

## UNIFORM CITATION

COURT

OFFENDER / VIOLATOR	AGENCY <b>LOUISVILLE METRO POLICE DEPT</b>						ORI: <b>0568000</b>	
	NAME: LAST, FIRST, MI, FILIAL [REDACTED]						ATTN: [REDACTED]	
	ALIAS NAME: LAST, FIRST, MI, FILIAL [REDACTED]						HOME PHONE <b>UNKNOWN</b>	
	ADDRESS (NUMBER, NAME, SUFFIX) [REDACTED]						EMERGENCY PHONE [REDACTED]	
VEHICLE	CITY <b>NEW ALBANY</b>						STATE <b>IN</b>	
	ZIP CODE/EXTENSION <b>47150</b>						KENTUCKY RESIDENT STATUS <input type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT	
	ID TYPE <b>OPERATOR'S LICENSE</b>		ID ST <b>KY</b>	ID NUMBER [REDACTED]		S. S. NUMBER [REDACTED]	MARITAL STATUS [REDACTED]	
	DATE OF BIRTH [REDACTED]		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKA <input type="checkbox"/> ASIAN		HEIGHT <b>5' 06"</b>	WEIGHT <b>160</b>	
DATE / TIME	HAIR COLOR <b>BLACK</b>		EYE COLOR <b>BROWN</b>		ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC		ALCOHOL/DRUG INVOLVEMENT <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> UNKNOWN	
	B.A. RESULTS <input type="checkbox"/> BREATH NOT REQUESTED <input type="checkbox"/> BLOOD NOT REQUESTED <input type="checkbox"/> URINE NOT REQUESTED							
	VEHICLE MAKE <b>CHEVROLET</b>		VEHICLE MODEL <b>IMPALA</b>		VEH. YEAR <b>2012</b>	VEHICLE COLOR <b>BLK</b>		
	VEH. TYPE <b>4D</b>		REGISTRATION: STATE, YEAR, NUMBER <b>KY 2019</b>		VEHICLE IDENTIFIERS [REDACTED]			
CHARGES AND POST-ARREST COMPLAINT	VIOLATION DATE <b>03 01 2019</b>		VIOLATION TIME <b>9:36 PM</b>		EXACT LOCATION OF VIOLATION <b>3400B HALE AVE/SOUTH ALLEY</b>		MILES [REDACTED]	
	ARREST DATE [REDACTED]		TIME OF ARREST [REDACTED]		EXACT LOCATION OF ARREST [REDACTED]		DIRECTION [REDACTED]	
	COUNTY <b>JEFFERSON</b>		CITY <b>LOUISVILLE</b>		SECTOR [REDACTED]			
	COUNTY <b>JEFFERSON</b>		CITY <b>LOUISVILLE</b>		SECTOR [REDACTED]			
COURT	NUMBER	VIOLATION CODE	ASCF	STATUTE/ORD.	CHARGE(S)	STARTING CASE	ENDING CASE	
	1 of 3	02404	0	520.090	1			
	2 of 3	02657	0	519.020	1			
	3 of 3	02406	0	525.140	1			
CASE	POST-ARREST COMPLAINT Charge 1: RESISTING ARREST Charge 2: OBSTRUCTING GOVERNMENTAL OPERATIONS Charge 3: OBSTRUCTING A HIGHWAY Ofc Straman observed listed vehicle without any lights illuminated in the south alley of the 3400B of Hale Ave. As Ofc Straman approached listed vehicle, listed subject, the driver of listed vehicle, quickly exited the car and began making statements that she was about to change her child's diaper. Listed subject then got back inside the driver seat of vehicle of the listed vehicle. Ofc began asking listed subject for her ID, but listed subject was being uncooperative with ofc commands and attempted to exit the vehicle again. Listed subject then grabbed a bag from the back seat of the vehicle and was attempting to open and go through it. Ofc instructed listed subject to stop going through the bag in which she did not comply. Ofc then asked listed subject to exit the vehicle and again she did not comply with ofc's commands, her behavior seemingly uncooperative and erratic. Due to the subject not complying with ofc's commands, Ofc's removed listed subject from the vehicle and told her to stop resisting and to put her hands behind her back. Listed subject began flailing her arms, acting erratic, and would not comply with ofcs commands. Ofcs performed a controlled take down on listed subject in order to get listed subject in handcuffs.							
	COURT DATE <b>04 08 2019</b>		COURT TIME <b>1:00 PM</b>		COURT LOCATION <b>Jefferson District Court - 600 West Jefferson St</b>			
	COURT CASE NUMBER <b>STRAMAN 5000, OFC</b>		TOTAL PREPAYABLE AMOUNT <b>NOT PREPAYABLE</b>		STATE <b>IN</b>			
	WITNESS 1 NAME: LAST, FIRST, MI, FILIAL <b>STRAMAN 5000, OFC</b>		WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX) <b>LMPD 2ND DIVISION</b>		CITY <b>LOUISVILLE</b>			
WITNESS 2 NAME: LAST, FIRST, MI, FILIAL [REDACTED]		WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX) [REDACTED]		CITY [REDACTED]				
Serving Warrant for Other Agency <input type="checkbox"/> SPECIFY: [REDACTED]		OFFICER SIGNATURE <b>POFF, C.</b>		BADGE/ID NUMBER <b>7489</b>		ASSIGNMENT <b>221B</b>		
IN-CAR VIDEO <input type="checkbox"/>		FINGERPRINTS <input type="checkbox"/>		PHOTOS <input type="checkbox"/>		EVIDENCE HELD <input type="checkbox"/>		

YEAR	19
CONTROL NUMBER	DC89851
TYPE	1



## UNIFORM CITATION

COURT

OFFENDER / VIOLATOR	AGENCY <b>LOUISVILLE METRO POLICE DEPT</b>					ORI: <b>0568000</b>		COURT		
	NAME: LAST, FIRST, MI, FILIAL [REDACTED]					ATTN: [REDACTED]				
	ALIAS NAME: LAST, FIRST, MI, FILIAL [REDACTED]					HOME PHONE <b>UNKNOWN</b>				
	ADDRESS (NUMBER, NAME, SUFFIX) [REDACTED]					EMERGENCY PHONE [REDACTED]				
VEHICLE	CITY <b>NEW ALBANY</b>					STATE <b>IN</b>		ZIP CODE/EXTENSION <b>47150</b>		
	ID TYPE <b>OPERATOR'S LICENSE</b>		ID ST <b>KY</b>	ID NUMBER [REDACTED]		S. S. NUMBER [REDACTED]		KENTUCKY RESIDENT STATUS <input type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT		
	<input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE					ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC		ALCOHOL/DRUG INVOLVEMENT		
	DATE OF BIRTH [REDACTED]		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKA <input type="checkbox"/> ASIAN		B.A. RESULTS <input type="checkbox"/> BREATH NOT REQUESTED <input type="checkbox"/> BLOOD NOT REQUESTED <input type="checkbox"/> URINE NOT REQUESTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> UNKNOWN		
	PLACE OF EMPLOYMENT / OCCUPATION [REDACTED]					CITY [REDACTED]		STATE [REDACTED]		
	VEHICLE MAKE [REDACTED]		VEHICLE MODEL [REDACTED]		VEH. YEAR [REDACTED]	VEHICLE COLOR [REDACTED]				
	VEH. TYPE [REDACTED]	REGISTRATION: STATE, YEAR, NUMBER [REDACTED]				VEHICLE IDENTIFIERS [REDACTED]		MPH [REDACTED]	IN MPH ZONE [REDACTED]	
	VIOLATION DATE <b>03 01 2019</b>		VIOLATION TIME <b>9:36 PM</b>		EXACT LOCATION OF VIOLATION <b>3400B HALE AVE/SOUTH ALLEY</b>		MILES [REDACTED]	DIRECTION [REDACTED]	CITY <b>LOUISVILLE</b>	
	ARREST DATE [REDACTED]		TIME OF ARREST [REDACTED]		EXACT LOCATION OF ARREST [REDACTED]		MILES [REDACTED]	DIRECTION [REDACTED]	CITY [REDACTED]	
	COUNTY <b>JEFFERSON</b>		SECTOR [REDACTED]		COUNTY [REDACTED]		SECTOR [REDACTED]			
CHARGES AND POST-ARREST COMPLAINT	NUMBER <b>1</b>	of <b>1</b>	VIOLATION CODE <b>03004</b>	ASCF <b>0</b>	STATUTE/ORD. <b>202A.051</b>	CHARGE(S) <b>1</b>	STARTING CASE [REDACTED]	ENDING CASE [REDACTED]	DRUG TYPE [REDACTED]	
	POST-ARREST COMPLAINT IN ALBANY									
	Charge 1: 60/360 DAYS INVOL HOSPIT OF MENTALLY ILL									
	Listed consumer was the driver of in an alley with no headlamps illuminated blocking the South Alley of the 3400B of Hale (Case#80-19-015362; Cit# DC89851). Upon contact with ofc's, subject was uncooperative and combative, at first exiting the vehicle stating she needed to change her child's diaper then getting back into the vehicle, then reaching around and refusing to give identification and not answering ofc's questions. Ofc then asked consumer to step out of the vehicle, to which she refused and was then removed from the vehicle by ofc's. She began acting erratic, combative, and resisted efforts to be detained by ofc's. When ofc's tried detaining the subject in handcuffs and told her to stop resisting, she continued to refuse and pull away. Ofc's then did a controlled take down and escorted subject to the ground. At this time subject began acting as if she couldn't move, wasn't responding to ofc's and ofc's tried assessing her for any medical conditions. Ofc's observed subject was breathing and it didn't appear her airway was constricted. The subject's mother stated the consumer was schizophrenic but that she didn't know of any medical conditions she had been diagnosed with. Ofc's again tried talking to the consumer and already had EMS enroute for the consumer. Her behavior was unresponsive, she refused to sit up and wanted to only lay on the ground, yet she was breathing and appeared to be medically okay, so at this point ofc's feared for her mental health. She stated she did have a heart murmur to EMS workers, and She finally stated said she had a c-section 5 weeks prior, and at this time ofc's feared the consumer may be in emotional distress based on her collective behavior. Ofc Ragan also observed the consumer was silently crying while at the hospital and again believed she was possibly in emotional distress. Ofc's feared she could possibly be a danger to herself or									
	COURT DATE [REDACTED]									
	COURT TIME [REDACTED]									
	<input type="checkbox"/> PAYABLE <input type="checkbox"/> COURT									
	COURT LOCATION [REDACTED]									
	COURT CASE NUMBER [REDACTED]						TOTAL PREPAYABLE AMOUNT [REDACTED]		NOT PREPAYABLE	
	WITNESS 1 NAME: LAST, FIRST, MI, FILIAL [REDACTED]									
WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX) [REDACTED]										
WITNESS 2 NAME: LAST, FIRST, MI, FILIAL [REDACTED]										
WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX) [REDACTED]										
CASE	<input type="checkbox"/> SERVING WARRANT FOR OTHER AGENCY SPECIFY: [REDACTED]							<input type="checkbox"/> IN-CAR VIDEO		
	OFFICER SIGNATURE [REDACTED]							BADGE/I.D. NUMBER <b>7489</b>		
	POFF, C. [REDACTED]							ASSIGNMENT <b>221B</b>		
								EVIDENCE HELD		

