

**Incident Report Routing Form**

Deputy: \_\_\_\_\_ Incident Number: \_\_\_\_\_  
 New  Supplement # \_\_\_\_\_ Offense: \_\_\_\_\_  
Location: \_\_\_\_\_ Defendant: \_\_\_\_\_

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**Route to Attorney:**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> County       | <input type="checkbox"/> LaVerkin        |
| <input type="checkbox"/> Apple Valley | <input type="checkbox"/> Leeds           |
| <input type="checkbox"/> Enterprise   | <input type="checkbox"/> SC/Ivins        |
| <input type="checkbox"/> Hildale      | <input type="checkbox"/> St George       |
| <input type="checkbox"/> Hurricane    | <input type="checkbox"/> Washington City |
| <input type="checkbox"/> Other:       |  |

**Other Routing:**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Protective    | <input type="checkbox"/> Juvenile Court   |
| <input type="checkbox"/> AP&P                | <input type="checkbox"/> Medical Examiner |
| <input type="checkbox"/> DCFS                | <input type="checkbox"/> Mental Health    |
| <input type="checkbox"/> Drug Task Force     | <input type="checkbox"/> SONAR            |
| <input type="checkbox"/> Investigations      | <input type="checkbox"/> Victim Advocate  |
| <input type="checkbox"/> Other: _____        |   |
| <input type="checkbox"/> Follow Up To: _____ |   |

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**Case Report Contents:**

- Witness Statement
- Property Receipt
- Complaint Request
- Warrant Copy
- Impound Form
- PC Statements
- Citation Copy
- Intox Results
- NCIC Copies
- Other

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Notes: