

Incident Report

SOP 209.04
Attachment 2
2/18/21

___ 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:

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

Involved INMATE Name	GDC #	UOF	DR	Injury	Weapon	Sex. Alleg.	Directly Involved OR Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ Witness
_____	_____	_____	_____	_____	_____	_____	___ Involved ___ 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: A copy shall be maintained in the offender's institutional file and retained according to the official retention record for that file. Copies maintained in Security shall be retained for three (3) years and then destroyed.