



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 103.02

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Effective Date: March 15, 2020

Distribution: A

Supersedes: 103.02 (3/15/18)

Approved by: Tony Parker

Subject: INCIDENT REPORTING

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-21-220, and TCA 41-21-408.
- II. PURPOSE: To establish procedures for reporting significant incidents occurring within the department's jurisdiction.
- III. APPLICATION: To the Assistant Commissioner of Prisons (ACP), all Tennessee Department of Correction (TDOC) employees, employees of privately managed facilities, and TRICOR.
- IV. DEFINITIONS:
  - A. Central Communication Center (CCC): A TDOC work unit that receives and processes internal critical incident reporting and electronic monitoring and provides other support services for the Department.
  - B. Class A Incidents: Serious incidents which involve life threatening matters and breaches of security that are likely to cause serious operational problems, imminent threat to the control and order of the facility, and/or risk to the community.
  - C. Class B Incidents: Less serious incidents where injury to staff and/or inmates has occurred, that cause the disruption of the normal facility operation, or which pose a possible risk to the health or safety of the general public that did not require the involvement of outside agencies in institutional functions.
  - D. Class C Incidents: Less serious incidents that pose no threat to the local community, or to the safe and secure operation of the institution.
  - E. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - F. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - G. Deaths in Custody Coordinator (DICCC): Individual designated by the Tennessee Department of Correction (TDOC) Chief Medical Officer (CMO), responsible for collecting and reporting data pertaining to inmate deaths that occur within the custody of the TDOC.

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- H. Death Manner Pending (DEP): The code entered into the offender management system (OMS) conversations LIBJ and LIBH upon notification of an inmate's in custody death. This code will remain until such time as the official manner of death has been determined (natural, accident, suicide, homicide, and undetermined) by a medical examiner.
- I. Disturbance: Disruptive inmate behavior in which control of inmates is temporarily lost, and/or the peace of others is disturbed by violent, profane, indecent, offensive, or boisterous conduct or language.
- J. Facility Official: The Warden/Superintendent or designee of a TDOC facility to include the Superintendent or designee at the Tennessee Correction Academy (TCA).
- K. Minor Injury: An injury requiring treatment by a medical professional but not meeting the definition of Serious Injury. Examples may include injuries requiring First Aid treatment such as the application of bandages to minor cuts or abrasions, etc.
- L. Riot: An institutional disturbance involving an assemblage of several persons which, by violent conduct, creates grave danger of substantial damage to property or serious bodily injury to persons.
- M. Routine Business Hours: Between 8:00 a.m. and 4:30 p.m. local time at the facility, Monday through Friday, excluding holidays.
- N. Sabotage: A destructive or obstructive action intended to significantly impair facility operations.
- O. Serious Injury: An injury which requires urgent and immediate medical treatment, more extensive than first aid, and which restricts normal activity. Examples of immediate medical treatment may include stitches, the setting of broken bones, treatment for concussion symptoms, or loss of consciousness.
- P. Serious Illness: An illness resulting in prolonged unconsciousness, obvious disfigurement, protracted loss or substantial impairment of a function of a bodily member, organ, or mental faculty, or one which carries a substantial risk of death, and usually requires hospitalization.
- Q. Significant: Consequential; therefore, meriting serious consideration or extraordinary measures; likely to produce great harm or danger; or likely to attract immediate public interest.
- R. Staff Assault Incident Review (SAIR): A comprehensive incident review of any staff assault designed to evaluate the circumstances preceding, during, and following a staff assault. Employee actions, decision making, policy/post orders compliance, recognizing threatening behavior and best practices will be evaluated based on the facts from the incident. The purpose of the review is to evaluate current practice and identify future training needs in an effort to prevent or reduce the risk of future staff assaults.
- S. Use of Force: Actions used against an offender/inmate to compel him or her to do something against his or her will or to compel compliance with an order.

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- T. Weapons: Commercially manufactured firearms and explosives; homemade firearms and explosives; commercially manufactured knives or stickers; homemade knives or stickers; or any item or device recovered in use, attempted use, or concealment which has been taken and/or altered for the express and obvious purpose of using it as a weapon.
- V. POLICY: Incidents, as listed in Section VI.(G) of this policy, which occur within the TDOC jurisdiction concerning the safety and security of the facility, community, staff, and inmates, or which may result in media attention, shall be reported on a regular basis according to the procedures set forth below.
- VI. PROCEDURES:
- A. Reporting Requirements:
1. All Class A and other incidents as covered in Policy #103.15 shall be reported to the CCC within one hour of the occurrence of the incident(s) by telephone on a 24-hour basis by the shift commander or designee. The CCC will then communicate significant Class A incidents identified by an asterisk to the Assistant Commissioner of Prisons, the Commissioner, and the Communications Officer and other TDOC personnel determined to be appropriate for the specific incident type.
  2. Class A incidents, and other incidents assessed by the institutional official as significant and requiring prompt notification shall be reported to the Correctional Administrator for his/her region immediately by telephone on a 24 hour basis by the Warden/Superintendent, or Associate Warden/Deputy Superintendent of an institution or Superintendent at TCA. At privately managed facilities, notification will be made to the Contract Monitor of Operations (CMO), Contract Monitor of Compliance (CMC), and Correctional Administrator (CA).
  3. All incidents shall be reported through the offender management system (OMS) conversation LIBJ as outlined in Section VI.(B). Contraband found on property or confiscated from an inmate or visitor shall be entered as an incident utilizing the appropriate incident code. When multiple disciplinary infractions are generated from a single event, this shall be entered into OMS conversation LIBJ as a single incident with each disciplinary infraction listed in the body of the incident report to correctly reflect the incident and related disciplinary infractions occurring during the incident as a whole. Questions regarding appropriate code selection should be addressed to the Assistant Commissioner of Prisons/Designee.
  4. All accidents/incidents resulting in a death or hospitalization of on-duty staff members shall be reported as a Class A incident. All accidents/incidents resulting in a death shall be reported to TOSHA by the TDOC Safety Program Director within eight hours or the next business day. Within twenty-four hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, staff must report the inpatient hospitalization, amputation, or loss of an eye to TOSHA through the TDOC Safety Program Director.

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5. All incidents resulting in the death of an on-duty staff member, visitor, or inmate other than those of apparent natural causes, as well as incidents involving matters which may lead to criminal prosecution, such as rape, assaults on staff, visitors, or inmates, and escape or abscond of offenders, shall be reported to the Warden/Superintendent and Director of Investigations and Compliance (OIC) immediately by the Shift Commander or designee. At privately managed facilities, notification to OIC will be made by the CMO, CMC, or CA.
6. When the death certificate has been issued and the official manner of death has been determined, the DICC, shall send a report with the official manner of death to the Assistant Commissioner of Prisons, Assistant Commissioner of Rehabilitative Services, and the Chief Medical Officer (CMO) within 30 days. Once the official manner has been determined the ACP shall ensure the prior documented OMS incident DEP be modified to include the actual manner of the inmate's death as determined by the medical examiner.
7. Each Warden/Superintendent shall be responsible for conducting a comprehensive Staff Assault Incident Review of all staff assaults. Such review shall occur within 24 hours with a completed written report within 72 hours of the incident. If the incident occurs during non-business hours (such as weekends or holidays) and no serious injury is involved, the review may be conducted on the first business day after the weekend or holiday.
  - a. The incident review will be chaired by the Warden/Superintendent who will assemble all staff who have knowledge of the incident to make a critical review of the facts leading up to the incident as well as the incident itself.
  - b. During the review, video recordings (where available), witness statements, and post orders/procedures, will be evaluated to determine if approved procedures were followed. In cases where multiple staff assaults may occur resulting from one incident, the review may cover all assaults from the incident.
  - c. A detailed summary of the review as well as recommendations and findings shall be documented in a Word document memorandum entitled "Staff Assault Incident Review."
    - (1) The report will be due to the Assistant Commissioner of Prisons, and the Director of OIC by electronic copy within three calendar days of the completed review.
    - (2) Although the Warden's/Superintendent's review may reveal facts that are relevant to any OIC's investigation, the OIC investigation is a separate investigation and subject to timelines established by OIC protocol.
    - (3) The Assistant Commissioner of Prisons will review the report and communicate with the Warden/Superintendent regarding future actions. In all cases where immediate corrective action is necessary, the Warden/Superintendent shall ensure that immediate corrective action is initiated as directed by policy.

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- d. The completed reports will be filed in the Warden's/Superintendent's office and with the Assistant Commissioner of Prisons. The reviews may be used for training purposes and in developing procedures to help reduce the risk of staff assaults.

B. Documentation:

1. At the time a class A or B incident occurs, or a class C incident occurs that resulted or could have resulted in bodily injury, the reporting staff member shall complete a draft incident report using TDOC Incident Report, CR-0525, which shall be reviewed for accuracy, and modified if necessary, and approved by the shift commander (Lieutenant or above) or by the appropriate department head as defined by institutional policy. Once final approval of the draft report has been given, the shift commander/department head shall sign (legibly) and write Draft Report on the top (center) of the document. The approved incident report shall then be entered on OMS conversation LIBJ within eight/twelve hours or the end of the reporting official's shift of the incident's occurrence/discovery. This draft report shall be forwarded to the compliance manager who shall scan it and maintain electronically for a period of not less than five years.

The body of each incident report shall be written to be clear and concise in reporting only the facts of the incident which has occurred. Do not use abbreviations. Additionally, the body of each incident should contain the following information:

- a. Date and time of incident
  - b. Location of incident
  - c. Correct name and TDOC ID number of each offender involved
  - d. Correct name and rank (if applicable) of each staff member involved
  - e. Correct name and affiliation (i.e: visitor, vendor) of other persons involved
  - f. List of all disciplinary infractions to be issued in connection with the incident
2. Within 24 hours (excluding weekends and holidays) of an incident's occurrence, the Warden/Superintendent/Designee shall review each incident reported on OMS for clarity, detail, and to ensure the incident is reported accurately and reflects the actual occurrence. Requests for deletions or modifications to an incident which has already been entered on OMS conversation LIBJ shall be made by the Warden/Superintendent/designee, using the format provided, to the office of the Assistant Commissioner of Prisons.
  3. Incidents involving serious injury or death of an inmate shall also be reported on TDOC Incident Report, CR-0525, notarized, and forwarded to the Assistant Commissioner of Prisons within 72 hours (excluding holidays) of the OMS report. In completing this form, the OMS incident number will be included on the "Type of Incident" line. OMS reports on all significant incidents shall be printed and circulated in central office as directed by the Assistant Commissioner of Prisons.

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4. Additional information about an incident shall not be reported as a separate incident. It shall be noted as an amendment on the original OMS report and, when appropriate, attached to the original report, CR-0525, by the facility official. If the subsequent information becomes available after all forms have been filed, the amendment may be made by written memorandum with reference to the original incident report. The date an institutional lockdown, either partial or total, is lifted shall be noted as an amendment to the original incident's narrative on OMS conversation LIBJ. However, if the nature of the original incident changes (such as an assault which later results in an individual's death), a new and separate incident report of the original incident entered on OMS shall be made and an Incident/Disciplinary Modification or Deletion Request, CR-3710, shall be submitted to the Assistant Commissioner of Prisons, before the new OMS entry is made.
5. Incident reports involving the serious injury, death, or escape of an inmate shall include the following information:
  - a. Name and any aliases, if appropriate
  - b. TDOC number
  - c. Date of birth
  - d. Race
  - e. Date of admission to TDOC
  - f. County of commitment
  - g. Offense(s)
  - h. Sentence
  - i. Release eligibility date and safety valve
  - j. Custody level
  - k. NCIC number, if applicable
  - l. Any other pertinent information (excluding confidential medical or mental health information). Cause of death will not be listed in instances of natural deaths unless an autopsy has been performed.
6. The return or apprehension of an escapee(s) or absconder(s) is not considered a separate incident, as the escape or abscond itself has been previously reported. For escapes which occurred prior to the implementation of OMS (where no escape incident entry exists), the incident code "ESR" (Return from Escape) shall be used to enter the recapture information and allow for the escape infraction to be entered on OMS conversation LIBK.
7. The notarized Incident Report, CR-0525, if applicable, shall be distributed to the following:
  - a. Original - Assistant Commissioner of Prisons
  - b. Copy - facility official
8. When an incident involves a significant act of violence committed by or against any employee, visitor or inmate, the facility official shall forward a copy of the Incident Report, either OMS or CR-0525 if applicable, to the Director of OIC who will notify the district attorney general of the county where the incident occurred.

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If an institutional investigators report is prepared or a disciplinary hearing held regarding the reported act of violence, the facility official shall forward a copy of the investigator's report, disciplinary report, and/or disciplinary hearing summary to the district attorney general of the county in which the incident occurred.

- C. Each OMS conversation LIBJ incident report concerning discovery of a weapon shall include specific information as to material(s) used to manufacture homemade weapon(s), where each was found, and circumstances of the discovery (i.e., routine search, confiscation during/after an assault, etc.)
- D. Accident/Injury/Traumatic Injury Report, CR-2592, shall be reviewed at the institutional level to ensure all violent incidents resulting in serious injury and all work related injuries are reported in accordance with Policies #113.53 and #303.04.
- E. In addition to any other reporting requirement contained in this policy, facility officials may be required to submit reports analyzing the events of an incident, weaknesses or failures in security procedures, circumvention of security procedures, staff failures, or other factors that contributed to the incident.
- F. Facility officials shall implement procedures to meet reporting requirements of this policy.
- G. The following listed code, description, and class will be used on the "Incident Type" field when completing OMS conversation LIBJ. The "Incident Class" codes listed below are for reporting incidents only and do not necessarily correspond with "Disciplinary Class" codes. (See Policy #502.05)

<u>INCIDENT TYPE</u>	<u>CODE</u>	<u>INCIDENT CLASS</u>
ABSCOND CUSTODY – ATTEMPT	ACA	A *
ABSCOND CUSTODY – MINIMUM SECURITY	ACM	A *
ARREST –MISDEMEANOR-STAFF	AMS	B
ARREST-FELONY-OFN	AFO	B
ARREST-FELONY-STAFF	AFS	B
ARREST-FELONY-VISITOR	AFV	B
ARREST-FURLOUGH/PASS-FELONY	ABS	A *
ARREST-FURLOUGH/PASS-MISDEMEANOR	ABM	A *
ARREST-FURL/PASS-VIOLENT CRIME	ABT	A *
ARSON-INJ-PROP DAMG<\$500	ARE	B
ARSON-INJ-PROP DAMG>\$500-OPR DISRUP	ARD	A *
ARSON-PROP DAMG<\$500	ARF	C
ARSON-PROP DAMG >\$500- OPR DISRUP	ARP	B
ARSON-SER INJ-PROP DAMG>\$500-OPR DISRUP	ARI	A *
ASSAULT STAFF – WEAPON	ASW	A *
ASSAULT STAFF –WITHOUT WEAPON	ASO	A *
ASSAULT OFFENDER – WEAPON	AOW	A *
ASSAULT OFFENDER – WITHOUT WEAPON	AOO	A *
WHERE OUTSIDE MEDICAL ATTENTION IS WARRANTED		
ASSAULT VISITOR/GUEST – WEAPON	AVW	A *

