

Karnes County Residential Center

Incident of Prohibited Acts and Notice of Charges

Resident Name/Nombre de Residente: [REDACTED] A-Number/Numero de A: [REDACTED]
Nationality/Paiz: [REDACTED] Date & Time of Incident / Fecha y Hora de Incidente: 04/02/2015 6:20p
Incident Location / Lugar de Incidente: Compound 1 Work Assignment / Asignacion de Trabajo: N/A
Classification Level / Nivel de Clasificacion: 1__ Quarters / Cuarto: [REDACTED]

PROHIBITED ACTS / ACTOS PROHIBIDOS:

	Code / Codigo
1. <u>Insurrection</u>	<u>314</u>
2. _____	Code / Codigo _____
3. _____	Code / Codigo _____
4. _____	Code / Codigo _____

Description of Incident / Descripcion del Incidente:

On April 2, 2015 information was received from residents that a group of residents were waiting on a helicopter to come to the facility. It was unclear as to exactly why this helicopter was coming or what the Resident's plans were. A short time later, this group of residents were observed on compound one making signs in large letters that spelled out "libertad" which means liberty. A video camera was utilized to record the activities of the Residents on compound one. The group began gathering together when they saw the camera and held up the sign and began chanting "libertad". Due to the blatant protesting and the uncertain motive of the helicopter the administration ordered all residents to return to their rooms and a special count initiated. At 1855 hours, an announcement was made over the intercom for all residents to return to their rooms. The majority of residents slowly made their way to their rooms, but the group of protesters refused to go. Additional staff were called for and several orders were given in English and Spanish for the residents to return to their rooms.

Staff Witness / Personal Testigo? Y N Evidence Attached / Evidencia Adjunta? Y N NA
Supporting Memoranda / Memorando de Apoyo: Y N NA

Reporting Staff / Personal Reportando _____ Date & Time / Fecha y Hora _____ Signature / Firma _____

Reviewed for accuracy prior to investigation by / Revisado por precision antes de investigar por:

Supervisor / Supervisor _____ Date & Time / Fecha y Hora _____

Resident received copy on: 4-3-15
Residente recibió copio el: _____

Resident Signature / Firma de Residente: [REDACTED]
Staff Signature / Firma de Personal: *[Signature]*
Date & Time / Fecha y Hora: 4-3-15

Translated By / Traducido Por: _____