

Spontaneous Incidents/Use of Force Check List/Closure

1. I am _____ ; _____
Name Title

2. Today's date and time is: _____

3. My location at the present is: _____

4. The location of the incident was: _____

5. The name(s) and number of inmate(s) is/are:

_____	_____
Name/Number	Name/Number

_____	_____
Name/Number	Name/Number

_____	_____
Name/Number	Name/Number

6. Name(s) and title of staff involved were as follows.

_____	_____
Name/Title	Name/Title

_____	_____
Name/Title	Name/Title

_____	_____
Name/Title	Name/Title

_____	_____
Name/Title	Name/Title

7. The circumstances leading to the incident were: _____

8. Action taken during the incident was: _____

9. Name(s) and title of staff involved were as follows:

_____ Name/Title	_____ Name/Title
_____ Name/Title	_____ Name/Title
_____ Name/Title	_____ Name/Title
_____ Name/Title	_____ Name/Title

10. Injuries to staff and inmate were: (examinations of staff and offenders must be conducted by medical personnel):

11. Medical staff present are:

12. Summary of injuries are:

13. This concludes the incident involving the following inmate(s):

_____ Name/Number	_____ Name/Number
_____ Name/Number	_____ Name/Number
_____ Name/Number	_____ Name/Number

14. Camera operator is:

Name/Title

15. This tape, all incident reports, misconduct reports, or any physical evidence will be secured in the chief of security's office until the next working day when all reports and the tape can be reviewed by the facility/unit head, assistant facility/unit head and chief of security.

Name/Title/Position

16. This concludes the Spontaneous Use of Force incident involving inmate(s). Give a summary of the name and ODOC number of inmates and time of the Spontaneous Use of Force incident:

(R 4/18)