OFFENDER INFORMATION

☐ Adult  ☐ Juvenile

Name: ___________________________  DOC ID#: _______________  Sex: ☐ Male  ☐ Female

Race Code: ☐ American Indian  ☐ Asian  ☐ Black  ☐ White  ☐ Hispanic  ☐ Other

INCIDENT EVALUATION

Date of Incident: ___________  Time of Incident: ________  Place of Incident: __________________________

Facility: ____________________________

Medical Evaluation Completed: ☐ Yes  ☐ No  By: ____________________________

Incident Videotaped: ☐ Yes  ☐ No  By: ____________________________

Type of Force Used: ☐ Immediate  ☐ Planned

LEVEL OF FORCE USED

☐ Physical Force/Self Defense Techniques  ☐ Restraints  ☐ Oleoresin Capsicum OC*
☐ Chemical Agent*  ☐ Batons*  ☐ Conductive Energy Device*
☐ Distraction Device*  ☐ Other*

(*) Items above will require the name of the staff member who actually used the force and documentation on training

Staff Name: ___________________________  Trained ☐ Yes  ☐ No
Staff Name: ___________________________  Trained ☐ Yes  ☐ No

REASON FOR FORCE:

☐ Self Defense  ☐ Defense of another  ☐ Maintenance of Security
☐ Prevention of a Crime  ☐ Prevention of Suicide/Self Mutilation
☐ Prevention of Escape  ☐ Destruction of Property
☐ Refusal of a Direct Order

TYPE OF INCIDENT

☐ Cell Extraction  ☐ Offender Fighting Another Offender
☐ Offender Assaulting Another Offender  ☐ Offender Assaulting Staff
☐ Staff Assaulting Offender  ☐ Disturbance
☐ Forced Move

CUSTODY

ADULT

☐ Maximum  ☐ Close  ☐ Medium Restricted
☐ Medium Unrestricted  ☐ Minimum Restricted
☐ Minimum Unrestricted

JUVENILE

☐ General  ☐ Restricted  ☐ Other

☐ The actions taken with respect to the use of force and or application of force were necessary and reasonable in this situation.
☐ This situation needs further investigation or review and has been referred to the Department’s Investigations Bureau and the facility for follow-up action.

Reviewer Name:  Date: