## ILLINOIS DEPARTMENT OF CORRECTIONS

## **Report of Extraordinary or Unusual Occurrences**

Report **all** extraordinary or unusual occurrences involving detainees in writing within three business days to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

Office of Jail & Detention Stand 1301 Concordia Court, P. O. Bo Springfield, Illinois 62794-9277 Telephone: (217) 558-2200, ext Fax: (217) 558-4004	x 19277		Chicago) <b>Department,</b> include	
Facility Name:		Te	lephone #:	
Address: Street		<u> </u>		
			State	
Date of Occurrence:	Tin	me of Occurrence:		☐ a.m. ☐ p.m.
Type of Occurrence:  Suicide (method)		Suicide Attemp	t (method)	
☐ Homicide ☐ Homicid	le Attempt	☐ Escape Attemp	t 🗌 Fire 🔲	Serious Injury
☐ Battery ☐ Riot or	Rebellion		☐ Assault on Staff ☐ Assault among Detainees	
☐ Fighting among Detain	ees Restraints	Used OC Spray Used	d Other (specify):	
	Datainasa In	alved		
Name	Detainees In	Date Confined	Arresting (	Charge
Name	Date of Birth	Date Commed	Arresting	Jilai ye
Any injuries? No Yes, (briefly desc	ribe):			
Any resulting death? ☐ No ☐ Yes, a	ttach coroner's report or t	forward upon completion	and explain below:	
		ion ward apon completion	and oxplain bolow.	
Name of deceased:				
Specific cause of death:				
Date & time of death:				
Was deceased on suicide watch at or im	nediately before time o	f death?	□ No	
Reported by:				
Was deceased examined by a physician?				
Did deceased display signs of illness?	☐ No ☐ Yes, des	cribe:		

Detainees Interviewed						
Name	Date of Birth	Date Confined	Arresting C	harge		
	Officials Inte	prviewed				
Name	Officials into	Title				
· · · · · · · · · · · · · · · · · · ·		Title				
Principal cause of occurrence:						
Summary of specific details of occurrence (i	nclude date and time):					
Recommendations to prevent future occurre	inces:					
Recommendations to prevent ruture occurre						
Print Reporting Officer's Name	Badge #	Reporting C	Officer's Signature	Date		
Print Shift Commander's Name	Badge #	Shift Comm	ander's Signature	Date		

**Note:** Use of this form is required; please do not alter format. Where available, this form may be completed and submitted on-line as directed by the Office of Jail and Detention Standards.

The Illinois Department of Corrections is requesting disclosure of information necessary to accomplish the statutory purpose as outlined in 730 ILCS 5/3-15-2. Disclosure of information is MANDATORY. Failure to provide the information could result in a court order requiring compliance with 20 III. Adm. Code 701, 702, or 720.