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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Medical staff present are:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. Summary of injuries are:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Camera operator is:
________________________________________________________________________

Name/Title

13. 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.

________________________________________________________________________

14. 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)