

JUN 10 2014 3:14PM

No. 3473 P. 2

E-2014-009



Health Resources  
Development Service  
Oklahoma State  
Department of Health

Jail Inspection Division  
Oklahoma State Department of Health  
1000 NE 10<sup>th</sup> Street • Oklahoma City, OK 73117  
Telephone (405) 271-3912 Fax (405) 271-5304  
<http://jids.health.ok.gov>

### JAIL INCIDENT REPORT

To submit an incident report, complete this form and fax to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

360:670-5-2(27)

In case of a death or an escape with injury, the Department shall be notified immediately.

360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

Date:

Name of reporting party:

1. Check the box identifying the type of incident.

- Death  Suicide  Serious Suicide Attempt  Damage to Jail Property   
 Escape  Escape with Injury  Serious Injury to Jail Staff  Serious Injury to Prisoner   
 Unusual Incident

2. Complete the following facility information.

Facility: CUSTER COUNTY DETENTION CENTER

3. Enter name of jail staff and prisoner.

Jail Staff Name: JERRY WOOD  
MICHAEL DAVIDSON  
LACEE CASTRO  
Prisoner Name: NICHOLAS TODD VAN BROWN

4. Enter the date, time, and location of the incident.

Date of Occurrence: 10/8/14 Time: 10:10 AM Location:

5. Briefly describe what happened.

SEE ATTACHED INCIDENT REPORT.

INMATE WAS TRUSTEE CLEANING/DUMPING TRASH WHEN HE FORCEFULLY STOLE A VEHICLE FROM A CIVILIAN IN THE JAIL PARKING LOT.

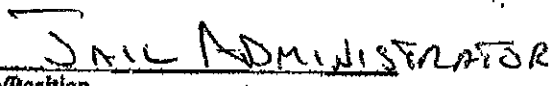
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**Jail Incident Report (continued)**

**6. List any witnesses to the incident.**

  
\_\_\_\_\_  
Signature of Reporting Party

  
\_\_\_\_\_  
Title/Position