

INCIDENT REPORT

INSTRUCTIONS: ATTACH ADDITIONAL SHEETS IF NECESSARY. IF ADDITIONAL SHEETS ARE USED, NOTE THE INCIDENT REPORT NUMBER AT THE TOP OF EACH.

INCIDENT REPORT NUMBER

**Nº 19170**

TYPE OF INCIDENT (CHECK ALL THAT APPLY)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ESCAPE               | <input type="checkbox"/> INMATE PLACED IN RESTRAINTS      | <input checked="" type="checkbox"/> OTHER - SPECIFY INFORMATION |
| <input type="checkbox"/> ASSAULT              | <input type="checkbox"/> USE OF CHEMICAL AGENT-TYPE _____ |   |
| <input type="checkbox"/> DISCHARGE OF FIREARM | <input type="checkbox"/> DISTURBANCE                      |   |
| <input type="checkbox"/> DEATH                | <input type="checkbox"/> FIRE                             |   |

PRINCIPAL PERSON INVOLVED - NAME STATUS CASE NUMBER (IF INMATE)

**Jeff Dahmer**  INMATE  VISITOR  
 STAFF  OTHER **177252**

NAME OF PERSON WHO DISCHARGED FIREARM NAME OF STAFF MEMBER WHO DISCHARGED CHEMICAL AGENT NAME OF SUPERVISOR PRESENT WHEN CHEMICAL AGENT WAS DISCHARGED

NAMES OF ADDITIONAL INDIVIDUALS INVOLVED STATUS (INMATE, STAFF, VISITOR, OTHER) CASE NUMBER (IF INMATE)

NAMES OF WITNESSES (OTHER THAN THOSE ABOVE) STATUS (INMATE, STAFF, VISITOR, OTHER) CASE NUMBER (IF INMATE)

**Kathy Paul**  INMATE  VISITOR  
**Officer Nations**  STAFF  OTHER

INSTITUTION LOCATION OF INCIDENT DATE OF INCIDENT TIME OF INCIDENT

**CCJ Canteen 12/6/92 2 P.M.**

IF PERSON(S) INJURED-SPECIFY STATUS (CHECK ALL THAT APPLY) WAS ANYONE HOSPITALIZED WAS THERE ANY PROPERTY DAMAGE

INMATE  VISITOR  NO  YES-SPECIFY WHO  NO  YES-SPECIFY:

STAFF  OTHER

DESCRIPTION OF INCIDENT (STATE ALL RELEVANT FACTS INCLUDING CIRCUMSTANCES LEADING UP TO AND/OR CAUSING INCIDENT, CONTRIBUTING FACTORS AND, IF ANY, EVIDENCE. IF ANYONE WAS INJURED INCLUDE THE NAME OF THE PERSON AND THE EXTENT OF THE INJURY.)

*On the above date and time while filling bag orders for units 6 and 7 I noticed a request for 2 cyanide tablets. This canteen order slip had Jeff Dahmer's # 177252 name on it. I notified Lt. Clements. Canteen Order Form is attached.*





Then, during this inmate/client's next psycho-therapy session on 3/2/92, he was asked for more specific information. He was aware that such information would be reported. He voiced concern that he would be considered an informant. His information continued to be somewhat vague. He stated that he had overheard "The Blacks" from housing unit 1, discuss Jeffrey Dahmer during their meal hour. The conversation went along the lines of "what if Dahmer gets double-celled", of how he might harm a cell-mate, of how Dahmer may do something in prison to get himself killed, so he won't have to live anymore.

The inmate/client stated that this was the only time (on Feb. 23) that he had overheard such a conversation about Dahmer.

SIGNATURE OF STAFF MEMBER COMPLETING REPORT <i>Adelia Philligan, Psy. D.</i>	DATE COMPLETED <i>3/3/92</i>
ACTIONS TAKEN AS RESULT OF INCIDENT ACTION	REASON(S) FOR ACTION

Please route to security, Mr. Davidson, deputy superintendent, Tom Berger and to superintendent, Mr. Endicott.

