OFFICE OF THE COUNTY SHERIFF

Montgomery County, Maryland

Darren M. Popkin, Sheriff

GENERAL OPERATIONAL PROCEDURES

Subject:	Number:	Effective Date:
Incident Report Writing (MCSO9)	**3.11**	**05/18/15**

Purpose: This written directive establishes procedures for the preparation and submission of Incident Reports (MCSO9). **(82.2.1.b)**

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I. Dynamics of Effective Report Writing

A. A proper report is a complete and accurate record of an event. A report conveys clear, concise, and correct information. Reports include the who, what, when, where, how and why of the event or ***situation*** being reported.

B. Reports describe what is directly observed, heard, and otherwise experienced. Inferences and opinions are kept separate from the facts.

C. Report forms are to be filled out completely. Grammar, spelling***, dates and times*** are to be accurate in order to convey a concise and clear message.

II. When to Write a Report (82.2.1.a, 82.2.2.d)

A. Reports are to be written by employees as required by written directives or at the direction of a supervisor.

B. A report is required when a situation or event:

(1) Contains information which may be necessary to the operation of the Sheriff's Office, and/or ***for*** statistical purposes.

(2) Is of an unusual circumstance.

(3) ***Involves interactions with persons or property and those interactions are outside the normal day to day functions of the employee.***

(4) Endangers the health, safety or security of any person or facility under the control of the Sheriff's Office, including an injury to an arrestee.

(5) Violates any County, State or Federal law or local ordinance for which the Sheriff's Office has enforcement responsibility.

C. ***When there is a question on the part of the employee as to whether or not a report is required, a supervisor should be consulted. Supervisors are strongly encouraged to have the employee write the incident report as opposed to not writing it in most circumstances.***

III. Complaints

A. A complaint received by a Sheriff's Office employee that ***does not involve an employee of the Sheriff's Office,*** must be referred to the appropriate public or private agency. The complainant must be advised ***whether or not a report will be generated by the Sheriff's Office.***

B. A complaint received by a Sheriff's Office employee ***involving an employee of the Sheriff's Office, must immediately be reported to a supervisor.*** The ***person making the complaint*** must be ***notified of the action that is taken. (82.2.2.b)***

IV. Submissions of Reports (82.2.1.e., 82.2.5)

A. All incident reports must be completed, ***signed*** and submitted to the reporting employee's supervisor ***via the chain of command*** prior to the end of the reporting employee's tour of duty, unless otherwise directed.

B. A ***Sergeant*** or above will assign a unique control number from the Incident Report database. The Chief Deputy will maintain each original Incident Report submitted. This control number will be referenced on all documentation regarding the event and/or property in custody. **(82.1.5, 82.2.3)**

C. ***If a Sergeant is the acting Duty Commander, the reporting employee will submit the report to the Sergeant for review. The Sergeant will then forward the report to the section supervisor for approval. During regular business hours, the reporting employee will submit the report directly to their section supervisor.***

D. Section Supervisors are responsible for reviewing and ensuring all reports are accurate, ***complete,*** classified properly, contain no spelling errors, are in acceptable grammatical form, and that proper procedures were followed. **(82.2.4.)**

E. Section Supervisors will forward all reviewed original Incident Reports to the Division Captain as soon as practical.

F. Division Captains are responsible for forwarding all reviewed original Incident Reports to the Chief Deputy.

G. ***If an incident report is returned to the writer for corrections, a copy marked "DRAFT" must be forwarded to the Chief Deputy via the Division Captain advising of the delay.***

V. Use of Report Forms

A. All reports should be ***computer generated***, or legibly written in black ink.

B. All forms will be completely filled out. If information required is not applicable, "N/A", or slash mark should be placed in the space.

VI. Incident Report Form (MCSO9, 9A) (82.2.1.c, 82.2.1.d)

A. Incident (Type) (Box 1) - All incidents will be reported as described in the Event Code Classification Index (ECCI) established by the Montgomery County Department of Police. No other incident type will be used.

