

# \*\*\* REMINDER \*\*\*

## THINGS TO KEEP IN MIND WHEN FILLING OUT THE LAW ENFORCEMENT TRANSPORT SHEET

WHAT DOES MARKING **YES** MEAN ON THE PERSONAL PROPERTY/ RESIDENCE SECURED SECTION MEAN?

- THE SUBJECT'S HOME WAS ABLE TO BE LOCKED AND A RESIDENCE CHECK IS NOT NECESSARY
- THE SUBJECT LIVES WITH A RESPONSIBLE ADULT THAT WILL SAFEGUARD THE SUBJECT'S PROPERTY
- THE SUBJECT IS TRANSIENT AND ALL OF THEIR PROPERTY WAS TAKEN WITH THEM TO THE HOSPITAL OR LOGGED IN AS BULK SAFEKEEPING AT RESPECTIVE STATION
- PETS BEING CARED FOR BY RESPONSIBLE ADULT (PROVIDE CONTACT INFO)

WHAT DOES MARKING **NO** MEAN ON THE PERSONAL PROPERTY/ RESIDENCE SECURED SECTION MEAN?


- THERE WAS NO PROPERTY TO SECURE (RESIDENCE, VEHICLE, PETS)
- THE HOME OR VEHICLE WAS UNABLE TO BE SECURED DUE TO SOME SORT OF MALFUNCTION

MARKING **YES** FOR FOLLOW UP

- SUBJECT WAS IN THE PROCESS OF PURCHASING A FIREARM
- SOMEONE ELSE IN THE HOUSEHOLD OWNS FIREARM (IF SO PROVIDE THEIR CONTACT INFO)
- SPECIFIC REQUEST FOR THE SECURING OF PROPERTY (RESIDENCE, VEHICLE, PETS)

MARKING **NO** FOR FOLLOW UP

- ALL PROPERTY IS SECURED
- NO CONCERNS ABOUT ACCESS TO FIREARMS



San Diego Sheriff's Department  
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### COUNTY OF SAN DIEGO LAW ENFORCEMENT TRANSPORT SHEET

Date:		Time:		Incident No.:	
Agency:		Division:		Patient CDL Patient SSN	
Last Name		First Name		Middle Name	
Current Address (Number & Street)			City	County	State Zip
Birth Date:		Current Phone No.:		Birth Place:	
Whom to Notify		Current Telephone Number		Relationship	
Current Address (Number & Street)			City	County	State Zip
<b>Brought from:</b> Home <input type="checkbox"/> Jail <input type="checkbox"/> Other <input type="checkbox"/>		<b>Firearm Confiscated:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address <input type="checkbox"/>		Type: <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle		<input type="checkbox"/> Shotgun <input type="checkbox"/> Other	
Personal property/ residence secured Yes <input type="checkbox"/> No <input type="checkbox"/>		Follow up needed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Total: _____	
Reason: _____		Animals/Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bird(s) <input type="checkbox"/> Dog(s) <input type="checkbox"/> Cat(s) <input type="checkbox"/> Other: _____			
Automobile: <input type="checkbox"/> Yes <input type="checkbox"/> No		Make: _____		Model: _____	
License # _____		At Residence <input type="checkbox"/> Other Location: _____		Year: _____	
<input type="checkbox"/> Impounded		Location of Vehicle/Keys: _____			
Reason for Request: <input type="checkbox"/> Danger To Self (DTS) <input type="checkbox"/> Danger To Others (DTO) <input type="checkbox"/> Gravely Disabled (GB)					
Incident Description: _____					
<b>PATIENT WAS TRANSPORTED TO:</b>					
<input type="checkbox"/> Aurora <input type="checkbox"/> Balboa Hospital <input type="checkbox"/> Bayview Hospital <input type="checkbox"/> C.M.H. / EPU <input type="checkbox"/> Other Hospital: _____		<input type="checkbox"/> API <input type="checkbox"/> Sharp Grossmont <input type="checkbox"/> Sharp Mesa Vista <input type="checkbox"/> Scripps Mercy		<input type="checkbox"/> Palomar <input type="checkbox"/> Paradise Valley <input type="checkbox"/> Pomerado <input type="checkbox"/> Tri City	
		<input type="checkbox"/> U.C.S.D. <input type="checkbox"/> VA Hospital		<b>EPU (only)</b> <input type="checkbox"/> Crisis House <input type="checkbox"/> Jail <input type="checkbox"/> DISCHARGE SELF	
Officer (Print Name)		ID No.:		Unit No.:	
Station Phone No.:		PITS: 03-07-2019			

• ALL SUBJECTS WILL BE RUN IN AFS EVEN IF THE OFFICER MARKED THAT **NO** FOLLOW UP IS NECESSARY

KEEP IN MIND THAT ANY FOLLOW UP REQUESTED OF THE PROPERTY INVESTIGATIONS UNIT SHOULD ONLY BE LIMITED TO ANY SPECIFIC REQUEST WITH REGARD TO THE SECURING OF PROPERTY OR ANY CONCERN ABOUT ACCESS TO FIREARMS.

• THE PROPERTY INVESTIGATIONS UNIT DOES NOT DO ANY SORT OF MENATL HEALTH FOLLOW UP, THAT WILL BE HANDLED BY THE HOSPITAL  
 • IF A CRIME IS ASSOCIATED WITH THE 5150 DETENTION IT IS THAT AGENCY'S RESPONSIBILITY TO INVESTIGATE

• ENSURE THAT YOU ARE FILLING OUT THE LATEST VERSION OF THE TRANSPORT SHEET (BOTTOM LEFT SHOULD STATE PITS: (03-07-2019))  
 • ALL OLD VERSIONS OF THE TRANSPORT SHEET/ AND ANY INCOMPLETE TRANSPORT SHEETS WILL BE SENT BACK FOR CORRECTION

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