



JOHNSTON POLICE DEPARTMENT

Chief of Police, Mark A. Vieira

Autism Contact Information

Name: _____

Age: _____

Address: _____

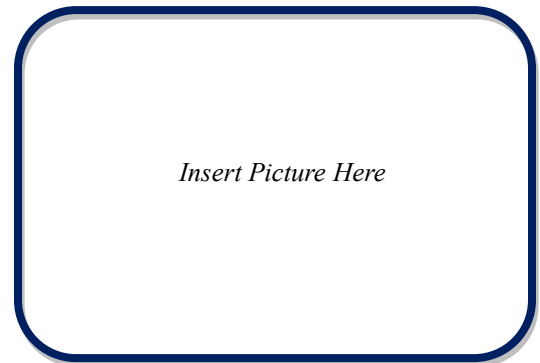
Emergency Contact Information

Name(s): _____

Relationship: _____

Phone/cell: _____

Address: _____



My Characteristics

Verbal

Non-Verbal

Avoids or Resists Physical Contact

Avoids Eye Contact

This specific object keeps me calm: _____

Any other behaviors not listed above: _____

I _____ agree to have _____ entered into the Johnston Police Database to help with future interactions.

For further information contact Lt. David Loffler dloffler@johnstonpd.com

