| PRISONER OBSERVATION REPORT | | | | | | | | | | | REPORT DATE (YYYYMMDD) | | |
|--|---------------------------|-------------|--------------|----------|-------------------|--------------------|-------------------------|--------------------|----------|---------|-------------------------|--|--|
| PRIVACY ADVISORY Disclosure of this information is voluntary and will be used to report favorable, unfavorable, injuries, or behaviors of prisoners. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at https://dpcld.defense.gov/Privacy/SORNs/ . When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended. | | | | | | | | | | | | | |
| 1. NAME (Last, First, Middle) 2. REGISTRAT | | | | | | | | | | | | | |
| 3. CUSTODY LEVEL 4. HOUSING UNIT/DO | | | IIT/DOR | RM 5. | | ELL BLOCK | 6. | 6. DETAIL | | 7. C | 7. CELL #/BUNK # | | |
| 8. OBSERVATION | | | | | | | | | | | | | |
| a. TYPE OF OBSERVATION | FOBSERVATION: FAVORABLE U | | | | NFAVORABLE INJURY | | | AVIOR [| INFORM | IATIO | N | | |
| b. DATE (YYYYMMDD) | (YYMMDD) c. TIME d. LO | | | CATION | | | e. WAS THE PRISONER NOT | | | | FIED ABOUT THIS REPORT? | | |
| 9. OBSERVATION REPORTED BY | | | | | | | | | | | | | |
| a. NAME (Last, First, Middle) | | | | b. GRADE | | c. TITLE | | | | | d. DATE (YYYYMMDD) | | |
| 10. WITNESS | | | • | | | | | | | | | | |
| a. NAME (Last, First, Middle) | | | | b. GRADE | b. GRADE c. TITLE | | | | | | d. DATE (YYYYMMDD) | | |
| 12. SIGNATURE OF REPOR | TING | B PERSON | | | | | | | | | b. DATE (YYYYMMDD) | | |
| 13. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? | | | | YES | | □NO | b. DATE (YYYYMI | | YYYMMDD, |) | c. TIME | | |
| d. DESCRIBE ANY IMMEDIA | | | TION G | | | | | | | | | | |
| 14. OBSERVATION REPORT | | | | | 16 | () | ~ ^ ^ 4 4 4 D D | | | | | | |
| a. SUPERVISOR NAME (Last, First, Middle Initial) | | | | | | b. DATE (YYYYMMDD) | | |) | c. TIME | | | |
| 15. ACTIONS OF CORRECT | IONS | SUPERVISOR: | | | _ | | | | | | | | |
| 16. ACTIONS OF REVIEWIN | G AU | JTHORITY: | | | | | | | | | | | |
| 17. CORRECTIONAL FACIL a. NAME, GRADE, TITLE | DESIGNEE REV | VIEW | b. SIGNATURE | | | | | c. DATE (YYYYMMDD) | | | | | |

DD FORM 2713, NOV 2022

CUI (when filled in)

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CUI Category: CRIM HISTORY
LDC: FEDCON
POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil