ILLINOIS DEPARTMENT OF CORRECTIONS

Incident Report

				Incident Number:		
				Type of Incident:		
f the answer is yes to any of	the following	g questions, expl	ain in narrative bel	ow:		
acility/Program:		Da	ate of Incident:	Time of Incident:		
Vas a Weapon Involved:	☐ YES	□ NO	Were Restraints		☐ YES ☐ NO	
Was Property Damaged: ☐ YES		□ NO	Were Chemical Agents or OC Used:		☐ YES ☐ NO	
Vere Arrests Made:	☐ YES	□ NO		Law Enf. Agency Notified:	☐ YES ☐ NC	
Vere there Media Inquiries:	☐ YES	□NO	Any Injuries / Hospitalizations:		☐ YES ☐ NC	
ndividuals in Custody / Staff	Involved:					
Name 		I.D. #	_	Name	I.D. #	
Witnesses to Incident:						
Name		I.D. #		Name	I.D. #	
		_		_		
-		_			· 	
Statement of Facts: (NARRAT	TVE)					
				Please che	eck if utilizing the DOC 04	
Reporting Employee (Print)	Reporting E	mployee Signature	Date / Time	Person Accepting Report	Date / Time	
dministrative Assessment:						
Chief Administrative Officer:				Date / Time:		

Distribution: Director, Deputy Director, File Legal Services (only if restraints/force used)