

Type of Incident: \_\_\_\_\_

|                             |                              |                             |   |                              |                             |
|-----------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Was a Weapon Involved:      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were Restraints / Force Used:               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Was Property Damaged:       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were Chemical Agents or OC Used:            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were Arrests Made:          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Appr. Unit and/or Law Enf. Agency Notified: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were there Media Inquiries: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Any Injuries / Hospitalizations:            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**I.D. #**

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☐ Please check if utilizing the DOC 0435

Date / Time

## Date / Time: \_\_\_\_\_