Incident Notification Report											
As incidents vary, ac of staff or inmate inju be requested periodi	ıries w	vill require a folk	ow-up e-mail to	provi	de the c	condition	of sta		` '	·	
Date Report Comple	eted:										
Facility:			Rej	Reported by:							
Type of Incident:				•							
Date/Time Incident Occurred:				Date/Time Chief Admir Institutions/Corrections Services No			ommunity and Contract				
Location of Incident (Unit, Quad, Cell, dining hall, etc.)							Uni	it locked	down?	□Yes □ No	
Has the Inspector General been notified?		∐Yes ∐No	By Whom?				Wh	nen?			
Incident Classification											
<ol> <li>Inmate-on-Inmate assaults with serious injury:</li> <li>Number of Inmate-on-Inmate victims of assaults with serious injury:</li> <li>Inmate-on-Inmate assaults without serious injury:</li> <li>Inmate-on-Inmate fight:</li> <li>Inmate-on-Inmate assaults by throwing substances:</li> <li>Disruptive Event:</li> </ol>											
			Inma (attach addit		volved ages if						
Full Name			ODOC#				Crime(s)				
Staff Involved											
(attach additional pages if needed)  Full Name  Title/Position											
			Brief Sur	nmary	of Inci	dent					

Staff/Inmate Injuries (Protected Health Information)  (Be as specific as possible—head wound, puncture wound, etc., to include any emergency treatment/hospital transport)											
Was a protective stab vest in use to protect staff?											
(if known)											
If applicable, was the inmate single celled?	□Yes □No	If no, was cell partner involved?	☐Yes ☐ No Name/ODO								
	Any othe	er pertinent information	on specific to th	is incident							
Notification											
Reported to Chief Adn	ninistrator of In	stitutions/Community	Corrections ar	nd Contract Serv	vices 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:YesNo											
The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."											

## Incident Classification Definitions

<u>Inmate-on-inmate assaults with serious injury</u> – 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.

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

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

<u>Inmate-on-inmate fight</u> – 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.

<u>Inmate-on-inmate assaults by throwing substances</u> – 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.

<u>Disruptive Event</u> – 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.

<u>Victim</u> – 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.