OKLAHOMA DEPARTMENT OF CORRECTIONS

REPORT OF INJURY OR UNUSUAL OCCURRENCE/ENCOUNTER

Facility		Name			ODOC #		Housing Assignment	
Date of Occurrence	Time of Occurrence	Date and Tir To Health S			Place of Occurren	ce		
Occurrence/Er	ncounter Involve	ed:						
☐ Inmate on☐ Use of Fo☐ Accidenta☐ Death		□ Tattooi□ Work	Related			ig Use ed	Suicide AttemptNeedle Stick Injury	
Other:								
	ncounter Involve	ed: Self Only		_	1 Staff			
	` '	•				er as p	provided by the inmate/staff	
Witness(es):					 			
` ,		ODOC #			Name		ODOC #	
Name					Name			
Witness(es) De	escription:							
Witness(es) Signature:					Γ	Date: _		
					Γ	Date: _		
E								
Employee Sigr	nature:				Ľ	oate:		
History of prior	documented e	ncounters?	■ Yes	□ No				
•	be seen in He			□ No				
Did you inform	a correctional :	staff member?	□ Yes	□ No	Date			
					Date			
9	Signature of Per	rson Completing F	-orm					

Original—CHSA File Copy—Facility Head