

OKLAHOMA DEPARTMENT OF CORRECTIONS

Inmate Death Report

(Please print or type all information)

Inmate name: _____ ODOC #: _____

SSN: _____ Date of birth: _____ Gender: _____ Race: _____

Date of death: _____ Time of death: _____ County of death: _____

Level of education: _____ Military service: Yes No Occupation/type of business: _____

Marital status: _____ Surviving spouse's name: _____

Father's name: _____ Mother's name (maiden name): _____

1. Location of death: (i.e. cell, infirmary, yard etc.) _____

2. Describe events leading up to death: _____

3. Evidence of violence: Yes No If "Yes" describe: _____

4. Emergency measures taken: Yes No If "Yes" describe: _____

5. Brief current health history: _____

6. Probable cause of death: _____

7. Medical staff notified by: _____ Date: _____ Time: _____

8. Facility head notified by: _____ Date: _____ Time: _____

9. Medical examiner notified: Yes No If "Yes" did medical examiner accept the body: Yes No Date: _____

10. Medical examiner: _____

Address: _____

Telephone number: _____ County: _____

11. Emergency contact notified: Yes No If "No" explain: _____

Emergency contact to claim remains: Yes No

Name of emergency contact: _____ Telephone number: _____

12. Funeral home: _____

Address: _____ Telephone number: _____

13. Death was medically expected: Yes No

14. Medical parole recommended: Yes No If "No" explain: _____

Facility: _____ Date: _____

Name/position of person filling out report: _____

ATTACH ANY PERTINENT STAFF REPORTS AND MEMORANDA