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CONFIDENTIAL
 MICHIGAN DEPARTMENT OF CORRECTIONS
 EMPLOYEE ACCIDENT REPORT

CSJ-271
 CONFIDENTIAL REV. 07/04
 4835-3271

TO BE COMPLETED BY EMPLOYEE OR HIS/HER SUPERVISOR WITHIN 24 HOURS AFTER ACCIDENT

1. Employee Name (Last, First, Middle Initial) <u>Rushing, Dorian</u>		2. Facility <u>MDC</u>	
[REDACTED]		5. Apt.	7. Zip Code
8. HRMN I.D.	9. D.O.B.	10. Sex <u>M</u>	11. Agency <u>MDC</u>
12. Work Station (Division, Bureau) <u>Housing</u>		13. Beginning & End of Shift <u>6-2</u>	14. Job Title <u>RUO</u>
15. Date of Hire <u>6/27/99</u>		16. Unit Designation Code <u>MCO</u>	17. Date of Accident <u>10-17-11</u>
20. Place Where Accident Occurred		18. Work Telephone # <u>586-749-4000</u>	19. Time of Accident Hour <u>0856</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

- | | | |
|---|--|--|
| 100 <input type="checkbox"/> Auditorium | 108 <input type="checkbox"/> Kitchen | 116 <input type="checkbox"/> Outside Grounds |
| 101 <input checked="" type="checkbox"/> Cell Block (Identify #) <u>W-7 Building</u> | 109 <input type="checkbox"/> Laundry | 117 <input type="checkbox"/> Parking Lot |
| 102 <input type="checkbox"/> Dining Room | 110 <input type="checkbox"/> Linen Room | 118 <input type="checkbox"/> Post |
| 103 <input type="checkbox"/> Farm | 111 <input type="checkbox"/> Living Unit | 119 <input type="checkbox"/> Rotunda |
| 104 <input type="checkbox"/> Gymnasium | 112 <input type="checkbox"/> Lobby | 120 <input type="checkbox"/> School |
| 105 <input type="checkbox"/> Health Care | 113 <input type="checkbox"/> Maintenance | 121 <input type="checkbox"/> Warehouse |
| 106 <input type="checkbox"/> Hospital/Infirmary | 114 <input type="checkbox"/> Office | 122 <input type="checkbox"/> Yard |
| 107 <input type="checkbox"/> Industries | 115 <input type="checkbox"/> Outside Facility Area | 123 <input type="checkbox"/> Other |

DEPOSITION
 EXHIBIT
 9-18-19 mn

21. Nature of Injury

- | | | | |
|--|--|--|---|
| 200 <input type="checkbox"/> Amputation | 207 <input type="checkbox"/> Dislocation | 214 <input type="checkbox"/> Hernia (Rupture) | 221 <input type="checkbox"/> Puncture |
| 201 <input type="checkbox"/> Abrasion | 208 <input type="checkbox"/> Dermatitis | 215 <input type="checkbox"/> Inflammation/Irritation | 222 <input type="checkbox"/> Shock (Electric) |
| 202 <input type="checkbox"/> Bite or Sting | 209 <input type="checkbox"/> Drowned | 216 <input type="checkbox"/> Internal Infection | 223 <input type="checkbox"/> Sprain |
| 203 <input type="checkbox"/> Burn (Not Electric) | 210 <input checked="" type="checkbox"/> Fracture | 217 <input type="checkbox"/> Laceration | 224 <input type="checkbox"/> Strain |
| 204 <input type="checkbox"/> Concussion | 211 <input type="checkbox"/> Frost Bite | 218 <input type="checkbox"/> Mental/Emotional | 225 <input type="checkbox"/> Suffocation |
| 205 <input type="checkbox"/> Contusion (Bruise) | 212 <input type="checkbox"/> Heart Failure | 219 <input type="checkbox"/> Multiple Injuries | 226 <input type="checkbox"/> Wound |
| 206 <input type="checkbox"/> Crush | 213 <input type="checkbox"/> Heat Exhaustion | 220 <input type="checkbox"/> Poison | 227 <input type="checkbox"/> Other |

