

OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
Jail Inspection Division  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299

RECEIVED

FEB 05 2010

Jail Inspection Program

JAIL INSPECTION REPORT

Telephone: (405) 271-3912 Fax: (405) 271-5304  
www.health.ok.gov

DATE: 1-28-10

PAGE 1 OF 1

Type of Facility: (Circle One)

COUNTY

CITY

LOCK-UP

HOLDING

Facility: DMCJC Address: 300 N Denver

City: Tulsa County: Tulsa Zip: 74103

Sheriff/Chief: Stanley Calan Jail Administrator: Michelle R. Brantte

Area Code: 918 Office Phone: 596-8892 Jail Phone: 596-8901

Medical Authority: CHM

Staffing: Day Shift (M) 31 (F) 28 Evening (M) 24 (F) 24 Night (M) 30 (F) 28

Total Male Beds: 1392 Female Beds: 294 Juvenile Beds: 48 Special Cells: 200

Population Today: 1452 Rated Capacity: 1714 Avg. Daily Population: 1400 Men 1150 Women 250

Sentenced: Male 440 Fem 160 Juv Male 0 Juv Fem 0 Total 600

Unsented: Male 752 Fem 75 Juv Male 23 Juv Fem 2 Total 852

DOC J&S: 374 Menu Approved by Licensed Dietitian (Long Term Jail Only) Yes ☒ No ☐

Food Prepared By: ARANNA

DEFICIENCIES: Chapter 310:670

5-8-2-A The facility has failed to achieve the standards  
5-8-11 because either medications were given and  
not documented or not given at all. This was  
evident on the MARS on the following  
persons & dates: (4 men) '12 '14 '21, Clark, J,  
'126, Humphill, J, '124, Williams, Albright '15 '14 '11  
(3 men) '113 '118 '119 '120 '124 '125 '126 '127 '123. Watters, D  
'127 (4 men)

I ACKNOWLEDGE RECEIPT OF THIS REPORT  
AND SWEAR THAT THE INFORMATION GIVEN  
BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Jail Representative

I CERTIFY THAT THIS INSPECTION COVERED  
ALL APPLICABLE STANDARDS.

Signature of Inspector/Investigator

Inspector's Telephone Number

918 625 3165  
405 203 5789



Oklahoma State Department of Health  
Creating a State of Health

February 5, 2010

**CERTIFIED MAIL**

7008 1830 0003 7847 5364

DLMCJC  
300 N. Denver  
Tulsa, O 74013

RE: Jail Inspection

Dear Sheriff Glanz:

State law requires periodic inspections of city and county jails to ensure compliance with the *Jail Standards (74 O.S. 1991, Sec. 192 et seq.)*.

On **January 28, 2010** your jail was inspected by a member of this Division. This inspection revealed the jail is not in compliance with the standards shown on Attachment #1. Pursuant to 74 O.S. Supp. 1991, Sec. 193, notice is hereby given that the jail does not meet the referenced standards.

Pursuant to 74 O.S. Supp. 1991, Sec 194, you have **sixty (60) days from the receipt of this notice to correct the deficiency.**

This violation notice must be completed and returned to this office within 10 days.

**Please fill in your remarks for correction and the date of compliance and return to this office no later than February 19, 2010.**

Sincerely,

Don Garrison, Director  
Jail Inspection Division  
Consumer Health Services

CC

# **NOTICE OF VIOLATION**

**JAIL:** DLMCJC

**LOCATION:** 300 N. Denver  
Tulsa, OK 74013

**INSPECTION** January 28, 2010  
**DATE:**

**LETTER DATED**  
February 5, 2010

**60-DAY SUSP.**  
April 5, 2010

**POC SUSPENSE**  
February 19, 2010

**CERTIFIED #**  
7008 1830 0003 7847 5364

NO.	STANDARD	SPECIFIC DEFICIENCY	PLAN OF CORRECTION	COMPLETION DATE
	OAC: 310:670	<b>FACILITY DOES NOT MEET OKLAHOMA JAIL STANDARDS AS EVIDENCED BY:</b>		
1	5-8(2)(A)	<p>Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:</p> <p>(2) Medical triage screening shall be performed on all prisoners immediately upon admission to the facility and before being placed in the general population or housing area. Those individuals who appear to have a significant medical or psychiatric problem, or who may be a suicide risk, shall be transported to the supporting medical facility as soon as possible. They shall be housed separately in a location where they can be observed frequently by the staff at least until the appropriate medical evaluation has been completed. If after stringent evaluation by the highest-ranking mental health professional, in conjunction with a senior detention supervisor, these prisoners may be authorized to share the same cell.</p>		

DLMCJC  
January 28, 2010

No. STANDARD

SPECIFIC DEFICIENCY

PLAN OF CORRECTION

COMPLETION DATE

	5-8(11)	<p>(A) Medications in the possession of the prisoner at the time of the booking, whether prescription or over-the-counter shall be logged, counted and secured. Prescription medications shall be provided to the prisoner as directed by a physician or designated medical authority. The prisoner shall be observed to ensure the prisoner takes the medication. Neither prescription nor over-the-counter medications shall be kept by a prisoner in a cell with the exception of prescribed nitroglycerin tablets and prescription inhalers. Over-the-counter medications shall not be administered without a physician's approval unless using prepackaged medications.</p> <p>Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:</p> <p>(11) The administration of medications, and the date, time and place of medical encounters shall be documented.</p> <p>This standard was not met because either medications were given and not documented, or</p>		
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**OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
REPORT ON FOLLOW-UP INVESTIGATION**

<b>DATE OF FOLLOW-UP:</b>	<b>JUNE 3, 2010</b>
<b>DATE OF ORIGINAL INSPECTION:</b>	<b>JANUARY 28, 2010</b>
<b>FACILITY:</b>	<b>DAVID L MOSS CRIMINAL JUSTICE AUTHORITY</b>
<b>SHERIFF:</b>	<b>STANLEY GLANZ</b>
<b>ADMINISTRATOR:</b>	<b>MICHELLE ROBINETTE</b>
<b>INVESTIGATOR:</b>	<b>CAL KESTER</b>

Follow-up investigation scheduled for April 5 and completed on June 3, 2010. I arrived at the facility to investigate the deficiency(s) for which facility was cited.

**FACTS DETERMINED BY THE INVESTIGATION:**

The findings are as follows:

While I was at DLMCJC performing complaint investigation #2010-42, I went to the medical department and talked to the DON about the past deficiency. I visually checked 49 MARS for June for any open dates where medications had not been recorded. All 49 MARS were up to date and accurate.

**DEFICIENCY #1: 5-8(2)(A)**

**FINDINGS:**

Deficiency resolved because a review of the MARS for the month of June 2010 revealed that there were no lapses in documentation of medication being administered.

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
REPORT ON FOLLOW UP INVESTIGATION**

<b>DATE OF FOLLOWUP:</b>	<b>JUNE 3, 2010</b>
<b>DATE OF ORIGINAL INSPECTION:</b>	<b>JANUARY 28, 2010</b>
<b>FACILITY:</b>	<b>DAVID L MOSS CRIMINAL JUSTICE AUTHORITY</b>
<b>SHERIFF:</b>	<b>STANLEY GLANZ</b>
<b>ADMINISTRATOR:</b>	<b>MICHELLE ROBINETTE</b>
<b>INVESTIGATOR:</b>	<b>CAL KESTER</b>

I arrived at the facility June 3, 2010, to conduct a follow-up inspection of deficiency(s) that were identified during the initial inspection.

**FACTS DETERMINED BY THE INVESTIGATION:**

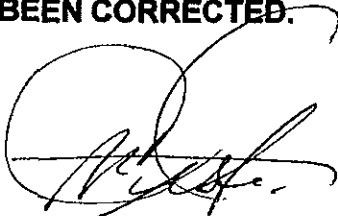
The findings are as follows:

**DEFICIENCY #1: 5-8(2)(A)**

**FINDINGS:**

While I was at DLMCJC performing complaint investigation #2010-42, I went to the medical department and talked to the DON about the past deficiency. I visually checked 49 MARS for June for any open dates where medications had not been recorded. All 49 MARS were up to date and accurate. It would appear that the previous deficiency has been corrected at this time.

**DEFICIENCY RESOLVED BECAUSE THE DOCUMENTATION OF THE MARS  
HAS BEEN CORRECTED.**





## **TULSA COUNTY SHERIFF'S OFFICE**

500 South Denver  
Tulsa, Oklahoma 74103-3832  
[www.tcsso.org](http://www.tcsso.org)

**Stanley Glanz**  
Sheriff

**Brian Edwards**  
Undersheriff



February 22, 2010

Don Garrison, Director  
Jail Inspection Division  
Oklahoma State Department of Health  
1000 NE 10<sup>th</sup> St.  
Oklahoma City, OK 73117-1299

Mr. Garrison:

Upon receipt of your notice dated February 5, 2010, I have met with our medical provider to address the issues of concern.

This particular issue has been noticed previously, but on rare occasion. A system for MAR Reviews was put into place providing a double check of the MARs after each med pass. Each of the nurse's have been instructed to inspect the MAR's after medication pass to verify and then regular audits are completed by the director of nursing or a designated member of the nursing staff. Nursing staff failing to document properly the MAR's sheets will be disciplined according to policy.

I believe that this incident occurred due to lack of training on part of the med pass personnel and failure to conduct proper audits.

To adjust for this, the director of nursing has committed to conducting, or having conducted, a daily MAR's review.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Edwards".

Brian Edwards, Undersheriff  
Tulsa County Sheriff's Office  
303 W. 1<sup>st</sup> St.  
Tulsa, OK 74103

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
REPORT ON COMPLAINT INVESTIGATION #2010-001**

**DATE:** [REDACTED]  
**FACILITY:** [REDACTED] CRIMINAL  
JUSTICE CENTER  
**SHERIFF:** [REDACTED]  
**ADMINISTRATOR:** [REDACTED]  
**INVESTIGATOR:** ALICIA DICKERSON  
**COMPLAINANT:** [REDACTED]

**NATURE OF COMPLAINT**

Beginning in April or May 2010, it is alleged that the inmate was [REDACTED] attention at the facility.

On September 20, 2010, I was assigned to investigate the alleged complaint(s) at the [REDACTED] Criminal Justice Center in [REDACTED]. I arrived at the facility on September 20, 2010, to conduct an investigation of the complaint(s) and interview witnesses.

**FACTS DETERMINED BY THE INVESTIGATION:**

The complaints and findings are as follows:



**CRIMINAL JUSTICE CENTER  
REPORT ON COMPLAINT INVESTIGATION #1040-00**

**PAGE 2**

**COMPLAINT #1:** Beginning in April, 2000, the inmate was not receiving medical attention at the facility.

**OAC310: 670 5-8(7) Medical care and health services**

Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:

(7) An appointment shall be made with a physician or other licensed medical personnel within forty-eight (48) hours of a valid written request unless more immediate action is dictated by the severity of the current situation.

**FINDINGS:**

I reviewed the form for Health Care/Segregation/Security Log from November 1, 2000, through January 1, 2001, and found inmate [redacted] had no complaints. During my interview with inmate [redacted], he stated that five (5) years ago while swimming, he dove into the water and injured his back but did not go to the hospital. Inmate [redacted] said he has never seen a doctor for his back because he and his family did not have the money. According to [redacted], his back does not hurt all the time just every now and then. He admitted that when he did complain of his back, he was [redacted] by the [redacted] and was [redacted] for two (2) weeks. Inmate [redacted] stated that all he wants is for an [redacted] taken of his back to see what the problem is. Inmate [redacted] also stated that he wants off his back because it is not doing him any good.

