

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: [REDACTED] IDOC Number: [REDACTED] Race: BLK
 Hearing Date/Time: 7/19/2017 08:10 AM Living Unit: [REDACTED] Orientation Status: N/A
 Incident Number: [REDACTED] PNK Status: Final

Date	Ticket #	Incident Officer	Location	Time
7/11/2017	[REDACTED]	[REDACTED]	INTERNAL AFFAIRS	08:10 AM

Offense	Violation	Final Result
107	Sexual Misconduct <i>Comments: W/inmate Tester M50721</i>	Guilty
303	Giving False Information To An Employee <i>Comments: lied about relationship w/inmate Tester</i>	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
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No Witness Requested

RECORD OF PROCEEDINGS

DR read to inmate. Inmate pled not guilty. Stating, "I told them we consider ourselves married. We give each other kisses on the cheek. I told them we are friends."

BASIS FOR DECISION

Reporting Internal Affairs Lt. [REDACTED] completed an inquiry which revealed inmate [REDACTED] and inmate [REDACTED] lied to him on an Administrative Interview on May 25, 2017. The inquiry was initiated due to [REDACTED] alleging a PREA harassment and staff misconduct. [REDACTED] stated he lied about being in a relationship with inmate [REDACTED]. [REDACTED] stated he and [REDACTED] consider themselves married. [REDACTED] stated he kisses [REDACTED] to show affection. [REDACTED] admitted he lied because it was none of Internal Affairs business. Inmate admission of guilt that they do consider being married and that they do kiss. Inmate identified by ID card.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

2 Months C Grade
 2 Months Segregation
 2 Months Commissary Restriction
 Basis for Discipline: nature of offense.

FINAL

2 Months C Grade
 2 Months Segregation
 2 Months Commissary Restriction

Signatures

Hearing Committee

[REDACTED] - Chair Person

[REDACTED]

Recommended Action Approved

[REDACTED]
 Signature

07/19/17

WHI

Date

Race

07/19/17

BLK

Signature

Date

Race

Final Comments: N/A

Offender Disciplinary Report

Date: 7/11/2017

Type of Report:

☒ Disciplinary ☐ InvestigativePINCKNEYVILLE C.C.
Facility

Offender Name: [REDACTED]

ID #: [REDACTED]

Offense Information:

Observation Date: 07/11/17 Approximate Time: 8:10 ☒ a.m. ☐ p.m. Location: Investigation Unit

Offense(s): DR 504: 107-Sexual Misconduct; 303-Giving False Information to an Employee

Observation: (NOTE: Each offense identified above must be substantiated.) On the above date and approximate time, the Investigations Unit completed an inquiry which revealed Inmate [REDACTED] lied to this Investigator during an Administrative Interview on May 25, 2017. This inquiry was initiated due to [REDACTED] alleging a PRA harassment and staff misconduct complaint. [REDACTED] admitted to this Investigator that he lied about being in a relationship with Inmate [REDACTED]. [REDACTED] stated he and [REDACTED] consider themselves married. [REDACTED] stated he kisses [REDACTED] to show affection. [REDACTED] admitted he lied to this Investigator because it was none of Internal Affairs business. [REDACTED] identified by State issued Identification Card and Institutional Graphics. Shift Commander Major [REDACTED] notified.

Witness(es):

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts/observations or witnesses.

LT [REDACTED] Reporting Employee (Print Name) Badge # [REDACTED] Date 07/11/17 Time 8:30 ☒ a.m. ☐ p.m.

Disciplinary Action:

Shift Review: ☒ Temporary Confinement ☐ Investigative Status Reason: *VIOLATION OF OFFENSE*
 Printed Name and Badge # [REDACTED] Shift [REDACTED] Date 7/11/17
 (For Transition Centers, Chief Administrative Officer)

Reviewing Officer's Decision: ☒ Confinement reviewed by Reviewing Officer Comment: *Continue Confinement*☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge # [REDACTED] Reviewing Officer's Signature [REDACTED] Date 7-11-17

☐ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

Print Hearing Investigator's Name and Badge # [REDACTED] Hearing Investigator's Signature [REDACTED] Date 7-13-17

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

Offender's Signature [REDACTED]

ID# [REDACTED]

Serving Employee (Print Name) [REDACTED]

Badge # 3807

Signature [REDACTED]

Date Served 7-14-17

Time Served 7:15

☒ a.m. ☐ p.m.☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature [REDACTED]

ID# [REDACTED]

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness Witness badge or ID# Assigned Cell (if applicable) Title (if applicable)

Witness can testify to: _____

Print Name of witness Witness badge or ID# Assigned Cell (if applicable) Title (if applicable)

Witness can testify to: _____

Corrected Type 12-23-15

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Report

Date: 12/22/2015

Type of Report:
☒ Disciplinary ☐ Investigative

Hill Correctional Center
 Facility

Offender Name: [Redacted]

ID #: [Redacted]

Offense Information:

Observation Date: 12/20/2015 Approximate Time: 4:36 ☐ a.m. ☒ p.m. Location: RI-A-17

Offense(s): DR 504: 102- Assaulting Any Person, 301- Fighting, 304- Intoxication

Observation: (NOTE: Each offense identified above must be substantiated.) On 12/21/2015 the investigations unit received information about a possible fight that took place in RI-A-17 on 12/20/15. This office was able to determine that Offenders [Redacted] and [Redacted] were in a physical altercation that took place at 4:36pm on the night of 12/20/15 in RI-A-17. This office observed the surveillance footage for RI A wing and witnessed at 4:36 pm [Redacted] left his cell RI-A-28 and entered [Redacted] cell RI-A-17. During the fight multiple offenders are seen looking into RI-A-17. When questioned about the fight [Redacted] stated, I was not in a fight [Redacted] stated my injuries came from playing on the yard. When questioned a second time by investigators about a bite mark located on [Redacted] back [Redacted] stated "You guys know what happened we got into a fight".

Witness(es):

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

C/O [Redacted]	12/22/2015	10:00	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Reporting Employee (Print Name)	Badge #	Date	Time

Disciplinary Action:

Shift Review: ☒ Temporary Confinement ☐ Investigative Status Reasons: *Severance of Offense*
 Printed Name and Badge # [Redacted] Shift Supervisor's Signature [Redacted] Date 12-23-15
 (For Transition Centers, Chief Administrative Officer)

Reviewing Officer's Decision: ☒ Confinement reviewed by Reviewing Officer Comment: *Appropriate Placement*

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee

☐ Minor Infraction, submitted to Disciplinary Unit
 Print Reviewing Officer's Name and Badge # [Redacted] Date 12/22/15

☒ Hearing Investigator's Review Required (Adult Correctional Facility)
 Print Hearing Investigator's Name and Badge # [Redacted] Hearing Investigator's Signature [Redacted] Date 12-23-15

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports
 You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports
 You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☐ Check if offender refused to sign

Offender's Signature [Redacted]
 Serving Employee (Print Name) [Redacted] Badge # [Redacted] Date Served 12-23-15 Time Served 1:05 p.m.

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature [Redacted]

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report [Redacted] Print offender's name [Redacted] ID# [Redacted]

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness	Witness badge or ID#	Assigned Cell	Title (if applicable)
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ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Disciplinary Continuation Page

Hill Correctional Center
Facility

☒ Disciplinary Report ☐ Investigative Report ☐ Disciplinary Summary ☐ Adjustment Committee Summary

Report/Incident Date: 12/20/2015 Incident # (if applicable): _____

Offender Information:

Offender Name: _____ ID #: _____

Use the space below to provide any additional information.

_____ asked what he was being charged with and was told 102- Assaulting any person. _____ then stated "You can't charge me with assault just because I bit him. _____ you do what you want I will just sue your ass"

Both offenders _____ and _____ were seen by health care and had injuries.

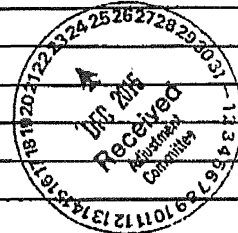
_____ had a bite mark to the center of his back, bruising to his shins, and a cut on his knuckles.

_____ had a sprain to his left ankle.

Offender _____ committed the act of 102- Assaulting any person when he knowingly bit _____ on his back. _____ caused his own bodily fluids by admission to come into contact with another person in an offensive, provocative and injurious manner.

Due to the nature of the assault committed by _____ Hill c.c. HCU was required to treat _____ injury with bite protocol.

Offender _____ was I/D by his state issued I/D and Offender _____



EOR

**STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT**

Name: [REDACTED] IDOC Number: [REDACTED] Race: BLK
Hearing Date/Time: 12/23/2015 02:05 PM Living Unit: HIL-S-01-30 Orientation Status: N/A
Incident Number: 201504319/1 - HIL Status: Final
Inmate signed waiver agreeing to hearing date less than 24 hrs. after ticket was served

Date	Ticket #	Incident Officer	Location	Time
12/20/2015	[REDACTED]	[REDACTED]	R1 HOUSE, WING A	04:36 PM

Offense	Violation	Final Result
102	Assaulting Any Person - Inmate <i>Comments: bit inmate during fight</i>	Not Guilty
301	Fighting <i>Comments: w/ [REDACTED]</i>	Guilty
304	Insolence	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
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No Witness Requested

RECORD OF PROCEEDINGS

Charges read, inmate pled not guilty. Inmate stated he "Got attacked from behind."

Inmate stated that he "Was on the toilet when he got attacked."

Inmate Stated he "did bite him, but only after he was bit first."

Inmate stated he "Was only defending himself."

BASIS FOR DECISION

Committee finds inmate not guilty of 102 assault based on:

I/M [REDACTED] admitting he bit Inmate [REDACTED] first.

Committee finds inmate guilty of 301 Fighting based on:

Inmate admitted to C/O [REDACTED] he was involved in a fight in R1-A-17.

Inmate had injuries consistent with fighting.

Committee finds inmate guilty of 304 Insolence based on:

Inmate told C/O [REDACTED] "You'll just sue your [REDACTED]"

Inmate was identified by his state ID card.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL
1 Months C Grade	1 Months C Grade
1 Months Segregation	1 Months Segregation
Basis for Discipline: 301 Fighting	

Signatures

Hearing Committee

[REDACTED]	- Chair Person	Signature	12/23/15	WHI
			Date	Race