Earm	CI	AP-

100	٨
1.4	1
HE ST	H
	•

DEATHS IN CUSTODY-2014 ANNUAL SUMMARY ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

	FORM COMPL	ETED BY:	
Name	L. Kelly	Title	Lieutenant
Official Address	1200 champagne St	_	985 2761000
	Covington	FAX	985 2761027
State	LA Zip 70434 E-mail	·	

Instructions for Completion and Submission

IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2014:

 Complete this form and return it to RTI International. Once you complete EVERY question, your submission will be complete for 2014.

IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2014:

- Please ensure that you have completed a 2014 CJ-9 (individual Death Report form) for each death reported.
- If you need additional CJ-9 forms, please go to the DCRP Web site (https://bisdcrp.rti.org), call (800) 344-1387, or send an e-mail to bisdcrp@rti.org.

PLEASE SUBMIT your completed form within 30 days of receipt. You may submit your annual summary in one of these ways:

E-MAIL: bisdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

Project Number: 0213149.001.400.402.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or hisdorp@rti.org.

What to include and exclude in this data collection

INCLUDE ..

- . Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding
- All jails and city/county correctional centers that hold immates beyond amaignment. Report data on all inmates, including those held in separate holding or lockup areas within your facility
- Special juil facilities (e.g., medical/treatment/release centers halfway houses, or work farms)
- Inmates held for other jurisdictions, including federal authorities state prison authorities, and other local jail jurisdictions

EXCLUDE.

- Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment
- Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities; these jails will be contacted directly for data on deaths in their custody)

BURDEN STATEMENT

Under the Paperwish Reduction Act, we cannot sak you to respond to a collection of information undess it deplays a currently valid CMB control number. The burden of this collection is estimated to remape 16 invalues per response, including invaluations, searching collecting data services, applications, and corrupting and revisioning this form. Send controlled required to several the service services of this control of the control of the

INMATE COUNTS AND DEATHS

NOTE: Before completing this form, please be sure there are entries for all response boxes, if the answer to an item is "none" or "zero," write 0 in the space provided. 1. How many males and females under the supervision of your jall jurisdiction were confined in your jall facilities on December 31, 2014? INCLUDE: Persons on transfer to treatment facilities but who remain under your jurisdiction Persons out to court while under your jurisdiction Persons held for other jurisdictions	3. On December 31, 2014, how many persons were confined in your jail facilities on behalf of any of the following: When exact numeric answers are not available, provide estimates and mark (2) the box beside each figure. a. U.S. Immigration and Customs Enforcement: b. U.S. Marshals Service: 6. All other holds (state and federal prison, Buresu of Indian Affairs, or any holds for other jail jurisdictions): 492 Estimate
EXCLUDE: X Persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails. X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions. X All persons in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs). When exact numeric answers are not available, provide.	Between January 1, 2014, and December 31, 2014, what was the average daily population of all jall confinement facilities operated by your jurisdiction? To calculate the average daily population, add the number of persons for each day between January 1, 2014, and December 31, 2014, and divide the result by 365. If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
inmates on mark (50) the box beside each figure. Inmates on December 31, 2014 Females: 88 Estimate Estimate 2014 Estimate Estimate 2014 Estimate 2014	If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jat confinement facilities each day. When exact numeric answers are not available, provide estimates and mark (2) the box beside each figure. Average daily Males: 896 Estimate population during 2014 Females: 81
INCLUDE: New admissions only (i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency). Repeat offenders booked on new charges. EXCLUDE: X. Returns from escape, work release, medical appointments/treatment facilities, ball, and court appearances. When exact numeric enswers are not evallable, provide estimates and mark (£0) the box beside each figure. New ANNUAL edulations during 2014 Mailes: 6800 Z. Estimate Fernales: 2010 Z. Estimate	Between January 1, 2014, and December 31, 2014, how many persons died while under the supervision of your jail juriediction? (NCLUDE: Deaths of ALL persons CONFINED in your jail facilities; or UNDER YOUR JURISDICTION but out to court or in special facilities (e.g., hospitals, halfway houses, work farms, and medical/treatment/volcase centers); or WHILE IN TRANSIT to or from your facilities while under your jurisdiction. EXCLUDE: X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Number of immale Males: 0 0 0



OMB No. 1121-0249 Exp. 03/31/2019

You are logged in as: St. Tammany Parish Sheriff's Office - Louisiana (10957070)

Frequently Asked Questions

Bureau of Justice Statistics Home Page

Home

2018 Forms

2017 Forms

2016 Forms

2015 Forms

2014 Forms

2013 Forms

2012 Forms

2011 Forms

2010 Forms

2009 Forms

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

Date of Death

EXCLUDE deaths of ALL persons...

