TITLE OF REPORT

Prisoner Transport, Courtroom Security, Cellblock Security, etc.

DATE OF OCCURRENCE

Self explanatory.

REPORT BY

The name and title of person preparing the report.

REPORTING DISTRICT

The name of the district where the report is prepared. (Please annotate if different from where the occurrence happened)

TYPE OF OCCURRENCE

This space will contain a brief description of the nature of the occurrence.

NARRATIVE DESCRIPTION OF OCCURRENCE

All incidents should be reported via the Capture Incidents Module. The (b) (7)(E) may be used for documenting occurrences that are not considered incidents. The narrative should indicate whether this is an initial report or a follow-up or continuation of previous activity, and should be written in accordance with the guidelines descr bed above.

SIGNATURE

This block should contain the signature and title of the preparer.

DATE PREPARED

The date the report was prepared and signed. This information may differ from the information provided in item 2.

APPROVED

This space is for the signature of the headquarters or district management or reviewing official. The signature indicates that the report has been completed in accordance with the provisions of these instructions and is accurate and complete in every respect. The approving official will be held responsible for substandard reports.

DATE APPROVED

The date headquarters or district management or the reviewing official signed the report.

DISTRIBUTION

Check the appropriate block for distribution and enter the district, headquarters unit or other agency where the report was distr buted. Copies and distr bution will not be made without the prior approval of headquarters or district management.