

Form 586 After Action Review Report

Section 1: Form 583 Information

Significant Incident: VIP-15-0255
Institution: Victorville USP
Incident Date: 7/29/2015 12:40 PM
Submit Approved By: Lothrop, William W.

Region: Western
Incident Location: Housing Unit, Special (SHU)
Report Date: 7/31/2015 3:24:55 PM CST
Classification: Emergency

Section 2: Restraint Classification

Reg #: 74918065 **Name:** SULLIVAN, CYRUS **Role:** Assailant
Date Placed in Restraints: **Date Released from Restraints:**
CIMS: No **STG:** No

Date Regional Director Notified of Each Additional 8 Hour Time Period

No data found.

Section 3: After Action Review

Warden: Lothrop, William W. **Associate Warden:** Boncher, Amy
Captain: McCollough, Roan **Health Service Administrator:** Price, Ladrew
Additional Staff:

Confrontation Avoidance Measure: N/A **Video Tape of Incident:** Yes
Medical Reports of Examinations and Injuries: Yes **Supervisor's Report:** Yes **Staff Memos:** Yes
Type of Restraints Used: Yes **Method of Restraints Used:** Yes
Other: Ambulatory

After-Action Review Has Determined: The actions taken with respect to the use of force and/or restraints were reasonable and appropriate and have been reviewed with staff involved

Indicate Where Video Tapes and Original Documents Are Stored:

SIS Evidence Locker/VIP-15-0255A

Describe any extraordinary actions which had to be taken, as last resort, to prevent serious physical injury or serious property damage:

None

Discrepancies Noted:

Lieutenant should have had an additional staff member to adjust restraints.

Supervisor should seek a quieter area to conduct debrief.

Are there any recommendations: Yes

Recommendations/Results:

The Lieutenant shall receive additional training on the proper debrief of an incident.

Section 4: Attachments

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