Return to:

New York State
Commission of Correction
80 Wolf Road, Albany, NY 12205
Attn: R.I.

SCOC-011 6/05
(518) 485-2466 24 Hr On Call
(518) 485-2467 Fax machine

Initial Reportable Incident Report

1. RI# 2.ORI# 3.Facility Code

4. Facility Name 5.Incident Code 6.Specific Incident Category

7. Date of Incident 8. Time of Incident (HH-MM) 9. Forced Used (Y/N) 10. Facility Classification

11. Location Code 11a. Location of Incident 12. # Inmates Involved

Reporting Information

13. Title 14. Last Name 14a. First Name

15. Date Reported 16. Telephone- A.C. Prefix # Extension

Inmate #1 Information

17. Last Name 18. First Name 19. MI

20. Inmate # 21. NYSID # 22. Date of Birth

23. Sex 24. Race 25. Eth.Org. 26. Date of Admission 27. Status Code 28. Med Code 29. Role

30. Charge

31. Law 32. Section 33. Subdivision 34. Attempt 35. Category

36. Instrument Code 37. Type of Force Used 37a. Other

Complete #38-55 ONLY if Narrative Report is Required. (Consult notification chart.)

Did inmate have any PRIOR KNOWN HISTORY of : (check all that apply)

38. ___ Mental Health Treatment 39. __ Physical handicap 40. __ Sex Offenses 41. ___ Discipline Problems

42. ___ Victimization 43. __ Escape 44. __ Assaultive Behavior 45. ___ Substance Abuse

46. ___ Attempted Escape 47. __ Suicide Attempts 48. __ Self-injury 49. ___ Arson

50. Administrative action taken: Yes _____ No _____ If yes, check all that apply

51. __ Administrative Segregation 52. __ Constant Supervision 53. ___ Medical/Mental Health evaluation

54. __ Transfer to Another General Housing unit 54a __ Transfer to Another Facility 55. ___ Other _____

Inmate #2 Information

17. Last Name | 18. First Name | 19. MI

20. Inmate # | 21. NYSID # | 22. Date of Birth

23. Sex | 24. Race | 25. Eth.Org. | 26. Date of Admission | 27. Status Code | 28. Med Code | 29. Role

30. Charge

31. Law | 32. Section | 33. Subdivision | 34. Attempt | 35. Category

36. Instrument Code | 37. Type of Force Used | 37a. Other

Complete #38-55 ONLY if Narrative Report is Required. (Consult notification chart.)

Did inmate have any PRIOR KNOWN HISTORY of : check all that apply)

38. ___ Mental Health Treatment
39. __ Physical handicap
40. __ Sex Offenses
41. ___ Discipline Problems
42. ___ Victimization
43. __ Escape
44. __ Assaultive Behavior
45. ___ Substance Abuse
46. ___ Attempted Escape
47. __ Suicide Attempts
48. __ Self-injury
49. ___ Arson

50. Administrative action taken: Yes _____ No _____ If yes, check all that apply

51. __ Administrative Segregation
52. __ Constant Supervision
53. ___ Medical/Mental Health evaluation
54. __ Transfer to Another General Housing unit
54a __ Transfer to Another Facility
55. ___ Other _____

Staff Involved

56. Title	57. Last Name	58. First Name	59. MI	60. Sex	61. Med.

Summary

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