

**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**