

NEW MEXICO STATE JUDICIARY SECURITY INCIDENT REPORT

INSTRUCTIONS

FILL OUT IF: You are an employee of the New Mexico Judiciary or security personnel for the court
(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 that caused you to feel threatened in or around the court facility or parking lot.

REPORT TO: Please submit this form to the Administrative Office of the Courts, Court Security Manager (505) 819-7296, your Court Executive Officer, and Court Manager within 24 hours of the incident.

EMAIL TO: The AOC Court Security Manager courtsecuritymanager-grp@nmcourts.gov, your Court Executive Officer, and Court Manager. This report shall be completed within 24 hours of the incident. If the incident was made by telephone, also complete the Telephone Threat Form.

PLEASE COMPLETE ALL ITEMS

1. Date of incident: _____ **Time:** _____

2. Location of Incident & Room # _____ :

<input type="checkbox"/> Front Door	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Courtroom	<input type="checkbox"/> Clerk's Window
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Lobby
<input type="checkbox"/> Hallway	<input type="checkbox"/> Judge's Chambers
<input type="checkbox"/> Clerks' Office	<input type="checkbox"/> Holding Cell/Area
<input type="checkbox"/> Stairwell	<input type="checkbox"/> Elevator
<input type="checkbox"/> Other (Specify Location): _____	

3. Nature of Incident:

<input type="checkbox"/> Personal Threat (specify):	
<input type="checkbox"/> Telephone	<input type="checkbox"/> In-Person
<input type="checkbox"/> Mail/Package	<input type="checkbox"/> E-mail/Computer
<input type="checkbox"/> Fax	
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Act of Violence
<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Unauthorized entry into a secured area	
<input type="checkbox"/> Other Property Damage (explain)	
<input type="checkbox"/> Other: _____	

4. Victim(s) of Incident (check all that apply):
 Law Enforcement Court Staff Attorney
 Judge Litigants Spectators
 Juror Witness Other(s): _____

5. Weapon(s) Used in Incident:
 Gun/Firearm Knife Car
 Bomb Other: _____

6. Description of Person:
Name (if known) _____
Height _____ Weight _____ Sex _____
Ethnicity _____ Age Range _____ Hair Color _____
Eye Color _____ Male Female
Distinguishing Marks _____ Dress (describe) _____
Unusual Characteristics/Behavior: _____

7. Description of Incident:
Please describe the Incident in detail on the following page.

8. Witnesses:

Name: _____	Phone # _____
Name: _____	Phone # _____
Name: _____	Phone # _____

9. Person(s) Completing this Report:

Name: _____
Title/Position: _____
Name: _____
Title/Position: _____
Name: _____
Title/Position: _____
Court: _____
Address: _____
Phone Number: _____
Date Report Sent to AOC: _____

FOR ADMINISTRATIVE USE ONLY:
 Administrative Review Law Enforcement Review

Description of Incident: