



Department of Corrections and Rehabilitation

**NOTICE OF CHANGE TO  
REGULATIONS**

**Section(s): 3000, 3268, 3268.1, and 3268.2**

**Number:**

**15-06**

**Publication Date:**

**July 3, 2015**

**Effective Date:**

**June 17, 2015**

**INSTITUTION POSTING AND CERTIFICATION REQUIRED**

This Notice announces the proposed amendments to Section(s) 3000, 3268, 3268.1, and 3268.2 of the California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, to incorporate into the CCR, provisions concerning Use of Force.

**IMPLEMENTATION:** Immediately.

**PUBLIC COMMENT PERIOD**

Any person may submit written comments about the proposed regulations to the California Department of Corrections and Rehabilitation, Regulation and Policy Management Branch (RPMB), P.O. Box 942883, Sacramento, CA 94283-0001, by fax to (916) 324-6075, or by e-mail to [RPMB@cdcr.ca.gov](mailto:RPMB@cdcr.ca.gov). All written comments must be received by the close of the public comment period **August 25, 2015, at 5:00 p.m.**

**PUBLIC HEARING INFORMATION**

A public hearing regarding these proposed regulations will be held **August 25, 2015, from 10:00 a.m. to 11:00 a.m. in the Kern room, located at 1515 S Street, North Building, Sacramento, CA 95811.** The purpose of the hearing is to receive oral comments about this action. It is not a forum to debate the proposed regulations. No decision regarding the permanent adoption of these regulations will be rendered at this hearing. Written or facsimile comments submitted during the prescribed comment period are given the same significance and weight as oral comments presented at the hearing. This hearing site is accessible to the mobility impaired.

**POSTING**

This Notice shall be posted immediately upon receipt at locations accessible to inmates, parolees, and employees in each Department facility and field office not later than five calendar days after receipt. Also, facilities shall make this Notice available for review by inmates in segregated housing who do not have access to the posted copies, and shall distribute it to inmate law libraries and advisory councils. CDCR Form 621-A (Rev. 09/14), Certification of Posting, shall be returned to the RPMB electronically, by fax, or by mail. See Department Operations Manual Sections 12010.12.1 and 12010.12.2 for posting and certification of posting procedures.

**CONTACT PERSON**

Inquiries regarding this Notice should be directed to Timothy M. Lockwood, Chief, RPMB, California Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001, by telephone (916) 445-2269 or e-mail [RPMB@cdcr.ca.gov](mailto:RPMB@cdcr.ca.gov). Inquiries regarding the subject matter of these regulations may be directed to J. Stewart, Correctional Captain, Division of Adult Institutions, at (916) 294-3037.

*Original signed by:*

SCOTT KERNAN  
Undersecretary, Operations  
California Department of Corrections and Rehabilitation

Attachments

## NOTICE OF PROPOSED REGULATIONS

### California Code of Regulations Title 15, Crime Prevention and Corrections Department of Corrections and Rehabilitation

**NOTICE IS HEREBY GIVEN** that the Secretary of the California Department of Corrections and Rehabilitation (CDCR), pursuant to the authority granted by Government Code Section 12838.5 and Penal Code (PC) Section 5055, and the rulemaking authority granted by PC Section 5058 and 5058.3, in order to implement, interpret and make specific PC Section 5054, proposes to amend Sections 3000, 3268, 3268.1, and 3268.2 of the California Code of Regulations (CCR), Title 15, Division 3, concerning Use of Force.

#### **PUBLIC HEARING:**

Date and Time: **August 25, 2015 - 10:00 a.m. to 11:00 a.m.**

Place: Department of Corrections and Rehabilitation  
Kern Room  
1515 S Street – North Building  
Sacramento, CA 95811

Purpose: To receive comments about this action.

#### **PUBLIC COMMENT PERIOD:**

The public comment period will close **August 25, 2015 at 5:00 p.m.** Any person may submit public comments in writing (by mail, by fax, or by e-mail) regarding the proposed changes. To be considered by the Department, comments must be submitted to the CDCR, Regulation and Policy Management Branch, P.O. Box 942883, Sacramento, CA 94283-0001; by fax at (916) 324-6075; or by e-mail at [RPMB@cdr.ca.gov](mailto:RPMB@cdr.ca.gov) before the close of the comment period.

#### **CONTACT PERSON:**

Please direct any inquiries regarding this action to:

**Timothy M. Lockwood, Chief**  
**Regulation and Policy Management Branch**  
**Department of Corrections and Rehabilitation**  
**P.O. Box 942883, Sacramento, CA 94283-0001**  
**Telephone (916) 445-2269**

In the event the contact person is unavailable, inquiries should be directed to the following back-up person:

**S. Pollock**  
**Regulation and Policy Management Branch**  
**Telephone (916) 445-2308**

Questions regarding the substance of the proposed regulatory action should be directed to:

**J. Stewart**  
**Division of Adult Institutions**  
**(916) 294-3037**

#### **AUTHORITY AND REFERENCE:**

Penal Code (PC) Section 5000 provides that commencing July 1, 2005, any reference to the Department of Corrections in this or any code, refers to the CDCR, Division of Adult Operations.

PC Section 5050 provides that commencing July 1, 2005, any reference to the Director of Corrections, in this or any other code, refers to the Secretary of the CDCR. As of that date, the office of the Director of Corrections is abolished.

PC Section 5054 provides that commencing July 1, 2005, the supervision, management, and control of the State prisons, and the responsibility for the care, custody, treatment, training, discipline, and employment of persons confined therein are vested in the Secretary of the CDCR.

PC Section 5058 authorizes the Director to prescribe and amend regulations for the administration of prisons.

PC Section 5058.3 provides that an Emergency adoption, amendment, or repeal of a regulation by the Director shall be conducted pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

### **INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW:**

Currently, regulations concerning Use of Force provide outdated forms, and use definitions that are not completely in sync with Penal Code definitions, and/or lack some clarity for further understanding.

The proposed regulations further the efforts of the Department to comply with *Madrid* (Use of Force) and *Coleman* (Mental Health) court rulings by revising and updating several CDCR forms, and revising definitions to be more consistent with Penal Code definitions, as well as providing further clarification.

The broad objective of the regulation is to update the existing regulations to improve the efficiency and tracking surrounding the Use of Force procedures, and to align them more closely with the related Penal Code.

This action provides the following:

- Revises the definition for the term “Serious Bodily Injury” within Section 3000, Definitions, to more closely align with Penal Code definition.
- Provides for additional language in the definition of “Immediate Use of Force,” and specifies the standards and parameters for “Immediate” and “Controlled” Use of Force.
- Adopts a new definition for the term “Imminent Threat,” and renumbers Section 3268 due to the addition of this new definition.
- Deletes CDCR Form 3037, Controlled use of Force Manager/AOD Report, which is replaced with CDCR Form 837-C, Crime Incident Report Part C-Staff Report; and Deletes CDCR Form 3013, Inmate Interview Guidelines, which is replaced with 2 new forms: 3013-1, Inmate Interview for GBI and SBI Worksheet, and 3013-2, Inmate Interview for Allegation Worksheet.
- Incorporates by reference into the CCR, 17 revised CDCR Forms, many which were updated to improve efficiency and effectiveness regarding reporting requirements for Use of Force.

### **FORMS INCORPORATED BY REFERENCE**

CDCR 837-A (Rev. 10/06), Crime/Incident Report Part A – Cover Sheet  
CDCR 837-A1 (Rev. 10/06), Crime/Incident Report Part A1 – Supplement  
CDCR 837-B1 (Rev. 10/06), Crime/Incident Report Part B1 – Inmate  
CDCR 837-B2 (Rev. 10/06), Crime/Incident Report Part B2 – Staff  
CDCR 837-B3 (Rev. 10/06), Crime/Incident Report Part B3 – Visitor, Other  
CDCR 837-C (Rev. 03/15), Crime/Incident Report Part C – Staff Report  
CDCR 837-C1 (Rev. 03/15), Crime/Incident Report Part C1 – Supplement  
CDCR 837-C2 (Rev. 03/15), Crime/Incident Report Part C2 – Review Notice  
CDCR 3010 (Rev. 03/15), Incident Commander’s Review/Critique Use of Force Incidents  
CDCR 3011 (Rev. 03/15), Manager’s Review – First Level Use of Force Incidents  
CDCR 3012 (Rev. 03/15), Manager’s Review – Second Level Use of Force Incidents  
CDCR 3013-1 (03/15), Inmate Interview For GBI and SBI Worksheet  
CDCR 3013-2 (03/15), Inmate Interview For Allegation Worksheet  
CDCR 3014 (Rev. 03/15), Report of Findings – Inmate Interview  
CDCR 3034 (Rev. 03/15), IERC Allegation Review  
CDCR 3035 (Rev. 03/15), IERC Use of Force Review & Further Action Recommendation  
CDCR 3036 (Rev. 03/15), IERC – Critique and Qualitative Evaluation

**BENEFITS ANTICIPATED BY THE PROPOSED REGULATIONS:**

The proposed regulations will benefit the Department by furthering the efforts to comply with *Madrid* and *Coleman* court rulings regarding Use of Force and Mental Health considerations for inmates. The new definitions will provide clarity and consistency to both staff and inmates, as well as provide uniformity with existing Penal Code definitions. Form updates will improve the tracking and review efforts for the procedures associated with the Use of Force process.

**EVALUATION OF CONSISTENCY/COMPATIBILITY WITH EXISTING LAWS/REGULATIONS:**

The Department has determined that these proposed regulations are consistent and compatible with existing state laws and regulations. The Department reached this conclusion by reviewing existing CCR, Title 15, Division 3, related to Use of Force.

**LOCAL MANDATES:**

This action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement of costs or savings pursuant to Government Code Sections 17500 - 17630.

**FISCAL IMPACT STATEMENT:**

- **Cost to any local agency or school district that is required to be reimbursed:** *none*
- **Cost or savings to any state agency:** *none*
- **Other nondiscretionary cost or savings imposed on local agencies:** *none*
- **Cost or savings in federal funding to the State:** *none*

**EFFECT ON HOUSING COSTS:**

The Department has made an initial determination that the proposed action will have no significant effect on housing costs.

**COST IMPACTS ON REPRESENTATIVE PRIVATE PERSONS OR BUSINESSES:**

The Department is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

**SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT AFFECTING BUSINESSES:**

The Department has initially determined that the proposed regulations will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states.

**EFFECT ON SMALL BUSINESSES:**

The Department has determined that the proposed regulations will not affect small businesses. It is determined that this action has no significant adverse economic impact on small business because they are not affected by the internal management of state prisons.

**RESULTS OF ECONOMIC IMPACT ASSESSMENT:**

The Department has determined that the proposed regulations will have no impact on the creation of new, or the elimination of existing jobs or businesses within California, or affect the expansion of businesses currently doing business in California. The Department has determined that the proposed regulations will have no affect on worker safety, or the state’s environment, because the proposed regulations relate strictly to the internal management of CDCR institutions. The proposed regulations will benefit the health and welfare of California residents by improving and updating the reporting requirements regarding Use of Force, ensuring a clear understanding among staff, and keeping with the mental health considerations of inmates.

**CONSIDERATION OF ALTERNATIVES:**

The Department must determine that no reasonable alternative considered by the Department, or that has otherwise been identified and brought to the attention of the Department, would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. Interested persons are accordingly invited to present statements or arguments with respect to any alternatives to the changes proposed at the scheduled hearing or during the written comment period.

**AVAILABILITY OF PROPOSED TEXT AND INITIAL STATEMENT OF REASONS:**

The Department has prepared, and will make available, the text, and the Initial Statement of Reasons (ISOR) of the proposed regulations. The rulemaking file for this regulatory action, which contains those items and all information on which the proposal is based (i.e., rulemaking file) is available to the public upon request directed to the Department's contact person. The proposed text, ISOR, and Notice of Proposed Regulations will also be made available on the Department's website <http://www.cdcr.ca.gov>.

**AVAILABILITY OF CHANGES TO PROPOSED TEXT:**

After considering all timely and relevant comments received, the Department may adopt the proposed regulations substantially as described in this Notice. If the Department makes modifications which are sufficiently related to the originally proposed text, it will make the modified text (with the changes clearly indicated) available to the public for at least 15 days before the Department adopts the regulations as revised. Requests for copies of any modified regulation text should be directed to the contact person indicated in this Notice. The Department will accept written comments on the modified regulations for 15 days after the date on which they are made available.

**AVAILABILITY OF THE FINAL STATEMENT OF REASONS:**

Following its preparation, a copy of the Final Statement of Reasons may be obtained from the Department's contact person.

## **INITIAL STATEMENT OF REASONS:**

The California Department of Corrections and Rehabilitation (CDCR) proposes to amend Sections 3000, 3268, 3268.1, and 3268.2, of the California Code of Regulations (CCR), Title 15, Division 3, governing the Use of Force.

In 1993 the *Madrid* Court held that correctional staff at Pelican Bay State Prison routinely used unnecessary and excessive force against inmates, that Use of Force was either not reported at all or was reported inaccurately, and the prison did not have an adequate system for investigating the use of excessive force. In response, the institution developed and the court approved a Use of Force Remedial Plan. On June 24, 2004, the *Madrid* Special Master issued his "Final Report re Department of Corrections 'Post Powers' Investigations and Employee Discipline." The report concerned correctional officers who had provided false testimony in a federal criminal trial against other Pelican Bay officers who had used excessive force against an inmate and then engaged in a cover up of the incident. The Special Master found the former California Department of Corrections (CDC) lacked adequate procedures to ensure allegations of such egregious misconduct were timely and adequately investigated, and appropriate disciplinary measures were taken. The report found these incidents violated the Use of Force Remedial Plan and there was no adequate statewide plan that would address this problem. On November 17, 2004, the district court issued an order adopting the June 24, 2004 report and ordering the Special Master to work with CDC to develop and implement an adequate remedial plan. Over the course of the next several years CDC and its successor CDCR, worked with the Special Master, court experts, counsel for the *Madrid* plaintiff class, and the Office of the Inspector General to develop and implement a statewide plan to remedy the problems identified in the June 24, 2004 report. On May 14, 2008, the court approved a stipulation that substituted the Statewide Use of Force Plan for the Use of Force Remedial Plan.

On April 10, 2014, the court in *Coleman v. Brown* ordered the Department to revise its policies and procedures with respect to Use of Force on mentally ill inmates. Working under the guidance of the Coleman Special Master, the Department's Joint Use of Force Committee (JUC) reviewed the current Use of Force Policy and determined revisions to the policy were necessary for all inmates, including those who suffer from mental illness. The JUC wanted to establish clear standards and parameters regarding the manner in which force is applied in both immediate and controlled Use of Force situations.

The JUC also noted the definitions for the types of force approved by CDCR should more closely follow California Penal Code (PC) definitions. Finally, the JUC noted the forms used by CDCR to report and review Use of Force situations required updating to reflect current data fields and language to improve the reporting and review efforts of CDCR. The form updates will streamline the Use of Force review process by ensuring consistency of information at all levels of review. The form updates will also align with the new mental health considerations outlined in recent policy updates and further the collaboration with mental health and medical staff within the Use of Force process.

### **Consideration of Alternatives:**

The Department must determine that no reasonable alternative considered, or that has otherwise been identified and brought to the attention of the Department, would be more effective in carrying out the purpose for which this action is proposed, would be as effective and less burdensome to affected private persons than the action proposed, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. Currently, no reasonable alternatives have been brought to the attention of the Department that would alter the Department's initial determination.

## **ECONOMIC IMPACT ASSESSMENT**

The Department believes there will not be any significant economic impact with these proposed regulations. The changes for the Department's Use of Force regulations only affect the internal management of California state prisons.

In accordance with Government Code Section 11346.3(b), the CDCR has made the following assessments regarding the proposed regulations:

### **Creation or Elimination of Jobs within the State of California**

The Department has determined the proposed regulations will have no impact on the creation of new or elimination of existing jobs or businesses within the state of California because those jobs or businesses are not affected by the internal management of prisons.

### **Creation of New Businesses or Elimination of Existing Businesses within the State of California**

The Department has determined the proposed regulations will have no effect on the creation of new or elimination of existing businesses within the state of California because those businesses are not affected by the internal management of prisons.

### **Expansion of Business Currently Doing Businesses within the State of California**

The Department has determined the proposed regulations have no effect on the expansion of businesses currently doing business within the state of California because they are not affected by the internal management of prisons.

### **Significant Adverse Economic Impact on Business**

The Department has made an initial determination this action will not have a significant adverse economic impact on business in the state of California because those businesses are not being affected by the internal management of prisons.

### **Local Mandates**

The Department has determined that this action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement pursuant to Part 7 (Section 17561) of Division 4.

### **Benefits of the Regulations**

The proposed regulatory action will benefit CDCR staff and inmates by providing further clarification for definitions that are used for the Use of Force terminology. Additionally, these regulations provide for consistency and uniformity by aligning CDCR's definition of Serious Bodily Injury with the Penal Code definition of Serious Bodily Injury. By revising and updating the specified forms associated with Use of Force, it will improve the efficiency and tracking of the procedures that are associated with the Use of Force process.

### **Materials Relied Upon:**

The Department, in proposing amendments to these regulations, has not identified nor has it relied upon any technical, theoretical, or empirical study, report, or similar document.

### **Non-substantive changes:**

Non-substantive formatting changes and typographical/grammatical errors and/or omissions are corrected throughout the text document to ensure clarity and consistency.

**Specific Purpose and Rationale for each Section, per Government Code 11346.2(b)(1):**

**Chapter 1. Rules and Regulations of Adult Operations and Programs**

**Article 1. Behavior**

**3000 Definitions.**

**Section 3000 is amended** to add to the definition for “Serious Bodily Injury (SBI).” The word “extensive” is placed in front of the word “suturing,” and the word “serious” is placed in front of the word “disfigurement.” These words are added to be consistent and in compliance with California PC Section 243(f)(4). This language will potentially reduce the number of Serious Rules Violation Reports filed, by narrowing the definition to consider only when “extensive suturing” or “serious disfigurement” occurs. Correspondingly, the overall number of segregated housing placements will be reduced due to the fact that a more serious offense occurs when an inmate commits an act of battery that results in SBI, and the more serious offense requires segregation from the general population and longer stays in segregated housing. By changing the definitions and narrowing the application of SBI to fewer cases, this will lead to a reduction in segregated housing placements.

**Subchapter 4. General Institution Regulations**

**Article 1.5. Use of Force and Restraining Devices**

**3268. Use of Force.**

**Subsection 3268(a)(4) is amended** to add to the definition for “Immediate Use of Force.” This language is necessary to further define what constitutes Immediate Use of Force.

**New subsection 3268(a)(5) is adopted to** add the definition for “Imminent Threat.” This definition is necessary to add to the list of Use of Force definitions, as it is a key term used in the Use of Force policy. This definition will explain the conditions that shall exist that require immediate action to stop the threat.

**Existing subsections 3268(a)(5) through 3268(a)(22) are renumbered to 3268(a)(6) through 3268(a)(23), but are otherwise unchanged, with the exception of newly renumbered subsection 3268(a)(17) which only changed the reference within that subsection to “3268(a)(21)” from “3268(a)(20)” due to the renumbering of these subsections.**

**Subsection 3268(d)(1) is amended** to remove the word “immediate” and replace it with “imminent.” This is necessary to be consistent with the language and definitions provided in these Use of Force regulations.

**Subsection 3268(i) is amended to** remove reference to CDCR Form 3037 (Rev. 06/09), Controlled Use of Force Manager/AOD Report, and replace it with CDCR Form 837-C (Rev. 03/15), Crime/Incident Report Part C – Staff Report. The CDCR Form 3037 is being removed from service as it is no longer used by the Department. The CDCR Form 837-C is required by recent policy updates, and details the Manager’s involvement in the incident. Managers will now document the authorization for the Use of Force on the

CDCR Form 837-C. The CDCR Form 837-C is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

### **3268.1 Reporting and Investigating the Use of Force for Institution/Facility Staff.**

**Subsection 3268.1(a)(1) is amended** to update revision dates on CDCR Form 837-A (Rev. 10/06), Crime/Incident Report Part A-Cover Sheet, CDCR Form 837-A1 (Rev. 10/06), Crime/Incident Report Part A1-Supplement, CDCR Form 837-B1 (Rev. 10/06), Crime/Incident Report Part B1-Inmate, CDCR Form 837-B2 (Rev. 10/06), Crime/Incident Report Part B2-Staff, CDCR Form 837-B3 (Rev. 10/06), Crime Incident Report Part B3-Visitor, Other, CDCR Form 837-C (Rev. 03/15), Crime/Incident Report Part C-Staff Report, CDCR Form 837-C1 (Rev. 03/15), Crime/Incident Report Part C1-Supplement, and CDCR Form 837-C2 (Rev. 03/15), Crime/Incident Report Part C2-Review Notice, which are used in reporting incidents and Use of Force. The CDCR Form 837-B3 title was amended for correction and consistency purposes, replacing a “/” with a “,” to now reflect the title, Crime/Incident Report Part B3-Visitor, Other. These forms were specifically updated to assist staff with reporting their Use of Force in accordance with the policy updates, and improve the functionality and ease of use of the forms. The CDCR Forms 837-A, 837-A1, 837-B1, 837-B2, 837-B3, 837-C, 837-C1, and 837-C2 are incorporated by reference into these regulations, and copies are provided in the regulatory package.

**Subsection 3268.1(a)(2) is amended** to update the revision date on CDCR Form 3010 (Rev. 03/15), Incident Commander’s Review/Critique Use of Force Incidents. This form was updated to comply with recent policy updates and bring it up to current standards. The CDCR Form 3010 is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

**Subsection 3268.1(d)(1) is amended** to add that video recordings following a Use of Force occurrence resulting in SBI (Serious Bodily Injury) or GBI (Great Bodily Injury) to the inmate, shall be documented on the CDCR Form 3013-1 (03/15), Inmate Interview for GBI and SBI Worksheet, and CDCR Form 3014 (Rev. 03/15), Report of Findings – Inmate Interview. The CDCR Form 3013 was divided into two separate options (3013-1 and 3013-2) to more accurately report the two types of circumstances in which an inmate interview would occur. The existing CDCR Form 3013 (Rev. 02/10), Inmate Interview Guidelines, is now deleted as a result of the creation of the two new CDCR Forms 3013-1 and 3013-2. The CDCR Form 3013-1 will more accurately represent the response to an inmate interview related to serious bodily injury or great bodily injury from a Use of Force. The CDCR Forms 3013-1 and 3014 are incorporated by reference into these regulations, and copies are provided in the regulatory package.

**Subsection 3268.1(d)(2) is amended** to specify that the CDCR Form 3013-2 (03/15), Inmate Interview for Allegation Worksheet, will be the form used to document an inmate interview related to an allegation of excessive or unnecessary force. The CDCR Form 3013-2 replaces the previous CDCR Form 3013 (Rev. 02/10). The CDCR Form 3013 was divided into two separate options (3013-1 and 3013-2) to more accurately report the two types of circumstances in which an inmate interview would occur. The 3013-2 will more accurately represent the response to an inmate interview related to an allegation of excessive or unnecessary force. The CDCR Form 3013-2 is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

**Subsection 3268.1(e)(2)(A) is amended** to update the revision date for CDCR Form 3010 (Rev. 03/15), Incident Commander’s Review/Critique Use of Force Incidents. This form was revised to update and reflect recent Use of Force policy updates and incorporate the necessary mental health and medical considerations in reviewing Use of Force. These changes improve the Use of Force review by stream lining the process at all levels of review. They will also reduce the redundancy that existed throughout the previous version of the

form. The CDCR Form 3010 is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

**Subsection 3268.1(e)(2)(B) is amended** to update the revision date for CDCR Form 3011 (Rev. 03/15), Manager’s Review – First Level Use of Force Incidents. This form was revised to update and reflect recent Use of Force policy updates and incorporate the necessary mental health and medical considerations in reviewing Use of Force. These changes improve the Use of Force review by stream lining the process at all levels of review. They will also reduce the redundancy that existed throughout the previous version of the form. The CDCR Form 3011 is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

**Subsection 3268.1(e)(2)(C) is amended** to update the revision date for CDCR Form 3012 (Rev. 03/15), Manager’s Review – Second Level Use of Force Incidents. This form was revised to update and reflect recent Use of Force policy updates and incorporate the necessary mental health and medical considerations in reviewing Use of Force. These changes improve the Use of Force review by stream lining the process at all levels of review. They will also reduce the redundancy that existed throughout the previous version of the form. The CDCR Form 3012 is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

**Subsection 3268.1(e)(2)(D) is amended** to provide a revision date for CDCR Form 3034 (Rev. 03/15), IERC Allegation Review, and CDCR Form 3036 (Rev. 03/15), IERC Critique and Qualitative Evaluation. These forms were revised to update and reflect recent Use of Force policy updates and incorporate the necessary mental health and medical considerations in reviewing Use of Force. These changes improve the Use of Force review by stream lining the process at all levels of review. They will also reduce the redundancy that existed throughout the previous versions of the forms. The CDCR Forms 3034 and 3036 are incorporated by reference into these regulations, and copies are provided in the regulatory package.

**Subsection 3268.1(e)(2)(E) is amended** to capitalize the letter “r” in the word “review,” for proper capitalization of the title “Institutional Executive Review Committee.”

**Subsections 3268.1(e)(2)(E)1. through 3268.1(e)(2)(E)4. are amended** for proper punctuation and grammatical purposes, by replacing each “,” and the end of each sentence with a “.” and removing the unnecessary word “and” in 3268.1(e)(2)(E)4.

**Subsection 3268.1(e)(2)(E)7. is amended** to provide a revision date for CDCR Form 3035 (Rev. 03/15), IERC Use of Force Review & Further Action Recommendation. This form was revised to update and reflect Use of Force policy updates and incorporate the necessary mental health and medical considerations in reviewing Use of Force. These changes improve the Use of Force review by stream lining the process at all levels of review. They will also reduce the redundancy that existed throughout the previous version of the form. In addition, for grammatical correction purposes, in the last sentence, the word “are” has been replaced with “is.” The CDCR Form 3035 is incorporated by reference into these regulations, and a copy is provided in the regulatory package.

## **3268.2 Use of Restraints.**

**Subsection 3268.2(d) is amended** to remove all references of “Leg Irons” to the more current nomenclature of “Leg Restraints.” This is necessary to update the subsection with the proper language that is currently used. In addition, a spelling correction was made in the last sentence, to change the word “in” to “is.”

## TEXT OF PROPOSED REGULATIONS

In the following, underline indicates new or additional text and ~~strikethrough~~ indicates deleted text.

### Title 15, Crime Prevention and Corrections

#### Division 3, Adult Institutions, Programs, and Parole

#### Chapter 1. Rules and Regulations of Adult Operations and Programs

#### Article 1. Behavior

#### 3000. Definitions

Section 3000 is amended to alphabetically merge the definition below with those that exist in the regulations.

\*  
\*  
\*

Serious bodily injury (SBI) means a serious impairment of physical condition, including, but not limited to, the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of function of any bodily member or organ; a wound requiring extensive suturing; and serious disfigurement.

\*  
\*  
\*

NOTE: Authority cited: Sections 2717.3, 3000.03, 5058, 5058.3, ~~and~~ 1170.05 and 243(f)(4), Penal Code; Section 10115.3(b), Public Contract Code; and Sections 4525(a), 4526 and 14837, Government Code. Reference: Sections 186.22, 243, 314, 530, 532, 646.9, 653m, 832.5, 1170.05, 1203.8, 1389, 2080, 2081.5, 2600, 2601, 2700, 2717.1, 2717.6, 2932.5, 3003.5(a), 3020, 3450, 3550, 4570, 4576, 5009, 5050, 5054, 5068, 7000 et seq. and 11191, Penal Code; Sections 1132.4 and 1132.8, Labor Code; Sections 10106, 10108, 10108.5, 10115, 10115.1, 10115.2, 10115.3 and 10127, Public Contract Code; and Section 999, Military and Veterans Code; Section 391, Code of Civil Procedure; Section 297.5, Family Code; Sections 8550, 8567, 12838 and 12838.7, Government Code; Governor's Prison Overcrowding State of Emergency Proclamation dated October 4, 2006; *In re Bittaker*, 55 Cal.App. 4th 1004, 64 Cal. Rptr. 2d 679; Section 11007, Health and Safety Code; and *Madrid v. Cate* (U.S.D.C. N.D. Cal. C90-3094 TEH).

#### Subchapter 4. General Institution Regulations

#### Article 1.5. Use of Force and Restraining Devices

#### 3268. Use of Force.

Sections 3268 through 3268(a)(3) are unchanged, but shown for reference purposes.

The purpose of this Section is to set forth Department of Corrections and Rehabilitation (CDCR) policy governing the use of force. The policy has its foundation in California Penal Code statutes and relevant case decisions.

(a) Definitions.

(1) Reasonable Force:

The force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.

(2) Unnecessary Force:

The use of force when none is required or appropriate.

(3) Excessive Force:

The use of more force than is objectively reasonable to accomplish a lawful purpose.

**Subsection 3268(a)(4) is amended to read:**

(4) Immediate Use of Force:

The force used to respond without delay to a situation or circumstance that constitutes an imminent threat to institution/facility security or the safety of persons. Immediate force may be necessary to subdue an attacker, overcome resistance, or effect custody. If it is necessary to use force solely to gain compliance with a lawful order, controlled force shall be used.

**New Subsection 3268(a)(5) is adopted to read:**

(5) Imminent Threat:

An imminent threat is any situation or circumstance that jeopardizes the safety of persons or compromises the security of the institution and requires immediate action to stop the threat. Some examples include, but are not limited to: an attempt to escape, on-going physical harm, or active physical resistance.

**Existing Subsections 3268(a)(5) through 3268(a)(22) have been renumbered to 3268(a)(6) through 3268(a)(23).**

~~(56)~~ Controlled Use of Force:

The force used in an institution/facility setting, when an inmate's presence or conduct poses a threat to safety or security and the inmate is located in an area that can be controlled or isolated.

~~(67)~~ Non-Conventional Force:

Force that utilizes techniques or instruments that are not specifically authorized in policy, procedures, or training. Depending on the circumstances, non-conventional force can be necessary and reasonable; it can also be unnecessary or excessive.

~~(78)~~ Non-Deadly Force:

Any use of force that is not likely to result in death.

~~(89)~~ Deadly Force:

Any use of force that is likely to result in death. Any discharge of a firearm other than the lawful discharge during weapons qualifications, firearms training, or other legal recreational use of a firearm, is deadly force.

~~(910)~~ Response Supervisor:

The Response Supervisor is the first line supervisor in an institution/facility responsible for the area where an incident occurs.

(~~40~~11) Responding Supervisor:

The Responding Supervisor is the first line supervisor responsible for the employee involved in an incident.

(~~41~~12) Incident Commander:

The Incident Commander is the second line supervisor in an institution/facility responsible for the area where an incident occurs or an allegation of excessive or unnecessary force is received.

(~~42~~13) First Level Manager:

A First Level Manager in an institution/facility is a Facility Captain/Correctional Captain.

(~~43~~14) First Line Manager:

A First Line Manager is a Parole Administrator, District Administrator, Special Agent-In-Charge, or Senior Special Agent.

(~~44~~15) Second Level Manager:

A Second Level Manager in an institution/facility is an Associate Warden.

(~~45~~16) Second Line Manager:

A Second Line Manager is a Deputy Regional Parole Administrator or Chief.

(~~46~~17) Deadly Force Review Board (DFRB) means the board responsible for conducting a full and complete review of all incidents involving a use of deadly force (except those meeting the criteria set forth in 3268(a)(~~20~~1)) and every death or great bodily injury that could have been caused by a staff use of force, regardless of whether the incident occurs in an institutional or community setting. The DFRB shall be composed of at least four members. Three shall be non-departmental law enforcement professionals. One shall be a Division, Parole Region, or Institution/Facility Manager (i.e. Associate Director, Division of Juvenile Justice (DJJ) Superintendent, Chief or designee) from outside the chain of command of the involved employee(s). Additional members may be designated by the Secretary or designee.

(~~47~~18) Institutional Executive Review Committee (IERC):

The IERC is a committee of institution staff chaired by the respective Institution Head tasked with reviewing all uses of force and every allegation of excessive or unnecessary force.

(~~48~~19) Department Executive Review Committee (DERC):

Department Executive Review Committee (DERC) is a committee of staff selected by, and including, the Associate Director who oversees the respective institution/facility Mission-based group. The DERC shall review all incidents involving deadly force, serious injury, great bodily injury or death. The DERC shall also review those incidents referred to the DERC by the IERC Chairperson or otherwise requested by the DERC.

(~~49~~20) Field Executive Review Committee (FERC):

The FERC is a committee of field staff chaired by the respective Regional Parole Administrator, Assistant Secretary, or Chief tasked with reviewing all uses of force and every allegation of excessive or unnecessary force.

~~(2021)~~ Deadly Force Investigation Teams (DFIT):

DFIT is a team of trained department investigators that shall conduct criminal and administrative investigations into every use of deadly force and every death or great bodily injury that could have been caused by a staff use of force, except the lawful discharge of a firearm during weapons qualifications or firearms training, or other legal recreational uses of a firearm. Although defined as deadly force DFIT need not investigate the discharge of a warning shot inside an institution/facility if an Investigative Services Unit Sergeant or above, or an uninvolved Correctional Lieutenant or above confirms that the discharge of deadly force was a warning shot and that no injuries were caused by the shot. All warning shots shall be reported to the Office of Internal Affairs/DFIT and the Bureau of Independent Review (BIR).

~~(2122)~~ Joint Use Committee (JUC):

The JUC is a committee of field staff from the department tasked with reviewing and evaluating recommended revisions to the department's Use of Force Regulations and Procedures.

~~(2223)~~ Holding Cells:

A holding cell is a secure structure located within a building or sheltered area that is without running water, a toilet, or sleeping facilities, and is designed for the interim placement of one or more offenders.

**Subsections 3268(b) through 3268(c)(5) are unchanged.**

**Subsection 3268(d) is unchanged, but shown for reference purposes.**

(d) The CDCR recognizes the sanctity of human life. Therefore, deadly force will only be used when it is reasonably necessary to:

**Subsection 3268(d)(1) is amended to read:**

(1) Defend the employee or other persons from an ~~immediate~~ imminent threat of death or great bodily injury.

**Subsections 3268(d)(2) through 3268(h) are unchanged.**

**Subsection 3268(i) is amended to read:**

(i) Controlled Use of Force. In an institution/facility setting, controlled use of force may be used when time and circumstances permit advance planning, staffing and organization. A controlled use of force requires authorization and the presence of a First or Second Level Manager, or during non-business hours, an AOD, and must be documented on a CDCR Form ~~3037 (Rev. 6/09), Controlled Use of Force Manager/AOD Report~~ 837-C (Rev. 03/15), Crime/Incident Report Part C - Staff Report, which is hereby incorporated by reference.

**Subsections 3268(j) through 3268(l)(B) are unchanged.**

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 196, 835a, 2651, 2652 and 5054, Penal Code; Section 50, Civil Code; Whitley v. Albers (1985) 475 U.S. 312, 106 S.Ct. 1078; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

**3268.1. Reporting and Investigating the Use of Force for Institution/Facility Staff.**

**Subsection 3268.1(a) is unchanged, but shown for reference purposes.**

(a) Use of Force-Reporting Requirements. Every staff use of force is an incident that shall be reported.

**Subsections 3268.1(a)(1) and 3268.1(a)(2) are amended to read:**

(1) Any employee who uses force or observes a staff use of force shall report it to a supervisor as soon as practical and submit the appropriate documentation, prior to being relieved from duty. In an institution/facility setting the documentation shall be on a CDCR Form 837-A (Rev. ~~07/05~~10/06), Crime/Incident Report Part A-Cover Sheet, CDCR Form 837-A1 (Rev. ~~7/05~~10/06), Crime/Incident Report Part A1-Supplement, CDCR Form 837-B1 (Rev. ~~7/05~~10/06), Crime/Incident Report Part B1-Inmate, CDCR Form 837-B2 (Rev. ~~7/05~~10/06), Crime/Incident Report Part B2-Staff, CDCR Form 837-B3 (Rev. ~~7/05~~10/06), Crime/Incident Report Part B3-Visitor/Other, CDCR Form 837-C (Rev. ~~7/05~~03/15), Crime/Incident Report Part C-Staff Report, CDCR Form 837-C1 (Rev. ~~7/05~~03/15), Crime/Incident Report Part C1-Supplement, or a CDCR Form 837-C2 (Rev. ~~7/05~~03/15), Crime/Incident Report Part C2-Review Notice, which are hereby incorporated by reference.

(2) The supervisor shall document his or her review on a CDCR Form 3010 (Rev. ~~6/09~~03/15), Incident Commander's Review/Critique Use of Force Incidents, which is hereby incorporated by reference, and forward it with the employee's document through the designated chain of command, to the institution head for approval or follow-up action.

**Subsections 3268.1(b) through 3268.1(c) are unchanged.**

**Subsection 3268.1(d) is unchanged, but shown for reference purposes.**

(d) Video Recording Requirements.

**Subsections 3268.1(d)(1) and 3268.1(d)(2) are amended to read:**

(1) A video recording is required for all Controlled Uses of Force occurrences. A video recording of the inmate is also required following a use of force occurrence resulting in SBI or GBI to the inmate and shall be documented on a CDCR Form 3013-1 (03/15), Inmate Interview for GBI and SBI Worksheet and a CDCR Form 3014 (Rev. 03/15), Report of Findings - Inmate Interview, which are hereby incorporated by reference.

(2) A video recording of the inmate shall be made when the inmate has made an allegation of an unnecessary or excessive use of force and shall be documented on a CDCR Form 3013-2 (Rev. ~~02/10~~03/15), Inmate Interview ~~Guidelines~~ for Allegation Worksheet and a CDCR Form 3014 (Rev. ~~6/09~~03/15), Report of Findings - Inmate Interview, which are hereby incorporated by reference.

**Subsections 3268.1(e) through 3268.1(e)(2) are unchanged, but shown for reference purposes.**

(e) Reviewing Use of Force Requirements.

(1) For reported incidents, a good faith effort must be made at all levels of review in order to reach a judgment whether the staff's actions prior to, during, and subsequent to the force used was in compliance with regulations, procedure and applicable law and determine if follow-up action is necessary.

(2) Use of Force levels of review include the following:

**Subsections 3268.1(e)(2)(A) through 3268.1(e)(2)(D) are amended to read:**

(A) Incident Commander Review, CDCR Form 3010 (Rev. ~~6/09~~03/15), Incident Commander's Review/Critique Use of Force Incidents.

(B) First Level Manager Review, CDCR Form 3011 (Rev. ~~6/09~~03/15), Manager's Review - First Level Use of Force Incidents, which is hereby incorporated by reference.

(C) Second Level Manager Review, CDCR Form 3012 (Rev. ~~6/09~~03/15), Manager's Review - Second Level Use of Force Incidents, which is hereby incorporated by reference.

(D) Use of Force Coordinator Review. The Use of Force Coordinator shall normally schedule all logged use of force cases for review within 30 days of their logged occurrence. The Use of Force Coordinator shall document their review on a CDCR Form 3034 (~~6/09~~ Rev. 03/15), IERC Allegation Review, and a CDCR Form 3036 (~~6/09~~ Rev. 03/15), IERC Critique and Qualitative Evaluation, which are hereby incorporated by reference.

**Subsections 3268.1(e)(2)(E) is amended to read:**

(E) Institutional Executive ~~Review~~ Committee (IERC). Normally, the IERC is comprised of the following staff:

**Subsections 3268.1(e)(2)(E)1. through 3268.1(e)(2)(E)4. are amended to read:**

1. Institution Head or Chief Deputy Warden, as chairperson and final decision maker;
2. At least one other manager assigned on a rotational basis;
3. In-Service Training Manager;
4. One health care practitioner or clinician, ~~and~~.

**Subsections 3268.1(e)(2)(E)5. through 3268.1(e)(2)(E)6. are unchanged, but shown for reference purposes.**

5. A Use of Force Coordinator.

6. Other designated supervisors and rank and file staff may also attend, as determined by the Institution Head. A representative of the BIR may also attend and monitor IERC meetings.

**Subsection 3268.1(e)(2)(E)7. is amended to read:**

7. The IERC shall meet to review its cases on at least a monthly basis, or on a schedule to ensure all cases are reviewed within 30 days. The IERC shall document their review on a CDCR Form 3035 (~~6/09~~ Rev. 03/15), IERC Use of Force Review & Further Action Recommendation, which ~~are~~ is hereby incorporated by reference.

**Subsections 3268.1(e)(F) through 3268.1(g)(6) are unchanged.**

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 196, 835a, 2651, 2652 and 5054, Penal Code; Section 50, Civil Code; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

**3268.2. Use of Restraints.**

**Subsections 3268.2(a) through 3268.2(c)(5) are unchanged.**

**Subsection 3268.2(d) is amended to read:**

(d) When mechanical restraint is required, handcuffs, alone or attached to a waist chain, will be the means of restraint normally used. However, additional mechanical restraint, including leg ~~irons~~ restraints, additional chains, straight jackets, leather cuffs, or other specialized restraint equipment may be used when the circumstances indicate the need for the level of control that such devices will provide. The unresisted application of authorized restraint equipment ~~is~~ is not a use of force.

**Subsections 3268.2(e) through 3268.2(f) are unchanged.**

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 196, 835a, 2650, 2651, 2652, 2652.5, 3423, 5007.7 and 5054, Penal Code; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

**-Delete-**

**CRIME / INCIDENT REPORT  
PART A - COVER SHEET  
CDCR 837-A (Rev. 07/05)**

PAGE 1 OF \_\_\_\_\_

INCIDENT LOG NUMBER \_\_\_\_\_ INCIDENT DATE \_\_\_\_\_ INCIDENT TIME \_\_\_\_\_

INSTITUTION	FACILITY	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	INCIDENT SITE	LOCATION	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> SNY <input type="checkbox"/> PHU <input type="checkbox"/> CTC <input type="checkbox"/> GP <input type="checkbox"/> RC	SEG. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------	----------	--	---------------	----------	---	--	--

SPECIFIC CRIME / INCIDENT \_\_\_\_\_  
 CCR  PC  N/A  
 NUMBER/SUBSECTION: \_\_\_\_\_

D. A. REFERRAL ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	CRISIS RESPONSE TEAM ACTIVATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MUTUAL AID REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	PIO/AA NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	---

**RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)**

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> NATURAL <input type="checkbox"/> EXECUTION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> SPEARING <input type="checkbox"/> GASSING <input type="checkbox"/> STABBING <input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING <input type="checkbox"/> N/A

SERIOUS INJURY	INMATE WEAPONS	TYPE OF WEAPON / SHOTS FIRED / FORCE
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAP/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT: (TYPE) _____ <input type="checkbox"/> STABBING INSTRUMENT: (TYPE) _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: _____ <input type="checkbox"/> UNKNOWN LIQUID <input type="checkbox"/> N/A	TYPE: <input type="checkbox"/> COMMERCIAL WEAPON <input type="checkbox"/> INMATE MANUFACTURED WEAPON WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40MM MULTI <input type="checkbox"/> HFWRS FORCE: <input type="checkbox"/> EXPANDABLE BATON <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER: _____ WARNING # _____ EFFECT # _____ BATON ROUND: TYPE / NO: WOOD _____ RUBBER _____ FOAM _____ STINGER: .32 (A) _____ .60 (B) _____ EXACT IMPACT CTS 4557 _____ XM 1006 _____ CHEMICAL: <input type="checkbox"/> OC _____ <input type="checkbox"/> CN _____ <input type="checkbox"/> CS _____ <input type="checkbox"/> N/A

CONTROLLED SUBSTANCE	WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> CONTROLLED MEDS  <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> WITHOUT PACKAGING PRELIMINARY LAB _____ _____	<input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY  IF YES, LIST AFFECTED PROGRAMS:  <input type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M  <input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER: _____  EXTRACTION: <input type="checkbox"/> CALCULATED <input type="checkbox"/> EMERGENCY <input type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

**COMPLETE SYNOPSIS / SUMMARY ON PART A1**

NAME OF REPORTING STAFF (PRINT/TYPED)	TITLE	ID #	BADGE #
SIGNATURE OF REPORTING STAFF	PHONE EXT. (INCIDENT SITE)	DATE	
NAME OF WARDEN / AOD (PRINT/SIGN)	TITLE	DATE	



**CRIME / INCIDENT REPORT  
PART A1 - SUPPLEMENT**

CDCR 837-A1 (Rev. 07/05)

*- Delete -*

PAGE _____ OF _____	INCIDENT LOG NUMBER
---------------------	---------------------

INSTITUTION	FACILITY	INCIDENT DATE	INCIDENT TIME
-------------	----------	---------------	---------------

TYPE OF INFORMATION:

SYNOPSIS/SUMMARY OF INCIDENT   
 SUPPLEMENTAL INFORMATION   
 AMENDED INFORMATION   
 CLOSURE REPORT

**NARRATIVE:**

*(This section is crossed out with a large X)*

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART A1

NAME OF REPORTING STAFF (PRINT/TYPE)	TITLE	ID #	BADGE #
SIGNATURE OF REPORTING STAFF		PHONE EXT. (INCIDENT SITE)	DATE
NAME OF WARDEN / AOD (PRINT/SIGN)		TITLE	DATE

**CRIME / INCIDENT REPORT** - Adopt -**PART A1 - SUPPLEMENT**

CDCR 837-A1 (Rev. 10/06)

INSTITUTION		FACILITY		Page _____ of _____	INCIDENT LOG NUMBER
INCIDENT DATE		INCIDENT TIME			
TYPE OF INFORMATION:					
<input type="checkbox"/> SYNOPSIS/SUMMARY OF INCIDENT <input type="checkbox"/> SUPPLEMENTAL INFORMATION <input type="checkbox"/> AMENDED INFORMATION <input type="checkbox"/> CLOSURE REPORT					

 CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL CDCR 837-A1

NAME OF REPORTING STAFF (PRINT/TYPE)	TITLE	ID#	BADGE #
SIGNATURE OF REPORTING STAFF		PHONE EXT. INCIDENT SITE.	DATE
NAME OF WARDEN / AOD (PRINT/ SIGN)		TITLE	DATE

**- Delete -**

INSTITUTION	FACILITY	INCIDENT LOG NUMBER
-------------	----------	---------------------

**INMATE (ENTIRE SHEET)**

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
------------	-------	----	-------	-----	-----------	-------	-------

CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP
--------------------------	--------------------------------

<input type="checkbox"/> N/A	<input type="checkbox"/> VALIDATED	<input type="checkbox"/> ASSOCIATED	<input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT	NAME/LOCATION OF HOSP./TREAT. FACILITY
<input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
------------	-------	----	-------	-----	-----------	-------	-------

CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP
--------------------------	--------------------------------

<input type="checkbox"/> N/A	<input type="checkbox"/> VALIDATED	<input type="checkbox"/> ASSOCIATED	<input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT	NAME/LOCATION OF HOSP./TREAT. FACILITY
<input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
------------	-------	----	-------	-----	-----------	-------	-------

CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP
--------------------------	--------------------------------

<input type="checkbox"/> N/A	<input type="checkbox"/> VALIDATED	<input type="checkbox"/> ASSOCIATED	<input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT	NAME/LOCATION OF HOSP./TREAT. FACILITY
<input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
------------	-------	----	-------	-----	-----------	-------	-------

CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP
--------------------------	--------------------------------

<input type="checkbox"/> N/A	<input type="checkbox"/> VALIDATED	<input type="checkbox"/> ASSOCIATED	<input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT	NAME/LOCATION OF HOSP./TREAT. FACILITY
<input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

CRIME / INCIDENT REPORT

- Adopt -

PART B1 - INMATE

CDCR 837-B1 (Rev. 10/06)

Page \_\_\_\_ Of \_\_\_\_

INSTITUTION	FACILITY	INCIDENT LOG NUMBER
-------------	----------	---------------------

INMATE (ENTIRE SHEET)

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CI #
------------	-------	----	-------	-----	-----------	-------	------

PARTICIPANT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PVRTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	RELEASE Date Type	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING
--	-------------	--	-------------------	--------------------	--------------------------	-------------------	---	-----	---------

INMATE LEVEL	<input type="checkbox"/> N/A <input type="checkbox"/> MHCB	<input type="checkbox"/> CCCMS <input type="checkbox"/> DDP	<input type="checkbox"/> EOP <input type="checkbox"/> DPP	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT
--------------	---	--	--	------------------------------	--------------------	----------------------

<input type="checkbox"/> N/A DESCRIPTION OF INJURIES	Injury Location - Cause - Force Used
---	--------------------------------------

<input type="checkbox"/> N/A <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT	NAME/ LOCATION OF HOSP/ TREATMENT FACILITY <input type="checkbox"/> N/A
--	--	--

Reason For Death	Is There Serious Injury <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> N/A PRISON GANG / DISRUPTIVE GROUP:	VALIDATED / ASSOCIATED <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED
------------------	--	---	---

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CI #
------------	-------	----	-------	-----	-----------	-------	------

PARTICIPANT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PVRTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	LWOP	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING
--	-------------	--	-------------------	--------------------	--------------------------	------	---	-----	---------

INMATE LEVEL	<input type="checkbox"/> N/A <input type="checkbox"/> MHCB	<input type="checkbox"/> CCCMS <input type="checkbox"/> DDP	<input type="checkbox"/> EOP <input type="checkbox"/> DPP	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT
--------------	---	--	--	------------------------------	--------------------	----------------------

<input type="checkbox"/> N/A DESCRIPTION OF INJURIES	Injury Location - Cause - Force Use
---	-------------------------------------

<input type="checkbox"/> N/A <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT	NAME/ LOCATION OF HOSP/ TREATMENT FACILITY <input type="checkbox"/> N/A
--	--	--

Reason For Death	Is There Serious Injury <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> N/A PRISON GANG / DISRUPTIVE GROUP:	VALIDATED / ASSOCIATED <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED
------------------	--	---	---

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CI #
------------	-------	----	-------	-----	-----------	-------	------

PARTICIPANT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PVRTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	LWOP	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING
--	-------------	--	-------------------	--------------------	--------------------------	------	---	-----	---------

INMATE LEVEL	<input type="checkbox"/> N/A <input type="checkbox"/> MHCB	<input type="checkbox"/> CCCMS <input type="checkbox"/> DDP	<input type="checkbox"/> EOP <input type="checkbox"/> DPP	<input type="checkbox"/> DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT
--------------	---	--	--	------------------------------	--------------------	----------------------

<input type="checkbox"/> N/A DESCRIPTION OF INJURIES	Injury Location - Cause - Force Use
---	-------------------------------------

<input type="checkbox"/> N/A <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT	NAME/ LOCATION OF HOSP/ TREATMENT FACILITY <input type="checkbox"/> N/A
--	--	--

Reason For Death	Is There Serious Injury <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> N/A PRISON GANG / DISRUPTIVE GROUP:	VALIDATED / ASSOCIATED <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED
------------------	--	---	---

**- Delete -**

INSTITUTION	FACILITY	INCIDENT LOG NUMBER
-------------	----------	---------------------

**STAFF (ENTIRE SHEET)**

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

<b>CHECK ONE</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. #	POSITION	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
---	---------	----------------	----------	--

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--	---	--

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

<b>CHECK ONE</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. #	POSITION	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
---	---------	----------------	----------	--

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--	---	--

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

<b>CHECK ONE</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. #	POSITION	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
---	---------	----------------	----------	--

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--	---	--

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

<b>CHECK ONE</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. #	POSITION	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
---	---------	----------------	----------	--

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--	---	--

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

<b>CHECK ONE</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. #	POSITION	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
---	---------	----------------	----------	--

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--	---	--

- Adopt -

INSTITUTION	FACILITY	INCIDENT LOG NUMBER
-------------	----------	---------------------

**STAFF (ENTIRE SHEET)**

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

PARTICIPANT	BADGE #	ID #	POST ASSIGN #	POSITION
-------------	---------	------	---------------	----------

N/A

<input type="checkbox"/> N/A NAME/ LOCATION OF HOSP/ FACILITY	<input type="checkbox"/> N/A	<input type="checkbox"/> TREATED AND RELEASED	<input type="checkbox"/> USED FORCE	<input type="checkbox"/> PROCESSED EVIDENCE
Reason For Death	<input type="checkbox"/> REFUSED TREATMENT	<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> DECEASED DATE	TYPE OF FORCE:		
Is There Serious Injury		<input type="radio"/> No <input type="radio"/> Yes		

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

PARTICIPANT	BADGE #	ID #	POST ASSIGN #	POSITION
-------------	---------	------	---------------	----------

N/A

<input type="checkbox"/> N/A NAME/ LOCATION OF HOSP/ FACILITY	<input type="checkbox"/> N/A	<input type="checkbox"/> TREATED AND RELEASED	<input type="checkbox"/> USED FORCE	<input type="checkbox"/> PROCESSED EVIDENCE
Reason For Death	<input type="checkbox"/> REFUSED TREATMENT	<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> DECEASED DATE	TYPE OF FORCE:		
Is There Serious Injury		<input type="radio"/> No <input type="radio"/> Yes		

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

PARTICIPANT	BADGE #	ID #	POST ASSIGN #	POSITION
-------------	---------	------	---------------	----------

N/A DESCRIPTION OF INJURIES, CAUSE AND LOCATION:

<input type="checkbox"/> N/A NAME/ LOCATION OF HOSP/ FACILITY	<input type="checkbox"/> N/A	<input type="checkbox"/> TREATED AND RELEASED	<input type="checkbox"/> USED FORCE	<input type="checkbox"/> PROCESSED EVIDENCE
Reason For Death	<input type="checkbox"/> REFUSED TREATMENT	<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> DECEASED DATE	TYPE OF FORCE:		
Is There Serious Injury		<input type="radio"/> No <input type="radio"/> Yes		

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

PARTICIPANT	BADGE #	ID #	POST ASSIGN #	POSITION
-------------	---------	------	---------------	----------

N/A DESCRIPTION OF INJURIES, LOCATION AND CAUSE:

<input type="checkbox"/> N/A NAME/ LOCATION OF HOSP/ FACILITY	<input type="checkbox"/> N/A	<input type="checkbox"/> TREATED AND RELEASED	<input type="checkbox"/> USED FORCE	<input type="checkbox"/> PROCESSED EVIDENCE
Reason For Death	<input type="checkbox"/> REFUSED TREATMENT	<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> DECEASED DATE	TYPE OF FORCE:		
Is There Serious Injury		<input type="radio"/> No <input type="radio"/> Yes		

**- Delete -**

INSTITUTION		FACILITY		INCIDENT LOG NUMBER			
<b>VISITOR, OTHER (ENTIRE SHEET)</b>							
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		
NAME: LAST		FIRST		MI	TYPE OF ID & #	SEX	ETHNICITY
<b>CHECK ONE</b> <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<b>CHECK ONE</b> <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____	DESCRIPTION OF INJURIES:  <input type="checkbox"/> N/A			NAME/LOCATION OF HOSP./TREAT. FACILITY  <input type="checkbox"/> N/A		

STATE OF CALIFORNIA  
**CRIME / INCIDENT REPORT**  
**PART B3 - VISITOR, OTHER**  
 CDCR 837-B3 (Rev. 10/06)

**- Adopt -**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page \_\_\_\_ of \_\_\_\_

INSTITUTION	FACILITY	INCIDENT LOG NUMBER
-------------	----------	---------------------

**VISIT, OTHER (ENTIRE SHEET)**

NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	SEX	ETHNICITY
------------	-------	----	---------------------	-----	-----------

<input type="checkbox"/>	N/A DESCRIPTION OF INJURIES, CAUSE AND LOCATION
--------------------------	---

PARTICIPANT	Is There Serious Injury	<input type="checkbox"/> N/A <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	NAME/ LOCATION OF HOSP/ TREAT FACILITY
PARTICIPANT TYPE	<input type="radio"/> No <input type="radio"/> Yes		Type Of Death

NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	SEX	ETHNICITY
------------	-------	----	---------------------	-----	-----------

<input type="checkbox"/>	N/A DESCRIPTION OF INJURIES, CAUSE AND LOCATION
--------------------------	---

PARTICIPANT	Is There Serious Injury	<input type="checkbox"/> N/A <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	NAME/ LOCATION OF HOSP/ TREAT FACILITY
PARTICIPANT TYPE	<input type="radio"/> No <input type="radio"/> Yes		Type Of Death

NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	SEX	ETHNICITY
------------	-------	----	---------------------	-----	-----------

<input type="checkbox"/>	N/A DESCRIPTION OF INJURIES, CAUSE AND LOCATION
--------------------------	---

PARTICIPANT	Is There Serious Injury	<input type="checkbox"/> N/A <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	NAME/ LOCATION OF HOSP/ TREAT FACILITY
PARTICIPANT TYPE	<input type="radio"/> No <input type="radio"/> Yes		Type Of Death

NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	SEX	ETHNICITY
------------	-------	----	---------------------	-----	-----------

<input type="checkbox"/>	N/A DESCRIPTION OF INJURIES
--------------------------	-----------------------------

PARTICIPANT	Is There Serious Injury	<input type="checkbox"/> N/A <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	NAME/ LOCATION OF HOSP/ TREAT FACILITY
PARTICIPANT TYPE	<input type="radio"/> No <input type="radio"/> Yes		Type Of Death









**-Delete-**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

REPORTING EMPLOYEE NAME (PRINT/TYPE)			INCIDENT LOG NUMBER	INCIDENT DATE
LAST:	FIRST:	MI:		

Your report concerning the above referenced incident has been reviewed and the following information is required:

- Prepare a CDCR 837-C1 Supplement report clarifying the issues listed below:
- Prepare a CDCR 837-C1 Supplement report providing additional information regarding the issues listed below:
- Prepare a CDCR 837-A1 Supplement report clarifying the issues listed below:
- Prepare a CDCR 837-A1 Supplement report amending the information regarding the issues listed below:

DUE BY: \_\_\_\_\_ RETURN TO: \_\_\_\_\_

CHECK IF CONTINUED ON ADDITIONAL PART C2

NAME OF REVIEWER (PRINT)	TITLE	SIGNATURE	DATE
--------------------------	-------	-----------	------



**- Delete -**

**Incident Commander's Review/Critique  
 Use of Force Incidents**

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT DATE</b>	<b>INCIDENT LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>	<b>DATE REPORTED</b>	

This check-off list is to be completed by the Incident Commander or second-line supervisor or higher in preparing the package for administrative review and as a means to ensure that the Use of Force Policy and its related procedures/training were adhered to. Unless otherwise specified, any questions checked "No," require an explanation in the Comments section of this review.

<i>(Check all that apply)</i>		
1. Identify basis for the application of force? <input type="checkbox"/> Subdue an attacker. <input type="checkbox"/> Effect custody. <input type="checkbox"/> Overcome resistance. <input type="checkbox"/> Gain Compliance with a lawful order. Describe the lawful order: _____		
2. Identify the Force option(s) utilized? <input type="checkbox"/> Physical strength and holds. <input type="checkbox"/> Handheld batons. <input type="checkbox"/> Less-lethal weapons. <i>Model and # rounds fired:</i> _____ <input type="checkbox"/> Firearms. <i>Model and # rounds fired:</i> _____ <input type="checkbox"/> Chemical agents and/or other immobilization devices. <i>Specify type:</i> _____		
3. Identify the manner in which force was applied?		
<input type="checkbox"/> Controlled. Go to #4. If not controlled, then proceed to #7 to determine if staff's actions prior to, during, and following the use of force were in compliance with policy, procedures and training.	<b>Yes</b>	<b>No</b>
4. Prior Manager/Administrative Officer of the Day (AOD) approval obtained and manager present?	<input type="checkbox"/>	<input type="checkbox"/>
a. Inmate afforded a cooling-off period? Duration _____.	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the inmate housed in a departmental hospital, infirmary, Correctional Treatment Center, Enhanced Outpatient Program (EOP) Unit, Mental Health Crisis Bed or Psychiatric Services Unit, or designated EOP level of care? <i>If no, go to #4c.</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Were the results of the clinician's consultation and the basis for the 1 <sup>st</sup> /2 <sup>nd</sup> level Manager's decision documented on the CDCR 837 and in the Unit Health Record on a CDC 128B?	<input type="checkbox"/>	<input type="checkbox"/>
c. If <b>not</b> housed in a departmental hospital, infirmary, Correctional Treatment Center, Enhanced Outpatient Program (EOP) Unit, Mental Health Crisis Bed or Psychiatric Services Unit, or designated EOP level of care, did time and circumstances allow for a Health Care consultation? If yes, Name/Title of Clinician: _____.	<input type="checkbox"/>	<input type="checkbox"/>
• Did custody staff authorize the use of OC? If not, what was the alternate method of extraction as determined by custody staff? Specify _____.	<input type="checkbox"/>	<input type="checkbox"/>
5. Tactical Team assembled and briefed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Incident video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
7. If chemical agents were used, were decontamination procedures adhered to? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
8. Inmate(s) medically evaluated prior to re-housing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Bureau of Independent Review and Office of Internal Affairs notified of inmate death, GBI, or SBI as a result of staff Use of Force?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Reviewer's Name (Printed Name and Signature)</b>	<b>Title</b>	<b>Date</b>
---	--------------	-------------

**- Adopt -**

## Incident Commander's Review/Critique Use of Force Incidents

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>	<b>INCIDENT DATE</b>

The following review will be completed by the Incident Commander or a second-line Supervisor in preparing the incident package for administrative review and as a means to ensure adherence to the Use of Force Policy.

