# SPECIAL INCIDENT REPORT

**ALASKA DEPARTMENT OF CORRECTIONS**

<table>
<thead>
<tr>
<th>Date and Time of Incident</th>
<th>Location (Facility/Office)</th>
<th>TYPE OF REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Initial Follow-Up</td>
</tr>
</tbody>
</table>

## SECTION B: PRINCIPALS INVOLVED

<table>
<thead>
<tr>
<th>Title or ACOMS#</th>
<th>Code</th>
<th>Name</th>
</tr>
</thead>
</table>

**CLASS "A" INCIDENTS / DOI**

- Death of a prisoner or staff
- Serious injury to staff while on duty
- Serious injury to staff while on duty
- Assault on staff with serious injury
- Fighting with serious injury
- Sexual assault
- Hostage-taking
- General Disturbance
- Discharge of a firearm
- Bomb Threat
- Confiscation of deadly weapon
- Escape or attempted escape
- Fire with injury or evacuation
- Use of force (intermediate or deadly)
- Other ________________________

**CLASS "A" INCIDENTS / DPP**

- Oral notification required within 1 hour
- Death or serious injury to staff
- Assault on staff with serious injury
- Hostage-taking
- Discharge of a firearm
- Bomb Threat
- Fire with injury or evacuation (office)
- Use of force (OC, intermediate, deadly)
- Other ________________________

**CLASS "B" INCIDENTS / DOI**

- Notify by 10 am next working day
- Life-threatening suicide attempt
- Use of force resulting in injury
- Activity leading to criminal investigation
- Confiscation of controlled substances
- Confiscation of a cellular telephone
- Fire (no injury or evacuation)
- Any PREA incident
- Other ________________________

**CLASS "B" INCIDENTS / DPP**

- Notify by 10 am next working day
- Death of a probationer (except natural/accidental causes)
- Assault on staff without serious injury
- New felony charges (serious assaults)
- Use of Force (Active Measures)
- Other ________________________

**CLASS "C" INCIDENTS**

- Notify within one working day

**CLASS "D" INCIDENTS**

- Notify within one working day

## SECTION C: NOTIFICATION PROCESS

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>Individual &amp; Agency</th>
<th>Notified by Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Division Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Superintendent or Chief Probation Officer</td>
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<tr>
<td></td>
<td></td>
<td>Asst. Superintendent or District Supervisor</td>
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<td></td>
<td></td>
<td>District Attorney /</td>
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<td></td>
<td></td>
<td>State Troopers /</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Fire Marshall /</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION D: MEDICAL STATUS

Include description of injuries claimed; name of medical attendant; where treatment was provided, i.e., in-house, hospital, etc.: 

## SECTION E: STRUCTURAL AND/OR PROPERTY DAMAGE

Describe extent and estimated costs for repair or replacement:

## SECTION F: INCIDENT DISPOSITION

- Change of Housing Status for Inmate(s)
- Incident Referred to State Troopers for Investigation
- Warrant Obtained
- Family(s) Notified
- No Further Action Required
- Other ________________________

**COMMENTS:**

**Signature of Reporting Employee**

**Name and Title of Reporting Employee**

**Superintendent/Chief Probation Officer**

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*Department of Corrections, Form 104.01A*

*Rev. 10/13*
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**SECTION G: INCIDENT**

*(Please do not use abbreviations, codes or jargon in the narrative)*

**WHO:**

**WHAT:**

**WHERE:**

**WHEN:**

**HOW:**

**ADDITIONAL INFORMATION :**

**FORCE USED – WHAT TYPE:**

**ATTACHMENTS (Witness Statements, Diagrams, Law Enforcement Reports, etc.)**

Incident Report Form #809.03