

**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: 3173.2**

**Repeal sections:**

**NOTICE OF APPROVAL OF EMERGENCY  
REGULATORY ACTION**

**Government Code Sections 11346.1 and  
11349.6, and Penal Code Section 5058.3**

**OAL Matter Number: 2016-0429-04**

**OAL Matter Type: Emergency Operational  
Necessity (EON)**

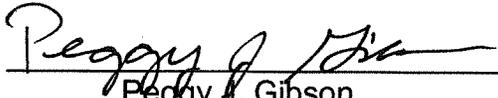
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This rulemaking action by the Department of Corrections and Rehabilitation (Department) is a re-adopt of an emergency of operational necessity pursuant to Penal Code section 5058.3 (2015-1103-01EON). This action amends title 15, section 3173.2 of the California Code of Regulations to modify search options for individuals who alert positive as a result of passive canine air scans. The Department will no longer conduct unclothed searches of visitors based solely upon a positive passive canine air scan.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code, and section 5058.3 of the Penal Code.

This emergency regulatory action is effective on 5/10/2016 and will expire on 8/9/2016. The Certificate of Compliance for this action is due no later than 8/8/2016.

Date: May 10, 2016

  
Peggy A. Gibson  
Senior Attorney

For: Debra M. Cornez  
Director

Original: Scott Kernan  
Copy: Sherri Garcia

NOTICE PUBLICATION/REGULATORY ACTION SUBMISSION

EMERGENCY

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2015-1229-04</b>	REGULATORY ACTION NUMBER	EMERGENCY NUMBER <b>2016-0429-04EON</b>
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For use by Office of Administrative Law (OAL) only	
NOTICE	REGULATIONS

2016 APR 29 P 3:59  
OFFICE OF ADMINISTRATIVE LAW

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

MAY 10 2016

2:11 PM

AGENCY WITH RULEMAKING AUTHORITY Department of Corrections and Rehabilitation	AGENCY FILE NUMBER (if any) 15-0172
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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)
<b>OAL USE ONLY</b> ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Searches and Inspections	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-1103-01
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT
AMEND 3173.2
REPEAL
TITLE(S) 15

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input 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"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input checked="" type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input checked="" type="checkbox"/> Other (Specify) <u>Emergency Op. Necessity 5058.3</u>	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

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)

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 Sherri Garcia	TELEPHONE NUMBER 916-445-2266	FAX NUMBER (Optional) (916) 324-6075	E-MAIL ADDRESS (Optional) sherri.garcia@cdcr.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 4-28-16
TYPED NAME AND TITLE OF SIGNATORY RALPH M. DIAZ, Undersecretary, Operations	

For use by Office of Administrative Law (OAL) only
ENDORSED APPROVED
MAY 10 2016
Office of Administrative Law

## TEXT OF PROPOSED REGULATIONS

In the following, all new language is indicated by underline and deleted text is indicated by strikethrough.

### Subchapter 2. Inmate Resources

#### Article 7. Visiting

##### 3173.2. Searches and Inspections.

Subsections 3173.2(a) through 3173.2(b) are unchanged.

Subsection 3173.2(c) is unchanged and shown for reference:

(c) Visitors shall be required to submit to contraband and/or metal detection device(s) and/or electronic drug detectors including, but not limited to, ION scanners and other available contraband and/or metal detecting device(s) technology, and a thorough search of all personal items, including inspection of a wheelchair, implant, prosthesis or assistive devices, prior to being allowed to visit with an inmate. Visitors shall be subject to search by passive canines as follows:

Subsections 3173.2(c)(1) through 3173.2(c)(5)(d) are amended to read:

(1) Any person coming onto the grounds of any department facility is subject to search by a department canine as part of the department's drug interdiction program.

(2) Direct Search of Visitors using Passive Alert Canines.

Prior to beginning the search of visitors using passive alert canines, the Search Operations Commander or designee shall be responsible for determining if the search will be of all visitors entering or exiting an area, or only those selected on a random basis. The random selection method shall be documented on the Canine Air Scan Results Log prior to the commencement of the searches. The random pattern shall not be altered unless approved by the Search Operations Commander.

(A) The canine handler shall make a courteous Visitor Search Announcement informing the visitor(s) that he/she is conducting passive canine air scan searches of visitors using passive alert canines and that the purpose of the scan is to detect illegal drugs.

