

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 your court administrator or chief clerk within 24 hours of the incident.

FAX COPY TO: Your court administrator or chief clerk shall fax this report 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, also complete the Telephone Threat Form.

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: (Specify Location) _____

3. **Nature of Incident:**

Personal Threat (specify):
 Telephone In-Person
 Mail/Package E-mail/Computer
 Fax
 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
 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: _____

Description of Incident: