

**State of California
Office of Administrative Law**

In re:
**Department of Corrections and
Rehabilitation**

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections:

Amend sections: 3000, 3268, 3268.1, 3268.2

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

**Government Code Sections 11349.1 and
11349.6(d)**

OAL Matter Number: 2015-1117-01

**OAL Matter Type: Certificate of Compliance
(C)**

This certificate of compliance action makes permanent and amends regulations regarding the use of force in institutions and related forms

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: December 30, 2015



**Mark Storm
Senior Attorney**

**For: DEBRA M. CORNEZ
Director**

**Original: Jeffrey Beard Ph. D.
Copy: Sarah Pollock**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0618-01	REGULATORY ACTION NUMBER 2015-1117-01C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

DEC 30 2015

11:49 PM

2015 NOV 17 A 11:17
OFFICE OF
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY California Department of Corrections and Rehabilitation	AGENCY FILE NUMBER (if any) 15-0051
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2015, 27-2	PUBLICATION DATE 7/3/2015	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Use of Force	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0529-02EON
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 3000, 3268, 3268.1, and 3268.2
	REPEAL 15

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Sarah Pollock	TELEPHONE NUMBER 916 445-2308	FAX NUMBER (Optional) 916 324-6075	E-MAIL ADDRESS (Optional) Sarah.Pollock@cocr.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 11-12-15
TYPED NAME AND TITLE OF SIGNATORY SCOTT KERNAN, Undersecretary, Operations	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

DEC 30 2015

Office of Administrative Law

TEXT OF ADOPTED REGULATIONS

In the following, underline indicates additional text and ~~strikethrough~~ indicates deleted text, to the originally proposed text.

Title 15, Crime Prevention and Corrections

Division 3, Adult Institutions, Programs, and Parole

Chapter 1. Rules and Regulations of Adult Operations and Programs

Article 1. Behavior

3000. Definitions

Section 3000 is amended to alphabetically merge the definition below with those that exist in the regulations.

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Serious bodily injury (SBI) means a serious impairment of physical condition, including, but not limited to, the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of function of any bodily member or organ; a wound requiring extensive suturing; and serious disfigurement.

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NOTE: Authority cited: Sections 2717.3, 3000.03, 5058, 5058.3, 1170.05 and 243(f)(4), Penal Code; Section 10115.3(b), Public Contract Code; and Sections 4525(a), 4526 and 14837, Government Code. Reference: Sections 186.22, 243, 314, 530, 532, 646.9, 653m, 832.5, 1170.05, 1203.8, 1389, 2080, 2081.5, 2600, 2601, 2700, 2717.1, 2717.6, 2932.5, 3003.5(a), 3020, 3450, 3550, 4570, 4576, 5009, 5050, 5054, 5068, 7000 et seq. and 11191, Penal Code; Sections 1132.4 and 1132.8, Labor Code; Sections 10106, 10108, 10108.5, 10115, 10115.1, 10115.2, 10115.3 and 10127, Public Contract Code; and Section 999, Military and Veterans Code; Section 391, Code of Civil Procedure; Section 297.5, Family Code; Sections 8550, 8567, 12838 and 12838.7, Government Code; Governor's Prison Overcrowding State of Emergency Proclamation dated October 4, 2006; *In re Bittaker*, 55 Cal.App. 4th 1004, 64 Cal. Rptr. 2d 679; Section 11007, Health and Safety Code; and *Madrid v. Cate* (U.S.D.C. N.D. Cal. C90-3094 TEH).

Subchapter 4. General Institution Regulations

Article 1.5. Use of Force and Restraining Devices

3268. Use of Force.

Sections 3268 through 3268(a)(3) are unchanged, but shown for reference purposes.

The purpose of this Section is to set forth Department of Corrections and Rehabilitation (CDCR) policy governing the use of force. The policy has its foundation in California Penal Code statutes and relevant case decisions.

(a) Definitions.

(1) Reasonable Force:

The force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.

(2) Unnecessary Force:

The use of force when none is required or appropriate.

(3) Excessive Force:

The use of more force than is objectively reasonable to accomplish a lawful purpose.

Subsection 3268(a)(4) is amended to read:

(4) Immediate Use of Force:

The force used to respond without delay to a situation or circumstance that constitutes an imminent threat to institution/facility security or the safety of persons. Immediate force may be necessary to subdue an attacker, overcome resistance, or effect custody. If it is necessary to use force solely to gain compliance with a lawful order, controlled force shall be used.

New Subsection 3268(a)(5) is adopted to read:

(5) Imminent Threat:

An imminent threat is any situation or circumstance that jeopardizes the safety of persons or compromises the security of the institution and requires immediate action to stop the threat. Some examples include, but are not limited to: an attempt to escape, on-going physical harm, or active physical resistance.

Existing Subsections 3268(a)(5) through 3268(a)(22) have been renumbered to 3268(a)(6) through 3268(a)(23).

(6) Controlled Use of Force:

The force used in an institution/facility setting, when an inmate's presence or conduct poses a threat to safety or security and the inmate is located in an area that can be controlled or isolated.

(7) Non-Conventional Force:

Force that utilizes techniques or instruments that are not specifically authorized in policy, procedures, or training. Depending on the circumstances, non-conventional force can be necessary and reasonable; it can also be unnecessary or excessive.

(8) Non-Deadly Force:

Any use of force that is not likely to result in death.

(9) Deadly Force:

Any use of force that is likely to result in death. Any discharge of a firearm other than the lawful discharge during weapons qualifications, firearms training, or other legal recreational use of a firearm, is deadly force.

(10) Response Supervisor:

The Response Supervisor is the first line supervisor in an institution/facility responsible for the area where an incident occurs.

(11) Responding Supervisor:

The Responding Supervisor is the first line supervisor responsible for the employee involved in an incident.

(12) Incident Commander:

The Incident Commander is the second line supervisor in an institution/facility responsible for the area where an incident occurs or an allegation of excessive or unnecessary force is received.

(13) First Level Manager:

A First Level Manager in an institution/facility is a Facility Captain/Correctional Captain.

(14) First Line Manager:

A First Line Manager is a Parole Administrator, District Administrator, Special Agent-In-Charge, or Senior Special Agent.

(15) Second Level Manager:

A Second Level Manager in an institution/facility is an Associate Warden.

(16) Second Line Manager:

A Second Line Manager is a Deputy Regional Parole Administrator or Chief.

(17) Deadly Force Review Board (DFRB) means the board responsible for conducting a full and complete review of all incidents involving a use of deadly force (except those meeting the criteria set forth in 3268(a)(21)) and every death or great bodily injury that could have been caused by a staff use of force, regardless of whether the incident occurs in an institutional or community setting. The DFRB shall be composed of at least four members. Three shall be non-departmental law enforcement professionals. One shall be a Division, Parole Region, or Institution/Facility Manager (i.e. Associate Director, Division of Juvenile Justice (DJJ) Superintendent, Chief or designee) from outside the chain of command of the involved employee(s). Additional members may be designated by the Secretary or designee.

(18) Institutional Executive Review Committee (IERC):

The IERC is a committee of institution staff chaired by the respective Institution Head tasked with reviewing all uses of force and every allegation of excessive or unnecessary force.

(19) Department Executive Review Committee (DERC):

Department Executive Review Committee (DERC) is a committee of staff selected by, and including, the Associate Director who oversees the respective institution/facility Mission-based group. The DERC shall review all incidents involving deadly force, serious injury, great bodily injury or death. The DERC shall

also review those incidents referred to the DERC by the IERC Chairperson or otherwise requested by the DERC.

(20) Field Executive Review Committee (FERC):

The FERC is a committee of field staff chaired by the respective Regional Parole Administrator, Assistant Secretary, or Chief tasked with reviewing all uses of force and every allegation of excessive or unnecessary force.

(21) Deadly Force Investigation Teams (DFIT):

DFIT is a team of trained department investigators that shall conduct criminal and administrative investigations into every use of deadly force and every death or great bodily injury that could have been caused by a staff use of force, except the lawful discharge of a firearm during weapons qualifications or firearms training, or other legal recreational uses of a firearm. Although defined as deadly force DFIT need not investigate the discharge of a warning shot inside an institution/facility if an Investigative Services Unit Sergeant or above, or an uninvolved Correctional Lieutenant or above confirms that the discharge of deadly force was a warning shot and that no injuries were caused by the shot. All warning shots shall be reported to the Office of Internal Affairs/DFIT and the Bureau of Independent Review (BIR).

(22) Joint Use Committee (JUC):

The JUC is a committee of field staff from the department tasked with reviewing and evaluating recommended revisions to the department's Use of Force Regulations and Procedures.

(23) Holding Cells:

A holding cell is a secure structure located within a building or sheltered area that is without running water, a toilet, or sleeping facilities, and is designed for the interim placement of one or more offenders.

Subsections 3268(b) through 3268(c)(5) are unchanged.

Subsection 3268(d) is unchanged, but shown for reference purposes.

(d) The CDCR recognizes the sanctity of human life. Therefore, deadly force will only be used when it is reasonably necessary to:

Subsection 3268(d)(1) is amended to read:

(1) Defend the employee or other persons from an imminent threat of death or great bodily injury.

Subsections 3268(d)(2) through 3268(h) are unchanged.

Subsection 3268(i) is amended to read:

(i) Controlled Use of Force. In an institution/facility setting, controlled use of force may be used when time and circumstances permit advance planning, staffing and organization. A controlled use of force requires authorization and the presence of a First or Second Level Manager, or during non-business hours,

an AOD, and must be documented on a CDCR Form 837-C (Rev. ~~03/15~~10/15), Crime/Incident Report Part C - Staff Report, which is hereby incorporated by reference.

Subsections 3268(j) through 3268(l)(B) are unchanged.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 196, 835a, 2651, 2652 and 5054, Penal Code; Section 50, Civil Code; Whitley v. Albers (1985) 475 U.S. 312, 106 S.Ct. 1078; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

3268.1. Reporting and Investigating the Use of Force for Institution/Facility Staff.

Subsection 3268.1(a) is unchanged, but shown for reference purposes.

(a) Use of Force-Reporting Requirements. Every staff use of force is an incident that shall be reported.

Subsections 3268.1(a)(1) and 3268.1(a)(2) are amended to read:

(1) Any employee who uses force or observes a staff use of force shall report it to a supervisor as soon as practical and submit the appropriate documentation, prior to being relieved from duty. In an institution/facility setting the documentation shall be on a CDCR Form 837-A (Rev. ~~10/06~~10/15), Crime/Incident Report Part A-Cover Sheet, CDCR Form 837-A1 (Rev. ~~10/06~~10/15), Crime/Incident Report Part A1-Supplement, CDCR Form 837-B1 (Rev. ~~10/06~~10/15), Crime/Incident Report Part B1-Inmate, CDCR Form 837-B2 (Rev. ~~10/06~~10/15), Crime/Incident Report Part B2-Staff, CDCR Form 837-B3 (Rev. ~~10/06~~10/15), Crime/Incident Report Part B3-Visitor, Other, CDCR Form 837-C (Rev. ~~03/15~~10/15), Crime/Incident Report Part C-Staff Report, CDCR Form 837-C1 (Rev. ~~03/15~~10/15), Crime/Incident Report Part C1-Supplement, or a CDCR Form 837-C2 (Rev. ~~03/15~~10/15), Crime/Incident Report Part C2-Review Notice, which are hereby incorporated by reference.

(2) The supervisor shall document his or her review on a CDCR Form 3010 (Rev. ~~03/15~~10/15), Incident Commander's Review/Critique Use of Force Incidents, which is hereby incorporated by reference, and forward it with the employee's document through the designated chain of command, to the institution head for approval or follow-up action.

Subsections 3268.1(b) through 3268.1(c) are unchanged.

Subsection 3268.1(d) is unchanged, but shown for reference purposes.

(d) Video Recording Requirements.

Subsections 3268.1(d)(1) and 3268.1(d)(2) are amended to read:

(1) A video recording is required for all Controlled Uses of Force occurrences. A video recording of the inmate is also required following a use of force occurrence resulting in SBI or GBI to the inmate and shall be documented on a CDCR Form 3013-1 (~~03/15~~Rev. 10/15), Inmate Interview for GBI and SBI Worksheet and a CDCR Form 3014 (Rev. ~~03/15~~10/15), Report of Findings - Inmate Interview, which are hereby incorporated by reference.

(2) A video recording of the inmate shall be made when the inmate has made an allegation of an unnecessary or excessive use of force and shall be documented on a CDCR Form 3013-2 (~~03/15~~Rev. 10/15), Inmate Interview for Allegation Worksheet and a CDCR Form 3014 (Rev. ~~03/15~~10/15), Report of Findings - Inmate Interview, which are hereby incorporated by reference.

Subsections 3268.1(e) through 3268.1(e)(2) are unchanged, but shown for reference purposes.

(e) Reviewing Use of Force Requirements.

(1) For reported incidents, a good faith effort must be made at all levels of review in order to reach a judgment whether the staff's actions prior to, during, and subsequent to the force used was in compliance with regulations, procedure and applicable law and determine if follow-up action is necessary.

(2) Use of Force levels of review include the following:

Subsections 3268.1(e)(2)(A) through 3268.1(e)(2)(D) are amended to read:

(A) Incident Commander Review, CDCR Form 3010 (Rev. ~~03/15~~10/15), Incident Commander's Review/Critique Use of Force Incidents.

(B) First Level Manager Review, CDCR Form 3011 (Rev. ~~03/15~~10/15), Manager's Review - First Level Use of Force Incidents, which is hereby incorporated by reference.

(C) Second Level Manager Review, CDCR Form 3012 (Rev. ~~03/15~~10/15), Manager's Review - Second Level Use of Force Incidents, which is hereby incorporated by reference.

(D) Use of Force Coordinator Review. The Use of Force Coordinator shall normally schedule all logged use of force cases for review within 30 days of their logged occurrence. The Use of Force Coordinator shall document their review on a CDCR Form 3034 (Rev. ~~03/15~~10/15), IERC Allegation Review, and a CDCR Form 3036 (Rev. ~~03/15~~10/15), IERC Critique and Qualitative Evaluation, which are hereby incorporated by reference.

Subsections 3268.1(e)(2)(E) is amended to read:

(E) Institutional Executive Review Committee (IERC). Normally, the IERC is comprised of the following staff:

Subsections 3268.1(e)(2)(E)1. through 3268.1(e)(2)(E)4. are amended to read:

1. Institution Head or Chief Deputy Warden, as chairperson and final decision maker.
2. At least one other manager assigned on a rotational basis.
3. In-Service Training Manager.
4. One health care practitioner or clinician.

Subsections 3268.1(e)(2)(E)5. through 3268.1(e)(2)(E)6. are unchanged, but shown for reference purposes.

5. A Use of Force Coordinator.

6. Other designated supervisors and rank and file staff may also attend, as determined by the Institution Head. A representative of the BIR may also attend and monitor IERC meetings.

Subsection 3268.1(e)(2)(E)7. is amended to read:

7. The IERC shall meet to review its cases on at least a monthly basis, or on a schedule to ensure all cases are reviewed within 30 days. The IERC shall document their review on a CDCR Form 3035 (Rev. 03/15/10/15), IERC Use of Force Review & Further Action Recommendation, which is hereby incorporated by reference.

Subsections 3268.1(e)(F) through 3268.1(g)(6) are unchanged.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 196, 835a, 2651, 2652 and 5054, Penal Code; Section 50, Civil Code; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

3268.2. Use of Restraints.

Subsections 3268.2(a) through 3268.2(c)(5) are unchanged.

Subsection 3268.2(d) is amended to read:

(d) When mechanical restraint is required, handcuffs, alone or attached to a waist chain, will be the means of restraint normally used. However, additional mechanical restraint, including leg restraints, additional chains, straight jackets, leather cuffs, or other specialized restraint equipment may be used when the circumstances indicate the need for the level of control that such devices will provide. The unresisted application of authorized restraint equipment is not a use of force.

Subsections 3268.2(e) through 3268.2(f) are unchanged.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 196, 835a, 2650, 2651, 2652, 2652.5, 3423, 5007.7 and 5054, Penal Code; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

FINAL STATEMENT OF REASONS

The Initial Statement of Reasons (ISOR) is incorporated by reference.

UPDATES TO THE INITIAL STATEMENT OF REASONS

On July 3, 2015 the Notice of Proposed Regulations for “Use of Force” was published which began the public comment period. The Department’s Notice of Change to Regulations (NCR) #15-06 was also mailed the same day to individuals who had requested to be on the Department’s mailing list for regulation changes. In addition they were posted on the California Department of Corrections and Rehabilitation (CDCR) internet and intranet websites, and copies posted in CDCR institutions. The Department received one written comment which is included below under *Summaries and Responses to the Written Public Comments Received During the Initial Comment Period*. A public hearing was held on July 15, 2015 with no individuals providing verbal comments.

After publication of the Notice of Proposed Regulations, it was determined that additional changes to CDCR Forms were necessary. CDCR Forms 837-A, 837-A-1, 837-B1, 837-B2, 837-B3, 837-C, 837-C1, and 837-C2, were revised to reflect the new Use of Force language and options as outlined in the proposed regulations, and to aide staff to complete them in a timely manner. CDCR Forms 3010, 3011, 3012, 3013-1, 3013-2, 3014, 3034, 3035, and 3036 were revised to improve the functionality and accuracy of the forms as they relate to Use of Force policy verbiage.

The changes were presented to the public by issuance of a 15-Day Re-notice, and an effective comment period from October 9, 2015 to October 25, 2015. The 15-Day Re-notice was posted to the CDCR internet and intranet websites, and sent to the one written commenter. The changes to the text and the reasons for them can be found below under the heading *Changes to the Proposed Text of Regulations (15-Day Re-notice)*. There were no commenters during the 15-Day Re-notice period.

After publication of the 15-Day Re-notice, minor non-substantive punctuation errors on some of the forms were corrected.

FORMS INCORPORATED BY REFERENCE:

CDCR Forms 837-A, 837-A1, 837-B1, 837-B2, 837-B3, 837-C, 837-C1, 837-C2, 3010, 3011, 3012, 3013-1, 3013-2, 3014, 3034, 3035, and 3036 were made available to the public throughout the rulemaking, and will continue to be made available upon request. To publish these forms into the California Code of Regulations would be cumbersome and impractical, and would increase costs to the Department.

DETERMINATION

The Department has determined that no alternative considered would be more effective in carrying out the purpose for which the regulation is proposed, would be as effective and less

burdensome to affected private persons than the proposed regulation, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. This determination was reached by a consensus of the Division of Adult Institutions.

Except as set forth and discussed in the summary and responses to comments, no other alternatives have been proposed or otherwise brought to the Department's attention that would alter the Department's decision.

CHANGES TO THE TEXT OF PROPOSED REGULATIONS (15-DAY RE-NOTICE)

Subsection 3268(i): The revision date for the CDCR Form 837-C was changed from "03/15" to "10/15." Minor content revisions were required to improve the functionality and accuracy of the form as it relates to aligning with the Use of Force policy verbiage.

Subsection 3268.1(a)(1) through 3268.1(a)(2): The revision dates for CDCR Forms 837-A, 837-A1, 837-B1, 837-B2, and 837-B3 were changed from "10/06" to "10/15," and the revision dates for CDCR Forms 837-C, 837-C1, 837-C2, and 3010 were changed from "03/15" to "10/15." The CDCR 837 series of forms were identified as requiring updating to meet the reporting standards required by this section. Updating was required to reflect the new Use of Force language and Use of Force options as outlined in the proposed regulations. In addition, these revisions aide staff to complete these forms in a timely manner, which will reduce the workload on staff completing these forms.

Subsection 3268.1(d)(1) through 3268.1(d)(2): The revision dates for CDCR Forms 3013-1, 3014, and 3013-2 were changed from "03/15" to "10/15." Minor content revisions were required to improve the functionality and accuracy of the forms as they relate to aligning with the Use of Force policy verbiage.

Subsections 3268.1(e)(2)(A) through 3268.1(e)(2)(D): The revision dates for CDCR Forms 3010, 3011, 3012, 3034, and 3036 were changed from "03/15" to "10/15." Minor content revisions were required to improve the functionality and accuracy of the forms as they relate to reviewing Use of Force incidents, and accurately following the new Use of Force policy verbiage.

Subsection 3268.1(e)(2)(E)7.: The revision date for CDCR Form 3035 was changed from "03/15" to "10/15." Minor content revisions were required to improve the functionality and accuracy of the form as it relates to reviewing Use of Force incidents, and accurately following the new Use of Force policy verbiage.

LOCAL MANDATES

This action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement of costs or savings pursuant to Government Code Sections 17500 - 17630.

SUMMARIES AND RESPONSES TO THE WRITTEN PUBLIC COMMENTS RECEIVED DURING THE INITIAL COMMENT PERIOD

Commenter #1 Commenter identifies himself as a Correctional Officer and a law school graduate. Commenter provided a lengthy discourse regarding his concerns with the proposed regulations, referencing case law and California Criminal Jury Instructions that he feels are related to his issues with the proposed regulations. After careful review, the Department determined the below summarized comments appear to be Commenter's main issues. It should be noted that the Commenter frequently refers to NCR 15-06 as changing the CDCR Use of Force (UOF) policy as set forth in the Department Operations Manual (DOM) and in training manuals. However, NCR 15-06 changes CDCR's *regulations*. The implementing procedures and training reflect the legal standards established by statute, regulations and case law.

Comment 1A: Comment 1A takes issue with the clarity and consistency standards of the proposed regulations. Commenter feels the regulations fail to meet the "clarity standard" and "consistency standard" as set forth in Government Code sections 11349(c) and (d) in several provisions of the proposed regulations:

1. The definitions for "Great Bodily Injury (GBI)," "Deadly Force," "Imminent Threat," and "Immediate Use of Force," which are not used, described or explained in the DOM, nor are they consistent with California law. CDCR's definition for GBI raises the level of injury needed to substantiate the exercise of deadly force by a Correctional Officer, as compared to any other category of person who exercises deadly force. The CDCR definition uses "any bodily injury that creates a substantial likelihood of death." The California law definition does not require "substantial likelihood of death" and defines as: "significant or substantial injury...that is greater than minor or moderate harm."
2. CDCR's UOF policy is not consistent with that used by other agencies such as CHP, Sheriff, and Police.
3. The proposed regulations are not consistent with the DOM.
4. The proposed regulations do not provide clarity with CDCR's Office of Training and Professional Development, In Service Training, UOF Handbook.

Accommodation: None

Response 1A: The proposed regulations meet clarity and consistency standards. The definitions of GBI and Deadly Force are unchanged by this rulemaking and are not open to comment. Furthermore, regulations provide controlling legal authority for CDCR, compared to the DOM's internal procedural guidance. Therefore changes are first made to the regulations since DOM derives its authority from the regulations. The Department is in the process of amending the DOM to be consistent with these revised regulations, and will continue with updating the DOM once regulations have been approved and permanently adopted. Consistency with other law enforcement agencies is not relevant. CDCR and other law enforcement agencies must develop UOF standards, policies, reporting and reviewing standards for their particular functions, circumstances and structure. The "clarity standard" requirement applies to the language used in the regulation text itself. As indicated above, with respect to consistency, revisions to training materials will be based on and they will be consistent with approved regulations.

Comment 1B: Commenter feels the proposed amendments will impede and restrict the discretionary decision-making of Correctional Officers and should be based on standards set out in case law concerning criminal and civil actions. Specifically, liability is based, at least in part, on an evaluation of the peace officer's actions under the totality of the circumstances and whether those actions were reasonable based on the immediacy and severity of the threat. The proposed regulations will impose the same standard applied to non-peace officers in the exercise of use-of-force. In addition, the proposal takes away the "probable cause" standard currently used to judge a Correctional Officer's decision to take action to stop perceived deadly threats of harm to themselves or others. NCR 15-06 will prohibit Correctional Officers from using their intelligence, training, education, and experience when making decisions of when to use force and whether to use deadly or non-deadly force.

Accommodation: None

Response 1B: The proposed UOF language does not limit the decision-making required by correctional staff. The definition of reasonable force is unchanged by this rulemaking and includes consideration of the facts and circumstances. The Department does not believe the changes modify the expectations or obligations of officers or their ability to appropriately respond, as this rulemaking primarily modifies the reporting and review of incidents. The changes continue to meet the requirements set out in the court orders issued in *Madrid* and *Coleman* and further the efforts of the Department to comply with those rulings. In addition the UOF policy was extensively negotiated and agreed upon with the California Correctional Peace Officers Association.

Incident Commander's Review/Critique Use of Force Incidents

INCIDENT SITE/LOCATION	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

The following review will be completed by the Incident Commander or a second-line Supervisor in preparing the incident package for administrative review and as a means to ensure adherence to the Use of Force Policy.

<i>(Check all that apply)</i>
1. Identify necessary and reasonable purpose for the application of force: <input type="checkbox"/> Subdue an attacker <input type="checkbox"/> Effect custody <input type="checkbox"/> Overcome resistance <input type="checkbox"/> Gain compliance with a lawful order. Write the lawful order: _____
2. Identify the force option(s) utilized: <input type="checkbox"/> Physical strength and holds <input type="checkbox"/> Hand-held batons <input type="checkbox"/> X-10 (w/o OC) <input type="checkbox"/> X-10 (w/ OC) <input type="checkbox"/> Chemical agents: <i>Type / Projector / # Deployed and Length of Applications:</i> _____ _____ <input type="checkbox"/> Less-lethal weapons: <i>Model / Round / # Deployed:</i> _____ <input type="checkbox"/> Firearms: <i>Model / Caliber / # rounds fired:</i> _____ <input type="checkbox"/> Non-Conventional Force: <i>Specify item and how used:</i> _____

3. Identify the circumstances in which force was applied? <input type="checkbox"/> Controlled - Go to #4 <input type="checkbox"/> Immediate - Go to #5
--

<i>(Complete items below if Controlled Use of Force)</i>	Yes	No	N/A
4. Controlled Use of Force. If 4 is marked "N/A" then 4(a-q) can be left blank:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Was a Manager present during the controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was an appropriate cool down period afforded before force was used and the start time and duration documented in the CDCR 837-A1? If so, indicate start time and approximate duration of cool down period. Start Time: Duration: hours minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Were other resources accessed during cool down period if they were available? (i.e. Religious Leaders, other custody staff, other staff known to inmate, etc.) If so, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were clinical intervention attempts made to verbally counsel and persuade the inmate to voluntarily exit the area by a licensed mental health practitioner or were similar attempts made by custody staff if authorized by the on-site manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was it determined by a licensed mental health practitioner that the inmate did not have the ability to understand orders, had difficulty complying with orders, or was at a substantial risk of decompensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "d." is yes, did the Warden, Chief Deputy Warden or AOD authorize the use of chemical (1) agents? If so, provide name and title. Name: Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Were all disciplines in agreement with ending the cool down period? List classification and names in the Comments section below. If it was necessary to have the termination of cool down authorized at a higher level, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If this is a Controlled use of force for Medical Treatment, did an on duty health care services staff review the inmates file to ensure the medical authorization for the medication exists and was the name and title of the staff member included in the CDCR 837-A1 per DOM 51020.12.4 & 51020.17.7? Name: Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did the inmate's housing meet the criteria requiring Warden, Chief Deputy Warden, or AOD's approval for use of chemical agents (i.e. MHCB, PIP, OHU, PSU, or an ASU-EOP Hub)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Name (Printed Name and Signature)	Title	Date

Incident Commander's Review/Critique Use of Force Incidents

<i>(Complete the items below)</i>		Yes	No	N/A
h.	Did the review of the inmate's Unit Health Record (UHR) for medical conditions indicate an increased risk for a potential adverse outcome resulting from the use of force? If so, indicate in the Comments section what determination was made regarding force options used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Was the tactical plan finalized based on a collaborative effort and approved by the on-site Manager? If it was necessary to have the plan authorized at a higher level, explain level of approval in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Did the inmate meet the criteria requiring Warden or Chief Deputy Warden (not AOD per DOM 51020.14.2) approval for use of impact munitions (i.e., housed in Mental Health Crisis Bed, PIP, Out-Patient Housing Unit, PSU, or an ASU-EOP Hub, or lack the ability to understand orders)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Did you review the video recording of the controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Was there licensed nursing staff present during the extraction and did they verify they had appropriate medical supplies and equipment to respond to a medical emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Did the incident commander initiate a verbal warning (admonishment) prior to application of force per DOM 51020.12.3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	If chemical agents were used, was there at least 3 minutes between each application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Did the on-site Manager authorize each use of additional applications of chemical agents beyond the maximum applications listed in DOM 51020.15.1 for a small space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Did the inmate submit to a visual search prior to being removed from the cell? If no, explain in the Comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Was the appropriate amount of extraction equipment issued to staff based on the type of housing the extraction took place based on DOM 51020.12.2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	If chemical agents used, were decontamination procedures adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	If In-Cell decontamination of OC is recommended, was licensed nursing staff there to advise the inmate how to self-decontaminate and the importance of decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If staff's use of force resulted in death, SBI, or GBI, was timely notification made to the OIG and OIA? If no, please explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	If one of the following conditions exists, a video recorded interview with the affected inmate(s) is required within 48 hours. Check the applicable condition(s): GBI or SBI as a result of staff's use of force. Allegation of unnecessary or excessive force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Was a video interview conducted? If an interview was not conducted within the 48 hours, explain in the Comments section. If 7 is marked "N/A" then 7(a-h) can be marked N/A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	How was the allegation made? <input type="checkbox"/> Verbal <input type="checkbox"/> Written			<input type="checkbox"/>
c.	If the inmate declined to participate in the video interview, was the refusal video recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Did you review the video recording of inmate interview or refusal to interview?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Were introductions for Camera Operator and Custody Supervisor recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Was the Custody Supervisor performing the video interview not involved in the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Were the inmates injuries video recorded close enough and accurately enough to view and assess?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Did the video recorded injuries match the injuries documented on the CDCR 7219?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	If (h) is no, was a subsequent video recorded with the updated CDCR 7219 speaking to the discovery of previously undocumented injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Name (Printed Name and Signature)	Title	Date

Incident Commander's Review/Critique Use of Force Incidents

<i>(Complete the items below)</i>	Yes	No	N/A
8. Have you received applicable reports (CDCR 837-C and CDCR 7219) from all identified staff (including medical staff) involved in this incident prior to the end of their shift? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
a. Were all staff reports reviewed for quality, accuracy, and content, including if applicable, the Report of Finding-Inmate Interview (CDCR 3014)? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	
b. If there were requested clarifications (CDCR 837-C2 Crime/Incident Report Part C2 - Review Notice) based on staff's documented use of force, were the clarifications submitted in a timely fashion? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the Incident Commander review stopped due to an investigation by the DFIT, the OIA, or any other outside investigating agency? If the Review was stopped, note the date and reason why the review ceased. Continue in the Comments section if needed. (DOM 51020.17.7) Date: Reason:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were there any actions taken by you to address deficiencies in the incident package? If yes, explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Based on the information/documentation received, staff's actions prior to the use of force were in compliance with the Use of Force policy, procedure, and training? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Based on the information/documentation received, staff's actions during the use of force were in compliance with the Use of Force policy, procedure, and training? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Based on the information/documentation received, staff's actions following the use of force were in compliance with the Use of Force policy, procedure, and training? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	

1. Describe the totality of circumstances that required force to be utilized.

2. What steps were taken to avoid and/or minimize the need for the force used?

3. Was the force reasonable and necessary to control the circumstances? If no, explain.

4. If the force used resulted in SBI, GBI, Death of the inmate or if there was an inmate's allegation of excessive or unnecessary force, describe inmate injuries due to force used.

5. Are there any notable items considered clerical/procedural issues that did not contribute to any non-compliance with respect to staff's use of force, but should be addressed?

Comments:

Reviewer's Name (Printed Name and Signature)	Title	Date

Manager's Review - First Level Use of Force Incidents

INCIDENT SITE/LOCATION	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

The following review will be completed by the First Level Manager to prepare the incident package for administrative review and as a means to ensure adherence to the Use of Force Policy.

<i>(Complete the items below)</i>	Yes	No	N/A
1. Was the CDCR 837 incident package completed and received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were all clarifications requested by the Incident Commander completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were all clarifications requested based upon your review completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. After the complete review of all documents in the CDCR 837 incident package (including the CDCR 3014 if applicable), did they meet expected standards for overall quality and completeness?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did the Incident Commander's review properly capture and describe the facts and circumstances requiring the use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
6. If controlled use of force was utilized, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the video recording include all the necessary information including the on-site Managers introduction and authorization for use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the on-site Manager consulted regarding a disagreement among the collaborative team members during a controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the on-site Manager submit a CDCR Form 837-C Crime / Incident Report Part C - Staff Report detailing their involvement (DOM 51020.17.8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the disagreement resulted in the contact of the Regional Administrator or the Associate Director did the on-site Manager submit a CDCR 837-C Crime / Incident Report Part C - Staff Report detailing the Regional Administrator's or Associate Director's involvement (DOM 51020.17.8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If chemical agents or less-lethal force were utilized in a circumstance that would require authorization from on-site Managers, Chief Deputy Warden or Warden, was that authorization obtained? (i.e. inmate at risk for decompensation, type of housing unit (ASU, SHU, etc.), deemed unable to follow direction by staff, more than four (4) chemical agent applications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If video recorded interview was conducted due to an allegation of excessive/unnecessary force or due to staff use of force causing Serious Bodily Injury/Great Bodily Injury, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there was an allegation of unnecessary or excessive force, was an adequate fact-finding completed? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the First Level Managers review stopped due to an investigation by the DFIT, OIA, or any other outside investigating agency? If the Review was stopped, note the date and reason why the review ceased. Continue in the Comments section if needed. (DOM 51020.19.2) Date: Reason:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were there any actions taken by your subordinates to address deficiencies in the incident package, and if so was the action taken appropriate and proper (DOM 51020.19.2)? If no, explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does it appear that any follow-up action is necessary to correct policy, procedure, or training violations within the guidelines of the Use of Force policy not identified earlier in the Incident Commander's Review? If yes, describe the actions taken by you to correct the apparent policy, procedure, or training violations in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Name (Printed Name and Signature)	Title	Date

Manager's Review - First Level Use of Force Incidents

<i>(Complete the items below)</i>		Yes	No	N/A
14.	Based on the information/documentation received, were staff's actions prior to the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commanders Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Based on the information/documentation received, were staff's actions during the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commanders Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Based on the information/documentation received, were staff's actions following the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commanders Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Based on the information received, I concur with the Incident Commander's Review?	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: *(Use additional pages if necessary.)*

Reviewer's Name (Printed Name and Signature)	Title	Date

Manager's Review - Second Level Use of Force Incidents

INCIDENT SITE/LOCATION	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

The following review will be completed by the Second Level Manager as a means to ensure adherence to the Use of Force Policy.

<i>(Complete the items below)</i>	Yes	No	N/A
1. Was the CDCR 837 incident package completed and received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were all clarifications requested by the Incident Commander completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were all clarifications requested based upon your review completed accurately and in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. After the complete review of all documents in the CDCR 837 incident package (including the CDCR 3014 if applicable), did they meet expected standards for overall quality and completeness?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did the First Level Manager's and Incident Commander's review properly capture and describe the facts and circumstances requiring the use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
6. If a controlled use of force was utilized, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were any disagreements among the collaborative team members during a controlled use of force documented appropriately (DOM 51020.12 and DOM 51020.17.8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If video recorded interview was conducted due to an allegation of excessive/unnecessary force or due to staff use of force causing Serious Bodily Injury/Great Bodily Injury, did you review the video recording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If there was an allegation of unnecessary or excessive force, was an adequate fact-finding completed? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was the Second Level Managers review stopped due to an investigation by the DFIT, OIA, or any other outside investigating agency? If the Review was stopped, note the date and reason why the review ceased. Continue in the Comments section if needed. (DOM 51020.19.2) Date: Reason:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were there any actions taken by your subordinates to address deficiencies in the incident package, and if so was the action taken appropriate and proper (DOM 51020.19.3)? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does it appear that any follow-up action is necessary to correct policy, procedure, or training violations within the guidelines of the Use of Force policy not identified earlier in the Incident Commander's or First Level Manager's Review? If yes, describe the actions taken by you to correct the apparent policy, procedure, or training violations in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Based on the information/documentation received, were staff's actions prior to the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commander's or First Level Manager's Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Based on the information/documentation received, were staff's actions during the use of force in Compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commander's or First Level Manager's Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Based on the information/documentation received, were staff's actions following the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified earlier in the Incident Commander's or First Level Manager's Review, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Based on the information received, I concur with the Incident Commander's and First Level Manager's Review? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer's Name (Printed Name and Signature)	Title	Date

Manager's Review - Second Level Use of Force Incidents

Comments: *(Use additional pages if necessary.)*

Reviewer's Name (Printed Name and Signature)	Title	Date

Inmate Interview for Allegation Worksheet

Per DOM 51020.17.3, a Custody Supervisor shall conduct a video recorded interview with the inmate when either of the following conditions exists:

- 1) The inmate has sustained Great Bodily Injury or Serious Bodily Injury that could have been caused by a staff use of force.
- 2) The inmate has made an allegation of unnecessary or excessive use of force.

The interview shall be conducted no later than 48 hours from discovery of the injury or allegation.

INTERVIEW FORMAT FOR ALLEGATION OF UNNECESSARY OR EXCESSIVE FORCE:

The interview and video recording shall be conducted by a Custody Supervisor who did not use or observe the force used and was not involved in the incident. If the incident is a DA referral, you should provide/remind the inmate of a Miranda Admonishment prior to the interview. The location of the interview shall be conducted in a location free of outside influence, noise and distractions. The Custody Supervisor shall not interfere with the inmate's ability to be interviewed. It is the responsibility of the Custody Supervisor to prepare and submit a report (CDCR 3014) to the Manager. This report shall address all reports reviewed and information gathered in relationship to the interview subject. Further, it is the responsibility of the Custody Supervisor to summarize the interview statements and the results of the fact-finding. The CDCR 3014 shall include a conclusion and make a recommendation to the Manager as to further actions to be taken.

Prior to commencing the interview, the Custody Supervisor shall ensure that a CDCR 7219 has been completed. During the interview, the Custody Supervisor shall ensure all injury(s) are captured on the video recording. The view should be close enough to accurately account for the injuries noted on the CDCR 7219. If there are injuries in view that are not noted on the CDCR 7219, cease the video recording and have the inmate evaluated by medical again and obtain an updated CDCR 7219. Restart the videotaped interview with the new CDCR 7219 and review all the injuries.

At the onset of the recording, the Custody Supervisor will:

<i>(Complete the items below)</i>	
1.	Introduce themselves and the camera operator: Interviewer: _____ Camera Operator: _____
2.	Give the date and time the interview commenced: Date: _____ Time: _____
3.	Indicate to the inmate the reason for the video recorded interview: Reason: _____
4.	Ask inmate to give their full name and CDCR number: Name: _____ CDCR#: _____

The following questions will then be asked:

<i>(Complete the items below)</i>	
1.	On this date _____ at approximately _____ hours: _____ You were involved in an incident which occurred at the following location: _____
2.	This incident has/has not been assigned CDCR Incident Log number: _____
3.	According to the documentation provided on the CDCR 7219, you sustained an injury that lead to this interview. Please describe the injury(s): _____
4.	Do you have any other injuries? _____
5.	In your own words, explain what happened and how you received your injuries. You need to be as <i>specific</i> as possible: _____ _____
6.	Can you identify staff witnesses? _____
7.	Can you identify inmate witnesses? _____
8.	Have you filed an appeal on this issue? (Ask only if time has passed to allow the inmate to do so): _____

Custody Supervisor's Name (Printed Name and Signature)	Title	Date

Report of Findings – Inmate Interview

INCIDENT SITE/LOCATION		INCIDENT / APPEAL / FF LOG #	
DESCRIPTION OF THE INCIDENT		INCIDENT DATE	
NAME AND TITLE OF INTERVIEWER		NAME AND TITLE OF CAMERA OPERATOR	
INMATE NAME AND CDCR#	DATE OF INTERVIEW	NAME AND TITLE OF TRANSLATOR (IF UTILIZED).	

The Report of Findings shall be conducted by custodial supervisors (sergeants or lieutenants) who did not use, or observe the force used, in the incident.

INMATE INTERVIEW	Yes	No	N/A
1. Did the inmate refuse to participate in the interview? If so, please provide the name and title of staff who asked the inmate to participate. Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. What is the reason for the interview? <input type="checkbox"/> Serious Bodily Injury <input type="checkbox"/> Great Bodily Injury <input type="checkbox"/> Allegation a. If there was an allegation, describe the allegation: Description: _____			
3. Summarize the statements made by the inmate during the interview: Summary: _____			

INMATE WITNESSES INTERVIEWED	Yes	No	N/A
1. Did the inmate being interviewed request inmate witnesses. If yes, fill in the information below: Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____ Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____ Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____ Inmate Name: _____ CDCR#: _____ Housing: _____ Date Interviewed: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did any inmates refuse to participate in the interview? If so, please provide the name and title of staff who asked the inmate to participate: Staff Name: _____ Title: _____ Inmate Refused: _____ Staff Name: _____ Title: _____ Inmate Refused: _____ Staff Name: _____ Title: _____ Inmate Refused: _____ Staff Name: _____ Title: _____ Inmate Refused: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Summarize the statements made by the witnesses during the interview: Summary: _____			

Report of Findings – Inmate Interview

REVIEW OF EVIDENCE AND CONCLUSION		Yes	No	N/A
1.	Was the injury consistent with the reported force? If no, explain in the Conclusion below.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Check the following items that were reviewed and considered: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Incident Video Recording</div> <div><input type="checkbox"/> Staff Reports</div> <div><input type="checkbox"/> Photograph(s)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Use of Force Videotape</div> <div><input type="checkbox"/> CDCR 7219</div> <div><input type="checkbox"/> CDCR 602</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Other (Describe Below)</div> </div>			
3.	Summarize the source of injury, other items reviewed and considered and any other circumstances regarding the allegation. Conclusion:			

ALLEGATIONS		Yes	No	N/A
1.	Check the following to indicate what items are attached with this review as it relates to the allegation: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Injury Video Recording</div> <div><input type="checkbox"/> CDCR 7219</div> <div><input type="checkbox"/> Photograph(s) of Injury(s)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> CDCR 602</div> <div><input type="checkbox"/> Other (Describe Below)</div> </div>			<input type="checkbox"/>
2.	Provide any other information not previously documented in this review regarding the allegation. Comments:			

RECOMMENDATIONS		
1.	Check the following to indicate the Custody Supervisor's recommended actions: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="checkbox"/> No Further Action Recommended</div> <div><input type="checkbox"/> Further Action Recommended</div> </div> Comments:	
Custody Supervisor's Name (Printed Name and Signature)		Date
2.	Check the following to indicate the Manager's recommended actions: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="checkbox"/> No Further Action Recommended</div> <div><input type="checkbox"/> Further Action Recommended</div> </div> Comments:	
Manager's Name (Printed Name and Signature)		Date
3.	Check the following to indicate the Associate Warden's recommended actions: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="checkbox"/> No Further Action Recommended</div> <div><input type="checkbox"/> Further Action Recommended</div> </div> Comments:	
Associate Warden's Name (Printed Name and Signature)		Date

Institutional Executive Review Committee Allegation Review

INCIDENT SITE/LOCATION	INCIDENT/APPEAL/FACT-FINDER LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

<i>(Complete the items below)</i>	Yes	No	N/A
1. Person making allegation: Name: _____ ID Number: _____			
2. Allegation was made via: <i>(Check all that apply)</i> <input type="checkbox"/> CDCR 602 <input type="checkbox"/> Use of Force Interview <input type="checkbox"/> CDCR 7219 <input type="checkbox"/> Video Recording <input type="checkbox"/> Written Statement <input type="checkbox"/> Other (Describe in Comments)			
3. Were witnesses named?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all witnesses interviewed? Or, a CDCR 837 received?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. What documents were reviewed by the Fact Finding Official? <i>(Check all that apply)</i> <input type="checkbox"/> Use of Force Video Recording <input type="checkbox"/> Incident Video Recording <input type="checkbox"/> CDCR 7219 <input type="checkbox"/> Photographs <input type="checkbox"/> Staff Reports <input type="checkbox"/> CDCR 602 <input type="checkbox"/> Other (Describe below)			
6. What other information was considered if different from above? (Describe in Comments)			
<i>(Complete the items below)</i>	Yes	No	N/A
7. Was the Report of Findings completed thoroughly?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If "no," provide date it was sent back for completion: Date: _____			
b. What was requested due date: Date: _____			
8. Has the case been referred for further investigation?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the IERC concur with the Fact Finder's conclusions?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If "no," what action was taken? <i>(Check all that apply)</i> <input type="checkbox"/> Informal Training <input type="checkbox"/> Documented OJT <input type="checkbox"/> Progressive Discipline <input type="checkbox"/> Submission to Office of Internal Affairs <input type="checkbox"/> Policy Revision/Review <input type="checkbox"/> Other (Describe in Comments)			
Comments:			

Analyst (Printed Name and Signature)	Title	Date Prepared

IERC Chairperson (Printed Name and Signature)	Title	Date Reviewed

IERC Use of Force Review & Further Action Recommendation

INCIDENT SITE/LOCATION	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

The following review will be completed as a result of the Institutional Executive Review Committee reviewing all uses of force and every allegation of excessive or unnecessary force.

<i>(Check all that apply)</i>					
1.	Identify the conduct requiring the application of force (Battery on an Inmate, Riot, Battery on Staff w/ Weapon, etc.)? Conduct:				
2.	Identify necessary and reasonable purpose for the application of force: <input type="checkbox"/> Subdue an attacker <input type="checkbox"/> Effect custody <input type="checkbox"/> Overcome resistance <input type="checkbox"/> Gain compliance with a lawful order. Write the lawful order: _____				
3.	Identify the force option(s) utilized: <input type="checkbox"/> Physical strength and holds <input type="checkbox"/> Hand-held batons <input type="checkbox"/> X-10 (w/o OC) <input type="checkbox"/> X-10 (w/ OC) <input type="checkbox"/> Chemical agents: <i>Type / Projector / # Deployed and Length of Applications:</i> _____ _____ <input type="checkbox"/> Less-lethal weapons: <i>Model / Round / # Deployed:</i> _____ <input type="checkbox"/> Firearms: <i>Model / Caliber / # rounds fired:</i> _____ <input type="checkbox"/> Non-Conventional Force: <i>Specify item and how used:</i> _____				
4.	Identify the circumstances in which force was applied? <input type="checkbox"/> Controlled - Go to #5 <input type="checkbox"/> Immediate - Go to #6				
<i>(Complete items below if Controlled Use of Force)</i>			Yes	No	N/A
5.	Controlled Use of Force. If 5 is marked "N/A" then 5(a-1) can be left blank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	Was a manager present at the incident site? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Was an appropriate cool down period afforded before force was used and the start time and duration documented in the CDCR 837-A1? If so, indicate start time and approximate duration of cool down period. Start Time: Duration: hours minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Were all other aspects of the cool down period handled appropriately? (i.e. Clinical Intervention, (1) all disciplines in agreement with ending, other intervention options taken or needed, etc.) If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Was the tactical plan finalized based on a collaborative effort and approved by the on-site Manager? (If it was necessary to have the plan authorized at a higher level, explain level of approval in Comments section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Did the review of the inmate's Unit Health Record (UHR) for medical conditions indicate an increased risk for a potential adverse outcome resulting from the use of force? If so, indicate in the Comments section what determination was made regarding force options used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Were chemical agents deployed appropriately including appropriate distance, number deployed, duration of exposure and duration of break(s) between deployments and appropriate housing considerations (i.e. MHCB, PIP, OHU, PSU, or an ASU-EOP Hub)? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.	If chemical agents were used, were appropriate decontamination efforts made? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Were holding cells used appropriately? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Was appropriate medical attention provided to inmate(s) by licensed nursing staff? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i.	Did the incident include a weapons possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IERC Use of Force Review & Further Action Recommendation

(Complete items below)		Yes	No	N/A
j.	Were Impact Munitions used appropriately including consideration if the inmate met the criteria requiring Warden or Chief Deputy Warden (not AOD per DOM 51020.14.2) approval for use of impact munitions (i.e., housed in MHCB, PIP, OHU, PSU, or an ASU-EOP Hub, or lack the ability to understand orders)? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Were staff equipped with the appropriate amount of extraction equipment issued to staff based on the type of housing the extraction took place based on DOM 51020.12.2?	<input type="checkbox"/>	<input type="checkbox"/>	
l.	Did you review the video recording of the controlled use of force?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	If chemical agents used, were decontamination procedures adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	If in-cell decontamination of OC is recommended, was licensed nursing staff there to advise the inmate how to self-decontaminate and the importance of decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	If staff's use of force resulted in death, SBI, or GBI, was timely notification made to the OIG and OIA? If no, please explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	If one of the following conditions exists, a video recorded interview with the affected inmate(s) is required within 48 hours. Check the applicable condition(s). GBI or SBI as a result of staff's use of force. Allegation of unnecessary or excessive force.			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	Was a video interview conducted? If an interview was not conducted within the 48 hours, explain in the Comments section. If 8 is marked "N/A" then 8(a-h) can be marked N/A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	How was the allegation made? <input type="checkbox"/> Verbal <input type="checkbox"/> Written	<input type="checkbox"/>		
c.	If the inmate declined to participate in the video interview, was the refusal video recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Did you review the video recording of inmate interview or refusal to interview?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Were introductions for Camera Operator and Custody Supervisor recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Was the Custody Supervisor performing the video interview not involved in the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Were the inmate's injuries video recorded close enough and accurately enough to view and assess?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Did the video recorded injuries match the injuries documented on the CDCR 7219?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	If (h) is no, was a subsequent video recorded with the updated CDCR 7219 speaking to the discovery of previously undocumented injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Were all applicable reports received (CDCR 837-C and CDCR 7219) from all identified staff (including medical staff) involved in this incident prior to the end of their shift? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
a.	Were all staff reports reviewed for quality, accuracy, and content, including if applicable, the Report of Finding-Inmate Interview (CDCR 3014)? (DOM 51020.19.4)	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Did staff's reports accurately and thoroughly describe the force used and the inmate's actions that required the use of force? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
c.	If there were requested clarifications (CDCR 837-C2 Crime/Incident Report Part C2 – Review Notice) based on staff's documented use of force, were the clarifications submitted in a timely fashion? (DOM 51020.19.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Were injuries caused from the use of force consistent with the force documented in staff reports? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Was the review stopped at any time due to an investigation by the DFIT, OIA, or any other outside investigating agency? If so, explain in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> N/A Comments for Review And Follow Up: Use the space below to explain any responses above that fail to meet departmental requirements.				

IERC Use of Force Review & Further Action Recommendation

FORCE USED	Yes	No	N/A
1. Was the force reasonable and necessary given the circumstances? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
2. When circumstances indicated force was no longer needed, was force discontinued? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the application of force within policy? If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> N/A Comments for Force Used: <i>If the responses to any questions above is, "NO" explain below</i>			

ACTIONS TAKEN	Yes	No	N/A
1. Based on the information/documentation received, staff's actions prior to the use of force were in compliance with the Use of Force policy, procedure, and training. If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Based on the information/documentation received, staff's actions during the use of force were in compliance with the Use of Force policy, procedure, and training. If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Based on the information/documentation received, staff's actions following the use of force were in compliance with the Use of Force policy, procedure, and training. If no, explain in Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were there appropriate critiques of the incident package by Incident Commander, First Level Manager and Second Level Manager?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> N/A Comments for Actions Taken: <i>Use the space below to explain why staff's actions were not in compliance with the Use of Force policy, procedure and training.</i>			

USE OF FORCE COORDINATOR FURTHER ACTION RECOMMENDATIONS
<input type="checkbox"/> N/A Use of Force Coordinator Further Action Recommendations: <i>Use the space below to explain any recommended improvements within the Use of Force policy, procedure and training.</i>

IERC Use of Force Review & Further Action Recommendation

ADDITIONAL INQUIRY	Yes	No	N/A
1. Sent to Second Level Manager for additional information. Note date sent to Second Level Manager and date returned in Comments below. Date Sent: _____ Date Returned: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Further Investigation Ordered. Note date Investigation ordered and date returned in Comments below. Date Ordered: _____ Date Returned: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Unit Level Investigation <input type="checkbox"/> Internal Affairs Investigation <input type="checkbox"/> OCS <input type="checkbox"/> DFRB			
a. Investigative Results:			
<input type="checkbox"/> No Finding <input type="checkbox"/> Exonerated <input type="checkbox"/> Sustained <input type="checkbox"/> Unfounded <input type="checkbox"/> Not Substantiated			
<input type="checkbox"/> N/A Comments for Additional Inquiry: Use the space below to explain any additional inquiries made as a result of this Use of Force incident.			

SUBSEQUENT ACTION	Yes	No	N/A
SUBSEQUENT ACTION: Use the items below to indicate what type, if any, subsequent action was taken			
1. Progressive Discipline taken by Unit Staff. Describe actions taken in Comments section below.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Recommended Adverse Action. Describe actions taken in Comments section below.	<input type="checkbox"/>	<input type="checkbox"/>	
3. IERC Recommended Subsequent Action. Describe actions taken in Comments section below: <input type="checkbox"/> Procedure Revision <input type="checkbox"/> Progressive Discipline	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> N/A Comments for Subsequent Action: Use the space below to explain any subsequent action taken as a result of this Use of Force incident.			

Date of Initial Review	Date of Interim Review	Date of Final Executive Review
Preparer's Name (Printed Name and Signature)	Title	Date
Approved By (Printed Name and Signature)	Title	Date

Institutional Executive Review Committee (IERC) Critique and Qualitative Evaluation

INCIDENT SITE/LOCATION	INCIDENT LOG #
DESCRIPTION OF THE INCIDENT	INCIDENT DATE

The following review will be completed as a result of the Institutional Executive Review Committee reviewing all uses of force and every allegation of excessive or unnecessary force.

<i>(Complete the items below)</i>	Yes	No	N/A
1. Identify the necessary and reasonable purpose for the application of force. Purpose for Use of Force:			
2. What steps were taken to avoid or minimize the need for the force used? Steps Taken:			
3. Did the inmate receive any injuries as a result of staff's use of force?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If the Use of Force resulted in SBI/GBI, death or allegation of excessive/unnecessary force, describe the injuries due to the use of force. Description of Injuries:			
4. Were all clarifications related to staff's use of force completed accurately and in a timely fashion? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If there was an allegation of unnecessary or excessive force or any other investigation undertaken, was an adequate fact-finding completed? If no, and not already identified by a previous level of the review process, explain in this Comments section. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were appropriate and proper actions taken by your subordinates to address deficiencies in the incident package (DOM 51020.19.2)? If no, and not already identified by a previous level of the review process, explain in this Comments section. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Based on the information/documentation received, were staff's actions prior to the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified by a previous level of the review process, explain in this Comments section. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	
8. Based on the information/documentation received, were staff's actions during the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified by a previous level of the review process, explain in this Comments section. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	
9. Based on the information/documentation received, were staff's actions following the use of force in compliance with the Use of Force policy, procedure, and training? If no, and not identified by a previous level of the review process, explain in this Comments section. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does it appear that any follow-up action is necessary to correct policy, procedure, or training violations within the guidelines of the Use of Force policy not identified in the earlier reviews? If yes, describe the actions taken by you to correct the apparent policy, procedure, or training violations. Actions Taken:	<input type="checkbox"/>	<input type="checkbox"/>	
11. Enter any further comments or critiques: Comments:			

Preparer's Name (Printed Name and Signature)	Title	Date Prepared
Warden's Name (Printed Name and Signature)		Date Reviewed

CRIME / INCIDENT REPORT**PART A - COVER SHEET**

CDCR 837-A (Rev. 10/15)

PAGE ____ Of ____

INCIDENT LOG NUMBER

INCIDENT DATE

INCIDENT TIME

INSTITUTION	FACILITY	FACILITY LEVEL	INCIDENT SITE	LOCATION	PROGRAM	AD / SEG	USE OF FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFIC CRIME / INCIDENT				<input type="checkbox"/> N/A <input type="checkbox"/> CCR <input type="checkbox"/> PC NUMBER / SUBSECTION			
D. A. REFERRAL ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		CRISIS RESPONSE TEAM ACTIVATED <input type="checkbox"/> YES <input type="checkbox"/> NO		MUTUAL AID <input type="checkbox"/> YES <input type="checkbox"/> NO		PIO / AA NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEATH AND CAUSE OF DEATH			ASSAULT / BATTERY		TYPE OF ASSAULT / BATTERY		
<input type="checkbox"/> N/A			<input type="checkbox"/> N/A		<input type="checkbox"/> N/A		
SERIOUS BODILY INJURY	INMATE WEAPONS			FORCE USED			
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A			
ESCAPES							
<input type="checkbox"/> N/A							
CONTROLLED SUBSTANCE		WEIGHT / In Grams	EXTRACTION		EXCEPTIONAL ACTIVITY		
<input type="checkbox"/> N/A			<input type="checkbox"/> N/A		<input type="checkbox"/> N/A		

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

COMPLETE SYNOPSIS / SUMMARY ON CDCR 837-A1

NAME OF REPORTING STAFF (PRINT / TYPE)	TITLE	ID #	BADGE #
SIGNATURE OF REPORTING STAFF		PHONE EXT. INCIDENT SITE	DATE
NAME OF WARDEN / AOD (PRINT / SIGN)		TITLE	DATE

CRIME / INCIDENT REPORT**PART A1 - SUPPLEMENT**

CDCR 837-A1 (Rev. 10/15)

PAGE _____ Of _____	INCIDENT LOG NUMBER
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INSTITUTION	FACILITY	INCIDENT DATE	INCIDENT TIME
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TYPE OF INFORMATION:

- SYNOPSIS OF INCIDENT
 SUPPLEMENTAL INFORMATION
 AMENDED INFORMATION
 CLOSURE REPORT

NARRATIVE:

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL CDCR 837-A1

NAME OF REPORTING STAFF (PRINT / TYPE)	TITLE	ID #	BADGE #
SIGNATURE OF REPORTING STAFF		PHONE EXT. INCIDENT SITE	DATE
NAME OF WARDEN / AOD (PRINT / SIGN)		TITLE	DATE

CRIME / INCIDENT REPORT**PART B1 - INMATE**

CDCR 837-B1 (Rev. 10/15)

PAGE _____ Of _____

INSTITUTION:		FACILITY			INCIDENT LOG NUMBER			
INMATE (ENTIRE SHEET)								
NAME: LAST		FIRST		MI	CDCR#	GEN	ETHNICITY	DOB
SECURITY LEVEL	CLASSIFICATION SCORE	CONTROL DATE TYPE	CONTROL DATE	DATE REC'D BY CDCR		DATE REC'D BY INST		
HOUSING	PARTICIPANT TYPE			MHSDS LEVEL OF CARE				
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:								
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY					<input type="checkbox"/> N/A DEATH			
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED					CAUSE OF DEATH		DECEASED DATE	
INMATE (ENTIRE SHEET)								
NAME: LAST		FIRST		MI	CDCR#	GEN	ETHNICITY	DOB
SECURITY LEVEL	CLASSIFICATION SCORE	CONTROL DATE TYPE	CONTROL DATE	DATE REC'D BY CDCR		DATE REC'D BY INST		
HOUSING	PARTICIPANT TYPE			MHSDS LEVEL OF CARE				
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:								
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY					<input type="checkbox"/> N/A DEATH			
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED					CAUSE OF DEATH		DECEASED DATE	
INMATE (ENTIRE SHEET)								
NAME: LAST		FIRST		MI	CDCR#	GEN	ETHNICITY	DOB
SECURITY LEVEL	CLASSIFICATION SCORE	CONTROL DATE TYPE	CONTROL DATE	DATE REC'D BY CDCR		DATE REC'D BY INST		
HOUSING	PARTICIPANT TYPE			MHSDS LEVEL OF CARE				
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:								
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY					<input type="checkbox"/> N/A DEATH			
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED					CAUSE OF DEATH		DECEASED DATE	

CRIME / INCIDENT REPORT**PART B2 - STAFF**

CDCR 837-B2 (Rev. 10/15)

PAGE _____ Of _____

INSTITUTION:		FACILITY		INCIDENT LOG NUMBER				
STAFF (ENTIRE SHEET)								
NAME: LAST		FIRST		MI	TITLE		GEN	ETHNICITY
PARTICIPANT TYPE			USED FORCE <input type="checkbox"/> Yes <input type="checkbox"/> No		FORCE USED		PROCESSED EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
RDO'S	POST #	POSITION DESCRIPTION			ID #	BADGE #		
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:								
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY						<input type="checkbox"/> N/A DEATH		
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED						CAUSE OF DEATH		DECEASED DATE
NAME: LAST		FIRST		MI	TITLE		GEN	ETHNICITY
PARTICIPANT TYPE			USED FORCE <input type="checkbox"/> Yes <input type="checkbox"/> No		FORCE USED		PROCESSED EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
RDO'S	POST #	POSITION DESCRIPTION			ID #	BADGE #		
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:								
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY						<input type="checkbox"/> N/A DEATH		
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED						CAUSE OF DEATH		DECEASED DATE
NAME: LAST		FIRST		MI	TITLE		GEN	ETHNICITY
PARTICIPANT TYPE			USED FORCE <input type="checkbox"/> Yes <input type="checkbox"/> No		FORCE USED		PROCESSED EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
RDO'S	POST #	POSITION DESCRIPTION			ID #	BADGE #		
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:								
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY						<input type="checkbox"/> N/A DEATH		
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED						CAUSE OF DEATH		DECEASED DATE

CRIME / INCIDENT REPORT
PART B3 - VISITOR, OTHER
 CDCR 837-B3 (Rev. 10/15)

PAGE _____ Of _____

INSTITUTION:		FACILITY		INCIDENT LOG NUMBER	
STAFF (ENTIRE SHEET)					
NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	GEN	ETHNICITY
PARTICIPANT TYPE		PARTICIPANT CLASSIFICATION			
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:					
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY			<input type="checkbox"/> N/A DEATH		
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED			CAUSE OF DEATH	DECEASED DATE	
NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	GEN	ETHNICITY
PARTICIPANT TYPE		PARTICIPANT CLASSIFICATION			
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:					
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY			<input type="checkbox"/> N/A DEATH		
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED			CAUSE OF DEATH	DECEASED DATE	
NAME: LAST	FIRST	MI	TYPE OF ID AND ID #	GEN	ETHNICITY
PARTICIPANT TYPE		PARTICIPANT CLASSIFICATION			
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES:					
IS THERE SERIOUS BODILY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> N/A NAME / LOCATION OF HOSPITAL/ TREATMENT FACILITY			<input type="checkbox"/> N/A DEATH		
<input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED			CAUSE OF DEATH	DECEASED DATE	

