

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

122887
Alcohol

| | | |
|---|---|------------------------|
| ADDITIONAL REPORTS ATTACHED <input type="checkbox"/> Property Report <input type="checkbox"/> Additional Persons | NOTIFICATION REQUESTED <input type="checkbox"/> Yes (Per RCW 71.05.425) <input checked="" type="checkbox"/> No | CASE NUMBER 12-2887 |
|---|---|------------------------|

Mental Health Evaluation (deliver to closest Emergency Room) MHP referral

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|--|---|---|-----------------------|--------------------------|--------------------------|----------------------|
| Incident Classification MENTAL INFO | Offense Code <input type="checkbox"/> DV | Offense Code <input type="checkbox"/> DV | Reported Time 0130 | Reported Date 10-8-12 | Code 51 | Clea Codes STR011 |
| Address / Location of Incident 4300 238 PL SW | | | Related Case(s) | Occurred Time 0130 | Occurred Date 10-8-12 | |

INVOLVED PERSON Victim Suspect Witness Complainant Institutionalized Other PDA

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|--------------------------------|--|------------------------------------|------------------------|-----------------|----------------------------|------------------------|------------------------|--------------------|
| No. | Name (last, first, middle) YBARRA, AARON REY | Date of Birth / Age | Race W | Sex M | Height 509 | Weight 155 | Eyes BRN | Hair BRN |
| Home Address 4305 238 PL SW | | | City MUT | 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 Victim Witness Complainant Other PDA

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|-------------------------|----------------------------|------------------------------------|------------------------|-------|----------------------------|------------------------|------------------------|------|
| 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)

Suicide attempt Assaultive Medical problems Suicide threat Threats to others Suspected drug/alcohol use
 Unable to care for self Property damage Disturbance Depressed Weapon(s) involved Agrees to MH treatment

Subject # **I-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? **YBARRA FOUND LYING IN MIDDLE OF STREET VERY INTOXICATED. SAID HE WANTED SWAT TEAM TO GET HIM AND MAKE HIM FAMOUS. SAID NO ONE CARES ABOUT HIM. HE SAID HE WANTS TO DIE. WOULD NOT SAY WHY HE WAS LYING IN STREET**

HOW DID THIS PERSON COME TO YOUR ATTENTION? **DISCOVERED BY CALLED POLICE NO ANSWER AT YBARRAS HOUSE UNABLE TO CARE FOR SELF - INVOLUNTARY COMMIT**

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

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|--|--|---|-----------------------|---|-------------------------------|--|
| ST A U S | OFFICER NAME / NUMBER HOEY 470 | AREA 210 | OFFICER NAME / NUMBER | AREA | APPROVED BY R. LOWE | ASSIGNED CLOSID |
| IBR CLEARANCE <input type="checkbox"/> ARR / A <input type="checkbox"/> EXC / A <input type="checkbox"/> UNF <input type="checkbox"/> ARR / J <input type="checkbox"/> EXC / J | | ADMIN CLEARANCE <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPENDED | | DISTRIBUTION <input type="checkbox"/> CA <input type="checkbox"/> CPD <input type="checkbox"/> MH <input type="checkbox"/> GANG <input type="checkbox"/> PA <input type="checkbox"/> DSHS | | OTHER: <input type="checkbox"/> SED <input type="checkbox"/> DET <input type="checkbox"/> PAT |