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ASSAULT VISITOR/GUEST – WITHOUT WEAPON	AVO	A	*
BODY CAVITY SEARCH	BCS	C	
BOMB THREAT	BTH	B	
BURGLARY	BUR	C	
CELL PHONE INSIDE SECURE PERIMETER – NO POSS.	CIP	C	
CONFIS OF US CURRENCY FROM OFN	CFM	C	
CONSPIRACY TO VIOLATE STATE LAW	CVS	C	
CONTRABAND	CON	C	
DEATH-OFN-ACCIDENT	DOA	A	*
DEATH-OFN-EXEC-ELEC CHR	DEC	A	
DEATH-OFN-EXEC-LETH INJ	DEI	A	
DEATH-OFN-HOMICIDE	DEH	A	*
DEATH-OFN- DEATH MANNER PENDING	DEP	A	*
DEATH-OFN-NATURAL	DEA	A	*
DEATH-OFN-SUICIDE	DES	A	*
DEATH-STAFF NATURAL (ON DUTY)	DET	A	*
DEATH-STAFF-ACCIDENT (ON DUTY)	DED	A	*
DEATH-STAFF-SUICIDE (ON DUTY)	DEF	A	*
DEATH-STAFF-HOMICIDE (ON DUTY)	DEG	A	*
DEATH-VISITOR – NATURAL	DVN	A	*
DEATH-VISITOR – ACCIDENT	DVA	A	*
DEATH-VISITOR – SUICIDE	DVS	A	*
DEATH –VISITOR – HOMICIDE	DVH	A	*
DEFIANCE	DFN	C	
DESTRUCTION OF PERSONAL PROPERTY	DPP	C	
DESTRUCTION OF STATE PROP	DSP	C	
DISTURBANCE-MINOR	DIS	C	
DISTURBANCE-TEMP CONTROL LOSS	DIL	A	*
DISTURBANCE-THREAT CONTROL LOSS	DIR	B	
DRESS CODE VIOLATION	DCV	C	
DRUG PARAPHERNALIA	DRP	C	
DRUG SCREEN - POSITIVE	DSO	C	
DRUG SCREEN-REFUSAL OF/OR ATTEMPT TO ALTER TEST	RAA	C	
DRUG SELLING/POSSESSION/USE	DRS	C	
DRUGS-CONFIS.-SIGNIF AMOUNT-STAFF	DRK	B	
DRUGS-CONFIS.-SIGNIF AMOUNT-VISITOR	DRL	B	
DRUGS-CONFIS-STAFF	DRN	B	
DRUGS-CONFIS-VISITOR	DRO	B	
DRUGS INSIDE SECURE PERIMETER – NO POSSESSION	DFI	C	
DRUGS OUTSIDE SECURE PERIMETER	DFO	C	
EMERG USE OF INM CREW BY OUTSIDE AGCY	EUI	C	
ENTERING WAREHOUSE	EWH	C	
EPIDEMIC-PUBLIC HEALTH THREAT	EHT	B	
EQUIP. PROBLEM-MAJOR DISRUPTION	EPA	B	
EQUIP. PROBLEM-MINOR DISRUPTION	EPB	C	
ESCAPE ATT-MINIMUM SECURITY	ESI	A	*
ESCAPE ATT-SECURE SUPER	ESF	A	*
ESCAPE-MIN SEC UNIT	ESC	A	*
ESCAPE-SECURE SUPERVISION	ESA	A	*
EXTORTION	EXT	C	
FACILITY LOCK PROBLEM	FLP	C	

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FAILURE TO REPORT AS SCHEDULED	FRS	C	
FAILURE TO TURN IN EARNINGS	FTE	C	
FAL/ALT/FOR NAME OFF DOC	FAL	C	
FIGHTING	FIG	C	
FIRE-INJ-PROP DMG>\$500-OPR DISRUP	FIP	B	
FIRE-PROP DMG<\$500	FIR	C	
FIRE-PROP DMG>\$500-OPR DISRUP	FIS	B	
FIRE-SER INJ-PROP DMG>\$500-OPR DISRUP	FII	A	*
FIRE TRUCK-NON TDOC USE	FTN	C	
FLOODING THE WALK/CELL	FLD	C	
FURLOUGH VIOLATION	FVI	C	
GAMBLING/GAMING	GAG	C	
HORSEPLAY	HOR	C	
HOSTAGE SITUATION	HOS	A	*
ILLNESS-OFN-SERIOUS-HOSP	IOT	B	
ILLNESS-STAFF-SERIOUS-HOSP (ON DUTY)	ISH	B	
ILLNESS-VISITOR-SERIOUS-HOSP	IVS	B	
INDECENT EXPOSURE	IND	C	
INHALANTS	INH	C	
INJURY-ACCIDENT-OFN	IHC	C	
INJURY-ACCIDENT-STAFF	IJB	C	
INJURY-ACCIDENT-VISITOR	ILB	C	
INJURY-SELF INFLICTED	INC	C	
INSTITUTIONAL LOCKDOWN-PARTIAL	ILP	B	
INSTITUTIONAL LOCKDOWN-TOTAL	ILT	A	
INSTITUTIONAL SHAKEDOWN	INS	C	
INTOXICANTS FOUND ON PROPERTY	IOP	C	
INTOXICANTS-POSSESSION/SELLING/USE	IAP	C	
LARCENY	LAR	C	
LATE RETURNING	LRT	C	
LITTERING	LIT	C	
NATURAL DISASTER	NAT	B	
NEWS MEDIA	NEW	C	
NO TDOC CARD ON PERSON	NID	C	
NO TDOC ON CLOTHING	NOC	C	
OPERATING UNAUTHORIZED VEHICLE	OUV	C	
OUT OF PLACE	OOP	C	
PARTICIPATE SEC THREAT GRP ACTIVITY	PGA	C	
PENDING INVESTIGATION	PIN	C	
PERSONAL PROPERTY VIOLATION	PPR	C	
POSS/USE OF CELLULAR TELEPHONE	PCT	B	
POSS/FIND CELL PHN OUTSIDE PERIM FENCE	PCO	B	
POSS/USE/INTRODUCTION/SELLING OF TOBACCO PRODUCTS-EMPLOYEE	PTE	B	
POSS/USE/INTRODUCTION/SELLING OF TOBACCO PRODUCTS-OFFENDER	PTO	B	
POSS/USE/INTRODUCTION/SELLING OF TOBACCO PRODUCTS-VISITOR	PTV	B	
POSS OF SECURITY THREAT GRP MATERIALS	PGM	C	

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PROP DAMAGE-<\$500	PDB	C
PROP DAMAGE->\$500	PDA	B
RAPE	RAP	A *
RECEIVING TWO FOOD TRAYS	TFT	C
REF CELL ASSIGNMENT	RCA	C
REF TO ADEQUATELY PARTIC.- SAIU	RPS	C
REF TO PARTICIPATE	RTP	C
REF TO PROVIDE DNA SPECIMEN	RDN	C
RETURN FROM ESCAPE PRIOR TO TOMIS	ESR	C
RIOT	RIO	A *
SABOTAGE-OPR DISRUP	SBT	A *
SEXUAL HARASSMENT	SXH	C
SEXUAL MISCONDUCT	SXM	C
SOLICITATION OF STAFF	SOS	B
STRIKE-INMATE-OPER. DISRUP.	SKI	A *
STRIKE-STAFF-OPER. DISRUP.	SKS	A *
STRONG ARMED ACTIVITY	SAA	C
STRONG ARMED ROBBERY	SAR	C
SUICIDE-ATT	SUC	C
TAMPERING W/ SECURITY DEVICE/EQUIPMENT	TSD	C
TELEPHONE PRIVILEGES ABUSE	TEL	C
THREATENING OFFENDER	TOF	C
TRANSFER-DEATH ROW/MAX INMATE	TRM	C
UNAUTH FIN OBLIG/TRANS	UFT	C
USE OF CANINES, NON-ROUTINE	UOD	C
USE OF FORCE-CHEMICAL AGENTS	UFC	A
USE OF FORCE-DEADLY WEAPON	UFD	A *
USE OF FORCE-ELEC RESTRAINTS	UFE	A
USE OF FORCE-LESS THAN LETHAL	UFL	A *
USE OF FORCE-MEDICAL	UFM	C
USE OF FORCE-PHYSICAL	UFP	B
USE OF FORCE-SECURITY RESTRAINTS	UFS	C
VEHICLE SEARCH	VES	C
VIOL OF STATE LAW	VSL	B
VIOL OF TDOC/INS POLICIES	VPR	C
VISITOR PROBLEM	VSP	C
WEAPON-AMMUNITION	WAB	A *
WEAPON-AMMUNITION-SIGNIF AMOUNT	WAM	A *
WEAPON-CLASS A TOOL	WTA	A *
WEAPON-CLASS B TOOL	WTB	A
WEAPON-CLUB	WPC	A
WEAPON-COMMERCIAL FIREARM	WCF	A *
WEAPON-COMMERCIAL KNIFE	WCK	A *
WEAPON-DISCHARGE-NON TRAINING	WDA	A *
WEAPON-EXPLOSIVES	WEB	A *
WEAPON-EXPLOSIVES-SIGNIF AMOUNT	WEX	A *
WEAPON-FOUND-NOT ON STATE PROPERTY	WFN	C
WEAPON-NONCOMMERCIAL FIREARM	WHF	A *
WEAPON-NONCOMMERCIAL KNIFE	WHK	A
WEAPON-OTHER	WOT	A
WEAPON-RAW MATERIALS	WRM	C

