

Oklahoma County Sheriff Office Jail Facility Report Form

Nature of Report (Print) ↓ <u>ALTERCATION WITH INMATES</u>	<input checked="" type="checkbox"/> Incident	<input checked="" type="checkbox"/> Pod <u>2B</u>	Date: <u>10-4-99</u>	Time: <u>1130</u>
	<input type="checkbox"/> Criminal	<input type="checkbox"/> Receiving	Month <u>OCTOBER</u>	<u>1130</u> Hrs
	<input type="checkbox"/> Medical	<input type="checkbox"/> Clinic	Day <u>4</u>	
		<input type="checkbox"/> Other: ↓	Year <u>1999</u>	

(#1) <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Witness	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal	Floor#: <u>01</u> Pod: <u>1</u>
Inmates Name (Last Name First): ↓ <u>DAVIS, TONY LAMAR</u>	IN#: IN <u>130912017</u> BR#: BR _____	Cell#: <u>07</u>
		Other: _____

(#2) <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Witness	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal	Floor#: <u>2</u> Pod: <u>2</u>
Inmates Name (Last Name First): ↓ <u>JONES, JUANUS ANDREW</u>	IN#: IN <u>130032244</u> BR#: BR _____	Cell#: <u>49</u>
		Other: _____

(#3) <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Witness	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal	Floor#: _____ Pod: _____
Inmates Name (Last Name First): ↓	IN#: IN _____ BR#: BR _____	Cell#: _____
		Other: _____

(#4) <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Witness	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal	Floor#: _____ Pod: _____
Inmates Name (Last Name First): ↓	IN#: IN _____ BR#: BR _____	Cell#: _____
		Other: _____

Did Injury Occur? Yes No If Yes Who? _____

Type of Injury _____ Were they taken to? Clinic or Hospital

Print Name of Hospital? _____ Name of Transport Officer _____

Departure Date _____ Departure Time _____ Hrs Cruiser# _____

Return Date _____ Return Time _____ Hrs Ambulance# _____

Were There any Witnesses? Yes No If Yes


Who? D/O OWENS, BOBBY; S/O VERNON, DANNY

Was There any Evidence? Yes No If Yes Describe? _____

Evidence was sealed and deposited by Officer? _____

& Location of Evidence Is _____

(Print) Body of Report: AT APPROXIMATELY 1130 HOURS ON OCTOBER 04, 1999 D/O OWENS, BOBBY AND I WERE PICKING UP TRAYS IN 02B POD. UPON D/O OWENS OPENING CELL #49 THE INMATES BEGAN MAKING THREATENING STATEMENTS TOWARDS D/O OWENS AND MYSELF. D/O OWENS AND I THEN ENTERED CELL #49 TO SEE WHAT THE PROBLEM WAS. INMATE DAVIS, TONY STATED HE WAS GOING TO TAKE ME, TO WHICH I REPLIED "WHY" INMATE DAVIS THEN STATED "BECAUSE I SAW, NOW GET OUT OF MY HOUSE" I THEN INFORMED INMATE DAVIS THAT THAT WAS MY HOUSE AND HE WAS NOT GOING TO INTIMIDATE ANY OFFICERS WITH HIS

Reporting Officer(First Name)	Reporting Officer(Signature)	Badge#	Supervisor(First Name)	Supervisor(Signature)	Badge#
<u>L. HADENBETT</u>					

OCSO-24(a)

Oklahoma County Sheriff Office Jail Facility Report Form

Extension Page For Body of Report

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Date: OCTOBER - 01 - 1999 Time: 1130 Hrs.

Ext. (Print) Body of Report: → THREATS. INMATE JONES THAM STATED THAT NOTHING GOING TO HAPPEN BUT HE NEEDED TO GET HIS EXTRA MATTRESS AND SHEETS. INMATE JONES THAM HANDED ME A NOTE FOR THE EXTRA PROPERTY. I THAM TOLD INMATE JONES THAM THAT I WOULD CHECK WITH MEDICAL AND IF THEY AGREED I WOULD GET HIS PROPERTY. INMATE DAVIS CONTINUOUSLY KEPT HITTING HIS FOOT WITH HIS HAND. I TOLD INMATE DAVIS TO CALM DOWN AND RELAX. INMATE DAVIS REFUSED TO STOP AND CONTINUED HIS ANGRY BEHAVIOR. I THAM ORDERED INMATE DAVIS TO GO TO THE REAR OF THE CELL SO WE COULD EXIT THE CELL. INMATE DAVIS REFUSED. I THAM ORDERED INMATE DAVIS SEVERAL MORE TIMES TO WHICH HE REFUSED. I THAM PLACED MY LEFT HAND ON INMATE DAVIS RIGHT ARM TO ESCORT HIM BACK TO THE REAR TO WHICH HE SLAPPED MY HAND AWAY. AT THAT TIME I ORDERED INMATE DAVIS TO PACK HIS STUFF I WAS MOVING HIM OUT OF THE CELL. INMATE DAVIS STATED 'FUCK YOU, I AM NOT MOVING'. I THAM CALLED SGT. VERNON TO 10-19 2 B POD. I ASKED TOLD INMATE DAVIS TO PACK HIS STUFF TO WHICH HE REFUSED. I THAM ORDERED INMATE DAVIS OUT OF THE CELL SO THAT I COULD SECURE HIM AND THE CELL DOOR UNTILL SGT. VERNON WAS PRESENT. INMATE DAVIS CONTINUOUSLY REFUSED MY ORDERS SO I ATTEMPTED TO ESCORT INMATE DAVIS OUT OF THE CELL AT THIS TIME INMATE DAVIS SLAPPED MY HAND AWAY AND PUSHED ME. I THAM ATTEMPTED TO RESTRAIN INMATE DAVIS TO WHICH HE PHYSICALLY RESISTED AS I WAS WRESTLING WITH INMATE DAVIS MY RADIO FELL TO THE FLOOR. INMATE JONES SULLUS THAM GRABBED MY LEFT ARM WHILE I WAS ATTEMPTING TO SECURE INMATE DAVIS. I PUSHED INMATE JONES AWAY AND YELLED FOR D/O OWENS WHAM HAD WENT DOWN TO PUT UP CURT RETURNS THAM AN OFFICER JUST DROPPED OFF IN THE POD. BOTH INMATE CONTINUED TO ATTEMPT TO GRAB ME AND I CONTINUED TO PUSH BOTH INMATES AWAY. D/O OWENS THAM GRABBED INMATE DAVIS AND BEGAN TO RESTRAIN

Reporting Officer(PrintName)	Reporting Officer(SignName)	Badge#	Supervisor(PrintName)	Supervisor(SignName)	Badge#
A. HANCOCK	<i>[Signature]</i>				

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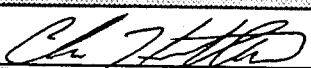
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Extension Page For Body of Report

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Date: <u>OCTOBER - 4 - 1999</u>	Time: <u>1130</u> Hrs.
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Ext. (Print) Body of Report: ⇒ H2M, WHILE I CONTINUED TO ATTEMPT TO RESTRAIN INMATE DAVIS. INMATE DAVIS THREW HIT ME IN MY LEFT CHEEK AND ATTEMPTED TO KICK ME. AT THIS TIME D/O OWENS BEGAN ASSISTING ME AND WE WERE ABLE TO TAKE INMATE DAVIS TO THE BUNK WITH MINIMUM USE OF FORCE AND RESTRAIN HIM THERE UNTIL SGT. WETZON CAME IN AND ASSISTED D/O OWENS IN HANDCUFFING INMATE DAVIS WHILE I HELD HIM DOWN. SGT. SCHWARTZ AND CPL. BELL EACH ESCORTED ONE OF THE INMATES TO THE NURSE TO BE CHECKED OUT BY MEDICAL. D/O OWENS AND I EACH WERE CHECKED OUT BY MEDICAL. INMATE DAVIS WAS PLACED IN 01M07 AND INMATE SONES WAS LEFT IN 02B49.

Reporting Officer (Print Name)	Reporting Officer (Sign Name)	Badge #	Supervisor (Print Name)	Supervisor (Sign Name)	Badge #
<u>A. HEDGECOCK</u>					

OCSO-24(b)

Training Div. 9.88 & 111

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