*(Check all that apply)*

1. Identify necessary and reasonable purpose for the application of force.

Subdue an attacker                       Effect custody                       Overcome resistance  
 Gain compliance with a *lawful* order. Write the lawful order: \_\_\_\_\_

2. Identify the force option(s) utilized:     Physical strength and holds.                       Hand-held batons.

Less-lethal weapons: *Model / Round / # Deployed:* \_\_\_\_\_  
 Chemical agents: *Type / Device / # Deployed and Length of Applications:* \_\_\_\_\_  
 Firearms: *Model / Caliber / # rounds fired:* \_\_\_\_\_  
 Non-Conventional Force: *Specify item and how used:* \_\_\_\_\_

3. Identify the circumstances in which force was applied?     Controlled - Go to #4                       Immediate - Go to #5

<i>(Complete items below if Controlled Use of Force)</i>		Yes	No	N/A
4.	Controlled Use of Force. If 4 is marked "N/A" then 4(a-q) can be left blank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Was a Manager present during the controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Was an appropriate cool down period afforded before force was used and the start time and duration documented in the CDCR 837-A1? If so, indicate start time and approximate duration of cool down period. <b>Start Time:</b> _____ <b>Duration:</b> _____ <b>hours</b> <b>minutes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	Were other resources accessed during cool down period if they were available? (i.e. Religious Leaders, other custody staff, other staff known to inmate, etc.) If so, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Were clinical intervention attempts made to verbally counsel and persuade the inmate to voluntarily exit the area by a licensed mental health practitioner or were similar attempts made by custody staff if authorized by the on-site manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Was it determined by a licensed mental health practitioner that the inmate did not have the ability to understand orders, had difficulty complying with orders, or was at a substantial risk of decompensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	If "d." is yes, did the Warden, Chief Deputy Warden or AOD authorize the use of chemical agents? If so, provide name and title. <b>Name:</b> _____ <b>Title:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Were all disciplines in agreement with ending the cool down period? List classification and names in the Comments section below. (If it was necessary to have the termination of cool down authorized at a higher level, explain in Comments section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	If this is a Controlled use of force for Medical Treatment, did an on duty health care services staff review the inmates file to ensure the medical authorization for the medication exists and was the name and title of the staff member included in the CDCR 837-A1 per DOM 51020.12.4 & 51020.17.7? <b>Name:</b> _____ <b>Title:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Did the inmate's housing meet the criteria requiring Warden, Chief Deputy Warden, or AOD's approval for use of chemical agents (i.e. MHCB, PIP, OHU, PSU, or an ASU-EOP Hub)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Did the review of the inmate's Unit Health Record (UHR) for medical conditions indicate an increased risk for a potential adverse outcome resulting from the use of force? If so, indicate in the Comments section what determination was made regarding force options used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Reviewer's Name (Printed Name and Signature)</b>	<b>Title</b>	<b>Date</b>

*- Delete -*

**Incident Commander's Review/Critique  
Use of Force Incidents**

	Yes	No
10. If one of the following conditions exists, a video-recorded interview with the affected inmate(s) is required within 48 hours. Was an interview conducted? If yes, check the applicable condition(s). If an interview was not conducted, explain in Comments section. <input type="checkbox"/> GBI or SBI as a result of staff's use of force. <input type="checkbox"/> Allegation of unnecessary or excessive force.	<input type="checkbox"/>	<input type="checkbox"/>
a. Miranda Admonishment given and recorded?	<input type="checkbox"/>	<input type="checkbox"/>
b. If the inmate declines to participate in the video interview, was the refusal video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
c. How was the allegation made? <input type="checkbox"/> Verbal <input type="checkbox"/> Written		
11. Have you received applicable reports (e.g., CDCR 837 Part C, CDCR 7219, CDC 115, CDC 128-B, CDC 114-D Holding Cell Logs, etc.), from all identified staff involved in this incident prior to the end of his/her shift?	<input type="checkbox"/>	<input type="checkbox"/>
12. Based on the information/documentation received, staff's actions prior to the use of force were in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>
13. Based on the information/documentation received, staff's actions during the use of force were in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>
14. Based on the information/documentation received, staff's actions following the use of force in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>

1. Describe inmate injuries due to force used.
2. Why was force needed? Describe the threat that required force to be used. When the threat no longer existed, was the use of force discontinued?
3. What steps were taken to minimize the need for/level of force used?

Comments:

Reviewer's Name (Printed Name and Signature)	Title	Date

**- Adopt -**

### Incident Commander's Review/Critique Use of Force Incidents

<i>(Complete the items below)</i>		Yes	No	N/A
i.	Was the tactical plan finalized based on a collaborative effort and approved by the on-site Manager? (If it was necessary to have the plan authorized at a higher level, explain level of approval in Comments section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Did the inmate meet the criteria requiring Warden or Chief Deputy Warden (not AOD per DOM 51020.14.2) approval for use of impact munitions (i.e., housed in Mental Health Crisis Bed, PIP, Out-Patient Housing Unit, PSU, or an ASU-EOP Hub, or lack the ability to understand orders)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Did you review the video recording of the controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Was there licensed nursing staff present during the extraction and did they verify they had appropriate medical supplies and equipment to respond to a medical emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Did the incident commander initiate a verbal warning (admonishment) prior to application of force per DOM 51020.12.3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	If chemical agents were used, was there at least 3 minutes between each application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Did the on-site Manager authorize each use of additional applications of chemical agents beyond the maximum applications listed in DOM 51020.15.1 for a small space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Did the inmate submit to a visual search prior to being removed from the cell? If no, explain in the Comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Was the appropriate amount of extraction equipment issued to staff based on the type of housing the extraction took place based on DOM 51020.12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	If chemical agents used, were decontamination procedures adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	If In-Cell decontamination of OC is recommended, was licensed nursing staff there to advise the inmate how to self-decontaminate and the importance of decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If staff's use of force resulted in death, SBI, or GBI, was timely notification made to the OIG and OIA? If no, please explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	If one of the following conditions exists, a video recorded interview with the affected inmate(s) is required within 48 hours. Check the applicable condition(s). GBI or SBI as a result of staff's use of force. Allegation of unnecessary or excessive force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Was a video interview conducted? <b>If an interview was not conducted within the 48 hours, explain in the Comments section.</b> If 7 is marked "N/A" then 7(a-h) can be marked N/A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	How was the allegation made? <input type="checkbox"/> Verbal <input type="checkbox"/> Written			<input type="checkbox"/>
c.	If the inmate declined to participate in the video interview, was the refusal video recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Did you review the video recording of inmate interview or refusal to interview?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Were introductions for Camera Operator and Custody Supervisor recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Was the Custody Supervisor performing the video interview not involved in the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Were the inmates injuries video recorded close enough and accurately enough to view and assess?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Did the video recorded injuries match the injuries documented on the CDCR 7219?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	If (h) is no, was a subsequent video recorded with the updated CDCR 7219 speaking to the discovery of previously undocumented injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you received applicable reports (CDCR 837-C and CDCR 7219) from all identified staff (including medical staff) involved in this incident prior to the end of their shift? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Were all staff reports reviewed for quality, accuracy, and content, including, the Report of Finding-Inmate Interview (CDCR 3014)? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Name (Printed Name and Signature)	Title	Date

**- Adopt -**

### Incident Commander's Review/Critique Use of Force Incidents

<i>(Complete the items below)</i>		Yes	No	N/A
b.	If there were requested clarifications (CDCR 837-C2 Crime/Incident Report Part C2 - Review Notice) based on staff's documented use of force, were the clarifications submitted in a timely fashion? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Was the Incident Commander review stopped due to an investigation by the DFIT, the OIA, or any other outside investigating agency? If the Review was stopped, note the date and reason why the review ceased in the Comments section. (DOM 51020.17.7) <b>Date:</b> _____ <b>Reason:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Were there any actions taken by you to address deficiencies in the incident package? If yes, explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Based on the information/documentation received, staff's actions <b>prior</b> to the use of force were in compliance with the Use of Force policy, procedure, and training? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Based on the information/documentation received, staff's actions <b>during</b> the use of force were in compliance with the Use of Force policy, procedure, and training? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Based on the information/documentation received, staff's actions <b>following</b> the use of force were in compliance with the Use of Force policy, procedure, and training? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Describe the totality of circumstances that required force to be utilized.
  
2. What steps were taken to avoid and/or minimize the need for the force used?
  
3. Was the force reasonable and necessary to control the circumstances? If no, explain.
  
4. If the force used resulted in SBI, GBI, Death of the inmate or if there was an inmate's allegation of excessive or unnecessary force, describe inmate injuries due to force used.
  
5. Are there any notable items considered clerical/procedural issues that did not contribute to any non-compliance with respect to staff's use of force, but should be addressed?

Comments:

Reviewer's Name (Printed Name and Signature)	Title	Date

**- Delete -**

**Manager's Review - First Level  
 Use of Force Incidents**

INCIDENT SITE/LOCATION	INCIDENT DATE	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT		DATE REPORTED

The following review is to be conducted by the Unit/Facility Manager of the affected area as a means to ensure that staff's actions and non-deadly use of force were in compliance with Department/Institution policy, procedures and training. Unless otherwise specified, any questions checked "No," require an explanation in the Comments section of this review.

<i>(Check all that apply).</i>	Yes	No
1. Based on the information received, I concur with the Incident Commander's Review?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was this a controlled use of force? If no, go on to #3.	<input type="checkbox"/>	<input type="checkbox"/>
a. Were staff's actions prior to the application of force within policy, training and procedures? (e.g., prior approval, presence of a 2 <sup>nd</sup> line supervisor and manager, afforded a cool-down period, applicable medical consultation, video of the incident, documentation requirements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you review the video recording of the extraction (i.e., Controlled Use of Force)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was a video interview conducted with the affected inmate due to one of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Serious Bodily Injury or Great Bodily Injury?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allegation of unnecessary or excessive force?	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the Incident Commander record a video interview with the affected inmate(s)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you review this video recording?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was all applicable documentation completed and received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
• Requests for additional information or clarification completed and received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
• Did reports received appear consistent in the need for and description of force used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the CDC 837 package meet expected standards for overall quality (i.e., clear, concise and answer who, what, where, how and if known, why)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were staff's actions prior to the use of force in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were staff's actions during the use of force in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were staff's actions following the use of force in compliance with policy, procedure and training?	<input type="checkbox"/>	<input type="checkbox"/>
9. If Staff's Use of Force resulted in death, SBI, or GBI, was timely notification made to the BIR and OIA?	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Name (Printed Name and Signature)	Title	Date

~~- Delete -~~

**Manager's Review - First Level  
Use of Force Incidents**

*(Check all that apply).*

	Yes	No
10. Does it appear that any follow-up action is necessary to correct policy, procedure or training violations?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, describe the actions taken by you to correct the apparent policy, procedural or training violations in the Comments section.		
<input type="checkbox"/> Return to _____ (specify) for clarification additional information. Date returned to area: _____		
<input type="checkbox"/> Other. Explain in Comments section		
11. Did the Incident Commander's review properly capture and describe the need for force?	<input type="checkbox"/>	<input type="checkbox"/>
12. Were all reasonable steps taken to minimize the need for/level of force used?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Use additional pages if necessary)

Reviewer's Name (Printed Name and Signature)	Title	Date

**- Adopt -**

## Manager's Review - First Level Use of Force Incidents

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>	<b>INCIDENT DATE</b>

The following review will be completed by the First Level Manager to prepare the incident package for administrative review and as a means to ensure adherence to the Use of Force Policy.

<i>(Complete the items below)</i>	Yes	No	N/A
1. Was the CDCR 837 incident package completed and received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were all clarifications requested by the Incident Commander completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were all clarifications requested based upon your review completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. After the complete review of all documents in the CDCR 837 incident package (including the CDCR 3014 if applicable), did they meet expected standards for overall quality and completeness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the Incident Commander's review properly capture and describe the facts and circumstances requiring the use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If controlled use of force was utilized, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the video recording include all the necessary information including the on-site Managers introduction and authorization for use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the on-site Manager consulted regarding a disagreement among the collaborative team members during a controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the on-site Manager submit a CDCR Crime/Incident Staff Report (CDCR 837-C) detailing their involvement (DOM 51020.17.8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the disagreement resulted in the contact of Regional Administrator or the Associate Director did the on-site Manager submit a CDCR Crime/Incident Staff Report (CDCR 837-C) detailing the Regional Administrator's or Associate Director's involvement (DOM 51020.17.8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If chemical agents or less-lethal force were utilized in a circumstance that would require authorization from on-site Managers, Chief Deputy Warden or Warden, was that authorization obtained? (i.e. inmate at risk for decompensation, type of housing unit (ASU, SHU, etc.), deemed unable to follow direction by staff, more than four (4) chemical agent applications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If video recorded interview was conducted due to an allegation of excessive/unnecessary force or due staff use of force causing Serious Bodily Injury/Great Bodily Injury, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there was an allegation of unnecessary or excessive force, was an adequate fact-finding completed? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the First Level Managers review stopped due to an investigation by the DFIT, OIA, or any other outside investigating agency? If the Review was stopped, note the date and reason why the review ceased in the Comments section. (DOM 51020.19.2) <b>Date:</b> _____ <b>Reason:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were there any actions taken by your subordinates to address deficiencies in the incident package, and if so was the action taken appropriate and proper (DOM 51020.19.2)? If no, explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does it appear that any follow-up action is necessary to correct policy, procedure, or training violations within the guidelines of the Use of Force policy not identified earlier in the Incident Commander's Review? If yes, describe the actions taken by you to correct the apparent policy, procedure, or training violations in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Reviewer's Name (Printed Name and Signature)</b>	<b>Title</b>	<b>Date</b>

## Manager's Review - First Level - **Adopt** - Use of Force Incidents

<i>(Complete the items below)</i>		Yes	No	N/A
14.	Based on the information/documentation received, were staff's actions <b>prior</b> to the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commanders Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Based on the information/documentation received, were staff's actions <b>during</b> the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commanders Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Based on the information/documentation received, were staff's actions <b>following</b> the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commanders Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Based on the information received, I concur with the Incident Commander's Review?	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: *(Use additional pages if necessary.)*

Reviewer's Name (Printed Name and Signature)	Title	Date

**-Delete-**

**Manager's Review - Second Level  
 Use of Force Incidents**

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT DATE</b>	<b>INCIDENT LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>		<b>DATE REPORTED</b>

The following review is to be conducted by the Associate Warden, Deputy Director-Division of Adult Parole Operations, Assistant Director OCS or OIA of the affected area. Unless otherwise specified, any questions checked "No," require an explanation in the Comments section of this review.

