



**KENTUCKY COURT OF JUSTICE
SECURITY INCIDENT REPORT**

COURT FACILITIES USE ONLY

Type of court facility:

- KCOJ 100% Occupancy
 Mixed-Use, County/City-Owned
 P.S./Govt. Lease: PR# _____
 Other

INSTRUCTIONS: This form should be completed to document a security incident. Only one report per incident should be completed and submitted. Please complete all items listed below and do not leave questions unanswered. This form is for administrative purposes only. If law enforcement is needed, contact the local Sheriff's office or law enforcement agency. Questions regarding this form should be directed to:

AOC Department of Court Facilities, Court Security Unit at (800) 928-2350 or (502) 573-2350.

SUBMITTAL: Upon completion, scan and submit this form to the AOC Court Security Unit via email to courtsecurity@kycourts.net by the close of the next business day following the security incident. The Chief Circuit Judge, Circuit Court Clerk and Sheriff's Office must be copied on the email.

"Security Incident" means (1) a threat or assault against a court facility or the court community, including judges, court personnel, litigants, attorneys, witnesses, jurors, or others who are using a court facility; or (2) any event or situation that disrupts court functions or compromises the safety of the court facility or the court community. A security incident is not limited to a violation of law and may include any act or circumstance that interferes with the administration of justice or threatens safety.

If the incident to be reported involves only a medical event or injury, do not complete this form. Instead, use *AOC-OSH-1.0* for non-KCOJ Personnel or *IA-1 First Report of Injury Form* for KCOJ officials or employees. Information about those forms can be found on the AOC HR Intranet site.

1. Information About Person Completing the Report:		
Full Name:	Select One: <input type="checkbox"/> KCOJ Official <input type="checkbox"/> Court Security: Agency _____	
Phone:	Email:	Job Title:

2. Location Information:		
Facility Type: <input type="checkbox"/> Courthouse/Judicial Center <input type="checkbox"/> Leased KCOJ Offices <input type="checkbox"/> Public Location <input type="checkbox"/> Personal Residence <input type="checkbox"/> Other: _____	Facility Name:	
Street Address:	City:	Zip Code:
Incident Location:		
<input type="checkbox"/> Courtroom-Room #/Floor: _____	<input type="checkbox"/> Lobby/Public Area	<input type="checkbox"/> Security Screening Area
<input type="checkbox"/> Judge's Chambers- Judge's Name: _____	<input type="checkbox"/> Public Stairwell	<input type="checkbox"/> Prisoner Transfer Area/Hallway
<input type="checkbox"/> Circuit Clerk's Office - Select one: <input type="radio"/> Public Counter <input type="radio"/> Staff Area	<input type="checkbox"/> Jury Room	<input type="checkbox"/> Parking Lot- Secured? <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> KCOJ Staff Office/Common Area- Department: _____	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Facility Grounds- Specify: _____
<input type="checkbox"/> Elevator- Select one: <input type="radio"/> Public <input type="radio"/> Secure: Staff <input type="radio"/> Secure: Prisoner	<input type="checkbox"/> Holding Cell	<input type="checkbox"/> Offsite at a KCOJ Related Function
<input type="checkbox"/> Secure Hallway or Stairwell	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Other: _____

3. Incident Date: _____	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Were Panic Buttons Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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5. Incident Type: (Select all that apply.)				
<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Threat	<i>Type of Threat:</i>	<i>Threat Against:</i>
<input type="checkbox"/> Disorderly or Disruptive Conduct	<input type="checkbox"/> Prisoner Escape or Attempt	<i>Indicate the type of threat and who the threat was against in the columns on the right. Select all that apply.</i>	<input type="radio"/> Verbal- In Person	<input type="radio"/> Judge, Justice, Circuit Clerk
<input type="checkbox"/> Act of Violence	<input type="checkbox"/> Hostage Situation		<input type="radio"/> Verbal- On Phone	<input type="radio"/> KCOJ/AOC Employee
<input type="checkbox"/> Unauthorized Entry into Secure Area	<input type="checkbox"/> Attempt to Enter with Weapon		<input type="radio"/> Written- Mailed Letter	<input type="radio"/> Witness, Juror, Attorney
<input type="checkbox"/> Attempt to Enter Secured Area	<input type="checkbox"/> Suspicious Package		<input type="radio"/> Written- Email	<input type="radio"/> Security Personnel
<input type="checkbox"/> Theft	<input type="checkbox"/> Intimidation		<input type="radio"/> Online/Social Media	<input type="radio"/> Entire Judicial Facility
<input type="checkbox"/> Vandalism or Property Damage	<input type="checkbox"/> Other: _____			<input type="radio"/> Other: _____

6. Perpetrator Information: (Fill out known information. If not known, leave blank.)

Full Name:	Driver's License #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City:	State:
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other	Date of Birth:	Age:
Additional Physical Description Information (if relevant):		
Check the box that best describes the perpetrator:		
<input type="checkbox"/> Criminal Defendant	<input type="checkbox"/> Civil Case: Plaintiff/Petitioner	<input type="checkbox"/> Civil Case: Defendant/Respondent
<input type="checkbox"/> Juvenile Respondent	<input type="checkbox"/> Family/Friend of Party in a Case	<input type="checkbox"/> Member of the Public
<input type="checkbox"/> Attorney	<input type="checkbox"/> KCOJ Official or Employee	<input type="checkbox"/> Other _____

7. Incident Related to Specific Court Case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Type of Case:	Case #:
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8. Victim(s) of the Incident: (Select all that apply)

<input type="checkbox"/> Court Security Personnel	<input type="checkbox"/> KCOJ Employee	<input type="checkbox"/> Litigant	<input type="checkbox"/> Juror	<input type="checkbox"/> Spectator	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Judge/Justice/Circuit Clerk	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Attorney	<input type="checkbox"/> Witness in a Case	<input type="checkbox"/> Facility Visitor	

9. Primary Witnesses and/or Victims: (Additional witnesses and/or victims should be listed in Section 14 below.)

NAME	KCOJ EMPLOYEE OR OFFICIAL	PHONE NUMBER	EMAIL ADDRESS	WITNESS OR VICTIM
	<input type="checkbox"/> Yes <input type="checkbox"/> No	()		<input type="checkbox"/> Witness <input type="checkbox"/> Victim
	<input type="checkbox"/> Yes <input type="checkbox"/> No	()		<input type="checkbox"/> Witness <input type="checkbox"/> Victim
	<input type="checkbox"/> Yes <input type="checkbox"/> No	()		<input type="checkbox"/> Witness <input type="checkbox"/> Victim

10. Weapon Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify all types involved: <input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/> Blunt Object <input type="checkbox"/> Other: _____
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11. Incident Reported to Law Enforcement? Yes No (If yes, complete this section.)

Name of Agency:	Report #/ID:
Responding Officer(s):	

12. Perpetrator Charged as Result of the Incident? Yes No Unknown (If yes, complete this section.)

Charges:	Citation #:
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13. Was Anyone Injured? Yes No (If yes, complete this section.)

Name of Injured Person:	
Medical Attention Rendered Onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Transported to Medical Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Security incidents resulting in injury may require additional paperwork. Please contact the AOC Safety and Health Administrator for further instructions. Phone: (800) 928-2350 or (502) 573-2350

14. Detailed Description of Incident: (Attach additional sheets, including witness statements or narratives, if necessary.)