19

DD30224

YEAR

CONTROL NUMBER

TYPE



## UNIFORM CITATION

COURT

OFFENDER / VIOLATOR

VEHICLE

DATE / TIME

CHARGES AND POST-ARREST COMPLAINT

COURT

CASE

AGENCY <b>LOUISVILLE METRO POLICE DEPT</b>										ORI: <b>0568000</b>	
NAME: LAST, FIRST, MI, FILIAL [REDACTED]										ATTN: [REDACTED]	
ALIAS NAME: LAST, FIRST, MI, FILIAL [REDACTED]										HOME PHONE <b>UNKNOWN</b>	
ADDRESS (NUMBER, NAME, SUFFIX) [REDACTED]										EMERGENCY PHONE [REDACTED]	
CITY <b>NEW ALBANY</b>										KENTUCKY RESIDENT STATUS <input type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT	
STATE <b>IN</b>										MARITAL STATUS [REDACTED]	
ZIP CODE/EXTENSION <b>47150</b>										VICTIM'S RELATIONSHIP TO OFFENDER [REDACTED]	
ID TYPE <b>OPERATOR'S LICENSE</b>		ID ST <b>KY</b>		ID NUMBER [REDACTED]		S. S. NUMBER [REDACTED]		HEIGHT <b>5' 06"</b>		WEIGHT <b>160</b>	
HAIR COLOR <b>BLACK</b>		EYE COLOR <b>BROWN</b>		ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC				ALCOHOL/DRUG INVOLVEMENT <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> UNKNOWN			
<input type="checkbox"/> COMMERCIAL VEHICLE				<input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE				B.A. RESULTS <input type="checkbox"/> BREATH NOT REQUESTED <input type="checkbox"/> BLOOD NOT REQUESTED <input type="checkbox"/> URINE NOT REQUESTED			
DATE OF BIRTH [REDACTED]		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKA <input type="checkbox"/> ASIAN							
PLACE OF EMPLOYMENT / OCCUPATION [REDACTED]				CITY [REDACTED]		STATE [REDACTED]					
VEHICLE MAKE [REDACTED]		VEHICLE MODEL [REDACTED]		VEH. YEAR [REDACTED]		VEHICLE COLOR [REDACTED]					
VEH. TYPE [REDACTED]		REGISTRATION: STATE, YEAR, NUMBER [REDACTED]				VEHICLE IDENTIFIERS [REDACTED]		MPH [REDACTED]		IN MPH ZONE [REDACTED]	
VIOLATION DATE <b>03 01 2019</b>		VIOLATION TIME <b>9:36 PM</b>		EXACT LOCATION OF VIOLATION <b>3400B HALE AVE/SOUTH ALLEY</b>				MILES [REDACTED]		DIRECTION [REDACTED]	
ARREST DATE [REDACTED]		TIME OF ARREST [REDACTED]		EXACT LOCATION OF ARREST [REDACTED]				MILES [REDACTED]		DIRECTION [REDACTED]	
COUNTY <b>JEFFERSON</b>		SECTOR [REDACTED]		CITY [REDACTED]				COUNTY [REDACTED]		SECTOR [REDACTED]	
NUMBER <b>of</b>		VIOLATION CODE [REDACTED]		ASCF [REDACTED]		STATUTE/ORD. [REDACTED]		CHARGE(S) [REDACTED]		STARTING CASE [REDACTED]	
ENDING CASE [REDACTED]		DRUG TYPE [REDACTED]									
<p>POST-ARREST COMPLAINT:</p> <p>others based on her erratic and volatile behavior, and then unresponsive behavior, and believed she needed to be assessed by mental health professionals. Subject was cited and released at U of L Hospital and an Involuntary Hospitalization was done.</p>											
<p>COURT DATE [REDACTED]</p> <p>COURT TIME [REDACTED]</p> <p><input type="checkbox"/> PAYABLE <input type="checkbox"/> COURT</p> <p>COURT LOCATION [REDACTED]</p>											
COURT CASE NUMBER [REDACTED]						TOTAL PREPAYABLE AMOUNT [REDACTED]			NOT PREPAYABLE		
WITNESS 1 NAME: LAST, FIRST, MI, FILIAL [REDACTED]						STATE [REDACTED]			ZIP CODE [REDACTED]		
WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX) [REDACTED]						CITY [REDACTED]					
WITNESS 2 NAME: LAST, FIRST, MI, FILIAL [REDACTED]						STATE [REDACTED]			ZIP CODE [REDACTED]		
WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX) [REDACTED]						CITY [REDACTED]					
<input type="checkbox"/> SERVING WARRANT FOR OTHER AGENCY SPECIFY: -						<input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> EVIDENCE HELD					
OFFICER SIGNATURE <b>POFF, C.</b>						BADGE/ID. NUMBER <b>7489</b>			ASSIGNMENT <b>221B</b>		

