

**SPECIAL INCIDENT REPORT**  
**ALASKA DEPARTMENT OF CORRECTIONS**

Date and Time of Incident  / /	Location (Facility/Office)	TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up	
<p><b>CLASS "A" INCIDENTS / DOI</b> Oral Notification required within 1 hour</p> <input type="checkbox"/> Death of a prisoner or staff <input type="checkbox"/> Serious injury to staff while on duty <input type="checkbox"/> Assault on staff with serious injury <input type="checkbox"/> Fighting with serious injury <input type="checkbox"/> Sexual assault <input type="checkbox"/> Hostage-taking <input type="checkbox"/> General Disturbance <input type="checkbox"/> Discharge of a firearm <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Confiscation of deadly weapon <input type="checkbox"/> Escape or attempted escape <input type="checkbox"/> Fire with injury or evacuation <input type="checkbox"/> Use of force (intermediate or deadly) <input type="checkbox"/> Other _____ <p><b>CLASS "A" INCIDENTS / DPP</b> Oral notification required within 1 hour</p> <input type="checkbox"/> Death or serious injury to staff <input type="checkbox"/> Assault on staff with serious injury <input type="checkbox"/> Hostage-taking <input type="checkbox"/> Discharge of a firearm <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Fire with injury or evacuation (office) <input type="checkbox"/> Use of force (OC, intermediate, deadly) <input type="checkbox"/> Other _____ <p><b>CLASS "B" INCIDENTS / DOI</b> Notify by 10 am next working day</p> <input type="checkbox"/> Life-threatening suicide attempt <input type="checkbox"/> Use of force resulting in injury <input type="checkbox"/> Activity leading to criminal investigation <input type="checkbox"/> Confiscation of controlled substances <input type="checkbox"/> Confiscation of a cellular telephone <input type="checkbox"/> Fire (no injury or evacuation) <input type="checkbox"/> Any PREA incident <input type="checkbox"/> Other _____ <p><b>CLASS "B" INCIDENTS / DPP</b> Notify by 10 am next working day</p> <input type="checkbox"/> Death of a probationer (except natural/accidental causes)  <input type="checkbox"/> Assault on staff without serious injury <input type="checkbox"/> New felony charges (serious assaults) <input type="checkbox"/> Use of Force (Active Measures) <input type="checkbox"/> Other _____ <p><b>CLASS "C" INCIDENTS</b> Notify within one working day</p> <input type="checkbox"/> Other _____ <p><b>CLASS "D" INCIDENTS</b> Notify within one working day</p> <input type="checkbox"/> Other _____	<b>SECTION B: PRINCIPALS INVOLVED</b>		
	Codes: V = Victim   A = Aggressor   W = Witness   S = Suspect   P = Prisoner/Probationer/Parolee,   R = 1 <sup>st</sup> Employee present   EW = Employee Witness O = Other		
	Title or ACOMS#	Code	Name
<b>SECTION C: NOTIFICATION PROCESS</b>			
DATE	TIME	Individual & Agency	Notified by Whom
		Division Director	
		Superintendent or Chief Probation Officer	
		Asst. Superintendent or District Supervisor	
		District Attorney /	
		State Troopers /	
		Fire Marshall /	
		Other:	
<b>SECTION D: MEDICAL STATUS</b>			
Include description of injuries claimed; name of medical attendant; where treatment was provided, i.e., in-house, hospital, etc.:			
<b>SECTION E: STRUCTURAL AND/OR PROPERTY DAMAGE</b>			
Describe extent and estimated costs for repair or replacement:			
<b>SECTION F: INCIDENT DISPOSITION</b>			
<input type="checkbox"/> Change of Housing Status for Inmate(s) <input type="checkbox"/> Incident Referred to State Troopers for Investigation <input type="checkbox"/> Warrant Obtained <input type="checkbox"/> Family(s) Notified <input type="checkbox"/> No Further Action Required <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Incident Referred to Disciplinary Committee <input type="checkbox"/> Incident Referred to District Attorney <input type="checkbox"/> Services Restored <input type="checkbox"/> Law Enforcement Notified <input type="checkbox"/> Pending	
COMMENTS:			

\_\_\_\_\_  
Signature of Reporting Employee

\_\_\_\_\_  
Name and Title of Reporting Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Chief Probation Officer

\_\_\_\_\_  
Date

Date and Time of Incident	Location (Facility/Office)	TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up
<b>SECTION G: INCIDENT</b> <i>(Please do not use abbreviations, codes or jargon in the narrative)</i>		
WHO:		
WHAT:		
WHERE:		
WHEN:		
HOW:		
ADDITIONAL INFORMATION :		
FORCE USED – WHAT TYPE:		
ATTACHMENTS (Witness Statements, Diagrams, Law Enforcement Reports, etc.) Incident Report Form #809.03		