- 'X Confined in facilities operated by two or more jurisdictions or those held in privately operated iails
- 'X Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- .X Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- .X In the process of arrest by your agency, but not yet booked into your jail facility

Submitted?

Logout

Having technical problems?

Contact us at: bismci@rti.org

Click Here to Add a 2014 Death Report

You may want to review the form prior to entering data. A PDF form is available here.

Existing Death Records

Actions

Gender

We currently have no Death Report forms for your agency. If you did not have an inmate death in 2014, you do not have to complete a Death Report form. All agencies should complete the 2014 Annual Summary form.
y go program or a second of the company government or

Count=0

Name

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bjsmci@rti.org.

This Web site is funded through a grant from the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided).

OMB No. 1121-0094 Approval Expires 01/31/2019

	Form	CJ-9A		DEATHS IN CUST ANNUAL SUMMARY UNDER JAIL JUR	ON INMATES	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT:
_				FORM COMPLE	TED BY—	
	Name	Lieuter	nant L Kelly		Title	Lieutenant
	Official Address	1200 (Champagne St		Telephone	985 276-1001
	City	Coving	gton		FAX	985 276-1027
	State	LA	Zip 70434	Email	laceykelly	@stpso.com

Instructions for completion and submission

FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- . When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 52

Please submit your completed form(s) within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: https://bisdorp.rli.org

EMAIL: bisdcrp@rti.org

FAX (TOLL-FREE): (868) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Mett Bensen of RTI International foll-free at 1-800-344-1387 or history@rti.org.

What to include and exclude in this data collection

INCLUDE-

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold immates beyond arraignment. Report data on all immates, including those held in separate holding or lockup areas within your facilities.
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- Immates held for other jurisdictions, including federal authorities, state prison authorities, and other local juli jurisdictions.

- EXCLUDE.—

 X. Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours. and not held beyond arraignment.
- X. Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT
Under the Paperwork Reduction Act, we cannot sak you to respond to a collection of information unless it deplays a currently valid CNB control number. The burden of this collection is estimated to searce 15 minutes per response, including servicing instructions, searching satisfag data sources, gathering necessary data, and completing and revisioning this term. Send comments requiring this burden selection for minutes per reducing this burden selection of an extensive privately supported from the reducing this burden, to the Director, Burneu of Justice Statistics, 810 Seventh Street, NNY, Weshington, DC 20531. Do not send your completed form to this editions.

INMATE COUNTS AND DEATHS

1. On Dece	ember 31, 2015, i	now many pers	sons under the re CONFINED in	On December your jail facility	31, 2015, h ties were h	ow many pers	ons CONFINED in
your jail	facilities?				E contractu		ourtesy, or ad hoc
INCLU				Count p	ersons with		nly once with priority
1	Persons on trans remain under you	fer to treatment or jurisdiction	t facilities but who	a. U.S. immir			
1	Persons held for	other jurisdictio	ns ograms (e.g., work		Enforcemen		√ Estimate
ĺ	release, day rele	ase, or drug/alc	cohol treatment) who	b. U.S. Marel	hals Service	155	✓ Estimate
-	return to jail at ne Persons out to or		r your jurisdiction.	c. All other h	olde fetete	end .	
EXCL	UDE			federal pri	son, Burea	u of	
×	Persons under you	our jurisdiction	who are boarded		airs, or any all jurisdicti		 ✓ Estimate
×	inmates who are	AWOL, escape	ed, or on long-term	4. Between Jan	uary 1, 2015	, and Decembe	er 31, 2015, what
x	transfer to other Persons in comm	nunity-based pr	ograms run by your	was the even	ege daily po	pulation of you	ur jali facilities?
	jails (e.g., electro community servi-	nic monitoring, ce, day reportin	house arrest, g, or work programs)	INCLUC	E inmates v	who participated offenders to se	in weekend rve their sentences
	who do NOT ret.	ım to jail at nigi	NL.	of confir	nement only	on weekends (e rage daily popu	s.g., Friday-Sunday).
Inmates or		928	✓ Estimate	number	of persons f	for each day bet	ween January 1,
December 2015		97	☑ Estimate	365.			divide the result by
				daily po	putation by a	adding the numb	imate the average per of persons held
l							divide the result by
2. How me	any persons und	er the supervi	aion of your jali	If avera			e calculated as pical number of
jurisdio 2015?	etion were ADMIT	TED to your ja	ili facilities during	persons	held in you	r jall confinemer	nt facilities each day.
				Average daily	Malos:	966	✓ Estimate
	UDE	hashed to to	and house of the correct last	population during 2015	Females:	109	 ✓ Estimate
′	facilities by form	al legal docume	nd housed in your jail and and by the				_
	authority of the o	courts or some or s booked on ne	other official agency w charges	5. Between Jan	wary 1, 201	5, and Decemb	er 31, 2015, how pervision of your
1	Persons serving facility for the fig	a weekend ser	ntence coming into the	jali facilities	7		
EXC	LUDE-					L persons—	
×	Returns from ea	cape, work rele	ase, medical	✓ UND	ER THE SU		your jail facilities, but
	appointments/tre releases, and co		s, furloughs, bail/bond as.	out t	o court or in	special facilities ng home; treatn	(e.g., hospital,
l				resid	tential comm	nunity center; re- program; or rele	sidential work release
New ANN		6263	☑ Estimate	✓ WH	LE IN TRAN	ISIT to or from y	our jall facilities while
admission during 20		1982	☑ Estimate	EXCLUDE:	er your supe	rvision.	
				X Dea	ths of persor	ns in the process	s of arrest by your
				age	ncy if they ha	eve not yet been	booked into your jall
				1808			
1				Number of	Majos:	2]
				inmate douths		0	i
				during 2016	Females		J
$\overline{}$							

OMB No. 1121-0094 Approval Expires 01/81/2019

-		-	
	ю		J-8



DEATHS IN CUSTODY-2015 **DEATH REPORT ON INMATES** UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

		FORM COMPLETED BY:	
Name	Lieutenant L Kelly	Title	Lieutenant
Official Address	1200 Champagne St	Tolephone	985 276-1001
City	Covington	FAX	985 276-1027
State	LA Zp 70434	E-mail laceykelly	@stpso.com

Instructions for Completion

- If no deaths occurred in 2015:

 You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- · Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bisdcrp.rli.org E-MAIL: bisdcrp@rtl.org FAX (TOLL-FREE): (866) 800-9179

MANL: RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdorp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- in transit to or from your facilities while under your

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT
Under the Paperwork Reduction Act, we cannot ask you to respond to a deduction of information unlesse it deplays a currently valid CMB control number. The burden of the codecident is estimated to everage 20 minutes per section reported death, initializing reviewing behavioriers, secreting estaining data sources, garbering necessary data, and completing and meaning this form. Send comments apparating this further estimates or any sepect of this survey, initializing suggestions for reducing this burden, to the Clinolate, Bursau of Author Districts, 100 States of Author Districts, 200 States and 100 States (as 100 States). Do not easily your own byte address the reducing this burden, to

	Nelson Michael	8. On what date was the inmate admitted to a facility under your jurisdiction? 1 0 2 6 2 0 1 4 MONTH DAY YEAR
	On what date did the inmate die? 0 8 2 5 2 0 1 5	9. Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
f.	Mat was the name and location of the correctional actility involved? Facility Name: St. Tammany Parish Jail Facility City: Covington Facility State:	a. U.S. Immigration and Customs Enforcement
	What was the inmate's date of birth? 1 9 5 7 YEAR What was the inmate's sex?	a. Domestic abuse/battery b. unauthorized entry c. False impersonation of a police officer d.
7. Ir	Vas the inmate of Hispanic, Latino, or Spanish rigin? Yes No addition, what was the inmate's race? Please	11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.) Convicted—new court commitment Convicted—returned probation/parole violator Unconvicted Other
	elect one or more of the following racial ategories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility? Yes No Don't Know

0000000	did the Inmate die? In a general housing unit within the jail facility or on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special medical health services unit within the jail facility In a medical center cutside the jail facility In a mental health center cutside the jail facility While in transit Elsewhere Please Specify:
review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
9	YES
_	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER
п	TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q15
	was the cause of death? *** Please SPECIFY cause of death—It is critical information ***
	the state of the s
	INIDOS - CANADA FILO TOMOS GOMES (FF. 197)
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
0	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
0	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
_	Other cause(s) [Specify]
	On to consider felters A.
16. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	In the jail facility or on the jail grounds In the inmate's cell/room
(PLEASE SPECIF)	In a temporary holding area-flockup In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mential health services unit Elsewhere within the jail facility Please Specify:
8	Outside the jail facility (e.g., while on work release or on work detail)
l "	Please Specify:

