

ESCAPE CHECKLIST

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|--------------------|-------------|----------|
| REPORTING FACILITY | DATE | TIME |
| INMATE NAME | ODOC 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 ODOC 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 |
|------------------------------|---------|-------|--------------------------|
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PROVIDE THE BELOW LISTED INFORMATION TO LOCAL LAW ENFORCEMENT IF LEADS DEVELOP:

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| <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 |
|------------|------|------|

COMPLETE AN INVENTORY OF INMATE'S PERSONAL PROPERTY AND STORE IT

| | | | |
|--------------|------|------|----------------------|
| COMPLETED BY | DATE | TIME | LOCATION OF PROPERTY |
|--------------|------|------|----------------------|

NAME(S) _____
ODOC NUMBER _____ FBI NUMBER _____ SOCIAL SECURITY NUMBER _____
RACE _____ GENDER _____ DOB _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____
SCARS, MARKS, OR TATTOOS _____
CRIME _____ SENTENCE _____ CRF# _____ COUNTY _____
DATE/TIME LAST SEEN _____ PLACE LAST SEEN _____ BY WHOM _____
CLOTHING DESCRIPTION _____
VEHICLE: YEAR _____ COLOR _____ MAKE _____ MODEL _____
TAG # _____ DRIVER'S LICENSE # _____ DL STATE _____
PROBABLE DIRECTION OF TRAVEL _____
MISCELLANEOUS INFO. _____

NOTIFICATION: _____ ESCAPE _____ APPREHENSION _____
ENTER NAME OF NOTIFYING OFFICER, DATE AND TIME OF NOTIFICATION

FACILITY/UNIT HEAD/PRIVATE PRISON CONTRACT MONITOR

FACILITY DUTY OFFICER

ODOC HOTLINE 1-405-425-2698 OR TOLL FREE AT 866-363-1119 (after 5 pm, weekends and holidays)
1-405-425-2507 OR TOLL FREE AT 866-363-1119

IF MINIMUM OR ABOVE, CONTACT THE INSPECTOR GENERAL 1-405-203-8127 (Facility Head or Designee)

VINE EMERGENCY OVERRIDE LINE 1-866-647-7409

COUNTY SHERIFF _____

LOCAL POLICE _____

OTHER (INCLUDE LAW ENFORCEMENT AGENCIES IN AREA OF ESCAPEE'S SUSPECTED LOCATION)

ESCAPE WARRANT: STAFF MEMBER DESIGNATED BY FACILITY HEAD MUST OBTAIN A FELONY ARREST WARRANT CHARGING "ESCAPE FROM STATE PENITENTIARY"

WARRANT INFORMATION:

COUNTY _____ CRF NUMBER _____ ISSUING JUDGE _____

DATE WARRANT WAS SENT TO DEPARTMENT OF CORRECTIONS OFFICE OF THE INSPECTOR GENERAL

APPREHENSION/ESCAPE CANCELLATION: COMPLETE APPREHENSION ABOVE BY CONTACTING ALL AGENCIES NOTIFIED OF ESCAPE AND THE FACILITY HEAD/DUTY OFFICER

APPREHENSION LOCATION _____

DATE AND TIME OF APPREHENSION _____

ARRESTING AGENCY _____

FACILITY HOLDING ESCAPEE (CITY, COUNTY AND STATE) _____

PENDING LOCAL CHARGES _____

CIRCUMSTANCES OF APPREHENSION _____

APPREHENDING AGENCY CONTACT PERSON (NAME, TITLE, AND TELEPHONE NUMBER)