[redacted] stated when inmate [redacted] was booked into the facility on [redacted], he did not communicate any medical problems to jail staff, and did not submit a medical request to be seen by a [redacted] regarding [redacted] problems. I reviewed the inmate's book in sheet dated [redacted]. It was recorded on the Intake Screening Form that inmate [redacted] replied "no" to having a physical handicap. Inmate [redacted] responded "no" to having any current physical limitation on the Assessment Record, and indicated his [redacted]. It was also documented that he did not have any wounds or injuries and denied having any past medical history.

**PAGE 3**

Inmate [REDACTED] submitted a sick call medical request form on September 27, 2010, for back pain. He was seen by the facility doctor on September 28, 2010, and [REDACTED] [REDACTED] mg for 14 days. According to the Medication Administration Record Sheet, inmate [REDACTED] refused to come to his cell door to take his [REDACTED] on September 27, 28, 29, 30, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 from the [REDACTED].

**DISPOSITION:** Case closed

**ALICIA DICKERSON - INSPECTOR/INVESTIGATOR**

cc: Sheriff

## INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

380:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
380:670-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: 10-20-10

DEATH ☒

ESCAPE WITH INJURY ☐

ESCAPE ☐

ATTEMPTED SUICIDE ☐

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY: 10-20-10

TELEPHONE: (918) 257-3912

FAX: (918) 257-5304

RECEIVED

PRISONER(S) NAME: 10-20-10

RACE: W SEX: M DOB: 10-20-10 TRUSTY: yes ☐ no ☒

HOME CARE ADMINISTRATOR  
REGISTRY

DATE OF OCCURRENCE: 10-20-10 TIME: 10:00rs

DESCRIBE BRIEFLY WHAT HAPPENED: Subject was arrested on 10-20-10 hours on 10-20-10 charges. Subject began experiencing 10-20-10 during the evening meal meal in 10-20-10. The subeject was 10-20-10 hours to 10-20-10 where he was 10-20-10. The subject was 10-20-10. The subject was 10-20-10 by hospital staff at 10-20-10 hours on 10-20-10. It was an 10-20-10 and 10-20-10 made an 10-20-10.

(SIGNED)

(TITLE)

RECEIVED

# INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

Jail Inspection Program

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380:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
380:670-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: 08/01/2010

DEATH ☐ ESCAPE WITH INJURY ☐ ESCAPE ☐  
SUICIDE ☐ UNUSUAL INCIDENT ☐

FACILITY: (County)

TELEPHONE: FAX: (505) 500-6700

PRISONER(s) NAME: DLM#

RACE: SEX: DOB: TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: TIME:

DESCRIBE BRIEFLY WHAT HAPPENED: D/O observed an inmate in holding cell # sitting on the toilet. D/O observed the I/M with a white cord in his hands. D/O asked the I/M what he had, ordered him out of the cell. D/O then observed that the I/M had taken the shoos laces out of his shoes, and was constructing a. D/O asked the I/m why he was doing this, and the I/M said he could not do the time. I/M was to and placed on Watch. The I/M had not placed the around his.

(SIGNED) (TITLE)

**UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)**

**360:670-5-2(27):** In case of a death or an escape with injury, the Department shall be notified immediately.

**360:670-5-2(28)** Department notified no later than **next working day** of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

ESCAPE WITH INJURY ☐

ESCAPE ☐

ATTEMPTED SUICIDE ☐ SUICIDE ☐ UNUSUAL INCIDENT ☐

TELEPHONE: ( ) FAX: ( )

PRISONER(S) NAME: [REDACTED]

RACE: W SEX: M DOB: 01/01/1980 TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE:                      TIME:                     

DESCRIBE BRIEFLY WHAT HAPPENED: Inmate ~~\_\_\_\_\_~~ was placed in Jail ~~\_\_\_\_\_~~ Two days ago for ~~\_\_\_\_\_~~ problems. This morning approximately ~~\_\_\_\_\_~~ helped ~~\_\_\_\_\_~~ Turn over in her bed. At ~~\_\_\_\_\_~~ went to cell for Pill Pass. Inmate was not ~~\_\_\_\_\_~~. ~~\_\_\_\_\_~~ was called and ~~\_\_\_\_\_~~ stay ~~\_\_\_\_\_~~ cell. ~~\_\_\_\_\_~~ and ~~\_\_\_\_\_~~ arrived at ~~\_\_\_\_\_~~ Inmate was ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~

RECEIVED

(SIGNED)

Captain  
(TITLE)

## Jail Inspection Program

~~\_\_\_\_\_~~

# INCIDENT REPORT

*gr*  
RECEIVED

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

Jail Inspection Program

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

360:870-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
360:870-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE:                     

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY:                      Criminal Justice Center

TELEPHONE:                      FAX:                     

PRISONER(S) NAME:                      #                     

RACE:                      SEX:                      DOB:                      TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE:                      TIME:                      hrs

DESCRIBE BRIEFLY WHAT HAPPENED: On the above date Deputy                      was conducting a routine Security check in                      when he found Jim                      in cell                      with a sheet tied around his neck. Dep.                      called a medical                      with a cut down tool. Sgt.                      responded with a cut down tool, ran to                      cell and cut Jim                      down. Jim                      remained in an upright position. After                      he was handcuffed, escorted to                      by Sergeant Peters and placed in a                      cell on                      with                     

                     Sergeant  
(SIGNED)                      (TITLE)

## INCIDENT REPORT

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JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

Jail Inspection Program

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

350:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
 350:670-5-2(28): Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: [REDACTED]

DEATH ☐ESCAPE WITH INJURY ☐ESCAPE ☐

[REDACTED]

SUICIDE ☐UNUSUAL INCIDENT ☐

FACILITY: [REDACTED]

TELEPHONE: [REDACTED] FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE: [REDACTED] TIME: [REDACTED]

DESCRIBE BRIEFLY WHAT HAPPENED: On the above date and time  
 I'm [REDACTED] was found with a towel wrapped  
 around her toilet seat and around her [REDACTED]  
 D/O [REDACTED]. When D/O [REDACTED] called for help, I'm  
 [REDACTED] removed the towel [REDACTED]. I'm  
 [REDACTED] is now on [REDACTED] watch in [REDACTED].

(SIGNED)

Sergeant [REDACTED]

(TITLE)



RECEIVED

OKLAHOMA STATE DEPARTMENT OF HEALTH  
 PROTECTIVE HEALTH SERVICES  
 JAIL INSPECTION DIVISION  
 TELEPHONE: 405-271-3912  
 FAX: 405-271-3458

Jail Inspection Program

UPON COMPLETION, PLEASE FAX THIS FORM TO OSDH  
 (PLEASE DO NOT INCLUDE ANY ATTACHMENTS WITH THIS REPORT)

360:670-5-2-(28): In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2-(29): Notify the Department no later than the next working day if any of the following unusual incidents occur:

- (A) Extensive damage to jail property.  
 (B) Injury to staff or prisoner.  
 (C) Escape.

DATE: \_\_\_\_\_

☐ DEATH☐ ESCAPE☐ UNUSUAL INCIDENT☐ UNUSUAL INCIDENT

FACILITY: \_\_\_\_\_ CJC

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRISONER(s) NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ TRUSTY: yes \_\_\_ no ☒DATE OF OCCURRENCE: \_\_\_\_\_ TIME: 4:00 PM

DESCRIBE BRIEFLY WHAT HAPPENED: Mr. [redacted] tore a steel toilet apart and removed a section of pipe. He then splintered shards of glass by striking the window with the pipe. He then collected small pieces of splintered glass and [redacted] them while exclaiming that he just wanted to die. He was placed in restraint wrap and [redacted] was informed. The event occurred in [redacted] while inmate was on [redacted] watch.

Current Disposition of prisoner (other than death): i.e. apprehended, treated & released, returned to jail, isolation cell etc. Continued [redacted] on [redacted] watch after placement in a different cell.

[redacted] SGT  
 (SIGNED) (TITLE)



001/002

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## INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

Jail Inspection Program

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

380:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
380:670-5-2(28): Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE:                     DEATH ☐ESCAPE WITH INJURY ☐ESCAPE ☐                                    SUICIDE ☐UNUSUAL INCIDENT ☐FACILITY:                     TELEPHONE: (                    ) FAX: (                    )PRISONER(S) NAME:                     RACE: W SEX: M DOB:                      TRUSTY: YES ☐ NO ☒DATE OF OCCURRENCE:                      TIME:                     DESCRIBE BRIEFLY WHAT HAPPENED: I/m Tied A Plastic Bag  
Around  
                                      
                                      
    
(SIGNED) (TITLE)

RECEIVED

Jail Inspection Program

## INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
 TELEPHONE: 405-271-3912 FAX: 405-271-5304

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 360:670-5-2(28): Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: [REDACTED]

[REDACTED] ESCAPE WITH INJURY ☐ESCAPE ☐ATTEMPTED SUICIDE ☐SUICIDE ☐UNUSUAL INCIDENT ☐

FACILITY: [REDACTED]

TELEPHONE: [REDACTED]

FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: YES ☐ NO ☐

DATE OF OCCURRENCE: [REDACTED] TIME: 08:00 PM

DESCRIBE BRIEFLY WHAT HAPPENED: [REDACTED] officer discovered  
 you was [REDACTED]. Called on  
 [REDACTED] emergency. [REDACTED]  
 you [REDACTED].

(SIGNED)

(TITLE)

RECEIVED

04/27/2010

Jail Inspection Program

## INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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DATE: 04/27/2010

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

04/27/2010

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY: 04/27/2010

TELEPHONE: ( 04/27/2010 )

FAX: ( 04/27/2010 )

PRISONER(S) NAME: 04/27/2010 OLM# 04/27/2010

RACE: W SEX: M DOB: 04/27/2010

TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE: 04/27/2010

TIME: APPROX 0225

DESCRIBE BRIEFLY WHAT HAPPENED: 1/1n RETURNED FROM 04/27/2010  
APPROX 0225. WHILE IN 04/27/2010 1/1n TOLD THE 04/27/2010  
HAD PUT ON HIS 04/27/2010 AROUND HIS 04/27/2010 A 1/1n HAS A 04/27/2010 ON  
HIS 04/27/2010.

04/27/2010  
(SIGNED) (TITLE)

[REDACTED] FAX

*[Handwritten initials]*

*#6*

RECEIVED 001

[REDACTED]

# INCIDENT REPORT

Jail Inspection Program

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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360:670-5-2(28): Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: [REDACTED]

[REDACTED]

ESCAPE WITH INJURY ☐

ESCAPE ☐

ATTEMPTED SUICIDE ☐

[REDACTED]

UNUSUAL INCIDENT ☐

FACILITY: [REDACTED]

TELEPHONE: [REDACTED] FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: YES ☒ NO ☐

DATE OF OCCURRENCE: [REDACTED] TIME: [REDACTED]

DESCRIBE BRIEFLY WHAT HAPPENED: UNIT 100 POW OFFICER FOUND  
INMATE HANGING FROM [REDACTED] BY SHIRT DURING COUNT TIME.  
DETENTION, [REDACTED], [REDACTED] AND [REDACTED] WERE [REDACTED] TO  
[REDACTED] INMATE. [REDACTED] INMATE [REDACTED]

*[Handwritten signature]*  
(SIGNED)

Sgt  
(TITLE)

# INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

RECEIVED  
Jail Inspection Program

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

360:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
360:670-5-2(28): Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE:                     

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

ATTEMPTED SUICIDE ☐

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY:                     

TELEPHONE: (                    )                      FAX: (                    )                     

PRISONER(S) NAME:                      \*                     

RACE: W SEX: M DOB:                      TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE:                      TIME:                     

DESCRIBE BRIEFLY WHAT HAPPENED: I'm HAD BEEN BOOKED IN HIS BOND  
WAS PAID, THEN HE FOUND OUT HE HAD A HOLD FOR ANOTHER COUNTY  
HE WENT TO CELL # IN BOOKING TO GO TO THE RESTROOM. TIED HIS  
SHOES LACES TIED AROUND HIS                                                                                      
IMMEDIATELY.