«AGENCY ID»

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluation by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) ... RESPONSE FOR 00000 Medications. EACH ITEM (a-f) d. Treatment/care other than medications e. Surgery... f. Confinement in special medical unit. 19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intexication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission
 Could not be determined Please add any additional notes regarding this death here: Death was from a sudden pulmonary embolism in a patient lacking history of PE/DVT and no known risk factors for PE development, recoded COD from other to illness.Changed Q16 and Q17 to NA.

When did the <u>Incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

AGENCY ID

Agency ORI #	LA05200T
--------------	----------

ID Number 3074

Unit

ST TAMMANY PARISH SHERIFF'S OFFICE

INMATE	NUMBER	1151

rigency of the 2000	1200 CHAMPAGNE ST , COVINGTON,LA,70433					""	_			
Phone 9858982320 Inmate Release					Ju	venile	Prior Agency Inmate			
Agency ORI Number LA05200T1		Sooking Number 190133	Booking Agency ST TAMM	ANY PAR	ISH SHERIF			4		
	rested Time A		rrested By Agency / O	ther	Related Rep	ort Number	10/2	d Date Booked Time 26/2014 19:43		
Release Date Re		Released By ID R	elease Reason RELEASED D	LIE TO DI	Release Bond Typ	9		se Bond Amount		
06/25/2015	7.59	1002	VELENSED D	UE TO D	LANO BOIND					
Defendant Code	Offense Indicator	Juvenile Name (First Mid	INMATE Idle Last +Family)					Social Security Number		
			NELSON					-7708		
Maiden Name	Nickname / Street Name			Place of Birt NEW O	h RLEANS		Residence P (985)	thone 2762180		
Address (Street, Apt. Number 907 W 32ND AVE		COVING	STON		State Zip	0433-	Business Ph			
Occupation	Employer /		Address		La /	7450-	Residency			
MAINTENANCE Driver's License or Other ID	(State - Number)	Year Expires Immigrat	tion and Naturalization	Number	OBTS Number (Arres	fed) FCI	Full Yea	ar		
La- Race	Religion	Date of Birth Ag	ne Marital Status	Heigh	nt Reported Weight	Eye Color	Hair Color	r Hair Length		
Black	None	/1957 5	7 Single	509	235	BROWN	BLAC	K Bald		
Male Da	nplexion ark	Medium	Facial Hair Mustach	ne	Good		peech / Voice Soft/pol	Hair Style Bald		
Scars / Marks / Tatoos (Loca Tattoo WORD/NA			Special Identi		LEFT ARM					
Tattoo WOND/IV	METHINAGE		TIALLY	JI LOVE	CI J AISM					
Offense Offense Type	Description	0	FFENSE(S) / Ch	HARGE(S)	Offense S	itatus	Counts	Statute Violation Number		
1 FELONY	DOMEST Related Offense Description	IC ABUSE BATTI	ERY/STRANG	SULATION	N COM	MITTED	1 tatute Number	14:35.3L Domestic Violence?		
Original Offense Ind.	DOMESTIC ABU	JSE BATTERY/SI		ON		14:35		NO		
Warrant#	Bond Type Cash Propert Su	retv	25,000.00		Alternative Bond Ty	pe		Alternative Bond Amount 0.00		
				-						
		C	FFENSE(\$) / CH	ARGE(S)						
Offense Type 2 FELONY	Description UNAUTH	ORIZED ENTRY	OF AN INHAE	RITED DV	VELL COM	Status MITTED	Counts 1	Statute Violation Number 14:62.3		
Original Offense Ind.	Related Offense Description	n			1222 1001111	Related S	tatute Number	Domestic Violence? NO		
Warrant#	Bond Type	D ENTRY OF AN	Bond Amount	DVVELL T	Alternative Bond Ty		Alternative Bond A			
	Cash Propert Su	rety	25,000.00					0.00		
Offense Offense Type	Description		FFENSE(S) / CI		Offense S		Counts	Statute Violation Number		
3 FELONY Original Offense Ind.	Related Offense Description	ERSONATION O	F A POLICE (DFFICER	ICOM	MITTED Related S	Ratute Number	14:112.1 Domestic Violence?		
0	FALSE PERSON	NATION OF A PO	LICE OFFICE Bond Amount	R	Alternative Bond Ty	14:11	2.1	NO Alternative Bond Amount		
Warrant#	Cash Propert Su	rety	25,000.00		Alternative bond Ty	pe .		0.00		
			ADMINISTR/	ATIVE						
Swam to and sub	anihad bafara m	•	ADMINISTRO	AIIVE.		3/58		P\$ 2500 h		
Sworn to and subscribed before me,										
this 18th day of December2018, .										
IMMATE'S SIGNATU	JRE									
I swear/affirm the	above statement	ts are correct and	true.							
						Carlot Carlot		11 00		
OFFICER'S SIGNAT	URE	OFFICER'S PRIN	TED NAME (L,F)		v		1		
							100			

Date 12/18/2018

OMB No. 1121-0094 Approval Expires 01/31/2019

Form	CJ-9			DE	DEATHS IN CUSTODY—2015 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION				U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
					FORM COM	MPLE	TED BY:		
Hamo Official Address City		Chan	L Kelly pagne S				Telephone FAX	Lieute 985 985	276-1001 276-1027
State	LA] z	70434			-mail	laceykelly	@stps	o.com

Instructions for Completion

If no deaths occurred in 2015:

You do not need to report anything at this time.
 At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015;

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bisdcrp.rti.org E-MAIL: bisdcrp@rti.org FAX (TOLL-FREE): (966) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI international toll-free at (800) 344-1367 or hisdom@rfi.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities.
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- in the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Livsler the Paperwork Reduction Act, we cannot sek you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per sek's reported deeth, including revisional principles, searching satisfing data sources, gathering necessary data, and completing and involvently this form, Seed commands regarding this burden settlemes or any support of the survey, including suggestions for reducing this burden, to the Chacter, Burness of Justice Statesics, 810 Seventh Street, NM, Westington, DO 20051. Do not send your completed from to this address.

8. On what date was the inmate admitted to a facility under your jurisdiction? 0 9 3 0 2 0 1 4 MONTH DAY YEAR 9. Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
a. U.S. Immigration and Customs Enforcement
a. Aggravated rape b. c. d. e.
11. What was the inmate's legal status at time of death? (For immates with more than one status, report the status associated with the most serious offense.) Convicted—new court commitment Convicted—returned probation/parole violator Unconvicted Other Please Specify: 12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility? Yes No Don't Know

13. Where did the Inmate die?
In a general housing unit within the jail facility or on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mential health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Piease Specify:
14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☑ YES —→ CONTINUE TO Q15
☐ Evaluation complete—results are pending
L SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q15
15. What was the cause of death? *** Please SPECIFY cause of death—It is critical information ***
☑ Illness—Exclude AIDS-related deaths [Specify] ——➤ Metastatic bladder cancer
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ——→
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
in the jail facility or on the jail grounds
in a temporary holding area/tockup In a common area within the facility (e.g., yard, library, cafeteria)
PLEASE L. In a segregation unit
SPECIFY] In a special medical unitfinfirmary
In a special mental health services unit
Places Specify:
Outside the jail facility (e.g., while on work release or on work detail)
Elevatore Please Specify:
Product operaty:

«AGENCY ID»

Evening (6 pm to Midnight)
Overnight (Midnight to 6 am) 18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW PLEASE PROVIDE A a. Evaluation by physician/medical staff RESPONSE FOR b. Diagnostic tests (e.g., X-rays, MRI) ŏ c. Medications... EACH ITEM (a-f) d. Treatment/care other than medications. 8 e. Surgery... f. Confinement in special medical unit. 19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>env</u> of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition
Deceased developed condition after admission Could not be determined Please add any additional notes regarding this death here: This was a longstanding illness (metastatic cancer) that occurred prior to incarceration. The inmate received chemo and radiation therapy during his incarceration. These failed. Death was expected.

