

NEUROLOGICAL VS CRIMINAL BEHAVIOR

Field Differential Wallet Chart & Checklist

COMMON MEDICAL CONDITIONS MISINTERPRETED AS CRIMINAL BEHAVIOR

Medical Condition	Often Appears As	Medical Reality
Seizure Disorder	Resistance / Non-compliance	Post-ictal confusion
Stroke	Intoxication	Loss of motor control / speech
Traumatic Brain Injury (TBI)	Defiance / Aggression	Impaired impulse control
Dementia	Trespassing / Suspicious behavior	Disorientation
Hypoglycemia (Low Blood Sugar)	Aggression / Agitation	Critical glucose drop
Autism Spectrum Disorder	Non-compliance	Processing overload

FIELD CHECKLIST – MUST CONSIDER MEDICAL IF ANY APPLY:

- Behavior change was sudden
- Subject appears confused or disoriented
- Speech is slurred or incoherent
- Coordination is impaired
- Subject cannot follow simple commands
- Medical ID is present
- Witness reports a medical history
- Collapse, tremors, or seizure occurred

FIELD RULE:

If behavior changes suddenly, treat the situation as MEDICAL until a medical cause is ruled out by EMS or hospital evaluation.

DISCLAIMER: This chart is for educational and field screening purposes only. It does not replace departmental policy, medical diagnosis, or EMS protocol. Always defer to medical professionals when medical impairment is suspected.

Medical First. Not Criminal First.

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