

_____ Facility/Center
Use of Force/Serious Incident Report Coversheet

I. Offender Name _____ **Date:** _____

II. Checklist:

- 1. Use of Force..... Yes _____ No _____ Pending _____
- 2. Incident Report..... Yes _____ No _____ Pending _____
- 3. Supplemental Use of Force..... Yes _____ No _____ Pending _____
- 4. Videotape..... Yes _____ No _____ Pending _____
- 5. Photos..... Yes _____ No _____ Pending _____
- 6. Witness statements from all involved..... Yes _____ No _____ Pending _____
- 7. Disciplinary Report filed..... Yes _____ No _____ Pending _____
- 8. Medical Reports..... Yes _____ No _____ Pending _____
- 9. Mental Health Report/Statements..... Yes _____ No _____ Pending _____
- 10. Chain of Evidence..... Yes _____ No _____ Pending _____
- 11. Use of Weapons Report..... Yes _____ No _____ Pending _____

If pending is checked on any of the above, state the reason why: _____

III. Shift Supervisor: 1. Date submitted and forwarded to Captain: _____

2. Supervisor's Signature: _____

IV. Captain/Chief of Security Review: 1. Date received: _____ **2. Date videotape reviewed:** _____

3. Rating of Incident: Major: _____ **Serious:** _____ **Minor:** _____ **Unusual:** _____

4. Comments: _____

5. Signature of Captain/Chief of Security: _____

V. Deputy Warden's Review: 1. Date received _____ **2. Date videotape reviewed:** _____

3. Comments: _____

4. Signature of Deputy Warden: _____

VI. Warden's Review: 1. Date received: _____ **2. Type and Forward: Y N Hold in File: Y N**

3. Comments: _____

4. Signature of Warden/Designee: _____