



**OREGON DEPARTMENT OF CORRECTIONS  
Unusual Incident Report**

INFILE

OCT 13 2010  
Jeff Premo  
Superintendent

UIR#: OSP 2010 10 00004

Date: October 12, 2010

Referred to State Police:  Yes  No

Time: 9:42 AM

State Police Case #: \_\_\_\_\_

Medical Attention Required:  Yes  No

Referred to SIU:  Yes  No

Location: Health Services Functional Unit/Institution: Oregon State Penitentiary

Type of Incident – Critical Indicators Involved	
Staff Assault	
Inmate Assault	
Escape	
Inmate Death	Apparent Natural Cause
Medical Emergency	
Self Injury (OR)	
Attempted Suicide	
Blood and/or Bodily Fluid	
Use of Force	
Type of Force Used:	
Contraband	
Property	
Emergency	
Employee/Volunteer/ Contractor/Citizen	
Other:	

**1. Inmates Involved: (Attach facesheet(s) for all offenders listed).**

Name(s)	SID#	Projected Release Date
1. Herman, Robert Eugene	17668542	05/07/21
2.		
3.		
4.		
5.		

**2. Employee, Volunteer, Contractor, or Citizen Involved:**

Name(s)	Work Location	Contact Information
1.		
2.		
3.		
4.		
5.		

3. **Incident: Describe Incident in detail:** (Times, dates, locations, weapons involved, sequence of events, inmates/staff involved, etc. For escapes only: include a detailed description of the inmate(s); height, weight, color of hair/eyes, clothing last worn, and other significant info.

At approximately 0942, while assigned to the infirmary, nurse Kathleen Walker notified me that hospice patient, inmate Herman, Robert 17668542 was deceased. The OIC, Lt. Redding was notified at approximately 0942. The state police and medical examiner arrived in the infirmary at 0945. At approximately 1000 Mr. Petty from the funeral home arrived. The state police and medical examiner released the body at approximately 1005. Mr. Petty and the state police left the infirmary with the body at approximately 1008.

4. **Specific Information:** (Personal injury, property damage, notification of kin).

[Empty box for specific information]

Misconduct Issued?  Yes  No

5. **Communicated To:**

Name	Title	Date	Time
1.S. Mitchell	OD	10/12/10	0955
2.M. Yoder	Asst. Sup	10/12/10	0950
3.J. Premo	Supt	10/12/10	0949
4.M. Gower	Asst. Dir	10/12/10	0949
5.M. Dodson	PIO	10/12/10	0956

Name	Title	Date	Time
6.State Police		10/12/10	0945
7.Doc comm Manager		10/12/10	0956
8.ME		10/12/10	0945
9.T Randall	Inf Mgr	10/12/10	0941
10.Chaplain		10/12/10	0957

*SIN Bothwell*

*10/12/10 1240*

6. **Report Completed By:**

R. Shedd

Print Full Name

C/O

Title

OSP

Functional Unit



Signature

10/12/2010

Date



INTEROFFICE MEMO



STATE OF OREGON  
DEPARTMENT OF CORRECTIONS

Date: October 12, 2010

To: J. Premo, Superintendent

From: C/O T. Boughton BPSST#28468

A handwritten signature in black ink, appearing to be "T. Boughton", is written over the printed name in the "From" field.

Subject: Inmate Death, I/M Herman Robert SID# 17668542

On the above date at approximately 9:45AM I was instructed by the Officer In Charge, Lt. Reding, to report to the Infirmary due to an inmate death. When I arrived I assumed duties as the Crime Scene Officer until the body was released by the Medical Examiner at approximately 10:08AM.

OSP Health Services  
**Unusual Incident Nursing Form**  
**For Security Report**

Date: \_\_\_\_\_ HERMAN, ROBERT E.  
17668542  
Inmate: \_\_\_\_\_ 08/28/30

Time: 0941  
SID #: \_\_\_\_\_

The inmate named above was seen by a nurse for examination of possible injuries:

In the Clinic	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<i>Infirmery</i>
In General Population	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
In Segregation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The following was found:

No Injuries Noted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minor Injuries (No medical treatment indicated)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minor Injuries Requiring Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Significant Injuries Treated in Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Significant Injuries (Requiring hospitalization) <i>Deceased</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Medical Staff Name: K. Walker Signature: K. Walker

This form needs to be filled out immediately after an evaluation of an inmate and provided to the Officer-in-Charge (OIC) when incidents arise, e.g., post altercation, use of force, death, PREA, medical emergency.

Department of Corrections  
Oregon State Penitentiary  
Inmate Death Notification Sheet

Date: 10-12-10 Time: 0941 ORC: LT. E. REDDING

Inmate Name: HERMAN, ROBERT sld# 17668342

Use Offender Information Screen, Print Public Information Screen.

1. Assign staff, Name: \_\_\_\_\_ to secure the scene and initiate a Crime Scene Contamination Log.
2. Preserve all Evidence.
3. Witness List (Do not interview)

Name of person contacted:	Time Paged:	Time Contacted:	Comments:
O.D. J. MITCHELL		0955	
SIC Botwell		1240	
Asst. Supt. Security M. Yoder		0950	
Superintendent: J. Fremo		0949	Superintendent will determine if additional notifications beyond the institution need to be made.
Asst. Dir. Institutions <del>B. Belleque Jan, May, Nov</del> <del>M. Gower - Feb, Jun, Oct</del> <del>B. Hoefel Mar, Jul, Sep</del> <del>S. Blacketter Apr, Aug, Dec</del>		0949	To be notified before the State Police are notified.  Unusual Incident Briefing Summary Requested: Yes ___ No ___  Notify for attempted suicide
P.I.O. Michelle Dodson		0956	
State Police		0945 0957	Case # 18-397779
DOC. Comm. Manager:		0956	After hours call home first Unusual Incident Briefing Summary Requested: Yes ___ No ___
Medical Examiner:		0945	
CTS Manager Brian Walker			Suicide
Health Services: T. Randall		0941	Notify for inmate medical transport after normal business hours
Chaplain/Next of Kin:		0957	

**Funeral Home Duty Call Calendar**

Alternative Burial and Cremation of Oregon, Sherwood, Or. 503-925-8685

Person Contacted: \_\_\_\_\_ Time: 0945

Completed By: CP J. Lindblom  
No. 7155 P. 1

Master Control Oct. 12, 2010 10:09AM



**Oregon Department of Corrections**  
**\*\*\*Crime Scene Contamination Log\*\*\***

OSP Case # 10-397779

Crime Scene Security Officer: C/O T. Boughton Date/Time Log Started: 10-12-10 1041

Location: In 4 Crime: \_\_\_\_\_ Victim: Herman, Robert  
 # 17668542

\*\*\*\*\* NOTICE: ALL PERSONS ENTERING CRIME SCENE MUST READ AND SIGN \*\*\*\*\*

Admitting officer will fill out all spaces except the signature of entering person.

*Only persons authorized by an Oregon State Police supervisor, or detective in charge, shall be permitted to enter the crime scene. Those persons may be required to give hair, fiber, or other types of samples.*

Name	Signature	Title	Time In	Time Out	Reason For Entry
Withers, Gregg	<i>[Signature]</i>	Detective	9:37 AM	1008	State Police
Thompson, Rick	<i>[Signature]</i>	Medical Examiner	9:59 AM	1008	M.E.
Petty, James	<i>[Signature]</i>	Marine Teck	1008	1012	Remove Body