



**Baltimore County Sheriff's Office  
Towson, Maryland**

**Sheriff  
R. Jay Fisher**

**General Order**

<b>Subject:</b> Incident Report Writing	<b>Effective Date</b> 11/8/10	<b>Number</b> B-8
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**Purpose:**

This written directive establishes procedures for the preparation and submission of Incident Reports to include the Event Report Form 10, Continuation Report Form 11 and the Administrative Report Form 125.

**Contents:**

- I. Policy**
- II. Dynamics of Effective Report Writing**
- III. When to Write a Report**
- IV. Submissions of Reports**
- V. Use of Report Forms**
- VI. Event Report Form 10**
- VII. Continuation Report Form 11**
- VIII. Administrative Report Form 125**

**I. Policy**

It is the Baltimore County Sheriff's Office policy that every incident or activity described in this directive is properly recorded. Proper reporting protects the Office and its members handling an incident from unwarranted accusations that improper or inadequate action was taken.

**II. 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 condition 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 and spelling are to be accurate in order to convey a concise and clear message.

**III. When to Write a Report**

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

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- B.** A report is required when a situation or event:
  - 1.** Contains information that may be necessary to the operation of the Sheriff's Office, and/or statistical purposes.
  - 2.** Is of an unusual circumstance.
  - 3.** 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.
  - 4.** Violates any County, State or Federal law and/or local ordinance for which the Sheriff's Office has enforcement responsibility.

**IV. Submissions of Reports**

- A.** All incident reports must be completed and submitted to his/her supervisor prior to the end of the reporting member's tour of duty, unless otherwise directed.
- B.** All reports required by a written directive must be completed and submitted to the approving supervisor, unless otherwise specified.
- C.** Approving supervisors are responsible for reviewing and ensuring all reports are accurate, classified properly, contain no spelling errors, are in acceptable grammatical form, and that proper procedures were followed.
- D.** Supervisors will sign and forward all reviewed original Event Reports to the Administrative Lieutenant as soon as practical.
- E.** If the incident is noteworthy the approving supervisor is to forward a copy of the report is to his/her supervisor for Command Staff notification.

**V. Use of Report Forms**

- A.** All reports should be typed, legibly written or lettered in black ink.
- B.** All forms will be completed in their entirety. If information required is not applicable, "N/A" should be placed in the appropriate space. However, when completing the Event Report, if a box is clearly not applicable to the incident in question, and the box is shaded, the member may leave it blank.

**VI. Event Report Form 10**

The Event Report Form 10 is to be written whenever an incident occurs involving a member of the public, a member of this agency, a prisoner, or when directed to do so by a supervisor.

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- A. Complainant/Victim (Boxes 1, 3 - 10) - Record the full name (last name first, first name and middle initial) of complainant or victim. This is to include the member if he/she is the complainant or victim in the incident. Personal data should be recorded such as date of birth (MM-DD-YYYY) or age, race (A – Asian/Pacific Islander, B – Black, BH – Black Hispanic, I – American Indian/Eskimo, O – Other, U – Unknown, WH – White Hispanic and W – White), sex (M – Male or F – Female), address, phone numbers, and school or employment information. Members are to place N/A in boxes 4 and 5 if he/she is the complainant/victim. If a crime has multiple victims, complete one Event Report Form 10 for each victim. The S.D. number will be the same for all reports.
- B. S.D. Number (Box 2) – Members are to obtain an S.D. number from the logbook located in the Warrant Squad Office and record it in Box 2.
- C. Nature/Location Of Injuries (Box 11) – List the type of injury and describe the anatomical location.
- D. Location Of Incident (Box 12) – The exact location of the incident will be recorded noting the full address.
- E. Type Of Premises (Box 13) – Describe the location, i.e. street, courthouse, residence, etc.
- F. Med Unit Notified (Box 14) – If an ambulance was requested record the ambulance number that responded and the time requested.
- G. Date/Time Of Occurrence (Box 15) - The member 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.
- H. Date/Time Reported (Box 16) – The date and time the incident was reported to the member.
- I. Victim Treated (Box 17) – Was the victim treated by medical personnel, Yes, No or N/A.
- J. Reporting Person (Boxes 18, 19, 21, 22, and 25) - Record the full name (last name first, first name and middle initial) of the reporting person. This is to include the member if he/she is the reporting person. Personal data should be recorded such as date of birth (refer to A above) or age, race (refer to A above), sex (refer to A above), address and phone numbers. If the reporting person is the same as the complainant/victim the member may write same as #1, same as #4, etc. in the appropriate boxes. Members are to place N/A in box 19 if he/she is the reporting person.