<i>(Check all that apply).</i>	Yes	No
1. Based on the information received, I concur with the Unit/Facility Manager's Review?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the CDCR 837 package meet expected standards for overall quality (i.e., clear, concise and answers who, what, where, how and if known, why)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were staff's actions prior to the use of force in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were staff's actions during the use of force in compliance with policy, procedures and training?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were staff's actions following the use of force in compliance with policy, procedure and training?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does it appear that any follow-up action is necessary to correct policy, procedure or training violations?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If yes describe the actions taken by you to correct the apparent policy, procedural or training violations in the Comments section. Check all that apply.               <ul style="list-style-type: none"> <li><input type="checkbox"/> Return to _____ (specify) for clarification/additional information.                    Date returned to area: _____.</li> <li><input type="checkbox"/> Other. Explain in Comments section.</li> </ul> </li> </ul>		
7. Was there a threat present? If so, did staff properly assess the threat before utilizing force?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were all appropriate steps taken to utilize the lowest level of force necessary to overcome the resistance encountered?	<input type="checkbox"/>	<input type="checkbox"/>
If there was an allegation of unnecessary or excessive use of force, was an adequate fact-finding completed?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

<b>Reviewer's Name (Printed Name and Signature)</b>	<b>Title</b>	<b>Date</b>

**- Adopt -**

## Manager's Review - Second Level Use of Force Incidents

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>	<b>INCIDENT DATE</b>

The following review will be completed by the Second Level Manager as a means to ensure adherence to the Use of Force Policy.

<i>(Complete the items below)</i>		Yes	No	N/A
1.	Was the CDCR 837 incident package completed and received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Were all clarifications requested by the Incident Commander completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Were all clarifications requested based upon your review completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	After the complete review of all documents in the CDCR 837 incident package (including the CDCR 3014 if applicable), did they meet expected standards for overall quality and completeness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the First Level Manager's and Incident Commander's review properly capture and describe the facts and circumstances requiring the use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If a controlled use of force was utilized, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Were any disagreements among the collaborative team members during a controlled use of force documented appropriately (DOM 51020.12 and DOM 51020.17.8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	If video recorded interview was conducted due to an allegation of excessive/unnecessary force or due staff use of force causing Serious Bodily Injury/Great Bodily Injury, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	If there was an allegation of unnecessary or excessive force, was an adequate fact-finding completed? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Was the Second Level Managers review stopped due to an investigation by the DFIT, OIA, or any other outside investigating agency? If the Review was stopped, note the date and reason why the review ceased in the Comments section. (DOM 51020.19.2) <b>Date:</b> _____ <b>Reason:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Were there any actions taken by your subordinates to address deficiencies in the incident package, and if so was the action taken appropriate and proper (DOM 51020.19.3)? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does it appear that any follow-up action is necessary to correct policy, procedure, or training violations within the guidelines of the Use of Force policy not identified earlier in the Incident Commander's or First Level Manager's Review? If yes, describe the actions taken by you to correct the apparent policy, procedure, or training violations in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Based on the information/documentation received, were staff's actions <b>prior</b> to the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commander's or First Level Manager's Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Based on the information/documentation received, were staff's actions <b>during</b> the use of force in Compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commander's or First Level Manager's Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Based on the information/documentation received, were staff's actions <b>following</b> the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commander's or First Level Manager's Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Based on the information received, I concur with the Incident Commander's and First Level Manager's Review? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Reviewer's Name (Printed Name and Signature)</b>	<b>Title</b>	<b>Date</b>

- Adopt -

### Manager's Review - Second Level Use of Force Incidents

Comments: *(Use additional pages if necessary.)*

Reviewer's Name (Printed Name and Signature)	Title	Date

**- Delete -**

## INMATE INTERVIEW GUIDELINES

The Lieutenant shall conduct a video taped interview with the inmate when:

1. The inmate has sustained Great Bodily Injury or Serious Bodily Injury.
2. An allegation of unnecessary or excessive use of force has been made.

This form is to be used as a tool to focus the interview. This form is not part of the incident package. These are suggested questions for interviewers to follow. Interviewers may ask any additional questions which are appropriate. Do not ask questions inappropriate to the situation.

### I. BEGINNING THE INTERVIEW:

- 1.) Lieutenant introduces SELF
- 2.) Camera operator introduces SELF/POSITION
- 3.) Lieutenant has inmate IDENTIFY self

### II. INTERVIEW FORMATS FOR GBI AND SBI:

Start with the following: "I will ask you specific questions and I need your answer(s) to be as specific as possible."...

- 1.) On (DATE) \_\_\_\_\_, you were involved in an incident which occurred (WHERE) \_\_\_\_\_
  - **Date and place information gathered PRIOR to the interview**
- 2.) This incident has been assigned CDC INCIDENT LOG number \_\_\_\_\_
- 3.) According to the documentation provided on the CDCR form 7219, you sustained \_\_\_\_\_
  - **Describe injury as listed (e.g., 2 inch laceration above right eye)**
- 4.) In your own words, explain how you received this injury and be as specific as possible.
- 5.) Have you filed an appeal on this issue?
- 6.) Inmate (NAME) \_\_\_\_\_, how many staff were present when this took place?
- 7.) Can you identify this/these staff members(s) by name?
- 8.) How many inmate witnesses were present?
- 9.) Can you identify these inmates by name?
  - **If the inmate states he received his injury from another inmate - CONCLUDE THE INTERVIEW.**
  - **Ensure a videotaping of the inmate's body be taken with particular attention to injury(s).**
  - **Have the inmate taken to medical clinic for evaluation (if this has not already been done/ documented clearly).**

~~— Delete —~~

### III. INTERVIEW FORMAT FOR ALLEGATIONS OF MISUSE OF FORCE:

Start with the following: "I will ask you specific questions and I need your answer(s) to be as specific as possible."

- 1.) On what day did this happen?
- 2.) Do you have an/any injury(s)? / What is/are the nature of the injury(s)?
- 3.) How did you receive this injury?
- 4.) Did you receive appropriate medical treatment?
- 5.) Where did this happen?
- 6.) Have you filed an appeal on this issue? (Ask only if enough time has passed to allow the inmate to do so.)
- 7.) Explain who used force and **EXACTLY** what happened.
- 8.) Can you list inmate witnesses?
- 9.) Can you list Correctional Staff witnesses?
- 10.) Request that the inmate write his account of what transpired. Written statement should be signed, witnessed, and dated.

- **Ensure a videotaping of the inmate's body be taken with particular attention to alleged injury(s).**
- **Have the inmate taken to medical clinic for evaluation (if this has not already been done/ documented clearly).**

It is the responsibility of the Lieutenant to prepare and submit a report to the Manager. This report shall address all reports reviewed and information gathered in relationship to the interview subject. Further, it is the responsibility of the Lieutenant to summarize the interview statements and the results of the fact-finding. The Lieutenant's report shall include a conclusion and make a recommendation to the Manager as to actions to be taken.

**- Adopt -**

### Inmate Interview for GBI and SBI Worksheet

Per DOM 51020.17.3, a Custody Supervisor shall conduct a video recorded interview with the inmate when either of the following conditions exists:

- 1) The inmate has sustained Great Bodily Injury or Serious Bodily Injury that could have been caused by a staff use of force,
- 2) The inmate has made an allegation of unnecessary or excessive force.

The interview shall be conducted no later than 48 hours from discovery of the injury or allegation.

**INTERVIEW FORMAT FOR GBI AND SBI:**

The interview and video recording shall be conducted by a Custody Supervisor who did not use or observe the force used and was not involved in the incident. If the incident is a DA referral, you should provide/remind the inmate of a Miranda Admonishment prior to the interview. The location of the interview shall be conducted in a location free of outside influence, noise and distractions. The Custody Supervisor shall not interfere with the inmate's ability to be interviewed. It is the responsibility of the Custody Supervisor to prepare and submit a report (CDCR 3014) to the Manager. This report shall address all reports reviewed and information gathered in relationship to the interview subject. Further, it is the responsibility of the Custody Supervisor to summarize the interview statements and the results of the fact-finding. The CDCR 3014 shall include a conclusion and make a recommendation to the Manager as to further actions to be taken.

Prior to commencing the interview, the Custody Supervisor shall ensure that a CDCR 7219 has been completed. During the interview, the Custody Supervisor shall ensure all injury(s) are captured on the video recording. The view should be close enough to accurately account for the injuries noted on the CDCR 7219. If there are injuries in view that are not noted on the CDCR 7219, cease the video recording and have the inmate evaluated by medical again and obtain an updated CDCR 7219. Restart the videotaped interview with the new CDCR 7219 and review all the injuries.

At the onset of the recording, the Custody Supervisor will:

<i>(Complete the items below)</i>	
1. Introduce themselves and the camera operator. <b>Interviewer:</b>	<b>Camera Operator:</b>
2. Give the date and time the interview commenced: <b>Date:</b>	<b>Time:</b>
3. Indicate to the inmate the reason for the video recorded interview: <b>Reason:</b>	
4. Ask inmate to give their full name and CDCR number: <b>Name:</b>	<b>CDCR#:</b>

The following questions will then be asked:

<i>(Complete the items below)</i>
1. On this date: You were involved in an incident which occurred at the following location:
2. This incident has been assigned CDCR Incident Log number:
3. According to the documentation provided on the CDCR 7219, you sustained an injury that lead to this interview. Please describe the injury:
4. In your own words, explain what happened and how you received your injuries. You need to be as <i>specific</i> as possible:
5. Can you identify staff witnesses?
6. Can you identify inmate witnesses?

Custody Supervisor's Name (Printed Name and Signature)	Title	Date

- Adopt -

### Inmate Interview for Allegation Worksheet

Per DOM 51020.17.3, a Custody Supervisor shall conduct a video recorded interview with the inmate when either of the following conditions exists:

- 1) The inmate has sustained Great Bodily Injury or Serious Bodily Injury that could have been caused by a staff use of force,
- 2) The inmate has made an allegation of unnecessary or excessive force.

The interview shall be conducted no later than 48 hours from discovery of the injury or allegation.

#### INTERVIEW FORMAT FOR ALLEGATION OF UNNECESSARY OR EXCESSIVE FORCE:

The interview and video recording shall be conducted by a Custody Supervisor who did not use or observe the force used and was not involved in the incident. If the incident is a DA referral, you should provide/remind the inmate of a Miranda Admonishment prior to the interview. The location of the interview shall be conducted in a location free of outside influence, noise and distractions. The Custody Supervisor shall not interfere with the inmate's ability to be interviewed. It is the responsibility of the Custody Supervisor to prepare and submit a report (CDCR 3014) to the Manager. This report shall address all reports reviewed and information gathered in relationship to the interview subject. Further, it is the responsibility of the Custody Supervisor to summarize the interview statements and the results of the fact-finding. The CDCR 3014 shall include a conclusion and make a recommendation to the Manager as to further actions to be taken.

Prior to commencing the interview, the Custody Supervisor shall ensure that a CDCR 7219 has been completed. During the interview, the Custody Supervisor shall ensure all injury(s) are captured on the video recording. The view should be close enough to accurately account for the injuries noted on the CDCR 7219. If there are injuries in view that are not noted on the CDCR 7219, cease the video recording and have the inmate evaluated by medical again and obtain an updated CDCR 7219. Restart the videotaped interview with the new CDCR 7219 and review all the injuries.

At the onset of the recording, the Custody Supervisor will:

<i>(Complete the items below)</i>	
1. Introduce themselves and the camera operator. <b>Interviewer:</b>	<b>Camera Operator:</b>
2. Give the date and time the interview commenced: <b>Date:</b>	<b>Time:</b>
3. Indicate to the inmate the reason for the video recorded interview: <b>Reason:</b>	
4. Ask inmate to give their full name and CDCR number: <b>Name:</b>	<b>CDCR#:</b>

The following questions will then be asked:

<i>(Complete the items below)</i>	
1. On this date: You were involved in an incident which occurred at the following location:	
2. This incident has/has not been assigned CDCR Incident Log number:	
3. According to the documentation provided on the CDCR 7219, you sustained an injury that lead to this interview. Please describe the injury:	
4. Do you have any other injuries?	
5. In your own words, explain what happened and how you received your injuries. You need to be as <i>specific</i> as possible:	
6. Can you identify staff witnesses?	
7. Can you identify inmate witnesses?	
8. Have you filed an appeal on this issue? (Ask only if time has passed to allow the inmate to do so):	

Custody Supervisor's Name (Printed Name and Signature)	Title	Date

**-Delete-**

**REPORT OF FINDINGS – INMATE INTERVIEW**

(COMPLETE THIS FORM *AFTER* THE INTERVIEW WITH THE INMATE HAS BEEN CONDUCTED)  
(A REVIEW OF THE VIDEO TAPED INTERVIEW PRIOR TO COMPLETING FORM IS RECOMMENDED)  
(IN ALL CASES, IF THE INMATE REFUSES TO PARTICIPATE IN THE INTERVIEW, THAT REFUSAL MUST BE VIDEO RECORDED)

Incident Date:		Incident / Appeal / FF Log#:		
Inmate Name:		Inmate CDC #:	Date of Interview:	
Name & Title of Camera Operator:		If Translator Used, Name & Title:		
<input type="checkbox"/> N/A				
<i>(If inmate refused to interview complete the following:)</i>				
Refusal Date:	Name & title of staff who asked the inmate to participate:			
Reason for Interview: <input type="checkbox"/> G.B.I. <input type="checkbox"/> Serious Injury <input type="checkbox"/> Allegation (Describe)				
If allegation, specifically describe the allegation:				
Summary of statements made by the inmate during the interview:				
<b>WITNESSES INTERVIEWED</b>				
Inmate Name:		Inmate CDC #:	Housing:	Date of Interview:
1.				
2.				
3.				
<i>(If inmate refused to interview complete the following:)</i>				
Refusal Date:	Name & title of staff who asked the inmate to participate:			
1.				
2.				
3.				
Staff Name & Title:		POBAR Advisement Date:	Date of Interview	
1.				
2.				
3.				
Summary of statements made by witnesses:				

**- Delete -**

**REPORT OF FINDINGS**

**REVIEW OF EVIDENCE & CONCLUSION**

The following items were reviewed and considered:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Incident Videotape       | <input type="checkbox"/> Staff Reports | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Inmate Written Statement | <input type="checkbox"/> CDCR 7219     | <input type="checkbox"/> CDCR 602    |
| <input type="checkbox"/> Other (Describe below)   |  |                                      |

Injury Consistent with Reported Force:  Yes  No (Explain)  Unknown (Explain)

Conclusion (source of injury or other circumstances regarding allegation)

**ALLEGATIONS**

- |  |  |
|--|--|
| <input type="checkbox"/> Inmate Written Statement Attached | <input type="checkbox"/> Photograph of Injury Attached |
| <input type="checkbox"/> CDCR 7219 Attached                | <input type="checkbox"/> Injury Videotaped             |

**RECOMMENDATIONS**

**LIEUTENANT'S RECOMMENDATION**

- No Further Action Required  Further Action Required

Lieutenant's Signature:

Date:

**MANAGER'S RECOMMENDATION**

- Concur with recommendation  Do not concur (Explain below)

Manager's Signature:

Date:

**ASSOCIATE WARDEN'S RECOMMENDATION**

- Concur with recommendation  Do not concur (Explain below)

Associate Warden's Signature:

Date:

**- Adopt -**

**Report of Findings – Inmate Interview**

INCIDENT SITE/LOCATION		INCIDENT / APPEAL / FF LOG #	
DESCRIPTION OF THE INCIDENT			INCIDENT DATE
NAME AND TITLE OF INTERVIEWER		NAME AND TITLE OF CAMERA OPERATOR	
NAME AND TITLE OF TRANSLATOR (IF UTILIZED)			

The Report of Findings shall be conducted by custodial supervisors (sergeants or lieutenants) who did not use, or observe the force used, in the incident.