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- H. The appropriate code for the violence level involved in the incident should be selected from the list below and entered in the "Level Of Violence" field on LIBJ (to be called module "Incidents" on OMS).

LEVEL OF VIOLENCE

1. DEADLY WEAPON USED
2. OBJECT USED AS A WEAPON
3. PHYSICAL, NO WEAPONS
4. VERBAL
5. NO VIOLENCE
6. SEXUAL
7. THROWING LIQUID/BLOOD/WASTE/CHEMICALS/URINE

- I. Where applicable, the appropriate code for the injury level involved in the incident should be selected from the list below and entered in the "Level of Injury" field on LIBJ.

LEVEL OF INJURY

1. NO INJURY
2. MINOR INJURY
3. SERIOUS INJURY

VII. ACA STANDARDS: 4-4100, 4-4206, 4-4425, 2-CO-1F-01, 1-CTA-1D-01, 4-ACRS-2B-01, 4-ACRS-2B-03, and 4-ACRS-7D-05.

VIII. EXPIRATION DATE: March 15, 2023.



**TENNESSEE DEPARTMENT OF CORRECTION  
INCIDENT REPORT**

Institution/Field Office			Incident ID#		
Type of Incident			TOMIS Incident Code		
Date/Time Occurred		Date/Time Reported		Date of this Report	
Vehicle Used		Type of Property Loss		Loss Value	
				\$	
Weapon, Tool, Force or Means Used in Incident					
Codes:		V – Victim	E – Escape	R – 1 <sup>st</sup> Employee Reporting	
		S – Suspect	W – Inmate Witness	EW – Employee Witness	
Name		Code	Name		Code
Narrative: (Utilize additional pages as needed)		(1)	Identify additional suspects or witnesses		
		(2)	Summarize details of incident (When, Where, What, Why, What action taken?)		
		(3)	Describe physical evident, location found and disposition		
<input type="checkbox"/> Status (check one)		<input type="checkbox"/> Closed		Referred I.A.	
				District Attorney	
				Other:	
				Disciplinary Board	
Reporting Employee		AC Reviewing		Commissioner	
<b>STATE OF TENNESSEE</b>					
County of					
The foregoing instrument was acknowledged before me by _____,					
<u>this</u>		<u>day of</u>		<u>20</u>	
				Witness by hand and official seal.	
<b>Notary Public or County Clerk</b>				<b>Commission/Term Expires</b>	





TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: TDOC ID:

Name: Last First Middle Number: Date of Birth:

Employee Inmate Visitor Other

Location (of occurrence) Date (of occurrence) Time (of occurrence)

Type of Injury / Incident: Work-related Sports Violence Use of Force Other:

Weapon, Property, Equipment, Machinery Involvement (Specify):

Subject's Version (how situation occurred):

Signature of Subject

Witness' Version:

Printed Name of Witness

Signature of Witness

Health Service Provider's Report

Subjective:

Objective:

Assessment:

Plan:

Date of Treatment

Time

Signature of Health Service Provider

Disposition: Treated by Institutional Health Service Staff

Transported to Community Facility for Outpatient Care:

Facility

Transported to Community Hospital for Inpatient Care:

Hospital

Other, explain:

Did death result?

Yes

No

Relatives notified:

Yes

No

Workers Compensation Claim #: