

EMERGENCY SCRIPT FOR 911 CALLS

Using weapon to threaten another individual:

1. My name is (say your name).
 2. I live at (state your address).
 3. My (state relationship to individual you are calling about) is diagnosed with (state mental health condition).
 4. He/she is holding a (state the type of weapon) and is threatening others.
 5. He/she has been on/off the medications for (state the amount of time).
 6. He/she may be on (drug/alcohol) and has a history of using (state prior addiction).
 7. He/she has a history of violence.
- Proceed with dispatch instructions.

Using weapon to threaten self:

1. My name is (say your name).
 2. I live at (state your address).
 3. My (state relationship to individual you are calling about) is diagnosed with (state mental health condition).
 4. He/she is holding a (state the type of weapon) and is threatening others.
 5. He/she has been on/off the medications for (state the amount of time).
 6. He/she may be on (drug/alcohol) and has a history of using (state prior addiction).
 7. He/she has a history of violence.
- Proceed with dispatch instructions.

No weapon involved but is threatening with violence:

1. My name is (say your name).
 2. I live at (state your address).
 3. My (state relationship to individual you are calling about) is diagnosed with (state mental health condition).
 4. He/she is threatening others by (explain behavior).
 5. He/she has been on/off the medications for (state the amount of time).
 6. He/she may be on (drug/alcohol) and has a history of using (state prior addiction).
 7. He/she has a history of violence.
- Proceed with dispatch instructions.

No weapon but is decompensating:

1. My name is (say your name).
 2. I live at (state your address).
 3. My (state relationship to individual you are calling about) is diagnosed with (state mental health condition).
 4. He/she is not currently a threat and does not have a weapon but is acting extremely strange (explain behavior).
 5. He/she has been on/off the medications for (state the amount of time).
 6. He/she may be on (drug/alcohol) and has a history of using (state prior addiction).
 7. He/she has a history of violence.
- Proceed with dispatch instructions.

Suicide or overdose attempt:

1. My name is (say your name).
 2. I live at (state your address).
 3. My (state relationship to individual you are calling about) is diagnosed with (state mental health condition).
 4. He/she has attempted suicide.
 - a. If a weapon was used: He/she has a (state type of weapon and how you know suicide was attempted). The weapon is currently (state the location of the weapon).
 - b. If pills: He/she took (state type of pills) in the amount of (state how many were taken and the dosage of the pills) and they were taken at (state the time if possible).
 5. The last time I had contact with him/her was at (state day and time and how you contacted the individual).
 6. He/she lives with (name individuals this person lives with).
 7. He/she has attempted suicide in the past. (state how long ago this was attempted).
 8. He/she has (state any other physical or health issues).
- Dispatcher will want to remain on the line with you. Remain calm and answer further questions.

County 24 hour emergency numbers

Santa Rosa Police: 707-528-5222

County Sheriff: 707-565-2121

Additional emergency numbers

Poison control: 800-222-1222

Psychiatric Emergency Services: 707-576-8181

Adult Protective services: 707-565-5940

Child protective services: 707-565-4304