*Noted!*

SIGNATURE OF PERSON APPROVING ACTION <i>[Signature]</i>	TITLE <i>[Signature]</i>	DATE <i>3-5-92</i>
FURTHER ACTION TAKEN BY SECURITY DIRECTOR		

INFORMATIONAL  
COPY TO MR. BERGER, MR. DAVIDSON

SIGNATURE OF SECURITY DIRECTOR <i>[Signature]</i>	DATE <i>3/5/92</i>
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COPIES TO:

EX-C2

INCIDENT REPORT

INSTRUCTIONS: ATTACH ADDITIONAL SHEETS IF NECESSARY. IF ADDITIONAL SHEETS ARE USED, NOTE THE INCIDENT REPORT NUMBER AT THE TOP OF EACH.

INCIDENT REPORT NUMBER

N<sup>o</sup> 057650

TYPE OF INCIDENT (CHECK ALL THAT APPLY)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ESCAPE               | <input type="checkbox"/> INMATE PLACED IN RESTRAINTS      | <input type="checkbox"/> OTHER - SPECIFY: <i>Informal</i> |
| <input type="checkbox"/> ASSAULT              | <input type="checkbox"/> USE OF CHEMICAL AGENT-TYPE _____ |   |
| <input type="checkbox"/> DISCHARGE OF FIREARM | <input type="checkbox"/> DISTURBANCE                      |   |
| <input type="checkbox"/> DEATH                | <input type="checkbox"/> FIRE                             |   |

PRINCIPAL PERSON INVOLVED - NAME <i>Dahmer - Inmate</i>	STATUS <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> STAFF	<input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	CASE NUMBER (IF INMATE) <i>177252</i>
NAME OF PERSON WHO DISCHARGED FIREARM <i>NA</i>	NAME OF STAFF MEMBER WHO DISCHARGED CHEMICAL AGENT <i>NA</i>	NAME OF SUPERVISOR PRESENT WHEN CHEMICAL AGENT WAS DISCHARGED	
NAMES OF ADDITIONAL INDIVIDUALS INVOLVED	STATUS (INMATE, STAFF, VISITOR, OTHER)	CASE NUMBER (IF INMATE)	

NAMES OF WITNESSES (OTHER THAN THOSE ABOVE)	STATUS (INMATE, STAFF, VISITOR, OTHER)	CASE NUMBER (IF INMATE)
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INSTITUTION <i>CCI</i>	LOCATION OF INCIDENT <i>Proc Service</i>	DATE OF INCIDENT <i>10-14-92</i>	TIME OF INCIDENT h.
IF PERSON(S) INJURED-SPECIFY STATUS (CHECK ALL THAT APPLY) <input type="checkbox"/> INMATE <input type="checkbox"/> STAFF	<input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	WAS ANYONE HOSPITALIZED <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SPECIFY WHO	WAS THERE ANY PROPERTY DAMAGE <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SPECIFY

DESCRIPTION OF INCIDENT (STATE ALL RELEVANT FACTS INCLUDING CIRCUMSTANCES LEADING UP TO AND/OR CAUSING INCIDENT, CONTRIBUTING FACTORS AND, IF ANY, EVIDENCE. IF ANYONE WAS INJURED INCLUDE THE NAME OF THE PERSON AND THE EXTENT OF THE INJURY.)

*on the above date and time while watching inmate Dahmer on his attorney visit, his attorney asked me if I would sign and be a witness to inmate Dahmer will. I complied with the lawyer's request, and signed as a witness*

6  
COLUMBIA CORRECTIONAL INSTITUTION  
CORRESPONDENCE/MEMORANDUM

STATE OF WISCONSIN

DATE: September 3, 1991

TO: All Staff

FROM: James P. Murphy, Warden 

SUBJECT: Jeffrey Dahmer

Due to the onslaught of public interest in this case, I feel it necessary to advise staff that Jeffrey Dahmer's probation has been revoked, and he will be arriving at CCI on Tuesday, September 3, 1991. I want to underscore my expectation that all staff approach his presence in this institution in the professional manner that has always been characteristic of CCI and its staff. He should be dealt with like any other inmate. I do not expect staff to go out of their way to see him or to treat him any differently. Interactions about him to other staff, inmates, and the public should be very limited and appropriate. All inquiries from the media are to be directed to the Superintendent's Office. I expect all staff to adhere to this directive.

JPM:jp

cc: Department Reads  
File

COLUMBIA CORRECTIONAL INSTITUTION  
CORRESPONDENCE/MEMORANDUM

STATE OF WISCONSIN

DATE: January 30, 1992

CONFIDENTIAL

TO: Randy Berz, Colleen James, Kay McGuire,  
Dennis Meier, Kyle Davidson, Fran Paul,  
Mary Lou Steberg

FROM: Jeffrey P. Endicott, Warden *AK*  
Tom Borgen, Deputy Warden *FB*  
Columbia Correctional Institution

SUBJECT: Planning Session.