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

Morning (6 am to Noon) Afternoon (Noon to 6 pm)

*AGENCY ID»

Agency ORI# LA05		ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON, LA, 70433												
Phone 9858	982320				mate Rel		N,LA,70	433		Juve	nile		Prior Agency	
Agency ORI Number LA05200T1		Во	oking Number 189489		Booking Agency						Book	ed By		
Arrested Date	Arrested Time	Arre 2	ested By ID	Arrest	ST TAMMA ed By Agency / Oth PSO	NY PAR	RISH SI	HERIF elated Rep	F'S OF ort Number	FICE	Booke	ed Date	Booked Tin	
Release Date	Release Time 12:56	Rei	eased By ID	Releas	se Reason	IE TO D	Release	Bond Typ	0			30/201 ise Bond A		
					EASED DU	E IOD	EANOE	OND						
Defendant Code	Offense Indi			(First Middle L								Soc	ial Security Numb	
Maiden Name	Nickname /	Street Name	O I GEO	ORGE LI	ONELL GU	ERRA Place of Bin	*				Parista -		657	
Address (Street, Apt. Numb	mr)					NEW C					Residence (985)	2472	111	
17134 AIRPORT				MITE			-	ate Zip a 70)422-		Business Pt (0)	none		
Occupation DISABLED		Employer / So	chool		Address						Residency Full Year			
Driver's License or Other II	O (State - Numbe	er)	Year Expires	Immigration a	nd Naturalization N	umber	OBTS Num	ber (Arrest	ed)	FCIC/		ai		
Race White	Religion None		Date of Birth /194	Age 17 66	Marital Status Single	Heigh 510		d Weight	Eye Color BLUE		Hair Colo		Hair Length	
Sex Co	mplexion edium		Build Medium		Facial Hair			Teeth	BLUE	Spee	Ch / Voice		Medium Hair Style	
Scars / Marks / Tatoos (Loc			Mediaili		Unshaver Special Identifie			Bad		1 50	t/pol		Wavy	
Offense Offense Type	De	scription		OFFE	NSE(S) / CHA	RGE(S)		0#				,		
1 FELONY Original Offense Ind.		GGRAVA	TED RAPE	<u> </u>				Offense St COMN	MITTEL		Counts 1	14:4	Violation Number	
0	AGGRA\	ATED R	APE							ited Statu :42	te Number	NO NO	tic Violence?	
Warrant# 387509	CASH PR	ROPERT	SURETY		250,000.00		Alternative	Bond Typ	0				tive Bond Amount 0.00	

	ADMINISTRATIVE								
Sworn to and s	subscribed before	e me,							
this 18th day o	f December2018,								
IMMATE'S SIGNA	TURE								
I swear/affirm t	the above statem	ents are correct and true.							
OFFICER'S SIGN	ATURE	OFFICER'S PRINTED NAME (L,F)							
ID Number 1946	Unit	Date 12/18/2018							



			OMB No. 1121-0094 Approval Expires 01/31/2019					
Form CJ-9A	DEATHS IN CUSTO ANNUAL SUMMARY UNDER JAIL JURI	ON INMATES	U.A. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL					
	FORM COMPLET	TED BY-						
		Title	Captain					
Name Lacey Kelly			985 2761075					
Address PO Box 908		FAX	965 2761075					
Covington								
State LA Zip 70434	Emell	laceykell	v@stpso.com					
	-ttions for completi	on and su	hmission					
In	structions for completi	on and su	DMISSION					
If the answer to a question is "none" or "zero," write "0" in the space provided. When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 (8) Please submit your completed form(s) within 30 days of receipt. You may submit your annual summary in one of these ways: ONLINE: Complete this form online at: https://bisdorp.tti.org MAIL: RTI international, Attn: Data Capture Project Number: 0215015.001.200.102.100 5265 Capital Bouleward FAX (TOLL-FREE): (866) 800-9179 If you need assistance, contact Math Bensen of RTI international toll-free at 1-800-344-1387 or https://bisdorp@dit.org .								
What	to include and exclude	e in this de	ta collection					
NCLUDE— Confinement facilities usually admin All jails and city/county correctional separate holding or lockup areas wi Special jail facilities (e.g., medical/t Temporary holding or lockup facilitie Inmates held for other jurisdictions.	centers that hold immates beyone thin your facilities. reatment/release centers, halfway as that are part of your combined	d arraignment. y houses, and I function.						
	s operated by two or more jurisdi		inmales are generally held for less than 72 hours ti-jurisdictional facilities). These jalls will be					
Under the Paperwork Raduction Act, we cannot collection to extrasted to average 15 minutes per and ovidering this form. Send commercial regard of Justice Statistics, 810 Seventh Otherst, WM, VI	BURDEN STAT sait you to respond to a collection of infor- or response, including reviewing instruction fing this burster estimate or any expect of feshingten, DC 20031. Do not send your o		plays a currently veild CMB control number. The burden of this ng data secrets, gathering necessary data, and completing g suggestions for reducing this burden, to the Director, Burseu as oddress.					

