

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**REPORT OF INJURY OR UNUSUAL OCCURRENCE/ENCOUNTER**

Facility		Name	DOC #	Housing Assignment
Date of Occurrence	Time of Occurrence	Date and Time Reported To Health Services Unit		Place of Occurrence

Occurrence/Encounter Involved:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Inmate on Inmate Assault | <input type="checkbox"/> Inmate on Staff Assault  | <input type="checkbox"/> Sexual Assault     | <input type="checkbox"/> Self Mutilation     |
| <input type="checkbox"/> Use of Force             | <input type="checkbox"/> Tattooing  | <input type="checkbox"/> Injection Drug Use | <input type="checkbox"/> Suicide Attempt     |
| <input type="checkbox"/> Accidental               | <input type="checkbox"/> Work Related   | <input type="checkbox"/> Sports Related     | <input type="checkbox"/> Needle Stick Injury |
| <input type="checkbox"/> Death                    | <input type="checkbox"/> Bloodborne Pathogen Exposure: <input type="checkbox"/> Staff <input type="checkbox"/> Inmate |   |  |

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occurrence/Encounter Involved:

- Other Inmate(s)       Self Only       Staff

Brief summary of the circumstances of the injury or unusual occurrence/encounter as provided by the inmate/staff member:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Witness(es):

Name \_\_\_\_\_ DOC # \_\_\_\_\_ Name \_\_\_\_\_ DOC # \_\_\_\_\_  
 Name \_\_\_\_\_ DOC # \_\_\_\_\_ Name \_\_\_\_\_ DOC # \_\_\_\_\_

Witness(es) Description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Witness(es) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

History of prior documented encounters?  Yes  No

Do you wish to be seen in Health Services?  Yes  No

Did you inform a correctional staff member?  Yes  No Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Completing Form