

**COMMONWEALTH OF KENTUCKY  
KENTUCKY CRISIS INTERVENTION REPORT**

<b>ADMINISTRATIVE</b>	AGENCY ORI / NAME <b>0568000 LOUISVILLE METRO POLICE DEPT</b>				AGENCY INCIDENT #		SECONDARY REPORT ID <b>P19059458</b>			
	PRIMARY BADGE/ID # <b>7261</b>		PRIMARY OFFICER NAME <b>MAYBODY, CHRIS</b>				BEAT OR POST <b>414A</b>	CIT TRAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	SECONDARY BADGE/ID # <b>7286</b>		SECONDARY OFFICER NAME <b>LINDSEY CLINE</b>				BEAT OR POST <b>414D</b>	CIT TRAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	INCIDENT DATE <b>02/12/2019 16:30</b>	DAY OF WEEK <b>Tuesday</b>	TIME ARRIVED <b>16:33</b>	TIME CLEARED <b>18:20</b>	JUVENILE CONSUMER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ALCOHOL / DRUG INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		JC-3 FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	INCIDENT LOCATION <b>644 PHILLIPS LN</b>						JC-3 INCIDENT NUMBER			
	CONTACT PERSON / COMPLAINANT: (LAST, FIRST, MIDDLE)						COMPLAINANT ADDRESS INFORMATION			
<b>COMPLAINANT</b>	RELATIONSHIP			CONTACT PHONE						
	CONSUMER NAME: (LAST, FIRST, MIDDLE) <b>COLBERT, WAYNE</b>						CONSUMER ADDRESS INFORMATION <b>LOUISVILLE, KY 40211</b>			
<b>CONSUMER</b>	PHONE	SSN	RACE <b>BLACK</b>							
	GENDER <b>MALE</b>	<input type="checkbox"/> DOB UNKNOWN	DATE OF BIRTH	SERVED IN MILITARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	MEDITATIONS								DIAGNOSES	
									OTHER MENTAL ILLNESS - DESCRIPTION	
							DEVELOPMENTAL OTHER DISORDER DESCRIPTION			
							OTHER MEDICATION		MEDICAL HISTORY	
	MEDS TAKEN AS PRESCRIBED?									
	DISPOSITION (Summarize 'PATIENT STABILIZED' and 'OTHER' in NARRATIVE)									
	<b>INVOLUNTARY HOSPITALIZATION</b>									
	CHARGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PENDING CRIMINAL CHARGES				CITATIONS			
<b>DISPOSITION</b>										

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<b>TRANSPORT &amp; MISC</b>	TRANSPORTED BY				
	<b>AMBULANCE</b>				
	EXPLAIN TRANSPORTED BY OTHER				
	TRANSPORTED TO		RESTRAINT TYPE	RESTRAINT APPLIED	RESTRAINT REMOVED
UNIVERSITY OF LOUISVILLE		HANDCUFFS	02/12/2019 16:33	02/12/2019 18:15	1 Hours, 42 Min
<b>USE OF FORCE</b>	<input type="checkbox"/> NO FORCE <input checked="" type="checkbox"/> EMPTY HAND CONTROL <input type="checkbox"/> EMPTY HAND STRIKES <input type="checkbox"/> BATON / ASP <input type="checkbox"/> OC SPRAY <input type="checkbox"/> LESS LETHAL (Summarize in NARRATIVE) <input type="checkbox"/> TASER <input type="checkbox"/> CANINE DEPLOYED <input type="checkbox"/> TACTICAL DEPLOYMENT <input type="checkbox"/> OTHER (Summarize in NARRATIVE)				
<b>WEAPONS</b>	<input checked="" type="checkbox"/> NO WEAPONS <input type="checkbox"/> GUN <input type="checkbox"/> KNIFE <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> OTHER				EXPLAIN OTHER WEAPON TYPE
<b>INJURIES</b>	<input type="checkbox"/> OFFICER INJURED DURING CONTACT (Explain in NARRATIVE) <input type="checkbox"/> CONSUMER INJURED (Explain in NARRATIVE)				
<b>NARRATIVE</b>	<p>GENERAL NARRATIVE:          Officers dispatched to Phillips In on a subject walking in the middle of the street into traffic. Upon arrival, officers observed listed consumer walking in Phillips In with no regard for his life. Upon trying to talk to the consumer he continued to walk away from officers on the side of the street. As officers attempted to make contact with him again, subject walked out into traffic causing a vehicle to slam on its brake to avoid hitting him. As officers attempted to walk the consumer off the roadway he began resisting causing offices to have to conduct a take down to keep consumer from running into traffic again. Consumer would not tell officers who he was.</p>				