

Incident Notification Report

As incidents vary, additional questions may need to be asked to clarify (if possible) the event(s) that occurred. An update of staff or inmate injuries will require a follow-up e-mail to provide the condition of staff and/or inmates. This update should be requested periodically and supplied by the facility as new information is learned.

Date Report Completed:

Facility:		Reported by:	
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Type of Incident:

Date/Time Incident Occurred:		Date/Time Chief Administrator of Institutions/Community Corrections and Contract Services Notified:	
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Location of Incident (Unit, Quad, Cell, dining hall, etc.)		Unit locked down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the Inspector General been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?		When?	
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Incident Classification

1. Inmate-on-Inmate assaults with serious injury:
 - 1a. Number of Inmate-on-Inmate victims of assaults with serious injury:
2. Inmate-on-Inmate assaults without serious injury:
3. Inmate-on-Inmate fight:
4. Inmate-on-Inmate assaults by throwing substances:
5. Disruptive Event:

Inmates Involved

(attach additional pages if needed)

Full Name	">	ODOC #	">	Race	">	Age	">	Crime(s)

Staff Involved

(attach additional pages if needed)

Full Name	Title/Position

Brief Summary of Incident

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Staff/Inmate Injuries (Protected Health Information)

(Be as specific as possible—head wound, puncture wound, etc., to include any emergency treatment/hospital transport)

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Was a protective stab vest in use to protect staff? Yes No N/A

Weapons Used/Recovered
(if known)

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If applicable, was the inmate single celled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, was cell partner involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name/ODOC#
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Any other pertinent information specific to this incident

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Notification

Reported to Chief Administrator of Institutions/Community Corrections and Contract Services by:

Name: _____ Date: _____ Time: _____

OFFICE OF THE INSPECTOR GENERAL TO NOTIFY THE PUBLIC INFORMATION OFFICER

Date: _____ Time: _____

Signature of Chief Administrator of Institutions/Community Corrections and Contract Services

Comprehensive Report Ordered: Yes No

The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."

Incident Classification Definitions

Inmate-on-inmate assaults with serious injury – A serious injury requires urgent and immediate medical treatment and restricts the inmate's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Number of inmate-on-inmate victims – An assault may have more than one victim; count the number of victims.

Inmate-on-inmate assaults without serious injury – An assault that results in an injury that does not require urgent and immediate medical treatment.

Inmate-on-inmate fight – Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more inmates where there was no injury.

Inmate-on-inmate assaults by throwing substances – Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

Disruptive Event – Incidents brought about by inmate action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

Victim – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.