B. Use both classification code and description, i.e., 2737 - Trespassing, 0812 - Assault

C. Date and Time Occurred (Box 1) - The employee writing the report will record the exact time and date of the incident. If the exact time is not known, approximate the closest time to when the event occurred. Military time (24-hour clock) will be used in all reports.

D. Location of Incident (Box 2) - The exact location of the incident will be recorded noting the full address.

E. Accused/Suspect (Box 3-8) - Record the full name (last name, first name and middle initial) of the accused/suspect.

(1) Personal ***identification information*** should be recorded such as date of birth or age, social security, race, sex, height, weight, address, phone number, and charge if accused/subject was charged with a criminal offense.

(2) If the accused/suspect is an inmate, the report will list the appropriate detention facility as the address, including any other housing information available.

F. Other/Victim/Witness (Box 9-14) - Record the full name (last name first, first name and middle initial) of any victims and/or witnesses.

(1) Personal data should be recorded such as date of birth or age, race, sex, address, phone number, and injuries should be recorded for each victim/witness.

(2) The initial V-Victim, W-Witness should be entered in the appropriate box.

(3) ***Multiple victims or witnesses should be labeled V1, V2, W1, W2 etc.***

(4) If the victim/witness is an inmate, the report will list the appropriate detention facility as the address, including any other housing information available.

(5) Injuries - Record in the appropriate space, "YES" if any physical injury was sustained by a person involved in the event, and "NO" if no injuries were sustained. If injury is indicated, the narrative section of the report will include the following information:

(a) Location of Injury - Describe the anatomical location.

(b) Condition - List the condition of the injured party at the time of the report, i.e. good, serious, critical or deceased. Any additional explanatory information about the condition in the will be included in the narrative section.

(c) Treatment - Include information reference to the provider and/or the initial treatment received by the injured person, i.e. which hospital subject taken to, when, who seen by, etc.

G. Deputies Involved (Box 15-16) - Record the full name, section assigned, and injuries sustained ***by*** any deputies, other than the reporting deputy, involved in the incident.

H. M.C.P. Report Written (Box 17-18) - Record whether or not a report was written by a police department, and if so, the name, identification number of the officer and police report number.

I. Reporting Deputy (Box 19) - Record the name, identification number of the reporting employee and the date the report was submitted to a supervisor.

J. Narrative - Describe the incident or condition in terms of "who, what, where, when, why and how." The narrative should be brief and to the point and contain all information relevant to the activities and circumstances.

K. Page of Pages - Indicate on each page the chronological page number of the page and the total number of pages contained in the report.

(1) Continuation Sheet (MCSO9A) - Any continuation and/or supplemental pages will be numbered in ascending order providing the continuation and/or supplemental reports are filled out by the same individual.

(2) ***R***eport***s*** regarding the same event ***that are*** filled out by different employees, ***or a supplemental report submitted with additional information to an existing report,*** will ***utilize*** the same control number. ***The reporting deputy must indicate the following:***

(a) ***In box 1, after incident type is listed, "(Supplemental)"***

(b) ***In the narrative section, prior to any narrative, "Supplemental report to Deputy [Original deputy's name]'s original report".***

L. ***Section*** Supervisor Review - Before signing and submitting the Incident Report, the Section Supervisor should ensure that the report is accurate, classified properly, contains no spelling errors, and is in acceptable grammatical form.

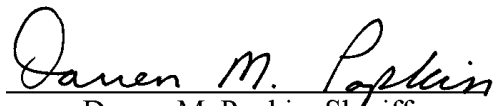
VII. Cancellation

This directive cancels and replaces General Operational Procedure 3.11, effective date ***08/04/03.***

VIII. CALEA Standards

82.1.5., 82.2.1.a.b.c.d.e., 82.2.2.b, 82.2.2.d., 82.2.3., 82.2.4., 82.2.5

AUTHORITY:



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