22. Body Part(s) Injured (Indicate by circling Right or Left)

- | | | | |
|---|---|---|--|
| 300 <input type="checkbox"/> Abdomen | 307 <input type="checkbox"/> Elbow(s) R-L | 314 <input type="checkbox"/> Hip(s) R-L | 321 <input type="checkbox"/> Neck |
| 301 <input checked="" type="checkbox"/> Ankle(s) R <u>(L)</u> | 308 <input type="checkbox"/> Eye(s) R-L | 315 <input type="checkbox"/> Internal Organs | 322 <input type="checkbox"/> Nose |
| 302 <input type="checkbox"/> Arm(s) Lower R-L | 309 <input type="checkbox"/> Face | 316 <input type="checkbox"/> Knee(s) R-L | 323 <input type="checkbox"/> Rib(s) R-L |
| 303 <input type="checkbox"/> Arm(s) Upper R-L | 310 <input type="checkbox"/> Finger(s)/Thumb(s) R-L | 317 <input checked="" type="checkbox"/> Leg(s) Lower R <u>(L)</u> | 324 <input type="checkbox"/> Shoulder(s) R-L |
| 304 <input type="checkbox"/> Back | 311 <input type="checkbox"/> Foot (Feet) R-L | 318 <input type="checkbox"/> Leg(s) Upper R-L | 325 <input type="checkbox"/> Skull |
| 305 <input type="checkbox"/> Chest | 312 <input type="checkbox"/> Hand(s) R-L | 319 <input type="checkbox"/> Mouth | 326 <input type="checkbox"/> Toe(s) R-L |
| 306 <input type="checkbox"/> Ear(s) R-L | 313 <input type="checkbox"/> Head | 320 <input type="checkbox"/> Multiple Body Parts | 327 <input type="checkbox"/> Wrist(s) R-L |

23. Type of Accident

- | | | | |
|--|---|---|---|
| 400 <input type="checkbox"/> Collision | 404 <input type="checkbox"/> Lifting or Over Exertion | 408 <input type="checkbox"/> Handling Object | 412 <input type="checkbox"/> Disturbance |
| 401 <input type="checkbox"/> Falling or Striking Against | 405 <input checked="" type="checkbox"/> Caught in, on, or between | 409 <input type="checkbox"/> Contact with Irritants | 413 <input type="checkbox"/> Shock (Electric) |
| 402 <input type="checkbox"/> Struck by Moving Object | 406 <input type="checkbox"/> Contagious Illness | 410 <input type="checkbox"/> Exposure to Heat or Cold | 414 <input type="checkbox"/> Industrial Disease |
| 403 <input type="checkbox"/> Struck by Prisoner | 407 <input checked="" type="checkbox"/> Struggle with Prisoner | 411 <input type="checkbox"/> Burn (Not Electric) | 415 <input type="checkbox"/> Motorized Vehicle |

24. Injury Source Items

- | | | |
|--|---|--|
| 500 <input type="checkbox"/> Automobile/Van/etc. | 507 <input type="checkbox"/> Hand Tool | 514 <input type="checkbox"/> Other Employer |
| 501 <input type="checkbox"/> Box/Container | 508 <input type="checkbox"/> Hot Food | 515 <input type="checkbox"/> Power Tool |
| 502 <input type="checkbox"/> Cleaning Chemical | 509 <input type="checkbox"/> Hot Water | 516 <input type="checkbox"/> Stairs |
| 503 <input type="checkbox"/> Door | 510 <input checked="" type="checkbox"/> Prisoner (Prison ID#) <u>494805</u> | 517 <input type="checkbox"/> Temperature Extreme |
| 504 <input type="checkbox"/> Eating Utensil | 511 <input type="checkbox"/> Kitchen Utensil/Equipment | 518 <input type="checkbox"/> Wall |
| 505 <input checked="" type="checkbox"/> Floor/Ground | 512 <input type="checkbox"/> Laundry Equipment | 519 <input type="checkbox"/> Window |
| 506 <input type="checkbox"/> Furniture | 513 <input type="checkbox"/> Office Equipment | 520 <input type="checkbox"/> Other |

CONFIDENTIAL

RUSHING v MDC 001164

(continued on page two)

CONFIDENTIAL

CSJ-271 (Page 2)
CONFIDENTIAL

25. Contributing Factors

- 600 Defective Tools, Equipment
- 601 Proper Equipment Not Provided
- 602 Proper Equipment Not Used
- 603 Failure to Follow Rules or Instructions
- 604 Lack of Knowledge or Instruction
- 605 Unsafe Act
- 606 Failure to Make Proper Inspection
- 607 Contact with Another Person
- 608 Other _____

26. Employee's Description of How Accident Occurred:

while attempting to gain control of inmate Gunn after fighting inmate while 36109, Prisoner Gunn continued to resist being restrained. Prisoner Gunn was placed on the floor at which time he began again to resist causing staff to attempt control during which my leg was tangled up under other staff and Prisoner Gunn.

27. Supervisor's Suggestions on Preventive Action:

Unreasonable Due to prisoner was actively resisting even when additional staff was present

28. Witnesses to the Injury/Incident:

Name: _____
 Phone #: _____
 Name: _____
 Phone #: _____
 Name: _____
 Phone #: _____
 Name: _____
 Phone #: _____

29. Employee Sent for Treatment:

Yes No

Employee Signature unavailable for signature	Date 10-17-11	Supervisor Signature <i>[Signature]</i>	Date 10-17-11
---	------------------	--	------------------

TO BE COMPLETED BY HUMAN RESOURCES OFFICE ON OR BEFORE THE 8TH DAY AFTER INCIDENT

30. Medical Description of Injury or Disease:

Ankle Fracture

31. Name of Hospital or Clinic

Mt. Clemens General Hospital

32. Were X-Rays Taken?

Yes No

33. Attending Physician (Name and Billing Address)

Jeffrey Balazsy, MD, 1000 Harrington, Mt Clemens, MI 48043

34. Date

10/17/11

35. Extent of Injuries (Check One)

- 1. Treatment Refused
- 2. No First Aid Needed
- 3. First Aid Only (Returned to work by next scheduled work shift)
- 4. Disabling Injury (Regular)
- 5. Disabling Injury (Assault)
- 6. Fatality
- 7. Settlement

36. Was There Time Lost?

Yes No (Omit 37 & 38)

37. Last Date Worked

10/17/11

38. Date Returned to Work

EMPLOYEE

Authorized Representative

39. Date

10/19/11

VISITOR

PA 293 Yes
 No

CONFIDENTIAL

RUSHING v MDOC 001185

CONFIDENTIAL

MICHIGAN DEPARTMENT OF CORRECTIONS
CRITICAL INCIDENT REPORT

CAJ-570
 REV. 12/04
 4835-0570

Incident Number	
CONFIDENTIAL	
Date of Incident	10/17/2011
Time of Incident	0856

Institution/Field Office	Security Level
Macomb Correctional Facility	IV - Residential Treatment Program
Location Where Incident Occurred	Reporting Staff Member
Housing Unit #7 B-Wing	Sgt. Daogaru

Telephone Report Required? Yes No If so, reported to whom, date & time: RPA Curtis, 10/17/11 & 1220

1. **INCIDENT DESCRIPTION:** (Use Supplement Page, if Additional Space is needed.) Briefly describe the incident. Specifically who did or said what to whom. Describe actions, behaviors, and statements. Do not attempt to interpret actions, behavior or statements. For example, write J. Doe grabbed/hit/pushed D. Smith rather than J. Doe assaulted D. Smith.

On 10/17/2011 at 0856 hours prisoner White #369199 (7-94-B) and prisoner Gunn #494806 (7-50-T) began to fight in the Residential Treatment Program (RTP) Housing Unit 7 B-wing. Housing Unit 7 staff responded to B-wing to separate prisoners Gunn and White. Sgt. Daogaru also responded to B-wing and called for additional yard staff by radio to respond to the scene. RUO Maul gained control and placed hand restraints on prisoner White and escorted him to the RTP B-wing shower without incident. RUO Rushing, Officer Rumphr and Officer Erichsen tried to gain control of prisoner Gunn, who was resistant to staff's commands to stop fighting and continued to push staff and pull away from them. Prisoner Gunn was placed on the floor to gain his compliance.

Supplemental Page Attached: Yes No

2. **TYPE OF INCIDENT:** (Check all that apply)

