

Incident Report

Major Minor

Incident ID: _____ Facility: _____ Incident Date: _____ Time: _____ Location/Dorm: _____

Reporting Official: _____ Video Used? Y N Operator Name: _____

Did incident result in serious injury? No Staff Inmate

Offender Weapon? Y N Weapon Description: _____

Use of Force? Y N UOF Equipment Used? Y N Taser Chemical Firearm Hands-On Other: _____

Does this incident report contain contraband? Y N If Yes, it was found... Inside Grounds Outside Grounds

Is the contraband associated with a throw-over? Y N

Incident Category: Check **all** that apply:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Escape | <input type="checkbox"/> Inmate Special Transport | <input type="checkbox"/> Self-Injurious Behavior |
| <input type="checkbox"/> Attempted Suicide | <input type="checkbox"/> Escape Attempt | <input type="checkbox"/> Inmate Strip Cell Status | <input type="checkbox"/> Shakedown |
| <input type="checkbox"/> Cell Extraction | <input type="checkbox"/> Failure to Execute Policy | <input type="checkbox"/> Inmate to Inmate Assault | <input type="checkbox"/> Staff Shakedown |
| <input type="checkbox"/> Contraband - Hard | <input type="checkbox"/> Fight | <input type="checkbox"/> Inmate to Staff Assault | <input type="checkbox"/> Staff to Staff Assault |
| <input type="checkbox"/> Contraband - Nuisance | <input type="checkbox"/> Fire Incident | <input type="checkbox"/> Institutional Drill | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Death | <input type="checkbox"/> Four/Five Point Restraint | <input type="checkbox"/> Keys/Tools | <input type="checkbox"/> Taking Hostage |
| <input type="checkbox"/> Disruptive Behavior | <input type="checkbox"/> Homicide | <input type="checkbox"/> Maintenance Incident | <input type="checkbox"/> Unauthorized Contact |
| <input type="checkbox"/> Disruptive Event | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Personal Dealings with Inmate | <input type="checkbox"/> Use of Force |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Illness | <input type="checkbox"/> PREA - Allegation | <input type="checkbox"/> Visitor Incident |
| <input type="checkbox"/> Employee Contact with Blood | <input type="checkbox"/> Injury | <input type="checkbox"/> Projecting Bodily Fluids | <input type="checkbox"/> Wireless Device |
| | <input type="checkbox"/> Inmate Internet Violation | <input type="checkbox"/> Property | <input type="checkbox"/> Wireless Device Accessory |

Involved INMATE Name	GDC #	UOF	DR	Injury	Weapon	Sex. Alleg.	Directly Involved OR Witness	
							Involved	Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____ Witness

Involved Staff Name / Title	Employee ID#	Race	Sex	Force Used	Staff Equip.	Equip. Type
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

WITNESS Name	Number / Title	WITNESS Name	Number / Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name/Agency Notified	Date	Time	Name/Agency Notified	Date	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reporting Official Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

WARDEN / SUPERINTENDENT REVIEW: Was this incident forwarded for investigation? Yes No Warden's Comments: _____

Warden/Superintendent Signature _____ Date _____ Retention Schedule: (3) years and then destroy