



WORK/TRAINING RELEASE ESCAPE CASE REPORT

_____	_____	Choose _____	_____
Escpee name	DOC number	Facility	Date
_____		_____	
Reporter name		Title	
_____			_____
Work address			Work phone

INCIDENT: Escape from Work/Training Release on enter date.

EVIDENCE

Case manager will present testimony when required.

Work/Training Release Escape Response Checklist	Date: _____
DOC 20-073 Work/Training Release Standard Rules	Date: _____
DOC 20-437 Work/Training Release Major Infraction Report	Date: _____
DOC 21-917 Incident Report	Date: _____
Certification for Determination of Probable Cause	Date: _____

SUMMARY OF FACTS

I certify under the penalty of perjury under the laws of the state of Washington that the above is true and correct to the best of my knowledge and belief.

_____	_____	_____
Submitted by	Signature	Date
_____	_____	
Title	County	

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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