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- K. Other Agency Involved (Boxes 20 and 23) – If an outside jurisdiction is involved in the incident, record that persons name, rank and his/her agency. If the O.J. completed a report, obtain his/her report number and record it in Box 23.
- L. Crime/Type Of Incident (Box 24) – List the crime or type of incident. If multiple crimes or incidents occurred, choose the most serious and list in Box 24.
- M. Witness (Box 26) - Record the full name (last name first, first name and middle initial), address and phone number of any witnesses. Include the appropriate witness code as listed on the Event Report.
- N. Suspect (Box 27) - Record the full name (last name first, first name and middle name) of the suspect. Personal data should be recorded such as date of birth (refer to A above) or age, social security (XXX-XX-XXXX), race (refer to A above), sex (refer to A above), height (0' 00"), weight (000 lbs.), address and phone number. Include the UID number and case tracking number if appropriate. If the suspect is an inmate, the report will list the appropriate detention facility as the address, including any other housing information available.
- O. Accomplice(s) (Box 28) - Record the full name (last name first, first name and middle name) of any additional suspects. Personal data should be recorded such as date of birth or age, social security, race, sex, height, weight, address and phone number. If the suspect is an inmate, the report will list the appropriate detention facility as the address, including any other housing information available.
- P. Suspect Vehicle Information (Box 29) – List the appropriate vehicle information for any vehicle involved in the incident.
- Q. Status of Suspect (Boxes 30 and 31) – Check boxes to indicate if suspect was incarcerated, on bail, released on recognizance, etc. Further explanation, if needed, is to be recorded in Box 31. Leave boxes blank if N/A.
- R. Injury Of Suspect (Box 32) – Check Yes or No to indicate injury to suspect at time of arrest. If Yes is answered provide details in narrative of report. Leave box blank if N/A.
- S. Suspect Armed (Box 33) – Check Yes or No if suspect was armed. Leave box blank if N/A.
- T. Means (Box 34) – List any weapon or tool utilized in the incident.
- U. Method (Box 35) – Provide a brief explanation of how the incident occurred. A detailed explanation should be listed in the narrative.
- V. Narrative (Box 36) - Describe the incident 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. Additional suspects and

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witnesses should also be listed in the narrative. If additional space is required the narrative should continue on Continuation Report Form 11.

- W. Property Taken/Recovered (Boxes 37-40) – List any property taken or recovered in the incident in Box 37. If additional space is needed record “See Narrative” in the box and list property in the narrative or on Continuation Form 11. List the approximate value of the property taken in Box 38. List the approximate value of any property recovered in Box 39. If any property was recovered and taken into custody, check Yes and record the date of custody. If no property was taken into custody check No.
- X. Investigating Member (Box 41) - Record the name, identification number of the reporting member and the date the report was submitted to a supervisor.
- Y. Approved By (Box 42) - Before signing and submitting the Event Report, the approving supervisor should ensure that the report is accurate, classified properly, contains no spelling errors, and is in acceptable grammatical form.

**VII. Continuation Report Form 11**

The Continuation Report Form 11 is to be utilized when there is not sufficient space available on the Event Report Form 10. The Continuation Report is also to be utilized when a Follow Up report to an incident that has already been documented is required.

- A. Complainant/Victim (Box 1) – List the complainant or victim as recorded in Box 1 of the Event Report Form 10.
- B. S.D. Number (Box 2) – List the S.D. number as listed in Box 2 of the Event Report.
- C. Crime/Type Of Incident (Box 3) – List the Crime/Incident as recorded in Box 24 of the Event Report.
- D. Date (Box 4) – List the date of this report. If writing a Supplement the date may not be the same date as the original incident.
- E. Original/Supplement (Box 5) – If the report is a continuation, i.e. Page 2 of an Event Report check the Original box. If the report is a Follow Up to an earlier Event Report, check Supplement.
- F. Narrative (Box 6) – Continue the narrative from the Event Report in this section. If referring to a particular section of the Event Report place the respective number in the far left column of the narrative and record the information beside the number. For example additional property would have the number 37 in the far left column and the property information would be listed beside it. An additional witness would be 26, an additional suspect 28, and so forth.
- G. Investigating Member (Box 7) - Record the name, identification number of the reporting member and the date the report was submitted to a supervisor.

