

**Bowling Green State University Police Department  
Crisis Intervention Response Stat Sheet**

Date:  Time of Call:  Incident Number:   
Location:  Shift Responding:

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**Subject:** Last Name  First Name

Subject Type: Student  Staff  Faculty  On-Campus  Off-Campus  Juvenile  Homeless

Subject Gender: Male  Female   Residence Hall  Nonresidential

Involvement of Drugs/Alcohol: Drugs  Alcohol  Unknown

County of Residence:

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**Subject Crisis:**

General Depression  Anxiety/Panic Attack  Cutting

Suicidal Thoughts  Suicidal Threat  Suicidal Attempt  Delusions  Unable to care for self

Involving Violence to Others: Yes  No  Involving Weapons: Yes  No:

Additional Information:

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**Disposition:**

Link  Counseling Center:  Rescue Crisis:  Jail:  No Action Necessary

Hospital:  Other:

**Emergency Hospitalization:** Voluntary (sought treatment)  Involuntary (did not seek treatment)

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Completed by:  Title:

Department:  Phone No.:

**Other Officers on Scene (Unit#)**

