

## JAIL INCIDENT REPORT

To submit an incident report, complete this form and fax 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.

**Attempted Suicide:** Actions resulting in medical treatment of inmate within jail facility.

**Serious Suicide Attempt:** Actions resulting in inmate being taken outside facility for medical treatment.

Date: \_\_\_\_\_ Name of reporting party: \_\_\_\_\_

1. Check the box identifying the type of incident.

Death by Suicide  Attempted Suicide  Serious Suicide Attempt

Damage to Jail Property  Escape  Escape with Injury

Serious Injury to Jail Staff  Serious Injury to Prisoner  Unusual Incident

2. Facility name: **Osage County Detention Center**

3. Enter name of jail staff and prisoner.

Jail Staff Name: \_\_\_\_\_ Prisoner Name: \_\_\_\_\_

4. Enter the date, time, and location of the incident.

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

5. Briefly describe what happened.

Master Control advised Detention Floor staff that inmate \_\_\_\_\_ which at the time was secured in \_\_\_\_\_ a holding cell in booking that he was tearing up his cell and eating paper. Shift Supervisor \_\_\_\_\_ and Detention officer \_\_\_\_\_ entered \_\_\_\_\_ to check on inmate \_\_\_\_\_ inmate \_\_\_\_\_ began talking but making no sense and tried to get passed both Detention officers that's when he was taken to the ground at that point inmate \_\_\_\_\_ began to \_\_\_\_\_ then \_\_\_\_\_ was \_\_\_\_\_ along with \_\_\_\_\_ being cal \_\_\_\_\_ hours.

*Jail Incident Report (continued)*

6. List any witnesses to the incident.



Signature of Reporting Party



Printed Name of Reporting Party

Jail Administrator  
Title/Position