INMATE INTERVIEW		Yes	No	N/A
1.	Did the inmate refuse to participate in the interview? If so, please provide the name and title of staff who asked the inmate to participate. Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	What is the reason for the interview? <input type="checkbox"/> Serious Bodily Injury <input type="checkbox"/> Great Bodily Injury <input type="checkbox"/> Allegation			<input type="checkbox"/>
a.	If there was an allegation, describe the allegation: Description: _____			
3.	Summarize the statements made by the inmate during the interview: Summary: _____			<input type="checkbox"/>

INMATE WITNESSES INTERVIEWED		Yes	No	N/A
1.	Did the inmate being interviewed request inmate witnesses. If yes, fill in the information below. Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____ Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____ Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____ Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did any inmates refuse to participate in the interview? If so, please provide the name and title of staff who asked the inmate to participate. Staff Name: _____ Title: _____ Inmate Refused: _____ Staff Name: _____ Title: _____ Inmate Refused: _____ Staff Name: _____ Title: _____ Inmate Refused: _____ Staff Name: _____ Title: _____ Inmate Refused: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Summarize the statements made by the witnesses during the interview: Summary: _____			<input type="checkbox"/>

- Adopt -

### Report of Findings – Inmate Interview

REVIEW OF EVIDENCE AND CONCLUSION		Yes	No	N/A
1.	Was the injury consistent with the reported force? If no, explain in the Conclusion below.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Check the following items that were reviewed and considered?			<input type="checkbox"/>
	<input type="checkbox"/> Incident Video Recording <input type="checkbox"/> Staff Reports <input type="checkbox"/> Photograph <input type="checkbox"/> Inmate Written Statement <input type="checkbox"/> CDCR 7219 <input type="checkbox"/> CDCR 602 <input type="checkbox"/> Use of Force Videotape <input type="checkbox"/> Other (Describe Below)			
3.	Summarize the source of injury, other items reviewed and considered and any other circumstances regarding the allegation. <i>Conclusion:</i>			

ALLEGATIONS		Yes	No	N/A
1.	Check the following to indicate what items are attached with this review as it relates to an the allegation:			<input type="checkbox"/>
	<input type="checkbox"/> Injury Video Recording <input type="checkbox"/> CDCR 7219 <input type="checkbox"/> Photograph of Injury <input type="checkbox"/> Inmate Written Statement <input type="checkbox"/> Other (Describe Below)			
2.	Provide any other information not previously documented in this review regarding the allegation. <i>Comments:</i>			

RECOMMENDATIONS	
1.	Check the following to indicate the Custody Supervisor's recommended actions:
	<input type="checkbox"/> No Further Action Recommended <input type="checkbox"/> Further Action Recommended  <i>Comments:</i> Custody Supervisor's Name (Print and Sign) <b>Name:</b> _____ <b>Date:</b> _____
2.	Check the following to indicate the Manager's recommended actions:
	<input type="checkbox"/> No Further Action Recommended <input type="checkbox"/> Further Action Recommended  <i>Comments:</i> Manager's Name (Print and Sign) <b>Name:</b> _____ <b>Date:</b> _____
3.	Check the following to indicate the Associate Warden's recommended actions:
	<input type="checkbox"/> No Further Action Recommended <input type="checkbox"/> Further Action Recommended  <i>Comments:</i> Associate Warden's Name (Print and Sign) <b>Name:</b> _____ <b>Date:</b> _____

**- Delete -**

**INSTITUTIONAL EXECUTIVE REVIEW COMMITTEE  
ALLEGATION REVIEW**

INCIDENT/APPEAL/FACT-FINDER LOG NUMBER	DATE	INSTITUTION/ LOCATION

Person Making Allegation: Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Allegation was made via:  Written Statement  CDCR 602  CDCR 7219  
(Check all that apply)  Verbal Statement  UOF Interview

Were Witnesses Named?  YES  NO  
Were All Witnesses Interviewed?  YES  NO

What Documents were Reviewed by the Fact Finding Official?

What Other Information Was Considered?

Was the Report of Findings Completed Thoroughly?  YES  NO  
If Not, It Was Sent Back for Completion on: \_\_\_\_\_ With a Due Date of: \_\_\_\_\_

Has this Case Been Referred for Further Investigation?  YES  NO

Does the IERC Concur with the Fact Finder's Conclusion?  YES  NO

Administrative Action to be Taken  YES  NO

- Training
- Policy Revision Review
- Progressive Discipline
- Submit to the Office of Internal Affairs for Further Investigation
- Other: \_\_\_\_\_

\_\_\_\_\_  
ANALYST

\_\_\_\_\_  
DATE REVIEWED

\_\_\_\_\_  
WARDEN'S SIGNATURE

\_\_\_\_\_  
DATE

**- Adopt -**

**Institutional Executive Review Committee  
Allegation Review**

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT/APPEAL/FACT-FINDER LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>	<b>INCIDENT DATE</b>

<i>(Complete the items below)</i>			Yes	No	N/A
1. Person making allegation:	<b>Name:</b>	<b>ID Number:</b>			
2. Allegation was made via: <i>(Check all that apply)</i>					
<input type="checkbox"/> CDCR 602	<input type="checkbox"/> Use of Force Interview	<input type="checkbox"/> CDCR 7219			
<input type="checkbox"/> Video Recording	<input type="checkbox"/> Written Statement	<input type="checkbox"/> Other (Describe in Comments)			
3. Were witnesses named?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were all witnesses interviewed or a CDCR 837 received?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What documents were reviewed by the Fact Finding Official?: <i>(Check all that apply)</i>					
<input type="checkbox"/> Use of Force Video Recording	<input type="checkbox"/> Incident Video Recording	<input type="checkbox"/> Inmate Written Statement			
<input type="checkbox"/> Photographs	<input type="checkbox"/> Staff Reports	<input type="checkbox"/> CDCR 602			
	<input type="checkbox"/> CDCR 7219	<input type="checkbox"/> Other (Describe below)			
6. What other information was considered if different from above? (Describe in Comments)					
<i>(Complete the items below)</i>			Yes	No	N/A
7. Was the Report of Findings completed thoroughly?			<input type="checkbox"/>	<input type="checkbox"/>	
a. If "no," provide date it was sent back for completion: <b>Date:</b>					
b. What was requested due date: <b>Date:</b>					
8. Has the case been referred for further investigation?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the IERC concur with the Fact Finder's conclusions?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If "no," what action was taken?: <i>(Check all that apply)</i>					
<input type="checkbox"/> Informal Training	<input type="checkbox"/> Progressive Discipline	<input type="checkbox"/> Policy Revision/Review			
<input type="checkbox"/> Documented OJT	<input type="checkbox"/> Other (Describe in Comments)	<input type="checkbox"/> IERC recommends submission to Office of Internal Affairs			
Comments:					

<b>Analyst (Printed Name and Signature)</b>	<b>Title</b>	<b>Date Prepared</b>

<b>IERC Chairperson (Printed Name and Signature)</b>	<b>Title</b>	<b>Date Reviewed</b>

**-Delete-**

**IERC USE OF FORCE REVIEW & FURTHER ACTION RECOMMENDATION**

INCIDENT LOG #	INCIDENT DATE/TIME	LOCATION INSTITUTION/FACILITY

**IMMEDIATE USE OF FORCE**

*Questions 1-10, Check Only One Box*

*Check All Appropriate Boxes*

1. Assault on Staff (With Weapon)	<input type="checkbox"/>	6. Disturbance	<input type="checkbox"/>
2. Assault on Staff (Without Weapon)	<input type="checkbox"/>	7. Retrieving Contraband	<input type="checkbox"/>
3. Assault on Inmate (With Weapon)	<input type="checkbox"/>	8. Change of Location	<input type="checkbox"/>
4. Assault on inmate (Without weapon)	<input type="checkbox"/>	9. Holding a food-port	<input type="checkbox"/>
5. Escape/Attempted Escape	<input type="checkbox"/>	10. Other	<input type="checkbox"/>

Sergeant/Lieutenant Present?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Appropriate Warning Given?	<input type="checkbox"/>		<input type="checkbox"/>	
Supervisor/Manager Notified as Soon as Practical?	<input type="checkbox"/>		<input type="checkbox"/>	
Warden/CDW/AOD Contacted?	<input type="checkbox"/>		<input type="checkbox"/>	

**CONTROLLED USE OF FORCE**

*For Questions, 1 - 18 Check Only One Box*

1. Battery on Staff (With Weapon)	<input type="checkbox"/>	7. Disruption of Unit	<input type="checkbox"/>	13. Refusal to Exit Shower	<input type="checkbox"/>
2. Battery on Staff (Without Weapon)	<input type="checkbox"/>	8. Disruption of Program	<input type="checkbox"/>	14. Refusal to Exit Cell	<input type="checkbox"/>
3. Battery on Inmate (With Weapon)	<input type="checkbox"/>	9. Refusal to Obey Orders	<input type="checkbox"/>	15. Hostage Situation	<input type="checkbox"/>
4. Battery on Inmate (Without Weapon)	<input type="checkbox"/>	10. Refusal to Relinquish Tray	<input type="checkbox"/>	16. Forced Medication	<input type="checkbox"/>
5. Disturbance - Yard	<input type="checkbox"/>	11. Refusal of Cell Move	<input type="checkbox"/>	17. Medical/Psych	<input type="checkbox"/>
6. Destruction of Property	<input type="checkbox"/>	12. Refusal to Exit POD/Yard	<input type="checkbox"/>	18. Other:	<input type="checkbox"/>

*Check All Appropriate Boxes*

1. Cell Extraction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	8. Extraction team formed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. POD/Yard Extraction	<input type="checkbox"/>		<input type="checkbox"/>		<i>If Yes, was extraction team used?</i>	<input type="checkbox"/>		<input type="checkbox"/>	
3. Appropriate Avoidance Technique Used?	<input type="checkbox"/>		<input type="checkbox"/>		9. Level of force consistent with policy	<input type="checkbox"/>		<input type="checkbox"/>	
4. Was Verbal Persuasion Attempted?	<input type="checkbox"/>		<input type="checkbox"/>		10. Clinical healthcare staff present	<input type="checkbox"/>		<input type="checkbox"/>	
5. Inmate given cool-down period? How long? Min/Hrs	<input type="checkbox"/>		<input type="checkbox"/>		11. Was video recording completed according to policy?	<input type="checkbox"/>		<input type="checkbox"/>	
6. Preliminary Preparation of Staff	<input type="checkbox"/>		<input type="checkbox"/>		12. Was video recording forwarded to UOF coordinator?	<input type="checkbox"/>		<input type="checkbox"/>	
7. Staff Selected in Compliance with Policy	<input type="checkbox"/>		<input type="checkbox"/>		13. Manager/AOD Present	<input type="checkbox"/>		<input type="checkbox"/>	

**APPLICATION OF FORCE**

*Check All Appropriate Boxes*

DEADLY FORCE	Yes		No		NON DEADLY FORCE	Yes		No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini 14	<input type="checkbox"/>	<input type="checkbox"/>	OC	<input type="checkbox"/>	<input type="checkbox"/>	Physical Force	<input type="checkbox"/>	<input type="checkbox"/>	
Handgun	<input type="checkbox"/>	<input type="checkbox"/>	37/40 MM	<input type="checkbox"/>	<input type="checkbox"/>	Non-conventional Force	<input type="checkbox"/>	<input type="checkbox"/>	
Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	Baton	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	CN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**- Delete -**

**REVIEW AND FOLLOW-UP**

*Check All Appropriate Boxes*

	Yes	No	
1. Incident Included a Weapon Possession?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Incident Included Possession of Controlled Substance?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical Attention Provided to Inmate(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Restraint Equipment Used in Compliance?	<input type="checkbox"/>	<input type="checkbox"/>	Not Used <input type="checkbox"/>
5. Holding Cell Used Appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	Not Used <input type="checkbox"/>
6. Lieutenant Conducted and Recorded an Interview With the Inmate Within 48 Hours for:	<input type="checkbox"/>	<input type="checkbox"/>	Not Required <input type="checkbox"/>
<input type="checkbox"/> Allegations of Inappropriate Use of Force <input type="checkbox"/> G.B.I. <input type="checkbox"/> Serious Injury <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	Inmate Refused <input type="checkbox"/>
7. Did All Staff Who Were Witnesses to the Allegation of Inappropriate Use of Force Submit a Report?	<input type="checkbox"/>	<input type="checkbox"/>	If no, explain below
8. If the Inmate Refused to be Interviewed, was the Refusal Video Recorded?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable <input type="checkbox"/>
9. Was the Miranda Admonition and the Inmate's Response Video Recorded?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable <input type="checkbox"/>
10. If Inmate Received G.B.I./Serious Injury was it Caused by Staff(s) Use of Force?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable <input type="checkbox"/>
11. Were All Injuries Sustained From the Use of Force Consistent With the Type and Amount of Force Reported?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable <input type="checkbox"/>
12. Was a Thorough Report of Findings Prepared?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable <input type="checkbox"/>
13. Inmate Injury Due to Use of Force (other than SBI/GBI/Death)?	<input type="checkbox"/>	<input type="checkbox"/>	
14. If Injuries Were Not Caused By Staff's Use of Force, Do Reports Describe a Probable Cause of How the Injuries Were Sustained?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Reports Accurately and Thoroughly Describe Force Used and Resistance Encountered?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Did Staff Perceive the Threat Reasonably, Considering the Circumstances in this Incident?	<input type="checkbox"/>	<input type="checkbox"/>	
17. If Chemical Agents Were Used, was Decontamination Offered?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Was Health Care Services Consulted Regarding the Use of Chemical Agents?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Was the Inmate in a Designated Mental Health Program?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Was Clinical Intervention Provided?	<input type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS**

**REVIEW AND FOLLOW-UP** -- Use the following space to provide an explanation of any responses that fail to meet departmental requirements.

N/A

---



---



---



---



---



---



---



---



---



---

**- Delete -**

AMOUNT OF FORCE USED		Yes	No
Was the Degree of Force Appropriate, Given the Need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When Threat No Longer Existed, was Force Discontinued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Force Option Application Within Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS**

**AMOUNT OF FORCE USED** – If the responses to any of the three questions listed above was “No”, explain below.

N/A

---



---



---



---



---

**ACTIONS TAKEN**

*Check All Appropriate Boxes*

	Yes	No	Not in Full Compliance
1. Staff Actions <b>Prior</b> to the Application of Force are in Compliance With Policy and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff Actions <b>During</b> the Application of Force are in Compliance With Policy and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff Actions <b>Following</b> the Application of Force are in Compliance With Policy and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care: Medical – Decontamination – Gurney	<input type="checkbox"/>	<input type="checkbox"/>	<i>Explain negative responses in comments section.</i>
Timely Interview, Fact-Finding	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate Critique LT. CAPT. AW	<input type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS**

**ACTIONS TAKEN** – Use the following space to explain why staff actions prior, during and/or following application of force were not in compliance with policy and training.

N/A

---



---



---



---



---

**USE OF FORCE COORDINATOR FURTHER ACTION RECOMMENDATIONS**

Describe any procedural or training improvements identified.

N/A

---



---



---



---



---

**-Delete-**

**ADDITIONAL INQUIRY**

*Check All Appropriate Boxes*

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1. Returned to the Associate Warden/District Manager for additional information

2. Further Investigation Ordered

Unit Level Investigation

Internal Affairs Investigation

OCS       DFRB

Referred for investigation by: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_

Date Completed: \_\_\_\_\_

3. Investigative Results:  No Finding     Exonerated     Sustained     Unfounded     Not Substantiated

**SUBSEQUENT ACTION**

*Check All Appropriate Boxes*

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Description of Action*

4. Progressive Discipline Taken by Unit Staff

5. Recommended Adverse Action

6. IERC Recommended Subsequent Action

Procedure Revision

Progressive Discipline

<b>Date of Initial Review:</b>	<b>Date of Interim Review:</b>	<b>Date of Final Executive Review:</b>
<b>Print/Signature:</b>	<b>Date:</b>	

**- Adopt -**

## IERC Use of Force Review & Further Action Recommendation

<b>INCIDENT SITE/LOCATION</b>	<b>INCIDENT LOG #</b>
<b>DESCRIPTION OF THE INCIDENT</b>	<b>INCIDENT DATE</b>

The following review will be completed as a result of the Institutional Executive Review Committee reviewing all uses of force and every allegation of excessive or unnecessary force.

<i>(Check all that apply)</i>					
1. Identify the circumstances in which force was applied? <i>Circumstances:</i>					
2. Identify necessary and reasonable purpose for the application of force. <input type="checkbox"/> Subdue an attacker <input type="checkbox"/> Effect custody <input type="checkbox"/> Overcome resistance <input type="checkbox"/> Gain compliance with a <i>lawful</i> order. Write the lawful order: _____					
3. Identify the force option(s) utilized. <input type="checkbox"/> Physical strength and holds. <input type="checkbox"/> Hand-held batons. <input type="checkbox"/> Less-lethal weapons: <i>Model / Round / # Deployed:</i> _____ <input type="checkbox"/> Chemical agents: <i>Type / Device / # Deployed and Length of Applications:</i> _____ <input type="checkbox"/> Firearms: <i>Model / Caliber / # rounds fired:</i> _____ <input type="checkbox"/> Non-Conventional Force: <i>Specify item and how used:</i> _____					
4. Identify the circumstances in which force was applied? <input type="checkbox"/> Controlled - Go to #5 <input type="checkbox"/> Immediate - Go to #6					
<i>(Complete items below if Controlled Use of Force)</i>			Yes	No	N/A
5. Controlled Use of Force. If 5 is marked "N/A" then 5(a-l) can be left blank.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Was a manager present at the incident site? If no, explain in Comments section.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was an appropriate cool down period afforded before force was used and the start time and duration documented in the CDCR 837-A1? If so, indicate start time and approximate duration of cool down period. <b>Start Time:</b> _____ <b>Duration:</b> _____ hours _____ minutes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all other aspects of the cool down period handled appropriately? (i.e. Clinical Intervention, (1) all disciplines in agreement with ending, other intervention options taken or needed, etc.) If no, explain in Comments section.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was the tactical plan finalized based on a collaborative effort and approved by the on-site Manager? (If it was necessary to have the plan authorized at a higher level, explain level of approval in Comments section.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the review of the inmate's Unit Health Record (UHR) for medical conditions indicate an increased risk for a potential adverse outcome resulting from the use of force? If so, indicate in the Comments section what determination was made regarding force options used.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Were chemical agents deployed appropriately including appropriate distance, number deployed, duration of exposure and duration of break(s) between deployments and appropriate housing considerations (i.e. MHCB, PIP, OHU, PSU, or an ASU-EOP Hub)? If no, explain in Comments section.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If chemical agents were used, were appropriate decontamination efforts made? If no, explain in Comments section.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Were holding cells used appropriately? If no, explain in Comments section.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Was appropriate medical attention provided to inmate(s) by licensed nursing staff? If no, explain in Comments section.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Did the incident include a weapons possession?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**- Adopt -**

**IERC Use of Force Review & Further Action Recommendation**

<i>(Complete items below)</i>		Yes	No	N/A
j.	Were Impact Munitions used appropriately including consideration if the inmate met the criteria requiring Warden or Chief Deputy Warden (not AOD per DOM 51020.14.2) approval for use of impact munitions (i.e., housed in MHCB, PIP, OHU, PSU, or an ASU-EOP Hub, or lack the ability to understand orders)? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Were staff equipped with the appropriate amount of extraction equipment issued to staff based on the type of housing the extraction took place based on DOM 51020.12.2?	<input type="checkbox"/>	<input type="checkbox"/>	
l.	Did you review the video recording of the controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	If chemical agents used, were decontamination procedures adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	If in-cell decontamination of OC is recommended, was licensed nursing staff there to advise the inmate how to self-decontaminate and the importance of decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If staff's use of force resulted in death, SBI, or GBI, was timely notification made to the OIG and OIA? If no, please explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	If one of the following conditions exists, a video recorded interview with the affected inmate(s) is required within 48 hours. Check the applicable condition(s).			
	GBI or SBI as a result of staff's use of force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Allegation of unnecessary or excessive force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Was a video interview conducted? <b>If an interview was not conducted within the 48 hours, explain in the Comments section. If 7 is marked "N/A" then 7(a-h) can be marked N/A.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	How was the allegation made? <input type="checkbox"/> Verbal <input type="checkbox"/> Written			
c.	If the inmate declined to participate in the video interview, was the refusal video recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Did you review the video recording of inmate interview or refusal to interview?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Were introductions for Camera Operator and Custody Supervisor recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Was the Custody Supervisor performing the video interview not involved in the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Were the inmate's injuries video recorded close enough and accurately enough to view and assess?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Did the video recorded injuries match the injuries documented on the CDCR 7219?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i)	If (g) is no, was a subsequent video recorded with the updated CDCR 7219 speaking to the discovery of previously undocumented injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Were all applicable reports received (CDCR 837-C and CDCR 7219) from all identified staff (including medical staff) involved in this incident prior to the end of their shift? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
a.	Were all staff reports reviewed for quality, accuracy, and content, including the Report of Finding-Inmate Interview (CDCR 3014)? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Did staff's reports accurately and thoroughly describe the force used and the inmate's actions that required the use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	If there were requested clarifications (CDCR 837-C2 Crime/Incident Report Part C2 – Review Notice) based on staff's documented use of force, were the clarifications submitted in a timely fashion? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Were injuries caused from the use of force consistent with the force documented in staff reports? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Was the review stopped at any time due to an investigation by the DFIT, OIA, or any other outside investigating agency? If so, explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A <b>Comments for Review And Follow Up:</b> Use the space below to explain any responses above that fail to meet departmental requirements.				

**- Adopt -**

**IERC Use of Force Review & Further Action Recommendation**

<b>FORCE USED</b>		Yes	No	N/A
1.	Was the force reasonable and necessary given the circumstances? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	When circumstances indicated force was no longer needed, was force discontinued? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Was the application of force within policy? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> N/A <i>Comments for Force Used: If the responses to any questions above is, "NO" explain below</i>				

<b>ACTIONS TAKEN</b>		Yes	No	N/A
1.	Based on the information/documentation received, staff's actions <b>prior</b> to the use of force were in compliance with the Use of Force policy, procedure, and training. If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Based on the information/documentation received, staff's actions <b>during</b> the use of force were in compliance with the Use of Force policy, procedure, and training. If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Based on the information/documentation received, staff's actions <b>following</b> the use of force were in compliance with the Use of Force policy, procedure, and training. If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Were there appropriate critiques of the incident package by Incident Commander, First Level Manager and Second Level Manager?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> N/A <i>Comments for Actions Taken: Use the space below to explain why staff's actions were not in compliance with the Use of Force policy, procedure and training.</i>				

<b>USE OF FORCE COORDINATOR FURTHER ACTION RECOMMENDATIONS</b>	
<input type="checkbox"/> N/A <i>Use of Force Coordinator Further Action Recommendations: Use the space below to explain any recommended improvements within the Use of Force policy, procedure and training.</i>	

**- Adopt -**

### IERC Use of Force Review & Further Action Recommendation

ADDITIONAL INQUIRY		Yes	No	N/A
<b>ADDITIONAL INQUIRY:</b> Use the space below to explain any recommended improvements within the Use of Force policy, procedure and training.				
1.	Sent to Second Level Manager for additional information. Note date sent to Second Level Manager and date returned in Comments below. <b>Date Sent:</b> _____ <b>Date Returned:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Further Investigation Ordered. Note date Investigation ordered and date returned in Comments below. <b>Date Ordered:</b> _____ <b>Date Returned:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unit Level Investigation <input type="checkbox"/> Internal Affairs Investigation <input type="checkbox"/> OCS <input type="checkbox"/> DFRB				
a. Investigative Results:				
<input type="checkbox"/> No Finding <input type="checkbox"/> Exonerated <input type="checkbox"/> Sustained <input type="checkbox"/> Unfounded <input type="checkbox"/> Not Substantiated				
<input type="checkbox"/> N/A <b>Comments for Additional Inquiry:</b> Use the space below to explain any additional inquiries made as a result of this Use of Force incident.				

SUBSEQUENT ACTION		Yes	No	N/A
<b>SUBSEQUENT ACTION:</b> Use the items below to indicate what type, if any, subsequent action was taken				
1.	Progressive Discipline taken by Unit Staff. Describe actions taken in Comments section below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Recommended Adverse Action. Describe actions taken in Comments section below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	IERC Recommended Subsequent Action. Describe actions taken in Comments section below: <input type="checkbox"/> Procedure Revision <input type="checkbox"/> Progressive Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A <b>Comments for Subsequent Action:</b> Use the space below to explain any subsequent action taken as a result of this Use of Force incident.				

Date of Initial Review	Date of Interim Review	Date of Final Executive Review
Preparer's Name (Printed Name and Signature)	Title	Date
Approved By (Printed Name and Signature)	Title	Date

*- Delete -*

**INSTITUTIONAL EXECUTIVE REVIEW COMMITTEE (IERC)  
CRITIQUE AND QUALITATIVE EVALUATION**

CDC 837 INCIDENT REPORT LOG #  
(SYNOPSIS)

WHAT STEPS WERE TAKEN TO AVOID THE NEED FOR THE USE OF FORCE OR TO MINIMIZE THE  
AMOUNT OF FORCE USED?

STATE THE THREAT REASONABLY PERCEIVED BY THE RESPONSIBLE OFFICIALS:

STATE THE NEED FOR THE APPLICATION OF FORCE:

STATE THE RELATIONSHIP BETWEEN THE NEED FOR THE USE OF FORCE AND THE AMOUNT OF  
FORCE USED:

STATE THE EXTENT OF ANY INMATE INJURIES SUFFERED AS A RESULT OF THE USE OF FORCE:

ARE ALL REPORTS COMPLETE, WITH AN ACCURATE DESCRIPTION OF THE AMOUNT OF FORCE  
USED?

**- Delete -**

WERE STAFF ACTIONS PRIOR TO THE USE OF FORCE IN COMPLIANCE WITH DEPARTMENTAL/LOCAL STANDARDS AND POLICY?

WERE STAFF ACTIONS DURING THE USE OF FORCE IN COMPLIANCE WITH DEPARTMENTAL/LOCAL STANDARDS AND POLICY?

WERE STAFF ACTIONS FOLLOWING THE USE OF FORCE IN COMPLIANCE WITH DEPARTMENTAL/LOCAL STANDARDS AND POLICY?

PREVENTATIVE/CORRECTIVE ACTIONS TAKEN:

IS FURTHER ACTION WARRANTED?

ARE THERE ANY POLICY/PROCEDURE REVISIONS RECOMMENDED?

\_\_\_\_\_  
ANALYST

\_\_\_\_\_  
DATE REVIEWED

\_\_\_\_\_  
WARDEN'S SIGNATURE

\_\_\_\_\_  
DATE

**Adopt**

## Institutional Executive Review Committee (IERC) Critique and Qualitative Evaluation

INCIDENT SITE/LOCATION	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

The following review will be completed as a result of the Institutional Executive Review Committee reviewing all uses of force and every allegation of excessive or unnecessary force.

<i>(Complete the items below)</i>	Yes	No	N/A
1. Identify the necessary and reasonable purpose for the application of force. <i>Purpose for Use of Force:</i>			
2. What steps were taken to avoid or minimize the need for the force used? <i>Steps Taken:</i>			
3. Did the inmate receive any injuries as a result of staff's use of force? a. If the Use of Force resulted in SBI/GBI, death or allegation of excessive/unnecessary force, describe the injuries due to the use of force. <i>Description of Injuries:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all clarifications related to staff's use of force completed accurately and in a timely fashion? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If there was an allegation of unnecessary or excessive force or any other investigation undertaken, was an adequate fact-finding completed? If no, and not already identified by a previous level of the review process, explain in this Comments section. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were there any actions taken by your subordinates to address deficiencies in the incident package, and if so, was the action taken appropriate and proper (DOM 51020.19.2)? If no, and not already identified by a previous level of the review process, explain in this Comments section. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Based on the information/documentation received, were staff's actions <b>prior</b> to the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified by a previous level of the review process, explain in this Comments section. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Based on the information/documentation received, were staff's actions <b>during</b> the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified by a previous level of the review process, explain in this Comments section. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Based on the information/documentation received, were staff's actions <b>following</b> the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified by a previous level of the review process, explain in this Comments section. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does it appear that any follow-up action is necessary to correct policy, procedure, or training violations within the guidelines of the Use of Force policy not identified in the earlier reviews? If yes, describe the actions taken by you to correct the apparent policy, procedure, or training violations. <i>Actions Taken:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Enter any further comments or critiques: <i>Comments:</i>			

Preparer's Name (Printed Name and Signature)	Title	Date Prepared
Warden's Name (Printed Name and Signature)		Date Reviewed

**Delete**

**CONTROLLED USE OF FORCE MANAGER/AOD REPORT**

Incident Log Number

On \_\_\_\_\_ at \_\_\_\_\_ hours, I authorized a Controlled Use of Force against Inmate(s):

\_\_\_\_\_  
(Name) (CDC #) (Name) (CDC #)

Housing: \_\_\_\_\_

Purpose for this controlled Use of Force:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State the need and/or the threat, and the goal to be accomplished.**

Please check One: Yes No

- 1. I was present during the controlled Use of Force.  Yes  No
- 2. Based on the information relayed to me, custody staff's initial assessment of the situation and their actions *prior* to the controlled use of force were in compliance with policy, procedures and training.  Yes  No
- 3. Was a licensed health care employee consulted?  
Name/Title: \_\_\_\_\_  Yes  No
- 4. Was the use of OC authorized?  Yes  No
- 5. Was the inmate designated Seriously Mentally Disordered and/or housed in a departmental hospital, infirmary, Enhanced Outpatient Program Units, Mental Health Crisis Bed or Psychiatric Service Unit?  
• Was mental health intervention provided and documented?  Yes  No
- 6. *During* the Controlled Use of Force observed under my direct supervision, staff's actions were in compliance with policy, procedures and training.  Yes  No
- 7. *Following* the Controlled Use of Force observed under my direct supervision, staff's actions were in compliance with policy, procedures, and training.  Yes  No
- 8. Appropriate and applicable administrative notifications made?  Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Facility/Correctional Captain/AOD  
(Printed Name and Signature)

\_\_\_\_\_  
Date