911 Emergency Scripts

Helpful Guidelines When Making Calls To 911

Please note: It is best if you call 911 from a land line whenever possible. If you must call from a cell phone, use your local emergency police number.

Suicide/Overdose Attempt

1. **My name is** (NAME).
2. **I am calling from** (LOCATION ADDRESS).
3. **I am calling to request a CIT Officer** (Crisis Intervention Team**) and a 5150 evaluation.**
4. **My family member's/loved one's** (NAME, AGE, PHONE NUMBER AND ADDRESS).
5. **He/She has a mental health condition. He/She is diagnosed with** (DIAGNOSIS).
6. **He/She has attempted suicide:**
    1. **IF PILLS: He/She took** (KIND OF PILL) **in the amount of** (QUANTITY AND DOSAGE OF PILLS) **and they were taken at** (TIME/DATE).
    2. **IF WEAPON: He/She has** (TYPE OF WEAPON**) and it is** (LOCATION OF WEAPON).
7. **The last contact I had with** (HIM/HER) **was at** (TIME/DATE)**, by** (PHONE OR IN PERSON) **and contact was made by** (YOU or FAMILY MEMBER/LOVED ONE).
8. **He/She lives with** (NAME OF PERSON(S) OR ALONE).
9. **He/She has a previous history of suicide attempts and in the past has used** (METHOD USED).
10. **He/She has** (LIST OF OTHER PHYSICAL OR HEALTH ISSUES).
11. **DISPATCHER WILL WANT TO KEEP YOU ON THE LINE IN CASE THE RESPONDING OFFICERS/DEPUTIES HAVE FURTHER QUESTIONS.**

Weapon: Threat To Self

1. **My name is** (NAME).
2. **I am calling from** (LOCATION ADDRESS).
3. **I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.**
4. **My** (FAMILY MEMBER/LOVED ONE) **has a mental health condition. He/She is diagnosed with** (DIAGNOSIS).
5. **He/She is threatening** (SUICIDE/CUT/OD/DESCRIBE SPECIFIC ACT**) him/herself and has** (DESCRIBE WEAPON/PILLS).
6. **He/She is NOT threatening anyone else.**
7. **He/She has been on/off medications for** (PERIOD OF TIME).
8. **He/She may be on** (DRUGS/ALCOHOL), **and has a history of using** (SPECIFIC DRUG/ALCOHOL).
9. **FOLLOW DISPATCH INSTRUCTIONS.**

Weapon: Threat To Other

1. **My name is** (NAME).
2. **I am calling from** (LOCATION ADDRESS).
3. **I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.**
4. **My** (FAMILY MEMBER/LOVED ONE) **has a mental health condition. He/She is diagnosed with** (DIAGNOSIS).

5. **He/She has a** (WEAPON TYPE) **and is threatening others by** (SPECIFIC BEHAVIOR, INCLUDING DAMAGE TO PROPERTY, THROWING CHAIRS, ETC.).
6. **He/She has been on/off medications for** (PERIOD OF TIME).
7. **He/She may be on** (DRUGS/ALCOHOL), **and has a history of using** (SPECIFIC DRUG/ALCOHOL).
8. **He/She has a history of violence:** (BRIEFLY EXPLAIN).
9. **FOLLOW DISPATCH INSTRUCTIONS.**

No Weapon: Threat Of Violence

1. **My name is** (NAME).
2. **I am calling from** (LOCATION ADDRESS).
3. **I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.**
4. **My** (FAMILY MEMBER/LOVED ONE) **has a mental health condition. He/She is diagnosed with** (DIAGNOSIS).
5. **He/She does NOT have a weapon and is threatening others by** (DESCRIBE WHAT YOU SEE AND HEAR THAT IS A THREAT; HEARS VOICE TELLING HIM/HER TO KILL ALL EVIL PEOPLE).
6. **He/She has been on/off medications for** (PERIOD OF TIME).
7. **He/She may be on** (DRUGS/ALCOHOL), **and has a history of using** (SPECIFIC DRUG/ALCOHOL).
8. **He/She has a history of violence:** (BRIEFLY EXPLAIN).
9. **FOLLOW DISPATCH INSTRUCTIONS.**

No Weapon: Gravely Disabled

1. **My name is** (NAME).
2. **I am calling from** (LOCATION ADDRESS).
3. **I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.**
4. **My family member's/loved one's** (NAME, AGE, PHONE NUMBER AND ADDRESS).
5. **He/She does NOT have a weapon and is NOT threatening to harm anyone, but symptoms of his/her mental disorder have reached the point of Grave Disability because** (SPECIFIC BEHAVIOR DUE TO MENTAL DISORDER):
6. **Inability to provide food. For example – he/she won't eat because he/she thinks the food is poisoned by the CIA.**
7. **Inability to provide clothing. For example – he/she refuses to change clothes or bathe for over two months. The smell is overpowering. This is a health hazard.**
8. **Inability to provide shelter. For example – the symptoms have become so severe that I can no longer manage him/her in my house. <u>He/she cannot live here until better and back on medication.</u> NOTE: This is difficult to say but often the strongest, best case for Grave Disability.**
9. **He/She has been on/off medications for** (PERIOD OF TIME).
10. **He/She may be on** (drugs/alcohol), **and has a history of using.** (SPECIFIC DRUG/ALCOHOL)**.**
11. **FOLLOW DISPATCH INSTRUCTIONS.**