YEAR	19
CONTROL NUMBER	DD30224
TYPE	2



**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>P19083495</b>	
	PRIMARY BADGE/ID # <b>7489</b>		PRIMARY OFFICER NAME <b>POFF, CLAYTON</b>				BEAT OR POST <b>221B</b>		CIT TRAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	SECONDARY BADGE/ID # <b>5000</b>		SECONDARY OFFICER NAME <b>NOAH STRAMAN</b>				BEAT OR POST <b>222B</b>		CIT TRAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	INCIDENT DATE <b>03/01/2019 09:36</b>	DAY OF WEEK <b>Friday</b>	TIME ARRIVED	TIME CLEARED	JUVENILE CONSUMER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ALCOHOL / DRUG INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		JC-3 FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT LOCATION <b>3400B HALE AVE/SOUTH ALLEY</b>								JC-3 INCIDENT NUMBER	
<b>COMPLAINANT</b>	CONTACT PERSON / COMPLAINANT: (LAST, FIRST, MIDDLE)					COMPLAINANT ADDRESS INFORMATION			
	RELATIONSHIP					CONTACT PHONE			
<b>CONSUMER</b>	CONSUMER NAME: (LAST, FIRST, MIDDLE)					CONSUMER ADDRESS INFORMATION			
	[REDACTED]					[REDACTED]			
	PHONE	SSN	RACE <b>BLACK</b>			<b>NEW ALBANY, IN 47150</b>			
	GENDER <b>FEMALE</b>	<input type="checkbox"/> DOB UNKNOWN	DATE OF BIRTH	SERVED IN MILITARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	MEDICATIONS					DIAGNOSES			
	[REDACTED]					[REDACTED]			
	[REDACTED]					[REDACTED]			
	[REDACTED]					[REDACTED]			
	[REDACTED]					[REDACTED]			
	[REDACTED]					[REDACTED]			
<b>DISPOSITION</b>	OTHER MEDICATION					MEDICAL HISTORY			
	[REDACTED]					[REDACTED]			
	MEDS TAKEN AS PRESCRIBED?								
	DISPOSITION (Summarize 'PATIENT STABILIZED' and 'OTHER' in NARRATIVE)								
	<b>INVOLUNTARY HOSPITALIZATION</b>								
	CHARGES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PENDING CRIMINAL CHARGES			CITATIONS <b>DC89851</b>			
	<b>02404 - RESISTING ARREST</b>								
	[REDACTED]					[REDACTED]			
	[REDACTED]					[REDACTED]			
	[REDACTED]					[REDACTED]			



**COMMONWEALTH OF KENTUCKY  
KENTUCKY CRISIS INTERVENTION REPORT**

TRANSPORT & MISC

TRANSPORTED BY <b>AMBULANCE</b>				
EXPLAIN TRANSPORTED BY OTHER				
TRANSPORTED TO <b>UNIVERSITY OF LOUISVILLE</b>		RESTRAINT TYPE <b>HANDCUFFS</b>	RESTRAINT APPLIED <b>03/01/2019 21:36</b>	RESTRAINT REMOVED <b>03/01/2019 22:30</b>
		DURATION <b>0 Hours, 54 Min</b>		
USE OF FORCE	<input type="checkbox"/> NO FORCE <input 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 checked="" type="checkbox"/> OTHER (Summarize in NARRATIVE)			
	WEAPONS			
	<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			
INJURIES				
<input type="checkbox"/> OFFICER INJURED DURING CONTACT (Explain in NARRATIVE) <input type="checkbox"/> CONSUMER INJURED (Explain in NARRATIVE)				

NARRATIVE

USE OF FORCE - OTHER:  
Controlled take down to get handcuffs on consumer

GENERAL NARRATIVE:  
Listed consumer was the driver of in an alley with no headlamps illuminated blocking the South Alley of the 3400B of Hale (Case#80-19-015362; Cit# DC89851). Upon contact with ofc's, subject was uncooperative and combative, at first exiting the vehicle stating she needed to change her child's diaper then getting back into the vehicle, then reaching around and refusing to give identification and not answering ofc's questions. Ofc then asked consumer to step out of the vehicle, to which she refused and was then removed from the vehicle by ofc's. She began acting erratic, combative, and resisted efforts to be detained by ofc's. When ofc's tried detaining the subject in handcuffs and told her to stop resisting, she continued to refuse and pull away. Ofc's then did a controlled take down and escorted subject to the ground. At this time subject began acting as if she couldn't move, wasn't responding to ofc's and ofc's tried assessing her for any medical conditions. Ofc's observed subject was breathing and it didn't appear her airway was constricted. The subject's mother stated the consumer was schizophrenic but that she didn't know of any medical conditions she had been diagnosed with. Ofc's again tried talking to the consumer and already had EMS enroute for the consumer. Her behavior was unresponsive, she refused to sit up and wanted to only lay on the ground, yet she was breathing and appeared to be medically okay, so at this point ofc's feared for her mental health. She stated she did have a heart murmur to EMS workers, and She finally stated said she had a c-section 5 weeks prior, and at this time ofc's feared the consumer may be in emotional distress based on her collective behavior. Ofc Ragan also observed the consumer was silently crying while at the hospital and again believed she was possibly in emotional distress. Ofc's feared she could possibly be a danger to herself or others based on her erratic and volatile behavior, and then unresponsive behavior, and believed she needed to be assessed by mental health professionals. Subject was cited and released at U of L Hospital and an Involuntary Hospitalization was done.