

Incident Report Routing Form

Date _____

Deputy _____ Case No. _____ New Supplement # _____

Offense _____ Incident Number _____ Location _____

Defendant _____

Routing

County Attorney	Mental Health	D.C.F.S.
Washington City Attorney	Medical Examiner	Juvenile Court
Hurricane City Attorney	Victim Advocate	N.C.I.C (Gun, Vehicle, Person)
St George City Attorney	SONAR (Sex Offender Reg.)	

Other _____

Other _____

Routed By: _____ To _____ Date _____

Routed By: _____ To _____ Date _____

Case Report Contents

State Accident Reports	Yes	No	Number _____
D.U.I. Form	Yes	No	Number _____
Intox Results	Yes	No	Number _____
Photographs/Disk	Yes	No	Number _____
Warrant Copy	Yes	No	Number _____
Complaint Request	Yes	No	Number _____
Witness Statement	Yes	No	Number _____
Booking Sheets	Yes	No	Number _____
Juvenile Referrals	Yes	No	Number _____
Citation Copies	Yes	No	Number _____
Property Receipt	Yes	No	Number _____
Impound Form	Yes	No	Number _____
NCIC Copies	Yes	No	Number _____
Other Agency Reports	Yes	No	Number _____
Other (Describe)	Yes	No	_____

Administrative Review

Reviewed By: _____ Date: _____

Case Status: _____ Follow Up To: _____