INMATE COUNTS AND DEATHS

On <u>December 31, 2016</u> , how many persons under the supervision of your jail jurisdiction were CONFINED in	On December 31, 2016, how many persons CONFINED in your jail facilities were held for—						
your jail facilities?	INCLUDE contractual, temporary, courtesy, or ad hoc						
INCLUDE—	holds for other agencies. Count persons with multiple holds only once with priority being federal, state, tribal, and local.						
 Persons on transfer to treatment facilities but who remain under your jurisdiction 	a II C Immigration and						
✓ Persons held for other jurisdictions	Customs Enforcement: 5						
 Persons in community-based programs (e.g., work, release, day release, or drug/sicohol treatment) who return to jail at right 	b. U.S. Marshels Service: 155 / Estimate						
 Persons out to court while under your jurisdiction. 	c. All other holds (state and						
EXCLUDE—	federal prison, Bureau of Indian Affairs, or any holds						
X Persons under your jurisdiction who are housed elsewhere	for other jall jurisdictions): 449						
X Inmetes who are AWOL, escaped, or on long-term transfer to other jurisdictions	4. Between January 1, 2016, and December 31, 2016, what						
X Persons in community-based programs run by your	was the average daily population of your jail facilities?						
jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs)	 INCLUDE immates who participated in weekend programs that allow offenders to serve their sentences 						
who do NOT return to jail at night.	of confinement only on weekends (e.g., Friday-Sunday). To calculate the average daily population, add the						
Immetes on Males: 958 Estimate	number of persons for each day between January 1,						
December 31,	2016, and December 31, 2016, and divide the result by 366.						
2016 Females: 97 🗸 Estimate	 If daily counts are not available, estimate the average daily population by adding the number of persons held 						
	on the same day of each month and divide the result by						
	12. If average daily population cannot be calculated as						
How many persons under the supervision of your jall juriediction were ADMITTED to your jall facilities during	directed above, then estimate the typical number of						
2016?	persons held in your jail confinement facilities each day.						
INCLUIDE—	Average daily Males: 966 Estimate						
 ✓ Persons officially booked into and housed in your jail 	during 2016 Females: 105 Estimate						
facilities by formal legal document and by the							
authority of the courts or some other official agency Repeat offenders booked on new charges	Between January 1, 2016, and December 31, 2016, how many persons died while under the supervision of your						
 Persons serving a weekend sentence coming into the facility for the first time. 	jali facilities?						
EXCLUDE—	INCLUDE deaths of ALL persons—						
X Returns from escape, work release, medical	 CONFINED in your jail facilities UNDER THE SUPERVISION of your jail facilities, but 						
appointments/treatment facilities, furloughs, ball/bond releases, and court appearances.	out to court or in special facilities (e.g., hospital,						
reseases, and court appearances.	hospice, or nursing home; treatment facility; residential community center; residential work release						
New ANNUAL Majes: 6320	or house errest program; or release center) WHILE IN TRANSIT to or from your jail facilities while						
New ANNUAL Mares:	under your supervision.						
during 2016 Formales: 1871 Estimate	EXCLUDE—						
l	X Deaths of persons in the process of arrest by your						
	agency if they have not yet been booked into your jail facilities.						
	Number of Malos: 0						
	deaths during 2016 Fernales: 0						
1	during 2016 Fernales:						



OMB No. 1121-0249 Exp. 03/31/2019

You are logged in as: St. Tammany Parish Sheriff's Office - Louisiana (10957070)

Frequently Asked Questions

Bureau of Justice Statistics Home Page

Home

2018 Forms

2017 Forms

2016 Forms

2015 Forms

2014 Forms

2013 Forms

2012 Forms

2011 Forms

2010 Forms

2009 Forms

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

Date of Death

Name

Count=0

EXCLUDE deaths of ALL persons...

- 'X Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- 'X Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- X Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- 'X In the process of arrest by your agency, but not yet booked into your jail facility

Submitted?

Logout

Having technical problems?

Contact us at: bismci@rti.org

Click Here to Add a 2016 Death Report

You may want to review the form prior to entering data. A PDF form is available here.

Existing Death Records

Gender

Actions

We currently have no Death Report forms for your agency. If you did not have an inmate death in 2016, you do not have to complete a Death Report form. All agencies should complete the 2016 Annual Summary form.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bjsmci@rti.org.

