OKLAHOMA DEPARTMENT OF CORRECTIONS OFFENSE REPORT

Name of Facility			Facility Computer Code
Section I			
Inmate Name:	ODOC#:	Date of Offense:	Time:
Place of Offense:			Housing Assignment:
Offense: (5-ACI-3C-	08, b#1, b#2)		Offense Computer Code:
Class of Offense:			
Description of Incide	nt (to include any unusual inmate behav	rior): (5-ACI-3C-08, b#3)	
Staff Witness (if any) (5-ACI-3C-08, b#4)		
Disposition of Physic	cal Evidence (if any) (5-ACI-3C-08, b#5)		
Immediate Action Ta	iken (to include the use of force and pre	hearing detention) (5-ACI-3C-08	3, b#6)
Printed Name and T	itle of Reporting Employee (5-ACI-3C-0	8, b#7) Signature of Report	ting Employee
		, -	
			Time
Section II			
	To be reviewed within 24 hours from	the time the violeties is reported	1
	To be reviewed within 24 hours from Informal Resolution Dismissed	the time the violation is reported	1.
	Name		
	Title		
	Date/Time: _		
	Within 24 hours of affirming a rule vio	plation has occurred:	
	Referred for investigation		
Section III Inmat	e should initial appropriate res	sponse	
I plead guilt	ived a copy of the written charge agg y and waive my right to a hearing an guilty. guilty and waive my right to 24 hours	id an appeal.	a right to remain silent.
Inmate's Signature _		ODOC # Da	ute / / Time
Inmate chose i	not to sign for a copy of the offense repo	ort at this time.	
Offense Report Deliv	vered to above inmate by (Print and Signage-3C-13)	n) Date Delivered	Time Delivered

ORIGINAL: Commitment Document Folder

FIRST COPY: Field File SECOND COPY: Inmate