

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS DIVISION  
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS DIVISION

Post Office Drawer 149  
Raleigh, North Carolina 27602  
Telephone: (919) 661-5980  
Fax: (919) 779-8210

Post Office Drawer 629  
Raleigh, North Carolina 27602  
Telephone: (919) 779-8213  
Fax: (919) 662-4515



**Critical Incident Report for NC Law Enforcement**

Completion of this report is required by law and should be submitted by the agency head or appropriate designee on record with the Criminal Justice or Sheriffs' Standards Division. A **Critical Incident** is defined as "An incident involving any use of force by a law enforcement officer that results in death or serious bodily injury to a person". NCGS further defines **Serious Bodily Injury** as, "bodily injury that creates a substantial risk of death, or that causes serious permanent disfigurement, coma, a permanent or protracted condition that causes extreme pain, or permanent or protracted loss or impairment of the function of any bodily member or organ, or that results in prolonged hospitalization."

It is the responsibility of each agency to apply the definitions to incidents occurring in their jurisdiction. If more than one officer is involved, a separate form is required for each officer.

**Involved Employee Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Type of Injury:**  **Serious Bodily Injury**

**Death**

**Agency:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

**Please select appropriate:**

Police Officer responsible to the CJ Standards Commission under N.C.G.S. § 17C-15.

Justice Officer (Deputy, Detention Officer, or Telecommunicator) responsible to the Sheriffs' Commission under N.C.G.S. § 17E.

**Printed Name of Officer:** \_\_\_\_\_

\_\_\_\_\_  
Signature / Date

Officer Refused to Sign

Officer Unavailable to Sign

**Submitted By:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Agency Head or  
Authorized Representative

\_\_\_\_\_  
Signature / Date