

SECURITY INCIDENT REPORT

INSTRUCTIONS

FILL OUT IF: You are a court employee (complete only one report per incident).

WHEN: You see or are involved in a security incident such as a threat (in-person, phone, or written), assault, battery, display or use of a weapon, escape from custody, robbery or theft, or any other act which caused you to feel threatened in or around the court facility or parking lot.

REPORT TO:

FAX COPY TO: The Administrative Office of the Courts, Fax: 505-827-4824, within 48 hours of the incident. If the incident is a personal or bomb threat, made by telephone, please fax that form too.

PLEASE COMPLETE ALL ITEMS

1. Date of incident: Time:

2. Location of Incident & Room #

- Front Door Bathroom
Courtroom Clerk's Window
Parking Lot Lobby
Hallway Judge's Chambers
Clerks' Office Holding Cell/Area
Stairwell Elevator
Other:

3. Nature of Incident:

- Personal Threat (specify): Telephone
In-Person
Mail/Package
Bomb Threat Act of Violence
Theft Vandalism
Unauthorized entry into a secured area
Other Property Damage (explain)
Other:

4. Victim(s) of Incident (check all that apply):

- Law Enforcement Court Staff
Attorney
Judge Litigants
Spectators
Other(s):

5. Weapon(s) Used in Incident:

- Gun/Firearm Knife Car
Bomb Other:

6. Description of Person:

Name (if known)
Height Weight Sex
Race Dress (describe)

Apparent mental health problems? Yes No
Apparent drug use problem? Yes No

7. Description of Incident:

[Blank lines for description of incident]

8. Recommendation for improved court procedures: _____

9. Person Completing this Report:

Your Name: _____

Title/Position: _____

Court: _____

Address: _____

Phone Number: _____

Date Report Sent to AOC: _____

REPORT FOR THREATS MADE BY TELEPHONE

(Keep this form next to your telephone)

A threat is a statement of intention to do physical harm to you or a co-worker.

For BOMB THREATS:

Questions to Ask:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why did you place the bomb?

For ALL THREATS:

Questions to Ask:

1. What is your address?

2. What is your name?

3. What is your phone number? (Check phone I.D.)

Record of the Threat:

1. Who is being threatened? _____
2. Exact words used:

Sex of Caller: _____ Race: _____
Age: _____ Length of Call: _____
Number at Which Call Was Received: _____
Time of Call: _____ Date of Call: _____

Caller's Voice:

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughter | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Slurred | <input type="checkbox"/> Clear Throat |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Nasal | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Stutter | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Accent | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Whispered | | |

If voice is familiar, who did it sound like?

Background Sounds:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Crockery |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> P.A. System |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Music | <input type="checkbox"/> Static |
| <input type="checkbox"/> House Noises | <input type="checkbox"/> Local Call | <input type="checkbox"/> Long Dist. |
| <input type="checkbox"/> Office Machinery | | <input type="checkbox"/> Phone Booth |
| Other: _____ | | |

Threat Language:

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> Well Spoken (educated) | <input type="checkbox"/> Foul | <input type="checkbox"/> |
| <input type="checkbox"/> Incoherent | | |
| <input type="checkbox"/> Message read by threat maker | <input type="checkbox"/> Irrational | |
| Other Remarks: _____ | | |

REPORT CALL IMMEDIATELY TO:

THEN FAX THIS FORM WITH A SECURITY INCIDENT REPORT TO:

Administrative Office of the Courts
Fax: 505-827-4824 Phone: 505-827-4800

Date Sent to AOC: _____
Your Name: _____
Title/Position: _____
Court: _____

Phone Number: _____

IMPORTANT TELEPHONE NUMBERS

Security Officers: _____

Police: _____

Sheriff: _____

Fire Department: _____

Emergency Medical Technicians: _____

CPR Trained Persons: _____

First Aid Trained Persons: _____

_____ COUNTY MAGISTRATE COURT

INDIVIDUAL SECURITY PLAN

In the event of * _____, we would:

***Examples–Violent defendant/gun threat/prisoner escape or riot/fire/phone threat...**