<p>Homicide/Death</p> <input type="checkbox"/> Murder <input type="checkbox"/> Attempted Murder <input type="checkbox"/> Suicide <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Drug Overdose <input type="checkbox"/> Other _____	<p>Assault</p> <input checked="" type="checkbox"/> Staff Assaulted <input type="checkbox"/> Offender Assaulted <input type="checkbox"/> Visitor/Civilian Assaulted <input checked="" type="checkbox"/> Offender Perpetrator <input checked="" type="checkbox"/> - Resisting Staff <input type="checkbox"/> - Not Resisting Staff <input type="checkbox"/> Staff Perpetrator <input type="checkbox"/> Visitor/Civilian Perpetrator <input type="checkbox"/> Involved Sexual Assault or Abuse	<p># of Victims/ Perpetrators</p> <p>2/1</p>	<p>Assault Category</p> <p>I & VI</p>																												
<p>Disturbance</p> <input type="checkbox"/> Riot/Strike/Demonstration <input type="checkbox"/> Attempted Riot/Strike Demonstration <input type="checkbox"/> Hostage Taking	<p>Serious Physical Injury</p> <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Offender <input type="checkbox"/> Visitor/Civilian	<p>Assault Victims with</p> <p>1</p>	<p>Accident Victims with</p>																												
<p>Offender Control</p> <input checked="" type="checkbox"/> Staff Use of Force (other than routine fights) <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Excessive	<p>Serious Emotional Reaction</p> <input type="checkbox"/> Staff <input type="checkbox"/> Offender <input type="checkbox"/> Visitor/Civilian	<p># Victims with ...</p>																													
<p>Escape (Number of Prisoners - Total, and at each level)</p> <table border="1"> <tr> <td></td> <td colspan="5">Security Level</td> <td></td> </tr> <tr> <td></td> <td>I</td> <td>II</td> <td>III</td> <td>IV</td> <td>V</td> <td>In-Transit</td> </tr> <tr> <td><input type="checkbox"/> Escape</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> </tr> <tr> <td><input type="checkbox"/> Escape Attempt</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> </tr> </table>		Security Level							I	II	III	IV	V	In-Transit	<input type="checkbox"/> Escape	---	---	---	---	---	---	<input type="checkbox"/> Escape Attempt	---	---	---	---	---	---	<p>Miscellaneous</p> <input type="checkbox"/> Fire, Explosion or Natural Disaster (w/damage over \$500 or serious physical injury) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Felony <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Accident <input type="checkbox"/> Illegal Conspiracy Involving Staff <input type="checkbox"/> Other Critical Incident _____ <input type="checkbox"/> Media Attention Occurred		
	Security Level																														
	I	II	III	IV	V	In-Transit																									
<input type="checkbox"/> Escape	---	---	---	---	---	---																									
<input type="checkbox"/> Escape Attempt	---	---	---	---	---	---																									
<p>Incident Location</p> <input checked="" type="checkbox"/> Housing Unit <input type="checkbox"/> Yard <input checked="" type="checkbox"/> Other Residential Treatment Program (RTP) Housing Unit #7	<p>Notifications</p> <input checked="" type="checkbox"/> A telephone report required by policy. If so, to whom was it reported, the date and time? 10/17/2011 at 1220 RPA Curtis																														
<p>Major Physical Plant Failure</p> <input type="checkbox"/> Security System <input type="checkbox"/> Electrical <input type="checkbox"/> Heat <input type="checkbox"/> Water, Sewage <input type="checkbox"/> Structural <input type="checkbox"/> Other _____																															

RECEIVED
 OCT 18 2011
 DEPUTY WARDENS OFFICE

**MICHIGAN DEPARTMENT OF CORRECTIONS
CRITICAL INCIDENT REPORT**

CAJ-570

Incident # **CONFIDENTIAL**

**1. INCIDENT DESCRIPTION
(Cont'd.)**

Briefly describe the incident. Specifically who did or said what to whom. Describe actions, behaviors, and statements. Do not attempt to interpret actions, behavior or statements. For example, write J. Doe grabbed/hit/pushed D. Smith rather than J. Doe assaulted D. Smith.

Yard staff arrived on scene and began to maintain prisoner crowd control on B-wing. RUO Rumohr placed hand restraints on prisoner Gunn. When helping prisoner Gunn off the floor to escort him to A-wing, prisoner Gunn began to kick at staff striking Sgt. Daogaru in his chest twice with his foot. Sgt. Daogaru was not injured and did not go to Prompt Care. Prisoner Gunn was placed back on the floor to gain compliance. While on the floor prisoner Gunn was still actively resisting staff by trying to kick at staff and pull away. Staff administered three knee strikes to prisoner Gunn's Common Peroneal Nerve. Prisoner Gunn was placed in leg restraints and escorted to the RTP A-wing by Sgt. Daogaru and Officer Gadzinski and secured in the RTP A-wing shower without any further incident. Both prisoners were evaluated by RN Kulczycki. Prisoner White had a swollen area on his forearm and prisoner Gunn had pain on his right side.

RUO Rushing was assaulted and injured by prisoner Gunn, who was resisting being restrained. RUO Rushing was taken to Mount Clemens Regional Medical Center by state vehicle for treatment. Examination found a broken tibia and torn cartilage, resulting in RUO Rushing being subsequently discharged from the hospital and surgery scheduled for later date. Video footage of the incident was captured from the institutional monitoring camera system.

Deputy Warden Steward was notified of the incident at 0904 hours. RPA Curtis was notified by Deputy Warden Steward at 1220 hours of the incident and injury of RUO Rushing.

No other staff were injured. Three class I Misconduct Reports were written on prisoner Gunn (Assault resulting in serious physical injury (staff victim), Fighting and Assault and Battery on staff. Prisoner White was issued a class I Misconduct Report for Fighting.

Both prisoners were under a Mental Health Management Plan at the time of the incident. The fight was not due to any sexual pressure or advances by either prisoner.

3. STAFF INVOLVED OR WITNESSING INCIDENT: (Continued)

Name (PRINT)	Job Classification	Role in Incident	Statement Attached	
			Yes	No
Jowojobi, Oladotun	Corrections Officer E-8	Restrained prisoner Gunn/escorted to A-wing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McCullough, Michael	Act Sgt. CSS-1	Supervisor on scene in RTP housing unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rumohr, Martin	Corrections Officer E-9	Restrained prisoner Gunn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wilson, Jeffrey	Corrections Officer E-9	Prisoner Crowd Control on B-Wing in RTP unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. OFFENDER INVOLVED IN INCIDENT: (Continued)

Offender Name (PRINT)	Offender ID#	ERD	Serving For	Role in Incident	Statement Attached	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

5. CIVILIAN/VISITOR INVOLVED IN INCIDENT: (Continued)

Civilian/Visitor's Name (PRINT)	Address	Role in Incident	Statement Attached	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIAL

CONFIDENTIAL

MICHIGAN DEPARTMENT OF CORRECTIONS
CRITICAL INCIDENT REPORT

CAJ-570

Incident Number	
CONFIDENTIAL	

3. STAFF INVOLVED OR WITNESSING INCIDENT

Name (PRINT)	Job Classification	Role in Incident	Statement Attached	
			Yes	No
Rushing, Darin	Resident Unit Officer E-10	Assaulted by prisoner Gunn/prisoner control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gadzinski, Michael	Corrections Officer E-9	Escorted prisoner Gunn to RTP A-Wing shower	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McNamara, Shawn	Corrections Officer E-9	Prisoner Crowd Control on RTP B-Wing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Erichsen, Jorg	Corrections Officer E-9	Restrained prisoner Gunn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maul, Victor	Resident Unit Officer E-10	Restrained prisoner White/escorted to B-wing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. OFFENDER INVOLVED IN INCIDENT

Offender Name (PRINT)	Offender ID#	ERD	Serving For	Role in Incident	Statement Attached	
					Yes	No
Gunn, Lester	494805	5/7/2009	Assault dangerous weapon/Home Invasion	Perpetrator/Fighter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
White, David	369199	9/20/2001	Home Invasion	Fighter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

5. CIVILIAN/VISITOR INVOLVED IN INCIDENT

Civilian/Visitor's Name (PRINT)	Address	Role in Incident	Statement Attached	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6. ACTION TAKEN BY STAFF AT TIME OF INCIDENT (Check all that apply)

<input checked="" type="checkbox"/> Command/Order Offender	<input checked="" type="checkbox"/> Supervisor Notified	<input type="checkbox"/> Other _____
<input type="checkbox"/> Contraband Confiscated	<input type="checkbox"/> Gun Squad Dressed Out	
<input type="checkbox"/> Fire Control Procedure Initiated	<input type="checkbox"/> Emergency Count Taken	
<input type="checkbox"/> Firearm Drawn	<input type="checkbox"/> Emergency Mobilization Initiated	Offender Moved
<input type="checkbox"/> Firearm Discharged	<input type="checkbox"/> Offender Interrogated	<input checked="" type="checkbox"/> To Segregation/Temporary Hold
<input type="checkbox"/> Chemical Agent Used	<input checked="" type="checkbox"/> Misconduct Report Written	<input type="checkbox"/> To Control Center
<input checked="" type="checkbox"/> Physical Restraint Used	<input checked="" type="checkbox"/> Custodial Assistance Called For	<input type="checkbox"/> To Deputy's Office
<input type="checkbox"/> Shakedown/Search for Contraband	<input checked="" type="checkbox"/> Medical Assistance - Facility	<input type="checkbox"/> To Housing Unit Office
<input type="checkbox"/> Suicide Implements Taken/Cell Stripped	<input checked="" type="checkbox"/> Medical Assistance - Civilian Hosp.	<input type="checkbox"/> To Other Place of Assistance
		<input type="checkbox"/> Out of His/Her Cell

7. FINAL DISPOSITION (Check all that apply)

Offender Placed In	Final Action	<input checked="" type="checkbox"/> Misconduct Report Written
<input checked="" type="checkbox"/> Segregation	<input type="checkbox"/> Count Taken in Housing Unit	<input type="checkbox"/> No Formal Action Taken
<input type="checkbox"/> Detention	<input type="checkbox"/> ERT Deployed	<input type="checkbox"/> Other _____
<input type="checkbox"/> Toplock	<input checked="" type="checkbox"/> Employee Taken to Civilian Hospital	
<input type="checkbox"/> Holding Cell	<input type="checkbox"/> Contraband Placed in Evidence Box	Case Referred To:
<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Offender Taken Back Into Custody	<input checked="" type="checkbox"/> Facility Inspector
<input type="checkbox"/> Psychiatric Unit	<input type="checkbox"/> Offender Returned to Assignment	<input type="checkbox"/> BHCS - Medical
<input type="checkbox"/> Infirmary/Hospital	<input type="checkbox"/> Recommend Disciplinary on Employee	<input type="checkbox"/> BHCS - PSU
<input type="checkbox"/> Civilian Hospital	<input type="checkbox"/> Offender Grievance/Complaint Filed	<input type="checkbox"/> Internal Affairs
<input checked="" type="checkbox"/> Own Cell/Room/Dorm	<input type="checkbox"/> Offender Transferred	<input type="checkbox"/> MSP

8. CAUSES OR CONTRIBUTING FACTORS (Check all that apply)

<input type="checkbox"/> Sexual Behavior - Aggressive/Predatory	<input type="checkbox"/> Offender Reaction to Disciplinary Action	<input type="checkbox"/> None Apparent
<input type="checkbox"/> Sexual Behavior - Passive/Consensual	<input type="checkbox"/> Offender Reaction Parole Board Decision	<input type="checkbox"/> Other (gambling, property, Religious, STG, etc.) _____
<input type="checkbox"/> Racial Conflict	<input type="checkbox"/> Offender Extortion/Strong-arming	
<input checked="" type="checkbox"/> Offender/Offender Conflict	<input type="checkbox"/> External Factors (family, friend, job, etc)	
<input type="checkbox"/> Offender/Staff Conflict	<input type="checkbox"/> Emotional Upset	

9. CRITICAL INCIDENT REPORT SUBMITTED

Submitted by: Name	Title	Date Submitted	Time Submitted
Weberg, Merriane	Lieutenant CSS-2	Oct. 18, 11	1400

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 MICHIGAN DEPARTMENT OF CORRECTIONS
 CRITICAL INCIDENT REPORT

CAJ-570

Incident # _____
 CONFIDENTIAL

1. INCIDENT DESCRIPTION (Cont'd.)	Briefly describe the incident. Specifically who did or said what to whom. Describe actions, behaviors, and statements. Do not attempt to interpret actions, behavior or statements. For example, write J. Doe grabbed/hit/pushed D. Smith rather than J. Doe assaulted D. Smith.
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3. STAFF INVOLVED OR WITNESSING INCIDENT: (Continued)

Name (PRINT)	Job Classification	Role in Incident	Statement Attached	
			Yes	No
Kulczyk, Sandra	Registered Nurse	Medically assessed prisoners White and Gunn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Greason, Alan	Resident Unit Manager	Maintained prisoner crowd control in RTP unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sgamball, Frank	Asst. Res. Unit Supervisor	Maintained prisoner crowd control in RTP unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eames, Emily	Registered Nurse	Initially assessed prisoners White and Gunn	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. OFFENDER INVOLVED IN INCIDENT: (Continued)

Offender Name (PRINT)	Offender ID#	ERD	Serving For	Role in Incident	Statement Attached	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

5. CIVILIAN/VISITOR INVOLVED IN INCIDENT: (Continued)

Civilian/Visitor's Name (PRINT)	Address	Role in Incident	Statement Attached	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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