

**WEST VIRGINIA SUPREME COURT OF APPEALS SECURITY  
INCIDENT/CRIMINAL REPORT FORM**

**Date of Report** \_\_\_\_\_ **Incident#** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Time of Incident** \_\_\_\_\_

**Officer/Employee** \_\_\_\_\_ **County** \_\_\_\_\_

**Type of Incident (Check only one box and circle appropriate letter)**

**Alarm**

- Duress
- Duress (False)
- Phone
- Other

\_\_\_\_\_

**Disturbance**

- Disorderly Conduct
- Request for Officer
- Unknown Trouble
- Other

\_\_\_\_\_

**Threat**

- Physical
- Verbal
- Perceived
- Suicide
- Other

\_\_\_\_\_

**Violent Crime**

- Aggravated Assault
- Verbal
- Perceived
- Suicide
- Other

\_\_\_\_\_

**Weapon**

- Firearm
- Edge Weapon
- Impact Weapon
- Chemical Agent
- Other

\_\_\_\_\_

**Emergency**

- Fire
- Fire (False)
- Medical
- Bomb
- Other

\_\_\_\_\_

**Drugs/Contraband**

- Cocaine
- Crack
- Marijuana
- Other

\_\_\_\_\_

**Other**

- Complaint
- Investigation
- Report
- Theft(Personal)
- Theft(County)

\_\_\_\_\_

- Criminal Damage
- Criminal Mischief
- Other
- Lost Article
- Other

\_\_\_\_\_

**Location (Check any box that apply)**

**Facility** \_\_\_\_\_ **Floor** \_\_\_\_\_

**Area**

- Main Entrance - Public Area - Courtroom - Court Office - Outside Court Facility - Other \_\_\_\_\_

**Personnel Involved In Incident and Number of Personnel**

(Check any boxes that apply and fill in number of personnel)

- Judge/Magistrate
- Plaintiff
- Defendant Counsel

- Court Officer
- Defendant
- Witness/Spectator

- Court Staff
- Law Enforcement
- Other \_\_\_\_\_

- Prosecutor
- Plaintiff Counsel

**Other Information**

**Victim Information**

Name \_\_\_\_\_ Reporting Agency \_\_\_\_\_ Suspect \_\_\_\_\_

Was an arrest made \_\_\_\_\_ Charge(s) \_\_\_\_\_

Name(s) of Witnesses \_\_\_\_\_

## **Synopsis of Facts**

