATED HE HAS HAD PREVIOUS SUICIDAL THOUGHTS. YBARA WAS VERY INTOXICATED. YBARA WAS TRANSPORTED TO SWEDISH HOSPITAL FOR AN INVOLUNTARY COMMITMENT.

Does the individual have medications?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown	List Medications:
Is individual in treatment at a mental health agency?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown	
Is there a chargeable offense?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown		
Has the individual been searched for contraband/weapons? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		

STATUS	OFFICER NAME / NUMBER Hatchel 487	AREA 272	OFFICER NAME / NUMBER	AREA	APPROVED BY 92	ASSIGNED CLOSED
	IBR CLEARANCE <input type="checkbox"/> ARR / A <input type="checkbox"/> ARR / J	ADMIN CLEARANCE <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPENDED	DISTRIBUTION <input type="checkbox"/> CA <input type="checkbox"/> PA	<input type="checkbox"/> CPD <input type="checkbox"/> DSHS	<input type="checkbox"/> JUV <input type="checkbox"/> MH <input type="checkbox"/> GANG	<input type="checkbox"/> SED <input type="checkbox"/> DET <input type="checkbox"/> PAT
	<input type="checkbox"/> EXC / A <input type="checkbox"/> EXC / J	<input type="checkbox"/> UNF	OTHER: <b>Carded</b>			