I would like to begin preliminary planning on what we consider to be an appropriate strategy to manage Jeff Dahmer, if and when he comes to CCI. I will be attending the Deputy Warden's Meeting on 2/6 to discuss the issue with you.

In advance of this meeting, discreetly discuss with your staff the things inmates have been saying about Dahmer and how he might be dealt with at CCI by inmates. I do not want inmates directly asked this question. I want to know what staff are hearing in an attempt to assess the general reaction by inmates to his possible presence.

JPE:jp

cc: File

EX- B

ADULT CONDUCT REPORT **7-2141**

PLEASE PRINT INMATE'S NAME

Name - Last <b>DAMMER</b>	First <b>JEFFREY</b>	MI	Case Number <b>177252</b>	Inst. Code <b>08</b>	Conduct Report Number <b>451380</b>
Inmate Living Quarters <b>DS-1 CELL 45</b>	Location of Incident <b>DS-1 CELL 45</b>	<b>23</b>	Date of Incident (MM/DD/YY) <b>29 DEC 91</b>	Time of Incident <b>2:10</b>	1 <input type="checkbox"/> AM 2 <input checked="" type="checkbox"/> PM
If Person Injured-Specify Status (Staff, Inmate, Visitor) <b>N/A</b>		Contraband Involved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Weapon Involved - What <b>TOOTHBRUSH - STATE ISSUE</b> <input checked="" type="checkbox"/>	
Rule Allegedly Violated	Rule	Finding of Guilt			
1 303 <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>POSSESSION, MANUFACTURE, MODIFICATION OF WEAPONS</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
2 303 <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>DISRUPTIVE CONDUCT</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
3 303 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
4 303 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		

Description of Incident (Include Detailed Facts upon which Charges are based, sources of information, evidence, statement of other staff members and, if appropriate, cell or shop assignment number.)

ON THE ABOVE DATE AND DATE FORWARDED PRIVATE DAMMER ATTEMPTING TO FILE A PETIT OF THIS STATE ISSUE TOOTHBRUSH TO BE USED IN AN ATTEMPT TO CREATE A STABBING INSTRUMENT. INMATE DAMMER WAS SUBSEQUENTLY REMOVED AND SEARCHED IN THE CDS STOWER, AND THE TOOTHBRUSH WAS RECOVERED CONTRABAND ACCORDING TO THIS REPORT. DAMMER'S BEHAVIOR AND ACTIONS CAUSED A 20-25 MINUTE DELAY IN NORMAL DS-1 OPERATIONS.

END OF REPORT

Activity at Time of Incident:  Type of Handling:  Signature of staff member completing report: Sgt. [Signature] (MAD) Date completed: 29 DEC 91

SECURITY DIRECTOR'S REVIEW (complete only if no summary disposition was made)

Decision on Conduct Report:  Proceed  Dismiss  Return for Investigation

Is Inmate in P.M.:  Yes  No

Type of Hearing Procedure:  Minor Offense 303.75  Major Offense 303.75

If a major hearing, indicate why:

The alleged violation is designated as a Major Offense by HSE 303.68(3) OR

The inmate has previously been found guilty of the same or a similar offense (consideration given to how often and how recently)

The inmate has recently been warned about the same or similar conduct

The alleged violation created a risk of serious disruption at the institution or in the community

The alleged violation created a risk of serious injury to another person

The value of the property involved (if alleged violation was actual or attempted damage and/or misuse of property, possession of money, gambling, unauthorized transfer of property, soliciting staff or theft)

Signature of Security Director: Carl Eubank Date signed: 12-30-91

Date copy given to Inmate: 12/30/91 Time copy given to Inmate: 2:52 P.M. Signature of staff member delivering copy to Inmate: Sgt. [Signature]

RECORD OF SUMMARY DISPOSITION

Staff Supervisor's Signature of Approval: \_\_\_\_\_ Inmate's Signature of Agreement: \_\_\_\_\_

RECORD OF CONDUCT REPORT DISPOSITION

Date of Disposition (MM/DD/YY): 01/19/92 Disposition (s): DAMMER'S EXHIBIT - D

Referred to Program Review: