



Kinston Police Department

P.O. Box 339 / 205 E. King Street
Kinston, North Carolina 28502
Phone: (252) 939-3139 / Fax: (252) 939-3276
Website: www.kinstonpd.org



Jenee Spencer, Interim Chief

Project Safe and Sound

Project Safe and Sound is designed for officers to appropriately respond to an individual who is diagnosed with a mental impairment such as autism, schizophrenia, dementia, etc. All information is given on a volunteer basis by the caregiver of the individual. This form will allow officers from the police, fire, EMS, and Communications departments to correctly relay information to all personnel responding to a call involving a particular incident with the individual.

- Individual Information

Last Updated: _____

Full Legal Name: _____ Nickname: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Gender: Male Female: Height: _____ Weight: _____

Race: _____ Hair: _____ Eyes: _____

Verbal: Non-verbal: Hearing Impaired:

Preferred Communication Method: _____

Former Military: _____ Fearful of EMS/Fire/Police: _____

Does the individual have access to a vehicle? Yes No

Color _____ Make: _____ Model: _____ Year: _____

License Plate Number: _____

Identifying Marks/Scars/Tattoos: _____

Medical Diagnosis/seizures?: _____

Mental Health Triggers/Fears: _____

Frequented locations: _____

How should officers approach the individual? _____

Calming efforts: _____

Interests (favorite objects, music, discussion topics, likes, or dislikes): _____

Mission Statement

The Kinston Police Department pledges to serve our community, to safeguard lives and property, and to preserve order all while respecting the constitutional rights of everyone to liberty, equality and justice.



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- Contact Person Information (1)

Name: _____ Relationship: _____
Address: _____
Telephone Number: _____

- Contact Person Information (2)

Name: _____ Relationship: _____
Address: _____
Telephone Number: _____

As a caregiver to this individual, I agree to share all the listed information with Kinston Police Department, Kinston Fire Department, and Lenoir County Emergency Services.

I am aware that this information is voluntary and will only be used to ensure the safety of the listed individual if contact is needed by any of the listed agencies.

Printed Name: _____

Signature: _____ Date: _____

Please attach a photo of the individual to this form

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