(B) The canine handler shall ~~request consent~~ advise the visitor he/she is going to conduct a passive canine air scan search of ~~any the~~ visitor. ~~prior to conducting the passive air scan search.~~ The visitor, including attorneys or legal organizations as identified in section 3141(c)(9) and employees of other government agencies, shall be informed that: (1) he/she does have the right to refuse the search, and (2) any visitor who refuses to be searched in this manner shall be denied contact visiting but may be authorized for a non-contact visit if available on that same day. Staff shall inform the visitor of available options based upon the number of refusals occurring within a twelve (12) month period as outlined in this policy.

(C) The visitor shall be directed to not interact with the canine in any way.

(D) While inadvertent contact is a possibility, the handler shall not instruct the canine to contact the visitor.

(E) If the visitor seems excessively nervous, the handler shall attempt to reassure the visitor that the procedure is safe.

### (3) Results of a Canine Search.

(A) If the canine does not give a positive canine alert during an air scan search of a visitor, the visitor shall be permitted to resume his/her visitor processing.

(B) If the canine does alert during an air scan search of the visitor, the visitor shall be informed that he/she shall be required to submit to an unclothed body search as a condition of a non-contact visiting. Refusal to submit to the search shall result in the denial of contact visiting for that day and approval for non-contact visiting only, if available. All requests for unclothed body searches, the reason for the request, and specific facts on which the search is based shall be documented on CDCR Form 888 (Rev. 04/15), Notice of Request for Search, which is incorporated by reference. This form shall include the subject's name, date, and signature of person authorizing the search. Should the visitor refuse to be searched or in instances where drugs or contraband are discovered, a CDC Form 887 B (Rev. 01/03), Notice of Visitor Warning/ Termination/ Suspicion/ Denial/ Revocation, which is incorporated by reference, shall be completed. This form shall specify the reason for the denial of visiting and time frames for which the denial/suspension are in effect. Subsequently, if the clothed body search is negative for contraband, the visitor shall continue with processing into the non-contact visiting area. However, if the clothed body search results in the discovery of contraband, the visitor shall be denied entrance to the facility and may be subject to arrest and referral for criminal prosecution. If the visitor refuses to consent to a clothed body search, visiting shall be denied for the day. All positive alerts (second EDDE scans/passive canine air scans), refusals to submit to clothed body searches after a positive alert, and/or refusals to participate in the drug interdiction process shall be recorded on the SOMS visiting record. A visitor shall be informed that he/she shall be subjected to the following:

1. Upon the visitor's next attempt to visit within a twelve (12) month period, the visitor shall not have the option of being randomly selected to participate in the drug interdiction process. The visitor shall participate in the drug interdiction process occurring on that day. If the visitor refuses to comply with this directive, visiting shall be denied for that day. If the institution is not conducting a drug interdiction process, the visitor will be allowed a contact visit consistent with departmental policies.

2. A visitor who refuses to participate in a drug interdiction process or submit to a clothed body search after a positive EDDE scan/passive canine air scan alert for the second time in a twelve (12) month period shall be denied a visit for that day. The institution head or designee may issue an order to suspend the visitor from the institution/facility within his/her jurisdiction for up to thirty (30) days, pursuant to CCR, Title 15, Sections 3176.1, 3176.2 and 3176.3. Upon the visitor's next attempt to visit within a twelve (12) month period, the visitor shall not have the option of being randomly selected to participate in the drug interdiction process. The visitor shall participate in the drug interdiction process occurring on that day. If the visitor refuses to comply with this directive, visiting shall be denied for that day. If the institution is not conducting a drug interdiction process, the visitor will be allowed a contact visit consistent with departmental policies.

3. A visitor who refuses to participate in a drug interdiction process or submit to a clothed body search after a positive EDDE scan/passive canine air scan alert for the third time in a twelve (12) month period shall be denied a visit for that day. The institution head or designee may issue an order to suspend the visitor from the institution/facility within his/her jurisdiction for up to twelve (12) months, pursuant to CCR, Title 15, Sections 3176.1, 3176.2 and 3176.3. Upon the visitor's next attempt to visit within a twelve (12) month period, the visitor shall not have the option of being randomly selected to participate in the drug interdiction process. The visitor shall participate in the drug interdiction process occurring on that day. If the visitor refuses to comply with this directive, visiting shall be denied for that day. If the institution is not conducting a drug interdiction process, the visitor will be allowed a contact visit consistent with departmental policies.

4. A visitor, who refuses to participate in a drug interdiction process or submit to a clothed body search after a positive EDDE scan/passive canine air scan alert for the fourth time in a twelve (12) month period, shall be denied a visit for that day. The institution head or designee may issue an order to suspend the visitor from the

institution/facility within his/her jurisdiction for up to twelve (12) months and refer the case to the director or designee for review of permanent exclusion of a person from any or all institutions/facilities, pursuant to CCR, Title 15, Sections 3176.1, 3176.2 and 3176.3.

