



**OREGON DEPARTMENT OF CORRECTIONS  
Unusual Incident Report**

*Noted  
1/21/10*

UIR#: OSP 2010 01 00018

Date: 01/20/10

Referred to State Police:  Yes  No

Time: 4:00 - 5:00 a.m.

State Police Case #: 10-026072

Medical Attention Required:  Yes  No

Location: Health Services

Functional Unit/Institution: OSP

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

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

Name(s)	SID#	Projected Release Date
1. Iacob, Stefan	15168617	Life
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.

On 01/20/10 I received a phone call from Officer Nicholas assigned as the Infirmary Officer informing me that Inmate Iacob, Stefan 15168617 had been pronounced dead at 4:40 am by Nurse Mark Ebner. I informed Officer Knutson to go to the Infirmary and start a crime scene log for bunk number 13. I informed Master Control to start the notifications. At 6:40 am Chief Medical Examiner Rick D. Thompson and Oregon State Police Detective Sarah M. Fryling arrived at the Infirmary and conducted the investigation. The body was then released and was taken out of the institution at 7:57 am. All staff involved with the unusual incident was offered ESS.

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

Mother: Maria Iacob, Massillon OH. Phone number (330) 834-9217 Cell phone number (330) 837 2304

Misconduct Issued?  Yes  No

5. **Communicated To:**

Name	Title	Date	Time
1. Mrs. M. Dodson	<del>OD</del> / PIO	1/20/10	558a
2. Mr. M. Yoder	Asst. Supt	1/20/10	450a
3. Mr. J. Premo	Super.	1/20/10	528a
4. State Police	Dispatch	1/20/10	459a
5. Medical Examiner	M.E	1/20/10	503a

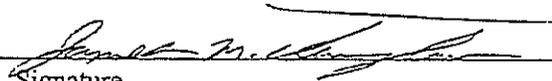
Name	Title	Date	Time
6. Mr. T. Randall	N.M.	1/20/10	458a
7. Chaplin Holbrook	Chaplin	1/20/10	521a
8.			
9.			
10.			

6. **Report Completed By:**

James M. Taylor  
 \_\_\_\_\_  
 Print Full Name

Lieutenant  
 \_\_\_\_\_  
 Title

Security/OIC 1<sup>st</sup> shift  
 \_\_\_\_\_  
 Functional Unit

  
 \_\_\_\_\_  
 Signature

01/20/10  
 \_\_\_\_\_  
 Date



Oregon Department of Corrections (ODOC)  
Offender Information System (OIS) Report  
Produced by TAYLORJA 01/20/2010 05:02:39 AM

Mission: To promote public safety  
by holding offenders accountable  
for their actions and reducing the  
risk of future criminal behavior

Public Information

A Public Records request is REQUIRED for releasing information outside the Public Information box.



SID: 15168617

Offender Name: IACOB, STEFAN  
Age: 44 DOB: 06/25/1965  
Sex: Male Race: White  
Height: 5' 11" Hair: Brown  
Weight: 200 Eyes: Hazel  
Caseload: 00106 BUCHHOLZ, MARSHALL 503-373-1665

OREGON STATE PENITENTIARY

Location: Cell: IN-13  
Status: Inmate() Flag: Detainer/Notifier  
DNA Collected  
Custody Cycle: 1-1-6  
Institution Admission Date: 09/16/2004  
Earliest Release Date: Life  
Classification: 4

Docket Number	County of Conviction	Crime	Crime Class	Sentence Type	Begin Date	Sentence Length	Termination Date	Termination Reason
031215/01	CLAC	MURDER	UF	Inmate	09/16/2004	Life		
031215/02	CLAC	BURGLARY I	AF	Inmate	09/16/2004	000-055-000		





+  
STATE OF OREGON  
DEPARTMENT OF CORRECTIONS  
INTEROFFICE MEMO

DATE: January 20, 2010

TO: Lt. J. Taylor O.I.C 1<sup>st</sup> shift

FROM: C/O. T. Nicholas

On 01-20-2010 I was the assigned infirmary officer, at approximately 0440hrs infirmary orderly Kelley, Casey #16370345 told me that it appeared that inmate Iacob # 15168617 may have passed away, I immediately secured the area with crime scene tape and waited for officer Knutson to take over the crime scene log. At approximately 0450hrs R.N Mark Ebner pronounced inmate Iacobb dead.

*T. Nicholas*



**STATE OF OREGON  
DEPARTMENT OF CORRECTIONS  
OREGON STATE PENITENTIARY**

**INTEROFFICE MEMO**

**DATE:** January 20, 2010  
**TO:** OD Michael Yoder  
Oregon State Penitentiary  
**FROM:** C/O L. Knutson  
Oregon State Penitentiary  
**SUBJECT:** In Custody Death of Inmate Iacob, Stefan #15168617

On 1/20/2010, at 4:45am, I was assigned to the Oregon State Penitentiary as an extra staff. At this time OIC Lt. Taylor instructed me to start a crime scene log in the infirmary. Upon my arrival at 4:48am I was informed by infirmary Officer T. Nicholas that I/M Iacob, Stefan SID# 15168617 had expired. C/O Nicholas proceeded to secure bed #13. All notifications were made by C/O Nicholas. I ensured crime scene security until the arrival of the Medical Examiner and Oregon State Police. At 6:40am Rick D. Thompson, Chief Medical Examiner, and Sarah M. Fryling, Oregon State Police Detective arrived at the crime scene. They conducted their investigation, and released the inmate at 6:55am. I notified C/O Nicholas and Lt. Richards that the body had been released. Master Control, Cpl. Laro was notified and the body was moved to side room #6 until the arrival of the Mortician. I remained with the body until it was released to the Mortuary at 7:57am.

cc: File

OSP Health Services  
Unusual Incident Nursing Form  
For Security Report

Date: 1/20/10  
Inmate: IACOB, STEFAN  
15168617  
06-25-65

Time: 0440  
SID #: \_\_\_\_\_

The Inmate named above was seen by a nurse for examination of possible  
Medical Issues  Mental Health Issues  Post Altercation

In the Clinic Yes  No   
In General Population Yes  No   
In Special Housing (Infirmery) Yes  No

The following was found:

Injuries Noted Yes  No   
Medical Treatment Indicated Yes  No   
Significant Medical Treatment Yes  No   
Requiring Infirmery Care Yes  No   
Requiring Hospitalization Yes  No   
Deceased ✓

Medical Staff Name: Mark Ebner Signature: [Signature]

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.

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

Crime Scene Security Officer: C/O Laura Knutson Date/Time Log Started: 1-20-2010 04:48

Location: OSP Infirmary Bed # 13 Crime: In custody Death Victim: Jacob, Stefan # 15168617

\*\*\* 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
Mark Ebner	<i>Mark Ebner</i>	RN	04:40	04:55 <sup>^</sup>	Verify time of death for I/M Jacob
T. Nicholas	<i>T. Nicholas</i>	Infirmary C/O	04:40	04:55	Secured Room after verifying time of death
Thompson, Rich D Chief Medical Officer	<i>Rich Thompson</i>	Chief Medical Officer	06:40	06:55	Medical Attn
Fryling, Sarah M Detective	<i>Sarah Fryling</i>	Detective	06:40	06:55	State police investigation
Scene Released at		06:55	per	Det. Fryling & Medical Examiner Thompson.	

*Thompson*  
*UK*

Department of Corrections  
Oregon State Penitentiary  
Inmate Death Notification Sheet

Date: 1/20/10 Time: 4:46 A.M. OIC: Lt. Taylor

Inmate Name: Jacob, Stefan Sid# 15168617

Use Offender Information Screen, Print Public Information Screen.

1. Assign staff, Name: Ofc. Knutson 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. MR. Yoder	4:56 AM	4:56 AM.	Directed me to wait until @ 0530 for further notifications.
Asst. Supt. Security M. Yoder <i>Same as above</i>	4:56 AM.	4:56 A.M.	
Superintendent: J. Premo	5:28 AM.	5:28 A.M.	Superintendent will determine if additional notifications beyond the institution need to be made. <i>Directed me to wait until 6:00 A.M. for further notifications.</i>
Asst. Dir. Institutions B. Belleque - Jan, May, Sep M. Gower - Feb, Jun, Oct B. Hoefel - Mar, Jul, Nov S. Blacketter - Apr, Aug, Dec			To be notified before the State Police are notified.  Unusual Incident Briefing Summary Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>  Notify for attempted suicide
P.I.O. Michelle Dodson	5:58 AM	5:58 A.M.	Ms Dodson said she will contact Asst. Dir. Inst. & DOC Comm. Mgr. <i>No further notifications.</i>
State Police 503-375-3555	4:59 AM	4:59 A.M.	Case # 10026072
DOC. Comm. Manager:			After hours call home first Unusual Incident Briefing Summary Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Examiner: Rick Thompson	0503	5:06 A.M.	
CTS Manager Brian Walker			Suicide
Health Services: T. Randall	4:58 AM	4:58 A.M.	Notify for inmate medical transport after normal business hours
Chaplain/Next of Kin: MR. Halbrook / MR. Torres	5:21 A.M.		

**Funeral Home Duty Call Calendar**

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

Person Contacted: Ettestad, Kowyla

Time: 6:23 A.M.

Completed By: Cpl. J. Yess J. Laro