CONFIDENTIAL PURSUANT TO §§ 2.2-3706 F.8; 9.1-177.1; 19.2-152.4:2 **FORM SIR 10/1/05**

*SERIOUS INCIDENT REPORT FORM:*_____

Name of Program

Serious Incidents Must Be Reported Immediately. **Report incident and file report with the person designated by your agency. The director shall forward the report to the administrative agent, to any office or individual as required by local procedure, and to the Department.**

Name of Defendant/Offender: _____

Placement Type: Pretrial____ Local Probation_____ Court _____

Original Offense(s) _____

Sentence/Amount Suspended/Period of Probation: _____

Date of Placement: _____ Date of Incident:_____ Time of Incident: _____

Type of Incident:_____ Status/Progress at Time of Incident:_____

_____

How Did Agency Learn of Incident? _____

_____

Place Where Incident Occurred: _____

Brief Description of Incident - Use Back of Form for Additional Information: _____

_____

_____

_____

_____

Name of Victim(s) or Other Person(s) involved: _____

_____

_____

Victim Relationship to Defendant or Offender, if any _____

New Charge(s) Filed (if applicable) :_____

_____

Has Defendant/ Offender been arrested? Yes____ No ____ Currently Confined? Yes____ No____

If "No" has Capias been sought? Yes _____ No _____ Issued? Yes ____ No _____

Other Action Taken/Follow-up:_____

Name of Officer Completing Report [Print]_____Signature of Officer_____

Date Completed _____

Signature of Supervisor_____Signature of Director_____

Date: _____ Date: _____

Media coverage? (check here) _____ Potential for Media Exposure (Check Here):_____

Attachment: SIR form

Brief Description of Incident (Continued): _____

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