(C) A visitor found in possession of drugs and/or cell phones shall be referred to the institution's Investigative Services Unit (ISU) for possible arrest and shall be suspended from visiting at any CDCR facility pursuant to sections 3176.1, 3176.2 and 3176.3, ~~except that the suspension shall be for three years on the first occasion and shall be a permanent exclusion on any subsequent occasions.~~

(D) Any confiscated controlled substance or other contraband shall be handled as evidence.

(E) Whenever a canine handler finds contraband, the find shall be reported to the on duty supervisor. The supervisor shall determine what action shall be taken.

(F) In instances when a positive canine alert is given, or if drug paraphernalia is discovered on the person of a visitor, the visitor shall be informed that he/she shall be required to submit to an ~~un~~clothed body search as a condition of a non-contact visiting.

~~(G) A visitor's refusal to submit to a required un~~clothed body search shall result in the denial of contact visiting for that day and approval for non-contact visiting only, if available., for the next two consecutive visits unless that visitor submits to an unclothed body search.

~~(H) Any visitor who refuses to submit to an un~~clothed body search after a positive canine alert and/or positive Electronic Drug Detection Equipment (EDDE) alert three times within a twelve month period may be suspended from visiting at all CDCR facilities pursuant to section 3176.3, except that any such suspension shall not exceed one year.

~~(I)~~ All requests for unclothed/clothed body searches, the reason for the request, and specific facts on which the search is based shall be documented on CDCR Form 888 (Rev. 04/15), Notice of Request for Search, which is incorporated by reference. This form shall include the subject's name, date, and signature of person authorizing the search. Should the visitor refuse to be searched or in instances where drugs or contraband are discovered, a CDC Form 887-B (01/03), Notice of Visitor Warning/ Termination/ Suspension~~Suspicion~~/ Denial/ Revocation, which is incorporated by reference, shall be completed. This form shall specify the reason for the denial of visiting and time frames for which the denial/suspension are in effect.

(4) Positive Canine Alert due to prescribed medications.

(A) When conducting scans of inmate visitors, there may be occasions when legitimate circumstances exist that may result in a positive canine alert. The cause of this alert may be the visitor's use of prescribed medications that contain narcotics and other drugs for which the canine has been trained to alert.

(B) Should the visitor claim that a positive canine alert is due to one or more prescribed medications, that person must provide current documentation in the form of a ~~doctor's~~ licensed physician's, licensed physician's assistant's or certified nurse practitioner's verification or a valid prescription for the medication(s) that is/are suspected to have caused the positive canine alert before they will be permitted a contact visit. The visitor shall be informed that he/she shall be required to submit to an EDDE scan to determine drug type. The visitor shall also be informed that if he/she has a negative scan or alerts to a substance consistent with his/her medical verification, he/she shall be required to submit to a clothed body search as a condition of visiting. Any item(s) brought into the facility/institution by that visitor shall be subject to a thorough search. If no contraband is discovered, the visitor will continue through processing. If the document is not readily available, the individual shall be informed that he/she shall be required to submit to a clothed body search as a condition for

non-contact visiting, if space is available. If no contraband is discovered, the visitor shall be permitted to have a non-contact visit.

~~(C) If the visitor has provided valid documentation and the prescribed medication is found to be the source of the positive scan, the Visiting Lieutenant may authorize a regular visit.~~

~~(D) If documentation is not readily available, a non-contact visit may be authorized, if available.~~

(5) Outside Law Enforcement Agencies.

Local police officers or other law enforcement officers shall not be involved in the search of visitors.

(6) Arrests/Citations/District Attorney Referral.

(A) Visitors who are searched and found in possession of drugs or contraband are subject to arrest. If an arrest is initiated, those arrested, along with the drugs or contraband discovered shall be turned over to the institution's ISU.

(B) Once the pre-booking process has been completed by CDCR staff, the arrestee(s) shall be transported without delay by CDCR personnel or by the local police/sheriff's department to a designated detention facility. Arrestee(s) shall not be held at the pre-booking area beyond a reasonable amount of time necessary to complete the process.

(C) If any visitor is found in possession of drugs or contraband, the ISU Lieutenant/Search Commander shall make any decision to arrest, issue a citation, or refer the matter to the District Attorney's office for prosecution.

(D) In all cases where a visitor is arrested and/or issued a citation for committing a criminal act while on institution grounds, a copy of CDCR 837-A (Rev. ~~07/05~~ 10/15), Crime/Incident Report, Part A - Cover Sheet, which is incorporated by reference, arrest reports, and staff reports documenting the arrest will be forwarded to the local District Attorney's office in accordance with existing departmental regulations in sections 3176.2 and 3316(a).

**Subsections 3173.2(d) through 3173.2(i)(2) are unchanged.**

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 4573, 4573.5, 4576, 5054 and 6402, Penal Code.

STATE OF CALIFORNIA  
**CRIME / INCIDENT REPORT**  
**PART A - COVER SHEET**  
 CDCR 837-A (Rev. 07/05)

**Delete**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 1 OF \_\_\_\_\_ INCIDENT LOG NUMBER \_\_\_\_\_ INCIDENT DATE \_\_\_\_\_ INCIDENT TIME \_\_\_\_\_

INSTITUTION	FACILITY	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	INCIDENT SITE	LOCATION	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> SNY <input type="checkbox"/> PHU <input type="checkbox"/> GYC <input type="checkbox"/> GP <input type="checkbox"/> RC	SEG YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIFIC CRIME / INCIDENT \_\_\_\_\_

NUMBER/SUBSECTION:  CCR  PC  NIA

D. A. REFERRAL ELIGIBLE  YES  NO

CRISIS RESPONSE TEAM ACTIVATED  YES  NO

MUTUAL AID REQUESTED  YES  NO

PIO/AA NOTIFIED  YES  NO

**RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)**

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> NATURAL <input type="checkbox"/> EXECUTION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> SPEARING <input type="checkbox"/> GASSING <input type="checkbox"/> STABBING <input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER: <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING <input type="checkbox"/> N/A

SERIOUS INJURY	INMATE WEAPONS	TYPE OF WEAPON / SHOTS FIRED / FORCE
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAPI/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT: (TYPE) <input type="checkbox"/> STABBING INSTRUMENT: (TYPE) <input type="checkbox"/> OTHER: <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: <input type="checkbox"/> UNKNOWN LIQUID <input type="checkbox"/> N/A	WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40MM MULTI <input type="checkbox"/> HFWR5 FORCE: <input type="checkbox"/> EXPANDABLE BATON <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER: WARNING # _____ EFFECT # _____ BATON ROUND: _____ TYPE / NO: _____ WOOD _____ RUBBER _____ FOAM _____ STINGER: _____ .32 (A) _____ .60 (B) _____ EXAGT IMPACT _____ CTS 4557 _____ XM 1008 _____ CHEMICAL: _____ <input type="checkbox"/> OC _____ <input type="checkbox"/> CN _____ <input type="checkbox"/> CS _____ <input type="checkbox"/> N/A

CONTROLLED SUBSTANCE	WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> CONTROLLED MEDS  <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> WITHOUT PACKAGING PRELIMINARY LAB _____ _____	<input checked="" type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY  IF YES, LIST AFFECTED PROGRAMS:  <input type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M  <input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER:  EXTRACTION: <input type="checkbox"/> CALCULATED <input type="checkbox"/> EMERGENCY  <input type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES): \_\_\_\_\_

COMPLETE SYNOPSIS / SUMMARY ON PART 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	

STATE OF CALIFORNIA  
**CRIME / INCIDENT REPORT**  
**PART A - COVER SHEET**  
 CDCR 837-A (Rev. 10/15)

**Adopt**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE _____ of _____		INCIDENT LOG NUMBER	INCIDENT DATE	INCIDENT TIME
INSTITUTION	FACILITY	FACILITY LEVEL	INCIDENT SITE	LOCATION
SPECIFIC CRIME / INCIDENT			PROGRAM	AD / SEG
<input type="checkbox"/> N/A <input type="checkbox"/> GCR <input type="checkbox"/> PC NUMBER / SUBSECTION <input type="checkbox"/> YES <input type="checkbox"/> NO				
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 <input type="checkbox"/> N/A		ASSAULT / BATTERY <input type="checkbox"/> N/A	TYPE OF ASSAULT / BATTERY <input type="checkbox"/> N/A	
SERIOUS BODILY INJURY <input type="checkbox"/> N/A	INMATE WEAPONS <input type="checkbox"/> N/A		FORCE USED <input type="checkbox"/> N/A	
ESCAPES <input type="checkbox"/> N/A				
CONTROLLED SUBSTANCE <input type="checkbox"/> N/A	WEIGHT / In Grams.	EXTRACTION <input type="checkbox"/> N/A	EXCEPTIONAL ACTIVITY <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