



**OREGON DEPARTMENT OF CORRECTIONS  
Unusual Incident Report**

UIR#: 2010-05-00010

Date: 5/28/10

Referred to State Police:  Yes  No

Time: 8:00 - 9:00 a.m.

State Police Case #: 10198581

Medical Attention Required:  Yes  No

Location: Other

Functional Unit/Institution: OSCI

**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. Ankney, Bruce	3418480	03-16-2011
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 05-19-2010 Inmate Ankney, Bruce #3418480 was admitted to Salem Memorial Hospital (SMH) for treatment of an ongoing medical condition. On 05-28-10 at approximately 8:59AM, Inmate Ankney expired from natural causes under the care SMH. The site and body was secured as a crime scene until it was processed by the Medical Examiner and then released by the Oregon State Police at 10:30AM. Custody of Inmate Ankney transferred to Alternative Burial Services at 1:30PM.

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

Notification of kin was completed by W. Hatfield (PIO).

Misconduct Issued?  Yes  No

**5. Communicated To:**

Name	Title	Date	Time
1. R. Briones	OD	05-28-10	
2. B. Kelly	ISM	05-28-10	
3. W. Hatfield	PIO	05-28-10	
4. B. Belleque	DOME	05-28-10	
5. A. Parker	H/S	05-28-10	

Name	Title	Date	Time
6.			
7.			
8.			
9.			
10.			

**6. Report Completed By:**

David T. Beal  
 \_\_\_\_\_  
 Print Full Name

  
 \_\_\_\_\_  
 Signature

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

05-28-2010  
 \_\_\_\_\_  
 Date

OSCI  
 \_\_\_\_\_  
 Functional Unit



Oregon Department of Corrections (ODOC)  
 Offender Information System (OIS) Report  
 Produced by BEALD 05/28/2010 09:12:15 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: 3418480

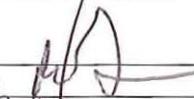
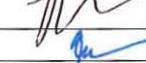
Offender Name: ANKNEY, BRUCE W  
 Age: 60 DOB: 08/11/1949  
 Sex: Male Race: White  
 Height: 6' 02" Hair: Brown  
 Weight: 228 Eyes: Blue  
 Caseload: 00300 DAVENPORT, TRISH

OREGON STATE CORRECTIONAL  
 INSTITUTION  
 Location: Cell:  
 Status: Inmate(MEDI) Flag: Detainer/Notifier  
 DNA Collected  
 Custody Cycle: 5-1-2  
 Institution Admission Date: 03/18/2010  
 Earliest Release Date: 03/16/2011  
 Classification: 2

Docket Number	County of Conviction	Crime	Crime Class	Sentence Type	Begin Date	Sentence Length	Termination Date	Termination Reason
10C40662/01	MARI	IDENTITY THEFT	CF	Inmate	03/18/2010	000-019-000		

<h1>UIR Check List</h1>			
This form is to be used to assist you in the reviewing process and to insure complete UIR documents are submitted.	YES	NO	N/A
Use this form to look for and check off documents that may apply.			
Face Sheet with Inmate Photo	X		
Use of Force - Preliminary Review Summary (CD 1346)			X
Inmate Assault on Staff – Preliminary Review Summary (CD 1397)			X
Misconduct Report (CD 293D)			X
Supportive Misconduct or Incident Memos (CD 787D)			X
<b>Staff Memos (Witness or participant to incident.)</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Employee/ Volunteer Report of Incident, Near Miss, Injury, Illness (CD 1381)			X
OSCI - UIR Cost Itemization Attachment (CD 115)			X
Chemical Deployment Form (CD 1435)			X
Body Fluid Spill Report			X
Altercation/Injury Medical Reports			X
Photographs			X
Video (2 Copies)			X
Incident Notification Worksheet (Do not attach to UIR packet)			X

**REVIEW PROCESS**

	Name:	Date:
Officer of the Day	R. Briones 	6-1-10
Institution Security Manager	B. Kelly 	
Assistant Superintendent General Services	L. Allen 	6/2/10
Superintendent	G. Kilmer 	6-7-10