Incident Report

SOP 203.03 Attachment 1 04/01/2025

Major	Minor								
Incident ID:	Facility		Incide	ent Date:		Time:	Location/Dorm:		
Did incident result in serious inju	ury? (Outside Medical	Care) No	Staff Inn	nate					
Video Used?YN I	f Yes, Type? Ha	ndheldBody	Building	Phon	e/Tablet O	other Operator N	Name:		
Evidence of Weapon Used?	YN If Yes,	was itFound	Not Found						
Use of Force? Y N	UOF Equipment Use	ed? Y N	Taser	Cher	nical Firea	arm Hands-C	On Other:		
Does this incident report contain	hard contraband?	YN If Y	es, it was foun	d:I	nside Grounds	Outside Gro	ounds		
Is the contraband associated with	a throw-over?	YN							
Incident Category: Check all that	** *						_		
Accident Attempted Suicide	Escape- Escape Att	Secure Facility	Detail	TC _		net Violation ial Transport	Property Quarantine		
Cell Extraction		Execute Policy		_	Inmate Strip	_	Self-Injurious E	Behavior	
Contraband - Hard	Fight			_		mate Assault	Shakedown		
Contraband - Nuisance		Fire Incident				aff Assault		Staff Shakedown Staff to Staff Assault	
Damaged Property Death		Flooding Four/Five Point Restraint				Institutional Drill Keys/Tools			
Disruptive Behavior	Homicide	om restrain		_	Maintenance	Suicide Taking Hostage	•		
Disruptive Event	Hunger Strike				Personal Dea	alings with Inmate	Unauthorized C		
Drone	Illness			_	PREA - Alle	Use of Force			
Employee Contact with Bloo	dInjury			_	Projecting B	odily Fluids	Visitor Incident	:	
Involved INMATE Name Involved Staff Name WITNESS Name		Employee ID#	DR Race	Sex	Weapon Force Use		Directly Involved Towned Number / Tit	Witness Witness Witness Witness Witness Witness Witness Witness Witness	
Name/Agency Notified	d Dat	te Time	<u> </u>		Name/Age	ency Notified	Date	Time	
Reporting Official Signature:		Da	ate:	Supe	rvisor Signatuı	re:	Date:		
WARDEN / SUPERINTENDE	NT REVIEW: W	as this incident forwa	arded for investi	gation?	Yes	No Warde	n's Comments:		
			•						