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- H. Property In Custody (Box 8) - If any property was recovered and taken into custody check Yes and record the date of custody. If no property was taken into custody check No.
- I. Co-Investigating Member (Box 9) - Record the name, identification number of the member and the date for any member assisting in the investigation of the incident. Depending on the extent of involvement, the co-investigating member may be required to complete and submit a supplement report on Continuation Form 11.
- J. Companion Report (Box 10) – List the report number(s) of any companion reports regarding the incident.
- K. Approved By (Box 11) - Before signing and submitting the Continuation Report Form 11, the approving supervisor should ensure that the report is accurate, classified properly, contains no spelling errors, and is in acceptable grammatical form.
- L. Page (Box 12) – List the appropriate page number for the Continuation Report, i.e. Page 1 of 1 for a supplement report, 2 of 2, 2 of 3, etc. for continuation of an Event Report.

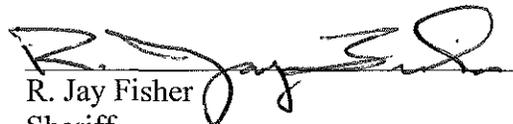
**VIII. Administrative Report Form 125**

The Administrative Report Form 125 will be utilized for all administrative correspondence and personnel related matters.

- A. The addressee should be Sheriff R. Jay Fisher, Via Official Channels.
- B. The report should be clear, concise and grammatically correct.
- C. The report should include the date, subject and name and identification number of the writer.
- D. Reviewing supervisors should initial and date the report before forwarding it to their respective supervisors. Brief comments may be written on the report, i.e. I Concur, Approved, Disapproved, etc. More detailed comments should be written on a separate Form 125 and attached to the original document.

**Distribution**

All Members

  
R. Jay Fisher  
Sheriff

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Appendix 1**

BALTIMORE COUNTY SHERIFF'S OFFICE EVENT REPORT		1. COMPLAINANT/VICTIM (LAST, FIRST MIDDLE)			2. S. D. NUMBER#	
3. VICTIM'S EMPLOYMENT / SCHOOL		4. ADDRESS (RESIDENCE)			5. PHONE (RESIDENCE)	
6. ADDRESS OF EMPLOYMENT / SCHOOL		7. STATE	ZIP CODE	8. SEX	9. RACE / AGE / DOB	
11. NATURE / LOCATION OF INJURIES		12. LOCATION OF INCIDENT			13. TYPE OF PREMISES	
14. MED. UNIT NOTIFIED		15. DATE / TIME OF OCCURRENCE			16. DATE / TIME REPORTED	
17. VICTIM TREATED YES <input type="checkbox"/> NO <input type="checkbox"/>		18. REPORTING PERSON'S NAME			19. PHONE (RESIDENCE)	
20. OTHER AGENCY INVOLVED		21. REPORTING PERSON'S ADDRESS			22. PHONE (BUSINESS / CELL)	
23. OTHER AGENCY REPORT #		24. CRIME / TYPE OF INCIDENT			25. #18 SEX / RACE / AGE	
WITNESS: CODE: F - FATHER    M - MOTHER    W - WIFE    H - HUSBAND    S - SISTER    B - BROTHER    O - OTHER						
26. NAME	CODE	ADDRESS				PHONE (RES./BUS./CELL)
27. SUSPECT	SEX	RACE	AGE / DOB	HT	WT	EYES
HAIR						
OTHER						
ADDRESS						
28. ACCOMPLICE(S): NAME, SEX, RACE, DOB, ADDRESS, ETC.						
29. SUSPECT VEHICLE INFORMATION	YEAR	MAKE	MODEL	TAG #	STATE	VIN #
30. STATUS OF SUSPECT - JAIL <input type="checkbox"/> BAIL <input type="checkbox"/> RECOG'D <input type="checkbox"/> OTHER <input type="checkbox"/>						31. EXPLAIN #30
32. INJURY OF SUSPECT AT TIME OF ARREST: YES <input type="checkbox"/> NO <input type="checkbox"/>		33. SUSPECT ARMED: YES <input type="checkbox"/> NO <input type="checkbox"/>		34. MEANS / TOOL / WEAPON USED		35. METHOD / HOW
EXPLAIN IN NARRATIVE						
36. NARRATIVE - FACTS OF THE EVENT, ADDITIONAL SUSPECTS / WITNESSES, ETC.						
37. PROPERTY TAKEN / RECOVERED (USE FORM #11 IF NEEDED)			38. TOTAL PROP. VALUE TAKEN \$		39. TOTAL PROP. VALUE RECOVERED \$	
			40. PROPERTY IN CUSTODY YES <input type="checkbox"/> NO <input type="checkbox"/> DATE			
41. INVESTIGATING MEMBER (NAME, ID# AND DATE)			42. APPROVED BY (NAME, ID# AND DATE)			



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**BALTIMORE COUNTY  
SHERIFF'S OFFICE  
INTRA-OFFICE CORRESPONDENCE**

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**To: Sheriff R. Jay Fisher**

**Via: Official Channels**

**From:**

**Subject:**

**Date:**

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