Sgt. [Signature]  
(SIGNED)

SERGEANT  
(TITLE)

*[Handwritten signature]*

RECEIVED

Jail Inspection Program

# INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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360:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
360:670-5-2(28): Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: 08-18-2010

DEATH ☐ ESCAPE WITH INJURY ☐ ESCAPE ☐  
~~ASSAULT~~ SUICIDE ☐ UNUSUAL INCIDENT ☐

FACILITY: CLINTON COUNTY JAIL

TELEPHONE: 405-271-3912 FAX: 405-271-5304

PRISONER(S) NAME: DAVID J. HARRIS

RACE: W SEX: M DOB: 03-15-1962 TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE: 08-18-2010 TIME: 11:00

DESCRIBE BRIEFLY WHAT HAPPENED: TIED SHEET TO Bottom of H/S  
SINK Had twisted it Around his neck Tried to strangle  
himself.

Sgt. D. H. SGT  
(SIGNED) (TITLE)



RECEIVED

\_\_\_\_\_

**JAIL INSPECTION DIVISION - OSDH**

## Jail Inspection Program

**TELEPHONE: 405-271-3912 FAX: 405-271-5304**

**UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)**

**360:670-5-2(27):** In case of a death or an escape with injury, the Department shall be notified immediately.

**380:670-5-2(28):** Department notified no later than next working day of the following: extensive damage to jail property.

DATE: ~~10/12/1963~~

ESCAPE WITH INJURY ☐

**ESCAPE** 

**SUICIDE** 

UNUSUAL INCIDENT ☐

FACILITY: [REDACTED] (Tarrant County)

TELEPHONE: (916) 331-3944 FAX: (916) 331-3944

PRISONER(S) NAME: [REDACTED] (DLM # [REDACTED])

RACE:            SEX:            DOB:            TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE:                      TIME:                     

DESCRIBE BRIEFLY WHAT HAPPENED: I/m Brought In to [redacted] on [redacted]  
Hours, on a municipal [redacted] change. SUBJECT WAS VERY [redacted]

Disruptive, placed in a single occupant holding cell at 11:00 hours, Regular checks were made. At approximately 11:30 hours, Deputy [redacted] observed I/m with her sweatshirt tattered, draped around [redacted] I/m was placed on ground, shirt removed, [redacted], walking under her own, with escort in handcuffs and leg irons.

(SIGNED) [Signature] CPT (TITLE)



OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
TELEPHONE: 405-271-3912  
FAX: 405-271-3458

RECEIVED

UPON COMPLETION, PLEASE FAX THIS FORM TO OSDH  
(PLEASE DO NOT INCLUDE ANY ATTACHMENTS WITH THIS REPORT)

360:670-5-2-(28): In case of a death or an escape with injury, the Department shall Jail Inspection Program notified immediately.

360:670-5-2-(29): Notify the Department no later than the next working day if any of the following unusual incidents occur:

- (A) Extensive damage to jail property.  
(B) Injury to staff or prisoner.  
(C) Escape.

DATE: 5-1-00☐ DEATH☐ ESCAPE☒ UNUSUAL INCIDENT☐ UNUSUAL INCIDENTFACILITY: CLC, OKTELEPHONE: 405-271-3912 FAX: 405-271-3458PRISONER(S) NAME: DMFRACE: W SEX: M DOB: 5-1-68 TRUSTY: yes no XDATE OF OCCURRENCE: 5-1-00 TIME: 10:00

DESCRIBE BRIEFLY WHAT HAPPENED: Detention Officer  
DISCOVERED INMATE ATTEMPTING TO  
HIMSELF BY TYING TWO SOCKS TOGETHER  
AND SECURING AROUND HIS NECK. OFFICER  
ENTERED CELL, UNTIED KNOT AND HANDCUFFED INMATE  
WITH OFFICER PRESENT. INMATE  
WAS PLACED ON SUICIDE WATCH IN MEDICAL  
UNIT AND BY STAFF.

Current Disposition of prisoner (other than death): i.e. apprehended, treated & released, returned to jail, isolation cell etc. SUICIDE WATCH IN MEDICAL  
UNIT.

(SIGNED)

SGT  
(TITLE)

RECEIVED

## INCIDENT REPORT

Jail Inspection Program

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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DATE:                     DEATH ☐ESCAPE WITH INJURY ☐ESCAPE ☐SUICIDE ☐UNUSUAL INCIDENT ☐FACILITY:                     TELEPHONE:                     FAX:                     PRISONER(S) NAME:                     RACE:            SEX:            DOB:           TRUSTY: YES ☐ NO ☒DATE OF OCCURRENCE:            TIME:           

DESCRIBE BRIEFLY WHAT HAPPENED: INMATE            TIED A RIPPED PIECE OF  
SHIRT AROUND HIS            IN AN ATTEMPT TO            HIMSELF. OFFICERS  
RESPONDED AND REMOVED DEVICE.            WAS CALLED. INMATE  
           ON HIS OWN. INMATE MOVED TO MEDICAL ON SUICIDE WATCH.

(SIGNED)

(TITLE)

RECEIVED

## INCIDENT REPORT

Jail Inspection Program

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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DATE:   ESCAPE WITH INJURY ☐ESCAPE ☐ATTEMPTED SUICIDE ☐SUICIDE ☐UNUSUAL INCIDENT ☐FACILITY:                      *CRIMINAL JUSTICE CENTER*TELEPHONE:                      FAX:                     PRISONER(S) NAME:                     RACE:            SEX:            DOB:            TRUSTY: YES ☐ NO ☒DATE OF OCCURRENCE:            TIME:           DESCRIBE BRIEFLY WHAT HAPPENED: MR. [REDACTED] WAS FOUND LYING ON THE FLOOR[REDACTED], [REDACTED] AND [REDACTED]. [REDACTED], [REDACTED]NOTIFIED, ALONG WITH [REDACTED]. MR. [REDACTED] WAS [REDACTED].NOTIFIED OF MR. [REDACTED]                     *SERGEANT.*  
(SIGNED) (TITLE)

## INCIDENT REPORT

RECEIVED

JAIL INSPECTION DIVISION - OSDH  
 TELEPHONE: 405-271-3912 FAX: 405-271-5304 Jail Inspection Program

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DATE: [REDACTED]

DEATH ☐ESCAPE WITH INJURY ☐ESCAPE ☐

[REDACTED]

SUICIDE ☐UNUSUAL INCIDENT ☐

FACILITY: [REDACTED]

TELEPHONE: [REDACTED] FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: [REDACTED] TIME: [REDACTED]

DESCRIBE BRIEFLY WHAT HAPPENED: \_\_\_\_\_

1/m [REDACTED] TIED TWO SOCKS TOGETHER THEN TIED THEM AROUND HIS [REDACTED] K CUTTING  
 OFF HIS [REDACTED], THE SOCK WOULD BE REMOVED AND HE WAS [REDACTED] AND  
 PUT ON [REDACTED] WATCH 1/m [REDACTED] [REDACTED]

(SIGNED)

(TITLE)

RECEIVED

# INCIDENT REPORT

Jail Inspection Program

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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DATE: [REDACTED]

[REDACTED] ESCAPE WITH INJURY ☐ ESCAPE ☐

ATTEMPTED SUICIDE ☐ SUICIDE ☐ UNUSUAL INCIDENT ☐

FACILITY: [REDACTED] Criminal Justice

TELEPHONE: [REDACTED] FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED] # [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: YES ☒ NO ☐

DATE OF OCCURRENCE: [REDACTED] TIME: [REDACTED] hrs

DESCRIBE BRIEFLY WHAT HAPPENED: On the above date and time I'm [REDACTED] had a [REDACTED] in pod [REDACTED] I'm [REDACTED] was [REDACTED] transported to the [REDACTED] unit. I'm [REDACTED] continued to [REDACTED] and a [REDACTED] was called in the [REDACTED] unit, due to I'm [REDACTED] [REDACTED]. The [REDACTED] staff [REDACTED] and [REDACTED] was called. [REDACTED] arrived along with the [REDACTED] Department, and assisted our [REDACTED] staff. [REDACTED] I'm [REDACTED] by [REDACTED] and at approximately [REDACTED] hours the time of [REDACTED] was called by the [REDACTED].

(SIGNED) [REDACTED] (TITLE) Sergeant.

OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
TELEPHONE: 405-271-3912  
FAX: 405-271-3458

RECEIVED

UPON COMPLETION, PLEASE FAX THIS FORM TO OSDH  
(PLEASE DO NOT INCLUDE ANY ATTACHMENTS WITH THIS REPORT)

Jail Inspection Program

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- (A) Extensive damage to jail property.
- (B) Injury to staff or prisoner.
- (C) Escape.

DATE: 2/1/00

☐ DEATH ☐ ESCAPE ☒ ~~ATTEMPTED~~ ☐ UNUSUAL INCIDENT

FACILITY: CORRECTIONAL FACILITY

TELEPHONE: (405) 271-3912 FAX: (405) 271-3458

PRISONER(S) NAME: [REDACTED]

RACE: B SEX: M DOB: 1/1/71 TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: 2/1/00 TIME: 15:00

DESCRIBE BRIEFLY WHAT HAPPENED: FEMALE INMATE DID NOT WANT TO TAKE BRAIDS OUT OF HER HAIR. SHE FAKED A ~~HEART ATTACK~~, THEN TOOK TRASH BAG AND PLACED IT OVER HER ~~HEAD~~. SHE DID NOT TIGHTEN IT AROUND HER ~~NECK~~. DETENTION OFFICER ~~HARRIS~~ INSTRUCTED HER TO TAKE IT OFF. HE REACHED TO TAKE IT OFF AND ~~HE~~ GAVE THE BAG TO HIM. SHE THEN STATED SHE HAD TAKEN ~~HANDS OFF~~. SHE WAS PLACED ON ~~WATCH~~ WATCH, PER MEDICAL.

Current Disposition of prisoner (other than death): i.e. apprehended, treated & released, returned to jail, isolation cell etc. PLACED IN ~~RESTRICTED~~ UNDER ~~RESTRICTED~~ WATCH

(SIGNED)

SGT BOOKING  
(TITLE)

# INCIDENT REPORT

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JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

Jail Inspection Program

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DATE:                     

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

                     SUICIDE ☐

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY:                      Criminal Justice Center

TELEPHONE:                      FAX:                     

PRISONER(S) NAME:                     

RACE: B SEX: M DOB:                      TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE:                      TIME:                      hrs

DESCRIBE BRIEFLY WHAT HAPPENED: On the above date Dep. [redacted] was  
conducting a routine security check in unit [redacted]. When he got to  
cell [redacted], he noticed [redacted] had a thin strip of mattress  
tied around his [redacted]. Dep. [redacted] called for an escort. Once they arrived  
[redacted] had already removed the tie from around his [redacted]. [redacted]  
[redacted] is currently in his cell on [redacted] watch, and a [redacted] minute  
checks.

Sgt. [redacted]  
(SIGNED) (TITLE)

RECEIVED

## INCIDENT REPORT

Jail Inspection Program

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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DATE:                     DEATH ☐ESCAPE WITH INJURY ☐ESCAPE ☐                     SUICIDE ☐UNUSUAL INCIDENT ☐FACILITY:                     TELEPHONE: (                    ) FAX: (                    )PRISONER(S) NAME:                     RACE:            SEX:            DOB:            TRUSTY: YES ☐ NO ☒DATE OF OCCURRENCE:                      TIME:                     

DESCRIBE BRIEFLY WHAT HAPPENED: Officer went to cell #123 to  
check on inmate and found him laying on the floor with a  
sheet tied or wrapped around his waist. D/o called  
Emergency. Cleared by Cpl. [redacted] at 1:00 hrs. Inmate was  
removed by [redacted] STAFF. Inmate was placed on [redacted] watch in cell #124.  
Capt. [redacted] + Capt. [redacted] notified

                     Cpl.  
(SIGNED) (TITLE)



# INCIDENT REPORT

*jud*  
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JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304 Jail Inspection Program

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DATE:                     

DEATH ☐ ESCAPE WITH INJURY ☐ ESCAPE ☐

ATTEMPTED SUICIDE ☒ SUICIDE ☐ UNUSUAL INCIDENT ☐

FACILITY:                     Criminal Justice Center (                    County Jail)

TELEPHONE: (                    )                      FAX: (                    )                     

PRISONER(S) NAME:                     

RACE: W SEX: M DOB:                      TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE:                      TIME:                     

DESCRIBE BRIEFLY WHAT HAPPENED: NEW INTAKE ON FLOOR FOR PROCESSING.  
SUBJECT WENT TO HOLDING CELL TO USE RESTROOM. SUBJECT TOOK  
Shoe lace From shoe, WRAPPED IT AROUND HIS                     , AND                       
HIMSELF. I/M TRUSTEE FOUND INMATE WHEN GOING TO                      CELL,  
Time lapse Approximately                      minutes. In House                     , ARRIVED  
                    to In house                      unit.

(SIGNED)

(TITLE)

RECEIVED

**Jail Inspection Program**

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**ESCAPE** 

UNUSUAL INCIDENT ☐

DESCRIBE BRIEFLY WHAT HAPPENED: Lawrence ~~was~~ tied blanket  
around his ~~waist~~, forcing up and down cell and refused to  
submit to restraints. ~~Lawrence~~ was placed on ~~the~~ watch  
in ~~the~~ unit.

[Signature] SGT  
(SIGNED) (TITLE)

# INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

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DATE: 4/10/10

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

~~ATTEMPTED SUICIDE~~ ☐

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY: Detention Center

TELEPHONE: (405) 271-3912 FAX: (405) 271-5304

PRISONER(S) NAME: Detention Center # 11087

RACE: Black SEX: M DOB: \_\_\_\_\_ TRUSTY: YES ☐ NO ☒

DATE OF OCCURRENCE: 4/10/10 TIME: 11:00

DESCRIBE BRIEFLY WHAT HAPPENED: Medical Detention officer  
Found inmate hanging by strid of suicide  
blanket tied to air vent in cell # Officer called  
Emergency, removed inmate from inmate to but

(SIGNED) [Signature]

SGT  
(TITLE)

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Jail Inspection Program

# INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

360:570-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
360:570-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property;  
serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: [REDACTED]

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

SUICIDE ☐

UNUSUAL INCIDENT ☐

FACILITY: [REDACTED] Criminal Justice Facility

TELEPHONE: [REDACTED]

FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: [REDACTED] TIME: [REDACTED]

DESCRIBE BRIEFLY WHAT HAPPENED: D/O [REDACTED] noticed that inmate [REDACTED] had a small length of white sheet tied around his [REDACTED]. He notified the [REDACTED] Section. D/O [REDACTED] and [REDACTED] responded to [REDACTED]. Upon arrival, he found inmate [REDACTED] with a length of sheet tied around his [REDACTED] and attempting to make it tighter. D/O [REDACTED] removed the section of sheet and escorted inmate [REDACTED] to the Medical Section for Suicide Watch.

[REDACTED]  
(SIGNED)

Sergeant  
(TITLE)

RECEIVED

Jail Inspection Program

## INCIDENT REPORT

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JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304 Jail Inspection Program

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DATE: 8-1-00DEATH ☐ESCAPE WITH INJURY ☐ESCAPE ☐~~ATTEMPTED SUICIDE~~ ☐SUICIDE ☐UNUSUAL INCIDENT ☐FACILITY: 1000TELEPHONE: (405) 271-3912 FAX: (405) 271-5304PRISONER(S) NAME: [REDACTED] # [REDACTED]RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: YES ☐ NO ☒DATE OF OCCURRENCE: 8-1-00 TIME: approx 12:00

DESCRIBE BRIEFLY WHAT HAPPENED: Inmate [REDACTED] stated he was going to kill himself. He broke the sink off the wall with a sharp piece of the sink he cut his [REDACTED] but barely cut the [REDACTED]. No [REDACTED] needed. No [REDACTED] needed.

(SIGNED)

(TITLE)



Jail Inspection Division  
1000 NE 10<sup>th</sup> Street - Oklahoma City, OK 73117  
Telephone: (405) 271-3912 Fax: (405) 271-5304  
[www.health.ok.gov](http://www.health.ok.gov)

## JAIL INCIDENT REPORT

Upon completion, fax this form to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

360:670-5-2(27)

In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

Date: ~~11/11/10~~

### 1. Check the box identifying the type of incident.

Death ☐

Escape ☐

Escape with Injury ☐

~~Attempted Suicide~~

Suicide ☐

Unusual Incident ☐

### 2. Complete the following facility information.

Facility: ~~OKLAHOMA CRIMINAL JUSTICE CENTER - OKLAHOMA~~

Telephone: ~~(405) 271-3912~~ Fax: ~~(405) 271-5304~~

### 3. Enter prisoner information.

Prisoner Name: ~~XXXXXXXXXX~~

Race: ~~W~~

Sex: ~~F~~

DOB: ~~11/11/10~~

Trusty: Yes ☐ No ☒

### 4. Enter the date and time of the incident.

Date of Occurrence: ~~11/11/10~~

Time: ~~11:00~~ HOURS

### 5. Briefly describe what happened.

INMATE WAS DISCOVERED ON THE FLOOR, ~~XXXXXXXXXX~~ WITH SHEET WRAPPED AROUND HER NECK. DETENTION OFFICER DISCOVERED INMATE DURING SECURITY CHECK. ~~XXXXXXXXXX~~ PERSONNEL AT THE JAIL ~~XXXXXXXXXX~~ INMATE, WHO WAS ~~XXXXXXXXXX~~ TO ~~XXXXXXXXXX~~

Signature

~~XXXXXXXXXX~~

Title

SERGEANT

RECEIVED



Jail Inspection Division  
1000 NE 10<sup>th</sup> Street - Oklahoma City, OK 73117  
Telephone: (405) 271-3912 Fax: (405) 271-5304  
www.health.ok.gov

## JAIL INCIDENT REPORT

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360:670-5-2(27)

In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

Date:           

1. Check the box identifying the type of incident.

Death ☐

Escape ☐

Escape with Injury ☐

~~Extensive Damage to Jail Property~~

Suicide ☐

Unusual Incident ☐

2. Complete the following facility information.

Facility:            County Jail

Telephone:            Fax:           

3. Enter prisoner information.

Prisoner Name:           

Race: W

Sex: M DOB:           

Trusty: Yes ☐ No ☒

4. Enter the date and time of the incident.

Date of Occurrence:            Time:           

5. Briefly describe what happened.

Inmate was seen trying to strangle himself with his shirt. He had tied around his neck and after failing to find anything to fasten it to he began to tighten it around his neck.

Signature           

Title

# INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

360:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: 09/03/10

DEATH ☐ ESCAPE WITH INJURY ☐ ESCAPE ☐

~~ATTEMPTED SUICIDE~~ ☒ SUICIDE ☐ UNUSUAL INCIDENT ☐

FACILITY: [REDACTED]

TELEPHONE: [REDACTED] FAX: [REDACTED]

PRISONER(S) NAME: [REDACTED]

RACE: w SEX: m DOB: [REDACTED] TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: [REDACTED] TIME: 1030

DESCRIBE BRIEFLY WHAT HAPPENED: Inmate went into holding cell and attempted to strangle himself by wrapping his shirt around his neck

[Signature] Corporal  
(SIGNED) (TITLE)

RECEIVED

Jail Inspection Program



OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
TELEPHONE: 405-271-3912  
FAX: 405-271-3458

UPON COMPLETION, PLEASE FAX THIS FORM TO OSDH  
(PLEASE DO NOT INCLUDE ANY ATTACHMENTS WITH THIS REPORT)

360:670-5-2-(28): In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2-(29): Notify the Department no later than the next working day if any of the following unusual incidents occur:

- (A) Extensive damage to jail property.
- (B) Injury to staff or prisoner.
- (C) Escape.

DATE:                     

*JWJ*  
**RECEIVED**

☐ DEATH

☐ ESCAPE

☐ ~~RESTRICTED~~

☐ UNUSUAL INCIDENT

Jail Inspection Program

FACILITY:                      *CJC*

TELEPHONE:                      FAX:                     

PRISONER(S) NAME:                     

RACE:            SEX:            DOB:            TRUSTY: yes ☒ no ☐

DATE OF OCCURRENCE:            TIME:           

DESCRIBE BRIEFLY WHAT HAPPENED: *D.O. in Unit 200 reported inmate  open with altered razor blade, then flushed razor blade. I interviewed  in Sergeant's office, verified fresh  approximately  length as . Had wound  in  by  and had  placed on  watch in Medical cell # .*

Current Disposition of prisoner (other than death): i.e. apprehended, treated & released, returned to jail, isolation cell etc.            *WATCH*

*[Signature]*  
(SIGNED)

*Sgt*  
(TITLE)



RECEIVED *guf*

001/001



Jail Inspection Program

Jail Inspection Division  
1000 NE 10th Street - Oklahoma City, OK 73117  
Telephone: (405) 271-3912 Fax: (405) 271-5304  
www.health.ok.gov

## JAIL INCIDENT REPORT

Upon completion, fax this form to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

360:670-5-2(27)

In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

Date:                     

1. Check the box identifying the type of incident.

Death ☐

Escape ☐

Escape with Injury ☐

~~Unusual Incident~~

Suicide ☐

Unusual Incident ☐

2. Complete the following facility information.

Facility:                      CRIMINAL JUSTICE CENTER                     

Telephone: (     )     Fax: (     )

3. Enter prisoner information.

Prisoner Name:                     

Race:           

Sex:           

DOB:           

Trusty: Yes ☐ No ☒

4. Enter the date and time of the incident.

Date of Occurrence:           

Time:            HOURS

5. Briefly describe what happened.

INMATE                      WAS OBSERVED IN HER CELL WITH HER HEAD IN THE SINK. THE DRAIN WAS PLUGGED WITH PAPER TOWELS. WATER WAS OVERFLOWING ONTO THE FLOOR. DETENTION OFFICERS REMOVED HER FROM HER CELL,                      HER TO                     

Signature                     

SERGEANT / ACTING WARD COMMANDER  
Title



Jail Inspection Division  
1000 NE 10<sup>th</sup> Street - Oklahoma City, OK 73117  
Telephone: (405) 271-3912 Fax: (405) 271-5304  
www.health.ok.gov

## JAIL INCIDENT REPORT

Upon completion, fax this form to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

360:670-5-2(27)

In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

Date: 05/01/10

1. Check the box identifying the type of incident.

Death ☐

Escape ☐

Escape with Injury ☐

~~Attempted Suicide~~ ☒

Suicide ☐

Unusual Incident ☐

2. Complete the following facility information.

Facility: CRIMINAL JUSTICE CENTER

Telephone: 918-581-1111 Fax: 918-581-1111

3. Enter prisoner information.

Prisoner Name: XXXXXXXXXX

Race: B Sex: M DOB: 01/01/70 Trusty: Yes ☐ No ☒

4. Enter the date and time of the incident.

Date of Occurrence: 05/01/10 Time: 10:00 HOURS

5. Briefly describe what happened.

INMATE XXXXXXXXXX ATTEMPTED TO HANG HIMSELF IN HIS CELL, USING A BED SHEET HE WAS DISCOVERED BY PPO OFFICERS WHO STOPPED HIS ATTEMPT

SGT. [Signature]  
Signature

SERGEANT/ACTING  
Title WATCH COMMANDER

907  
RECEIVED



Jail Inspection Division  
1000 NE 10<sup>th</sup> Street - Oklahoma City, OK 73117  
Telephone: (405) 271-3912 Fax: (405) 271-5304  
www.health.ok.gov

## JAIL INCIDENT REPORT

Upon completion, fax this form to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

360:670-5-2(27)

In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

RECEIVED

Date:                     

1. Check the box identifying the type of incident.

Jail Inspection Program

Death ☐      Escape ☐      Escape with Injury ☐  
Suicide ☐      Unusual Incident ☐

2. Complete the following facility information.

Facility: CRIMINAL JUSTICE CENTER

Telephone: (405) 271-3912 Fax: (405) 271-5304

3. Enter prisoner information.

Prisoner Name:                     

Race:            Sex:            DOB:            Trusty: Yes ☐ No ☒

4. Enter the date and time of the incident.

Date of Occurrence:            Time:           

5. Briefly describe what happened.

I/M            WRAPPED A TOWEL AROUND HIS            TIGHTENED IT INTO A KNOT IN ATTEMPT TO            HIMSELF. POD OFFICERS IMMEDIATELY NOTICED THIS            ENTERED HIS CELL REMOVED THE TOWEL AND            THE INMATE TO            UNIT. HE WAS PLACED ON SUICIDE WATCH.

Signature: SGT.           

Title: SERGEANT

RECEIVED

# INCIDENT REPORT

**JAIL INSPECTION DIVISION - OSDH**

**TELEPHONE: 408-271-3912 FAX: 408-271-5304**

## Jail Inspection Program

**UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)**

360:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt,

DATE:                     

DEATH ☐

ESCAPE WITH INJURY ☐

ESCAPE ☐

**SUICIDE** ☐

UNUSUAL INCIDENT ☐

**FACILITY:** ~~██████████~~

TELEPHONE: ~~416-596-6666~~

FAX: ~~01973 615079~~

PRISONER(S) NAME: DAVID L. NICHOLS

RACE: B SEX: M DOB: ████████ TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: ~~01/11/73~~ TIME: ~~1000H~~APX

DESCRIBE BRIEFLY WHAT HAPPENED: AT above time segregation inmate [redacted] occupying cell [redacted], attempted to [redacted] himself by tying laundry bag around his [redacted]. [redacted] emergency was called by Officer [redacted]. Officer [redacted] and myself responded and above staff entered cell. Laundry bag cut away utilizing cut down tool located in the unit. Inmate was handcuffed and escorted to cell [redacted] where he was placed on [redacted] watch. [redacted] and [redacted] responded and conducted an [redacted]. [redacted] was notified by the

(SIGNED)

(TITLE)

## INCIDENT REPORT

JAIL INSPECTION DIVISION - OSDH  
TELEPHONE: 405-271-3912 FAX: 405-271-5304

UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)

360:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
360:670-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: \_\_\_\_\_

\_\_\_\_\_

ESCAPE WITH INJURY ☐ESCAPE ☐ATTEMPTED SUICIDE ☐SUICIDE ☐UNUSUAL INCIDENT ☐ RECEIVED

FACILITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

Jail Inspection Program

PRISONER(S) NAME: \_\_\_\_\_

RACE: ☒ SEX: ☒ DOB: \_\_\_\_\_ TRUSTY: yes ☒ no ☐

DATE OF OCCURRENCE: \_\_\_\_\_ TIME: \_\_\_\_\_

DESCRIBE BRIEFLY WHAT HAPPENED: \_\_\_\_\_ At above time a \_\_\_\_\_ was called in unit \_\_\_\_\_ Pod officer \_\_\_\_\_ found inmate \_\_\_\_\_ on the floor inside his assigned cell "1". Detention and \_\_\_\_\_ staff responded and began \_\_\_\_\_ responders arrived and took over \_\_\_\_\_ did not \_\_\_\_\_ and \_\_\_\_\_ in \_\_\_\_\_ The escorting deputy, Deputy \_\_\_\_\_, called approximately \_\_\_\_\_ and reported that \_\_\_\_\_ staff at \_\_\_\_\_

(SIGNED)

(TITLE)

# JAILER TRAINING SIGN-IN LOG

DATE: 2-9-2010 TESTER/INSPECTOR: Kuster

LOCATION OF TRAINING: DLM CJO **RECEIVED** Tulsa  
(Department) (City)

Stanley Colan  
(Sheriff / Chief / Chairman) Jail Inspection Program

Tulsa 74103 Tulsa  
(City) (Zip) (County)

The following staff members have completed jailer training for year 2010

PLEASE PRINT NAME

PLEASE PRINT NAME

1. KENNETH FARZMAN

13. CHRIS A. STRAUT

2. JERRY ADAIR

14. \_\_\_\_\_

3. CA RERICK

15. \_\_\_\_\_

4. JOHN WERTS

16. \_\_\_\_\_

5. BILLIE BYRD

17. \_\_\_\_\_

6. Dolores Knauss

18. \_\_\_\_\_

7. David Sissim

19. \_\_\_\_\_

8. Karen Duhart

20. \_\_\_\_\_

9. Terrel Reed

21. Logs To Follow

10. DAVE MEMPHIS

22. \_\_\_\_\_

11. PHYLLIS MABE

23. \_\_\_\_\_

12. Robert Howell

24. \_\_\_\_\_



# JAILER TRAINING SIGN-IN LOG

DATE: 2-9-2010 TESTER/INSPECTOR Kester

LOCATION OF TRAINING: DLMCSC **RECEIVED** Tulsa  
(Department) (City)

Stanley Carr  
(Sheriff / Chief / Chairman) FEB 17 2010  
Jail Inspection Program

Tulsa 74103 Tulsa  
(City) (Zip) (County)

The following staff members have completed jailer training for year 2010

PLEASE **PRINT** NAME

PLEASE **PRINT** NAME

1. Ken Compton Jr.
2. Jolena Dolph
3. Bertha Watlington
4. Dorian Fry
5. Hazel Robinson
6. CODY CASEY
7. Rachel Berkowitz
8. Justin Kaczynski
9. Michelle Price
10. Jeremy Taylor
11. Roger Fetterhoff
12. Mark Stevens

13. ANDREW TITSWORTH
14. CRYSTAL RICH
15. ROBERT VALENZUELA
16. Shawn Thomas
17. John Meadows
18. Tanjana Patton
19. \_\_\_\_\_
20. \_\_\_\_\_
21. LOGS TO FOLLOW
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_

RECEIVED

MAY 11 2010

Jail Inspection Program

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 5-5-2010 TESTER/INSPECTOR Kester

LOCATION OF TRAINING: DLMCJC Tulsa  
(Department) (City)

Stanley Colner Sheriff  
(Sheriff, Chief) (Title)

DLMCJC  
(Name of Jail)

Tulsa 74103 Tulsa  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: PLEASE PRINT

PLEASE PRINT

1. ERIC B. DOWNING

13. Richard McElhannon

2. Jeremy Thomas

14. Joshua McCoy

3. Iva Shumate

15. Derrin Mabry

4. Matthew Bass

16. Cliff Roberson

5. Joe Moore

17. Waylon Weaver

6. Nathan Emerson

18. TONI IVANOV

7. Jimmie L. George

19. \_\_\_\_\_

8. Mrkus Powell

20. \_\_\_\_\_

9. Brandon VanVleck

21. \_\_\_\_\_

10. Brian Fenn

21. \_\_\_\_\_

11. Beau Spicer

23. \_\_\_\_\_

12. Amanda Sien

24. \_\_\_\_\_

RECEIVED

MAY 11 2010

6-11  
JAILER TRAINING  
(SIGN-IN LOG)

Jail Inspection Program

DATE 5-5-2010 TESTER/INSPECTOR Kester

LOCATION OF TRAINING: DMCJC Tulsa  
(Department) (City)

Stanley C. Hartz  
(Sheriff, Chief)

Sheriff  
(Title)

DMCJC  
(Name of Jail)

Tulsa 74103 Tulsa  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: PLEASE PRINT

2065-10  
follow

PLEASE PRINT

1. THERON RICHARDVILLE

13. SHARON ETIER

2. Joy Harkey

14. SUSANNA SNYDER

3. Jennifer Johnston

15. Tara King

4. Robin Strope

16. Terry Lingle

5. ROY WRIGHT

17. Paul Holland

6. Marshall Preston

18. Nita Lilley

7. Dusty Usher

19. Joseph BRITT

8. Eddie Young

20. JAMES PLATTE

9. Melody Gates

21. Eric Reed

10. Steve Brown

21. Ted Humphrey

11. CORRIE King

23. Benny McElroy

12. Bucky Williams

24. \_\_\_\_\_

**JAILER TRAINING  
(SIGN-IN LOG)**

**RECEIVED**

NOV 11 2019

Jail Inspection Program

DATE 5-5-2019 TESTER/INSPECTOR Kester

LOCATION OF TRAINING: DLM CTC  
(Department)

Tulsa  
(City)

Stanley Glanz  
(Sheriff, Chief)

Sheriff  
(Title)

DLM CTC  
(Name of Jail)

Tulsa  
(City)

74103  
(ZIP)

Tulsa  
(County)

The following staff members have completed jailer training for year 2019

NAME: **PLEASE PRINT**

**PLEASE PRINT**

**LOGS TO  
Follow**

1. Jonathan Hall

13. Keishelle Beverly

2. CHRIS KING

14. April Miller

3. P. KLAPPENBACH

15. Sheryl Thudium

4. Monica Roland

16. JOSHUA BRYANT

5. Dena Sellers-Webb

17. ARTHUR JACKSON

6. April Lippert

18. DAVID HETHERINGTON

7. VINCENT FESLER

19. Leticia Glover

8. Donna Rice

20. Angelia Smith

9. Bill Allen

21. Patrick Bagby

10. Michael Linnet

21. DANIEL J. BLACKSHER

11. DAVID MYERS

23. DONALD M ENGLAND

12. CARMELITA NORRIS

24. LEON H. TIPTON JR.

# JAILER TRAINING SIGN-IN LOG

DATE: 6-22-2010 TESTER/INSPECTOR: Kentia 6-30

LOCATION OF TRAINING: UMCJC Tulsa  
(Department) (City)

Stanley Colant  
(Sheriff / Chief / Chairman)

Tulsa 74103 Tulsa  
(City) (Zip) (County)

The following staff members have completed jailer training for year 2010

PLEASE PRINT NAME

PLEASE PRINT NAME

1. JOHN OKAFOR

13. Dennis Clark

2. JAIWO BADIDI

14. Allen Goodson

3. OLAKUNLE BABARINDE

15. Christopher C. Cook

4. Matthew Oglesby

16. Dwain Kyle Gunn

5. Eric Griffin

17. PEARL BEACH

6. Silvia P. Verdin

18. \_\_\_\_\_

7. MICHAEL D. NEWKIRK

19. **RECEIVED**

8. Raymond Bingham Jr.

20. 227

9. ~~at Capone~~

Jail Inspection Program

10. HENRY Leslie

22. \_\_\_\_\_

11. SHERRY R WHEELER

23. \_\_\_\_\_

12. Till

24. \_\_\_\_\_

# JAILER TRAINING SIGN IN LOG

DATE: 6-22-2010

TESTER/INSPECTOR Kiefer 7-6 6-30

LOCATION OF TRAINING: DMCFC

(Department)

Tulsa

(City)

Stanley Clark  
(Sheriff / Chief / Chairman)

Tulsa  
(City)

74103  
(Zip)

Tulsa  
(County)

The following staff members have completed jailer training for year 2010

RECEIVED

PLEASE PRINT NAME

Jail Inspection Program

PLEASE PRINT NAME

1. Michael H. Wilson

2. Kristy Peters

3. Ashton Wickworth

4. Dustin Erwin

5. CHAWN GIBBETIN

6. Nicole C. SPILKA

7. Michael L. SPILKA

8. Doug Hinshaw

9. Tony Hinshaw

10. Harmari Shaw

11. Lance Hotchings

12. Sessica Jackson

13. Gwendolyn Gragg

14. KARREN LINAM

15. Michael Andrews

16. Chris Williamson

17. John Lovitt

18. MARK BRANNAM

19. Mike Orcutt

20. GRECHANEL WALLACE

21. Cameo Boyd

22. Tammy Hanley

23. LAURA NORRIS

24. Earl Mcclain

# JAILER TRAINING SIGN-IN LOG

DATE: 8-16 TESTER/INSPECTOR C Cole

LOCATION OF TRAINING: Tulsa  
(Department) (City)

(Sheriff / Chief / Chairman)

(City)

(Zip)

(County)

The following staff members have completed jailer training for year \_\_\_\_\_

PLEASE **PRINT** NAME

PLEASE **PRINT** NAME

1. Kimberly LEEDS X

13. ROLAND D'Souza x

2. Paul HUSS X

14. ~~Florence Ithina~~

3. JEFF SWYDEN x

15. \_\_\_\_\_

4. Susan Strickland x

16. \_\_\_\_\_

5. Donna Goddard

17. \_\_\_\_\_

6. Connie Herriman X

18. \_\_\_\_\_

7. Alisha Golden-Childers x

19. \_\_\_\_\_

8. Jasmine Owens \*

20. \_\_\_\_\_

9. THOMAS OHMAN x

21. \_\_\_\_\_

10. Troy Iries x

22. \_\_\_\_\_

11. Keric Bethel X

23. \_\_\_\_\_

12. TJ ABUILA x

24. \_\_\_\_\_

## JAILER TRAINING SIGN-IN LOG

DATE: 8-16 TESTER/INSPECTOR C Cole

LOCATION OF TRAINING: Tulsa  
(Department) (City)

(Sheriff / Chief / Chairman)

(City)

(Zip)

(County)

The following staff members have completed jailer training for year \_\_\_\_\_

PLEASE **PRINT** NAME

PLEASE **PRINT** NAME

1. Martasia Sausedo X ✓

13. \_\_\_\_\_

2. Michael Hunt X

14. \_\_\_\_\_

3. Kirsten Hutchens X

15. \_\_\_\_\_

4. Strawley McCarty X

16. \_\_\_\_\_

5. David Miller X

17. \_\_\_\_\_

6. LAURIE AIZOLA X

18. \_\_\_\_\_

7. Bethel, Korrre X

19. \_\_\_\_\_

8. Atisha Childers X

20. \_\_\_\_\_

9. Connie Herriman X

21. \_\_\_\_\_

10. Paul Huss X

22. \_\_\_\_\_

11. Kimberly Leeds X

23. \_\_\_\_\_

12. Wesley Mongold X

24. \_\_\_\_\_



## JAILER TRAINING SIGN-IN LOG

DATE: 8/14 TESTER/INSPECTOR Cole

LOCATION OF TRAINING: Tulsa  
(Department) (City)

(Sheriff / Chief / Chairman)

(City)

(Zip)

(County)

The following staff members have completed jailer training for year \_\_\_\_\_

PLEASE **PRINT** NAME

PLEASE **PRINT** NAME

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| 1. <u>PAUL TRYON</u> ✓           | 13. <u><del>Bryan McCoy</del></u> ✓ |
| 2. <u>TERRY CHILDS</u> ✓         | 14. <u>Matt Major</u> ✓             |
| 3. <u>DANIEL G. HOPE</u> ✓       | 15. <u>Gary Brown</u> ✓             |
| 4. <u>H. A. WILSON</u> X ✓       | 16. _____                           |
| 5. <u>Sherry Roseborough</u> X ✓ | 17. _____                           |
| 6. <u>Bryan McCoy</u> ✓          | 18. _____                           |
| 7. <u>Maria Bell</u> X           | 19. _____                           |
| 8. <u>Douglass Cooley</u> X      | 20. _____                           |
| 9. <u>Rhonda Herman</u> X        | 21. _____                           |
| 10. <u>RANDY CHAPMAN</u> X       | 22. _____                           |
| 11. <u>JACK REUSSER</u> X        | 23. _____                           |
| 12. <u>MATTHEW TAYLOR</u> ✓      | 24. _____                           |

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## JAILER TRAINING SIGN-IN LOG

8<sup>th</sup> 103m  
10:30-12:50DATE: 8/16 TESTER/INSPECTOR C Cole 2-LOCATION OF TRAINING: Tulsa  
(Department) (City)

(Sheriff / Chief / Chairman)

(City)

(Zip)

(County)

The following staff members have completed jailer training for year \_\_\_\_\_

PLEASE **PRINT** NAMEPLEASE **PRINT** NAME1. Michelle Lindley x13. Thomas Ohman x2. Maria Haley x

14. \_\_\_\_\_

3. Wes Mangold x

15. \_\_\_\_\_

4. Preston Hodge x

16. \_\_\_\_\_

5. Cotner, Jonathan x

17. \_\_\_\_\_

6. Tim Maurer x

18. \_\_\_\_\_

7. VERON, Scott x

19. \_\_\_\_\_

8. Danny Childers x

20. \_\_\_\_\_

9. Katie McCallister x

21. \_\_\_\_\_

10. Andrew Snop x

22. \_\_\_\_\_

11. Sherry Rosebrough

23. \_\_\_\_\_

12. Glennia Bell

24. \_\_\_\_\_

# JAIL TRAINING SIGN IN LOG

6-30

DATE: 6-22-2010 TESTER/INSPECTOR Kester

LOCATION OF TRAINING: DMCTC Tulsa  
(Department) (City)

Stanley Glanz  
(Sheriff / Chief / Chairman)

RECEIVED

Tulsa 74105 Tulsa  
(City) (Zip) (County)

Jail Inspection Program

The following staff members have completed jailer training for year 2010

PLEASE PRINT NAME

PLEASE PRINT NAME

1. MATT ARYOLD
2. Auther Mahan
3. Tim Buckner
4. Josh Upton
5. K. Sean Overose
6. PAUL D. FEHRENBACHER II
7. William P. Berry
8. John A. Walker
9. Justin THOMPSON
10. CHRISTOPHER GARRISON
11. Velisha Gaudinetti
12. Payton Laskey

13. Josh Hughes
14. Thomas J. Turner
15. Anthony Jones
16. MARY BLENDOWSKI
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 11-30-10 TESTER/INSPECTOR Alicia Dickson

LOCATION OF TRAINING: David L. Moss Criminal Justice Center Zuba  
(Department) (City)

Stanley Slonz  
(Sheriff, Chief)

Sherriff  
(Title)

David L. Moss Criminal Justice Center  
(Name of Jail)

Zuba  
(City)

74103  
(ZIP)

Zuba  
(County)

The following staff members have completed jailer training for year 2010.

NAME: **PLEASE PRINT**

**PLEASE PRINT**

1. F. Nelson
2. Michelle Ramsey
3. LaTanya Howard
4. Cynthia Bizzell
5. Christine Hughart
6. Natalie Steinberg
7. Lynn Johnson
8. Daryl W. Dugger
9. Elizabeth D. Wolfentberger
10. JERRY BARLOW
11. BARBARA BARLOW
12. Thomas Hibner

Jail Inspection Program

13. SCOTT VICKERS
14. Pedro Gonzalez
15. William T Ewton
16. Brent Holmes
17. LESLIE Davis
18. Michelle Robnett
19. Jonathan Hullinger
20. RENEE WINSTON
21. PICK WEIGER
21. DONNA HALL
23. B. Bazzell
24. By Underwood

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 11-30-10 TESTER/INSPECTOR Alicia Dickerson

LOCATION OF TRAINING: David L. Moss Justice Center Zuba  
(Department) (City)

Harley Slonz Sheriff  
(Sheriff) (Chief) (Title)

David L. Moss Criminal Justice Center  
(Name of Jail)

Zuba 74103 Zuba  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: **PLEASE PRINT**

**PLEASE PRINT**

1. DARDen John W
2. Darell DeSpain
3. Lashonna Nelson
4. Andrew Espareza
5. Justin VanDyke
6. Derrick Harris
7. Jalynna Moser
8. KACI BEASTON
9. Shirlene Claude
10. ROXANNE HERNANDEZ
11. Chiquita Godwin
12. Jason Starr

13. Elizabeth D. Wolfenberger
14. Melvin Stout
15. Brittany Swaynt
16. Ashley Spataro
17. Jesus Salamea Jr.
18. Janeth Salamea
19. Chioma H. Ozumba
20. Stephanie Stuckey
21. JOHN HARRIS
21. Carla Housley
23. Heather Byrd
24. Aaron Downs

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 11-30-10 TESTER/INSPECTOR Alicia Dickerson

LOCATION OF TRAINING: David L. Moss Justice Center Duba  
(Department) (City)

Stanley Slanz Sherriff  
(Sheriff, Chief) (Title)

David L. Moss Criminal Justice Center  
(Name of Jail)

Duba 74103 Duba  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: **PLEASE PRINT**

**PLEASE PRINT**

1. Ryan Lee Goumar

13. Chequita Yarbrough

2. Freeman Upton

14. DIANE CHATMAN

3. Troy Nicolas

15. MICHAEL J. LAHITA III

4. STEVE NORWOOD

16. Debbre Stanley

5. Loren Dean Houghton

17. Norma Alvarez

6. Sheila Kay Hopper

18. Durwood Stout

7. KEVIN FORSTAL

19. Michele Fillmore

8. Sebastian Ojalvaro

20. Tahtha Dean

9. George Espindola

21. D. LINGER

10. DONALD COWAN

21. Jimi Dunne

11. Kenneth Collier

23. JOSHUA MANUEL

12. Nadine Jones

24. Troy Barts

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 11-30-10 TESTER/INSPECTOR Alicia Dickerson

LOCATION OF TRAINING: David L. Mass. Criminal Justice Center Suba  
(Department) (City)

Stanley Blang Sheriff  
(Sheriff, Chief) (Title)

David L. Mass. Criminal Justice Center  
(Name of Jail)

Suba 74103 Suba  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: **PLEASE PRINT**

**PLEASE PRINT**

1. Jeff Brown

13. Darrell Hall

2. John Bennett

14. Cory Colbert

3. Joseph Green

15. Anita WRIGHT

4. Stephen Brinkley

16. GIZEL GIZEL

5. Steve Miller

17. Binger Daulton

6. CALAN D. BAKER

18. Lorraine Mathes

7. John E. Bryant

19. MARYMARIE BLACK

8. Matthew Lyons

20. Godwin Ehiremen

9. Georgia Moore

21. Bryan Gaylor

10. Allen Ewing

21. Randy Pierce

11. MIKE MANNING

23. MICHAEL THOMAS

12. Gary Kaiser

24. Tabi Wood

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 11-30-10 TESTER/INSPECTOR Alivia Dickerson

LOCATION OF TRAINING: Daniel L. Moss Justice Center Suba  
(Department) (City)

Stanley Slom Sheriff  
(Sheriff) (Title)  
(Chief)

Daniel L. Moss Criminal Justice Center  
(Name of Jail)

Suba 74103 Suba  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2011

NAME: **PLEASE PRINT**

**PLEASE PRINT**

1. Shane Cox
2. Adam Meach
3. PATRICIA OWENS
4. Kenneth Collier
5. Aaron Sherman
6. Eric Palmen
7. La Priy Davis
8. Shelton Stubblefield
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

13. \_\_\_\_\_
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21. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_



**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 11-30-10 TESTER/INSPECTOR Alicia Dickerson

LOCATION OF TRAINING: David L. Moss Justice Center Duba  
(Department) (City)

Stanley Slom Shuff  
(Sheriff, Chief) (Title)

David L. Moss Criminal Justice Center  
(Name of Jail)

Duba 74103 Duba  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: PLEASE PRINT

PLEASE PRINT

- |                                |                               |
|--------------------------------|-------------------------------|
| 1. <u>Tommy M. Fike</u>        | 13. <u>Kriston Boatwright</u> |
| 2. <u>Lynalle M. Compton</u>   | 14. <u>Jeromy Cox</u>         |
| 3. <u>RENEE BOHLING</u>        | 15. <u>Jeremy Reed</u>        |
| 4. <u>CALEB SHERMAN</u>        | 16. <u>Dlo R. WILKINS</u>     |
| 5. <u>TRAY ALI</u>             | 17. <u>Nicholas Temple</u>    |
| 6. <u>Peter Wricelt</u>        | 18. <u>Charlotta Arceany</u>  |
| 7. <u>Latif Whitsett</u>       | 19. <u>Ashanti Ullim</u>      |
| 8. <u>Eric Washington 2333</u> | 20. <u>GERRY Collier</u>      |
| 9. <u>Logan Perea</u>          | 21. <u>Eddie White</u>        |
| 10. <u>Graciele Bigonel</u>    | 21. <u>NORMA Ruiz</u>         |
| 11. <u>Vick Ingwersen</u>      | 23. <u>Joseph Paris</u>       |
| 12. <u>Brett Gwartney</u>      | 24. <u>Mark Arnus</u>         |

12-14

**JAILER TRAINING  
(SIGN-IN LOG)**

DATE 12-7-40 TESTER/INSPECTOR Alicia Dickerson

LOCATION OF TRAINING: David L. Moss Juba Co Juba  
(Department) (City)

Stanley Olson Sheriff  
(Sheriff, Chief) (Title)

David L. Moss  
(Name of Jail)

Juba 74103 Juba  
(City) (ZIP) (County)

The following staff members have completed jailer training for year 2010

NAME: **PLEASE PRINT**

**PLEASE PRINT**

1. CLAUDIA PETERS 13. \_\_\_\_\_

2. \_\_\_\_\_ 14. \_\_\_\_\_

3. \_\_\_\_\_ 15. \_\_\_\_\_

4. \_\_\_\_\_ 16. \_\_\_\_\_

5. \_\_\_\_\_ 17. \_\_\_\_\_

6. \_\_\_\_\_ 18. \_\_\_\_\_

7. \_\_\_\_\_ 19. \_\_\_\_\_

8. \_\_\_\_\_ 20. \_\_\_\_\_

9. \_\_\_\_\_ 21. \_\_\_\_\_

10. \_\_\_\_\_ 21. \_\_\_\_\_

11. \_\_\_\_\_ 23. \_\_\_\_\_

12. \_\_\_\_\_ 24. \_\_\_\_\_

RECEIVED

Jail Inspection Pro.

# JAILER TRAINING SIGN-IN LOG

12-14

DATE: 12-7-10 TESTER/INSPECTOR Alicia Dickerson

LOCATION OF TRAINING: David L. Moss Juba Co. Juba  
(Department) (City)

Stanley Slans  
(Sheriff / Chief / Chairman)

Juba 74103 Juba  
(City) (Zip) (County)

The following staff members have completed jailer training for year 2010.

PLEASE PRINT NAME

PLEASE PRINT NAME

1. Tim. Thompson

2. Sheldon IRON

3. Mary Lizz Davis

4. Jonathon Pursley

5. Steven Underwood

6. Steve Brazier

7. Larry Whitsett

8. James Thomas

9. Robin Fowler

10. Cindy West

11. Jeff Perzin

12. Jennifer Caywood

RECEIVED

13. FELICIA KING

14. FLORENCE HINN

15. CRAIG CAMPBELL

16. Jeremiah Hammett

17. Sheila Nelson

18. PATRICK OWENS

19. Marieta Brown

20.

21. LEO WEIR

22. Samantha Green

23. AUBREY LINLEY

24. Bony Redman

## JAILER TRAINING SIGN-IN LOG

DATE: 12-22 TESTER/INSPECTOR C Cole

LOCATION OF TRAINING: Tulsa  
(Department) (City)

(Sheriff / Chief / Chairman)

(City) (Zip) (County)

The following staff members have completed jailer training for year \_\_\_\_\_

PLEASE **PRINT** NAME

PLEASE **PRINT** NAME

1. Nicholas Gonzalez

13. \_\_\_\_\_

2. \_\_\_\_\_

14. \_\_\_\_\_

3. \_\_\_\_\_

15. \_\_\_\_\_

4. \_\_\_\_\_

16. \_\_\_\_\_

5. \_\_\_\_\_

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22. \_\_\_\_\_

11. \_\_\_\_\_

23. \_\_\_\_\_

12. \_\_\_\_\_

24. \_\_\_\_\_

*[Handwritten mark]*

OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
REPORT ON ~~DEATH~~ INVESTIGATION ( ~~47704490~~ )

Jail Inspection Program

RECEIVED  
~~344~~ 0248

DATE:

~~04/11/2014~~

FACILITY:

~~OKLAHOMA STATE PENITENTIARY~~  
~~OKLAHOMA STATE PENITENTIARY~~  
~~OKLAHOMA STATE PENITENTIARY~~

ADMINISTRATOR:

~~MANUEL R. GONZALEZ~~

SHERIFF:

~~SHERRYL L. GUNTER~~

INVESTIGATOR:

CAL KESTER

~~04/11/2014~~

~~04/11/2014~~

DATE OF ~~04/11/2014~~

~~04/11/2014~~

TIME OF ~~04/11/2014~~:

~~0800~~ HOURS OFFICIALLY

DATE OF ARREST:

~~04/11/2014~~

AGE: ~~28~~

RACE: ~~P~~

SEX: ~~M~~

DOB: ~~04/11/1986~~

SS#: ~~04/11/2014~~

HEIGHT: ~~5'10"~~

WEIGHT: ~~180~~

HOME ADDRESS: ~~04/11/2014~~

ARREST INFO: ~~04/11/2014~~

## REPORT ON DEATH INVESTIGATION (CCHM1110)

PAGE 2

### APPARENT CAUSE OF DEATH

According to [REDACTED] at the [REDACTED], the case on Mr. [REDACTED] is pending on [REDACTED] and may take up to 16 weeks for an exact cause of [REDACTED].

### CONCLUSION:

The facility faxed notice of [REDACTED] to the Department on [REDACTED] at 0626 hours. I was informed of the death on [REDACTED] by Sgt. [REDACTED].

On [REDACTED], I arrived at [REDACTED] and retrieved the statements, reports, sight check log, booking and medical reports on [REDACTED].

According to the reports and statements, [REDACTED] was found laying on the floor on his stomach in his cell, [REDACTED] at approximately [REDACTED] hours on [REDACTED]. He was rolled over on his back and he was [REDACTED] to the touch. He was also [REDACTED]. The staff believed that they [REDACTED] by [REDACTED] and was continued until [REDACTED] arrived at [REDACTED] hours along with [REDACTED] Fire Department, whereas the two departments took [REDACTED] At [REDACTED] hours, the two departments left the facility and [REDACTED] was [REDACTED] where he was [REDACTED] by the [REDACTED] on duty ([REDACTED]) at [REDACTED] hours.

It appeared that the sight checks were done within the Standard's guidelines and were in order.

There were no other inmates housed with [REDACTED].

The pod officer had advised that prior to discovery of the [REDACTED], inmate [REDACTED] was awake and sitting on the edge of his bed during her last sight check, which was logged at [REDACTED] hours on [REDACTED].

There were no indications during the medical screening that the inmate was at risk.

Medical logs and notations appeared to be in order.

REPORT ON [REDACTED] INVESTIGATION (FORM 1)

01/08/10

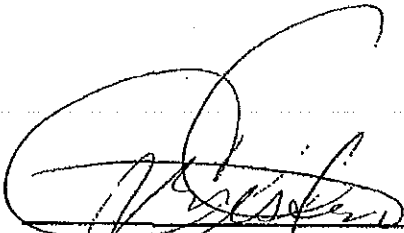
PAGE -3-

**DEFICIENCIES:**

None indicated.

**DISPOSITION:**

Case closed unless anything to the contrary is indicated by the state Medical Examiner's Office.

A handwritten signature in black ink, appearing to read 'Cal Kester', is written over a horizontal line.

CAL KESTER - INSPECTOR / INVESTIGATOR

C: SHERIFF [REDACTED]

OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
REPORT ON ~~DEATH~~ INVESTIGATION (PUSHOVER)

RECEIVED

DATE OF INVESTIGATION:

~~DATE~~ ~~DATE~~ ~~DATE~~

Jail Inspection Program

FACILITY:

~~FACILITY~~  
~~FACILITY~~  
~~FACILITY~~

SHERIFF:

~~SHERIFF~~

ADMINISTRATOR:

~~ADMINISTRATOR~~

INVESTIGATOR:

CAL KESTER

~~DEATH~~

~~DEATH~~

DATE OF ~~DEATH~~

~~DATE~~

TIME OF ~~DEATH~~

~~TIME~~

DATE OF ARREST:

~~DATE~~

AGE: ~~AGE~~ RACE: ~~RACE~~ SEX: ~~SEX~~ DOB: ~~DOB~~

SS#: ~~SS#~~ HEIGHT: ~~HEIGHT~~ WEIGHT: ~~WEIGHT~~

HOME ADDRESS: ~~HOME ADDRESS~~

ARREST INFO: ~~ARREST INFO~~  
~~ARREST INFO~~



REPORT ON [REDACTED] INVESTIGATION (FOUR)

[REDACTED]

[REDACTED]

[REDACTED]

PAGE -- 2 --

APPARENT CAUSE OF [REDACTED]

According to the [REDACTED] Office, the preliminary [REDACTED] report revealed [REDACTED]  
[REDACTED] A conclusive result of the [REDACTED] will not be made until [REDACTED] is completed which may take 2-3 months.

REPORT ON [REDACTED] INVESTIGATION [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

PAGE - 3 -

CONCLUSION:

On [REDACTED], at [REDACTED] hours, I was called by Sgt. [REDACTED] with [REDACTED]. He advised that a [REDACTED] had occurred in the facility. I advised him that I would arrive on [REDACTED] to investigate.

On [REDACTED], I arrived at [REDACTED] and met with the Jail administrator. She had a detention officer to gather up the required documentation that I needed and also had [REDACTED] with the [REDACTED] department, to retrieve the medical file on [REDACTED]. It was reported that [REDACTED] had been [REDACTED].

According to the reports and statements, [REDACTED] had [REDACTED] in his housing pod [REDACTED] and was [REDACTED] to [REDACTED] unit at approximately [REDACTED] hours. At approximately [REDACTED] hours a [REDACTED] emergency was called in the treatment room. [REDACTED] had [REDACTED] again and had [REDACTED]. [REDACTED] and [REDACTED] was [REDACTED]. [REDACTED] was called and arrived at approximately [REDACTED] hours. [REDACTED] left the [REDACTED] unit at approximately [REDACTED] hours and [REDACTED] where he [REDACTED].

According to the [REDACTED] take and assessments, [REDACTED] had [REDACTED] problems and also [REDACTED] for [REDACTED].

It appears that the medical department at [REDACTED] did what they could to save [REDACTED].

It also appears that [REDACTED] was negligent in [REDACTED] as the MARS showed numerous times where he failed to come to his door to accept his medications.

REPORT ON ~~INVESTIGATION~~

~~DATE~~

~~TIME~~

~~LOCATION~~

PAGE - 4 -

DEFICIENCIES:

None found.

DISPOSITION:

Case closed unless anything to the contrary is indicated by the State ~~Office~~  
Office.



CAL KESTER - INSPECTOR / INVESTIGATOR

C: SHERIFF ~~OFFICE~~

**RECEIVED** OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION

Jail Inspection Program **REPORT OF DEATH INVESTIGATION**

DATE OF INVESTIGATION:

FACILITY:

SHERIFF:

ADMINISTRATOR:

INVESTIGATOR:

CAL KESTER

DATE OF

TIME OF

APPROX. HRS.

DATE OF ARREST:

AGE: RACE: SEX: DOB:

SS#: HEIGHT: WEIGHT: 100

HOME ADDRESS:

ARREST INFO: **DEATH INVESTIGATION**  
**REPORT OF DEATH INVESTIGATION**  
**REPORT OF DEATH INVESTIGATION**

REPORT OF [REDACTED] INVESTIGATION [REDACTED]

[REDACTED]

[REDACTED]

PAGE - 2 -

APPARENT CAUSE OF [REDACTED]

The inmate used jail bedding (sheet) to tie around his [REDACTED] to cause [REDACTED] by [REDACTED]

REPORT OF [REDACTED] INVESTIGATION [REDACTED]

PAGE - 3 -

CONCLUSION:

On [REDACTED] [REDACTED] I listened to my voice mails from my cell phone. I had a voice mail from Captain [REDACTED] from [REDACTED] advising of a [REDACTED] that occurred yesterday. The voice mail was left at [REDACTED] hours on [REDACTED].

I called Captain [REDACTED] and advised him that I would be there today to investigate.

I arrived at [REDACTED] and met with Captain [REDACTED] and he gave me copies, of the booking, sight check log, statements from the detention officers involved, and medical information on the inmate.

According to the statements, the inmate [REDACTED] was found during the sight check at approximately [REDACTED] hours in [REDACTED], cell [REDACTED] (top run). The inmate was [REDACTED] from the wooden headboard at the foot of the bunk. His ankles were tied together. The detention officer started attempting to cut the inmate free from the ligature around the [REDACTED]. The detention officer called a [REDACTED] emergency for his unit and still worked on removing the ligature from the inmate's [REDACTED]. Supporting detention officer staff arrived and after the ligature was removed they immediately [REDACTED] and [REDACTED] until the [REDACTED] staff arrived and they took over. At approximately [REDACTED] hours, [REDACTED] Department arrived and [REDACTED] and they were [REDACTED] [REDACTED] were [REDACTED] at approximately [REDACTED] hours.

At approximately [REDACTED] the State [REDACTED] representative arrived and the [REDACTED] hours.

There was nothing unusual on the medical intake form that would indicate that the inmate would [REDACTED].

Inmate was [REDACTED] on [REDACTED] talking about the inmate possibly receiving 20 years for his crime. The contents of the intake did not appear that the inmate was a threat to himself at that time. He was going to be [REDACTED].

**REPORT OF INVESTIGATION**

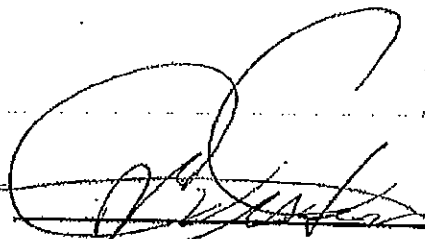
PAGE -- 4 --

**DEFICIENCIES:**

None indicated.

**DISPOSITION:**

Case closed unless anything to the contrary is indicated by the State **Attorney General's** Office or the investigation.

A handwritten signature in dark ink, appearing to read 'Cal Kester', is written over a horizontal line.

CAL KESTER - INSPECTOR / INVESTIGATOR

C: SHERIFF **[REDACTED]**

Handwritten initials/signature in the top left corner.

OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION  
REPORT ON [REDACTED] INVESTIGATION ([REDACTED])

RECEIVED

[REDACTED] 0040

DATE OF INVESTIGATION:

[REDACTED]

Jail Inspection Program

FACILITY:

[REDACTED]  
[REDACTED]  
[REDACTED]

SHERIFF:

[REDACTED]

ADMINISTRATOR:

[REDACTED]

INVESTIGATOR:

CAL KESTER

DATE OF [REDACTED]

[REDACTED]

TIME OF [REDACTED]

APPROX. [REDACTED] HOURS

DATE OF ARREST:

[REDACTED]

AGE: [REDACTED] RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED]

SS#: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

HOME ADDRESS: [REDACTED]

ARREST INFORMATION: [REDACTED]



**RESEARCH DESIGN**

**APPARENT CAUSE OF DEATH**

St

**REPORT ON INVESTIGATION ( )**

PAGE - 3 -

**CONCLUSION:**

At 1:40 hours on March 24, 2011, Captain [redacted] with the [redacted] called me to advise me of a [redacted] that occurred at the facility. I advised him that I would be there the following day to investigate as I was on my way to [redacted] County for a meeting.

On [redacted], I met with Sgt. [redacted] and he gave me copies of all the reports, statements, medical file, booking logs, and sight check logs.

According to the statements and reports, the [redacted] was being housed in [redacted] (I). This is a dorm like setting with cubicles that housed 2 bunks and a desk.

According to the sight check log, there was an inmate count/sight check between 0055 and 0100 hours. The [redacted] appeared to be sleeping. Approximately 40 minutes elapsed when the [redacted] was discovered to [redacted].

During pill pass, at approximately [redacted] hours, three inmates advised the detention officer that she needed to check on an inmate in Cell [redacted]. The D/O found the [redacted] laying on her right side facing the wall. The D/O called a [redacted]. The pill [redacted] was inside the pod and came and [redacted] immediately after moving the [redacted] to the floor. [redacted] was called which arrived at approximately [redacted] hours. [redacted] and [redacted] the [redacted] [redacted] hours. The [redacted]'s representative arrived at approximately [redacted] hours. At approximately [redacted] the [redacted] was [redacted] from the pod.

According to other statements from the cell mates, the [redacted] had brought a lot of pills in with her. The statement was made that the [redacted] mother told her not to go to jail straight but to get "fucked up" before going in. Reports said that the [redacted] traded and / or was robbed of the drugs.

DEPT. OF

JUSTICE

REPORT ON [REDACTED] INVESTIGATION ([REDACTED])

[REDACTED]

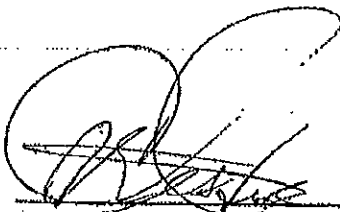
PAGE - 4 -

**DEFICIENCIES:**

None indicated.

**DISPOSITION:**

Case closed unless anything to the contrary is indicated by the State [REDACTED]  
Office.



CAL KESTER - INSPECTOR / INVESTIGATOR

C: SHERIFF [REDACTED]

St .

# INCIDENT REPORT

**JAIL INSPECTION DIVISION - OSDH**  
**TELEPHONE: 405-271-3912 FAX: 405-271-5304**

**UPON COMPLETION, FAX THIS FORM TO OSDH (DO NOT INCLUDE ANY ATTACHMENTS)**

360:670-5-2(27): In case of a death or an escape with injury, the Department shall be notified immediately.  
360:670-5-2(28) Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

DATE: [REDACTED]

ESCAPE WITH INJURY ☐ ESCAPE ☐

ATTEMPTED SUICIDE ☐ SUICIDE ☐ UNUSUAL INCIDENT ☐

FACILITY: ~~██████████~~ County Jail

TELEPHONE: ( ) FAX: ( )

PRISONER(S) NAME: [REDACTED]

RACE: [REDACTED] SEX: [REDACTED] DOB: [REDACTED] TRUSTY: yes ☐ no ☒

DATE OF OCCURRENCE: [REDACTED] TIME: [REDACTED]

DESCRIBE BRIEFLY WHAT HAPPENED: Inmate [redacted] was placed in Jail [redacted] unit Two days ago for [redacted]. This morning approximately [redacted] helped Ms. [redacted] Turn over in her bed. At [redacted] [redacted] went to cell for Pill Pass. Inmate was [redacted]. [redacted] was called and [redacted] staff [redacted] [redacted] and [redacted] arrived at [redacted]. Inmate was [redacted] at [redacted].

RECEIVED

(SIGNED)

Captain  
(TITLE)

## Jail Inspection Program

DATE OF INVESTIGATION: [REDACTED]  
FACILITY: [REDACTED] CRIMINAL JUSTICE CENTER  
[REDACTED]  
[REDACTED]  
SHERIFF: [REDACTED]  
ADMINISTRATOR: [REDACTED]  
INVESTIGATOR: CAL KESTER  
[REDACTED]  
[REDACTED]  
DATE OF [REDACTED] (approx.) [REDACTED]  
TIME OF [REDACTED] (approx.) [REDACTED]  
DATE OF ARREST: [REDACTED]

HOME ADDRESS: [REDACTED]

APPARENT CAUSE OF ~~DEATH~~. UNKNOWN

**CRIMINAL JUSTICE CENTER  
INVESTIGATION REPORT ON**

**PAGE 2**

**FACTS DETERMINED BY THE INVESTIGATION:**

On [REDACTED], I was notified by OSDH office of a [REDACTED] that occurred at the [REDACTED] on [REDACTED]. When I arrived at the facility, I met with Sgt. [REDACTED] who had Deputy [REDACTED] take me to Internal Affairs in the Sheriff's Office to pick up a copy of the investigation report.

On [REDACTED] I called the State [REDACTED] Office to inquire if they had an official cause of [REDACTED]. They reported that no "official" cause of [REDACTED] has been determined pending [REDACTED], which may take a month or more.

According to the security check log, at [REDACTED] hours the inmate, in Medical Cell [REDACTED] was [REDACTED]. At [REDACTED] hours, [REDACTED] was in Cell [REDACTED] and found the inmate [REDACTED]. A [REDACTED] emergency was called and [REDACTED]. At [REDACTED] hours the [REDACTED] and [REDACTED] arrived. The inmate was [REDACTED] hours.

A review of the medical file showed the inmate was [REDACTED] and [REDACTED]. The inmate was in [REDACTED] through [REDACTED] because she was [REDACTED]. A verbal request to Court Services ([REDACTED]) was sent for a Medical O.R. of this inmate but no response was received by medical prior to [REDACTED].

Medical logs documented that the inmate had [REDACTED] that the combined medical authorities of Correctional Healthcare Management had prescribed.

**██████████ CRIMINAL JUSTICE CENTER  
INVESTIGATION REPORT ON ██████████**

**PAGE 3**

**CONCLUSION:**

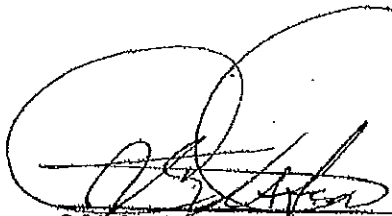
According to the medical files reviewed, the medical care provided by the facility was adequate. The cause of ██████████ was not determined by the ██████████'s office.

**DEFICIENCIES:**

None indicated at this time.

**DISPOSITION:**

Case closed.



**CAL KESTER, INSPECTOR/INVESTIGATOR**

cc: Sheriff