

**OKLAHOMA DEPARTMENT OF CORRECTIONS
ESCAPE CHECKLIST**

REPORTING FACILITY	DATE	TIME
INMATE NAME	DOC NUMBER	ALIAS(S)

CHECK THE BELOW LISTED ITEMS FOR POSSIBLE LEADS TO INMATE'S LOCATION:

- | | |
|---|--|
| <input type="checkbox"/> VISITING CARD | <input type="checkbox"/> TELEPHONE LOG (CCC) |
| <input type="checkbox"/> FIELD CLASSIFICATION FILE | <input type="checkbox"/> TELEPHONE CARD (INSTITUTION) |
| <input type="checkbox"/> PASS REQUESTS (CCC) | <input type="checkbox"/> SEARCH OF BELONGINGS/LIVING AREA |
| <input type="checkbox"/> ROOMMATES/FRIENDS QUESTIONED | <input type="checkbox"/> EMPLOYER NOTIFIED/QUESTIONED (CCC) |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> CONTACT FORMER DOC FACILITY FOR ANY AVAILABLE INFORMATION |
| <input type="checkbox"/> CONTACT LOCAL JAILS | <input type="checkbox"/> CONTACT LOCAL HOSPITALS |

CONTACT THE BELOW LISTED PERSONS FOR POSSIBLE INFORMATION CONCERNING THE ESCAPEE'S LOCATION AND ASK THEM TO CONTACT YOUR FACILITY/LOCAL LAW ENFORCEMENT IF ESCAPEE IS SIGHTED.

NAME/RELATIONSHIP TO ESCAPEE	ADDRESS	PHONE	DATE/TIME/STAFF INITIALS

- PROVIDE THE BELOW LISTED INFORMATION TO LOCAL LAW ENFORCEMENT IF LEADS DEVELOP:
- | | |
|---|---|
| <input type="checkbox"/> COPY OF ESCAPE CHECKLIST | <input type="checkbox"/> PICTURE OF ESCAPEE |
| <input type="checkbox"/> COPY OF ESCAPEE'S CONSOLIDATED RECORD CARD | |

WRITE INCIDENT/MISCONDUCT REPORT AND PLACE IT WITH THE ESCAPE CHECKLIST

WRITTEN BY	DATE	TIME
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COMPLETE AN INVENTORY OF INMATE'S PERSONAL PROPERTY AND STORE IT

COMPLETED BY	DATE	TIME	LOCATION OF PROPERTY
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