This Web site is funded through a grant from the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided).

OMB No. 1121-0094 Approval Expires 01/31/2019

Form CJ-	MA (ANNI	CORRECTION/ UAL SUMMARY NDER JAIL JURI	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL			
		FORM COMPLE	TED BY—			
Official Address	Shaniqueka Weary 1200 Champagne Street Covington LA 29 70434	Emell	FAX 985	276-1077 276-1027		

Instructions for completion and submission

FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- . When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 &

You may submit your annual summery in one of these ways:

ONLINE: https://bismoi.rli.org

EMAIL: bjsmci@rti.org FAX (TOLL-FREE): (866) 800-9179 MA/L: RTI International, Attn: Data Capture Project Number: 0215015.001.300.117.102.100 5285 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI international toll-free at 1-800-344-1387 or bismoittini.org.

What to include and exclude in this data collection

- INCLUDE-Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- All jails and citylocunty correctional centers that hold immates beyond arraignment. Report data on all immates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- Temporary holding or lockup facilities that are part of your combined function.
- Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

- EXCLUDE.—

 X. Facilities that are exclusively used as temporary holding or lockup facilities, where immates are generally held for less than 72 hours. and not held beyond amaignment.
- X. Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

Under the Paperseck Reduction Act, we cannot sek you to respond to a collection of information unless it deplays a currently valid CMB control number. The burden of this collection is settinated to severage 16 minutes per response, valuiding reviewing instructions, searching existing date sources, gallbaring necessary data, and completing and reviewing this form. Send comments regardening the burden selected or any separated this serviny, including suppleations for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, MW, Westington, CC 20531, Do not send your completed form to this solideres.

INMATE COUNTS AND DEATHS

«AGENCY ID»

OMB No. 1121-0094 Approval Expires 01/31/2019

Form CJ-9		DEATHS IN CUSTOR DEATH REPORT ON UNDER JAIL JURIS	INMATES	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL			
		FORM COMPLET	ED BY:				
Hame	Shaniqueka Weary		Title	Lieuter	nant]	
Official Address		t	Telephone	985	276-1077]	
City	Covington		FAX	985	276-1027	7	
State	LA Zip 70434	E-mail (shaniquek	aweary	@stpso.com	را	

Instructions for Completion

If no deaths occurred in 2017;

You do not need to report anything at this time.
 At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report.

ONLINE: Complete the report online at: https://bisdorp.rti.org E-MAN.: badorp@rti.org FAX (TOLL-FREE): (886) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or <u>bisdcrp@rti.org</u>

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jells (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- in the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Papareonic Reduction Act, we cannot sell you be respond to a collection of information unlesse it displays a currently valid CMB control number. The burden of this collection is estimated to average 30 minutes per sech reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and invariantly first form. Send comments regarding this factors existent or any appeal of this survey, including suggestions for reducing this burden existent or any appeal of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Stateston, 610 Seventh Street, MW, Washington, DC 20031. Do not send your completed from to this address.

1. What was the inmate's name? Sanchez Johnny P All All Counted data did the immate die?	8. On what date was the inmate admitted to a facility under your jurisdiction? 1 2 1 9 2 0 1 6 MONTH CAY YEAR
2. On what date did the inmate die? 0 2 1 4 2 0 1 7 MONTH DMY YEAR	Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3. What was the name and location of the correctional facility involved? Facility Name: Facility City: Covington LA	DONT YES NO KNOW a. U.S. Immigration and Customs Enforcement
4. What was the inmate's date of birth? 1 9 6 3 MONTH DAY YEAR	a. "DWI 4th Subsequent Offense" b. c.
5. What was the inmate's sex? ② Male □ Female	d
6. Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 7. In addition, what was the inmate's race? Please select one or more of the following racial categories:	11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.) Convicted—new court commitment Convicted—returned probation/parole violator Unconvicted Other Piease Specify:
White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility? Yes No Don't Know

13. Where did the inmate die? n a general housing unit within the jail facility or in a general housing unit on jail grounds n a segregation unit n a special medical unit/infirmary within the jail facility n a special mental health services unit within the jail facility n a medical center outside the jail facility n a mental health center outside the jail facility While in transit Elsewhere Please Specify:
14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death? ☑ YES —→ CONTINUE TO Q15 ☐ Evaluation complete—results are pending ☐ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH ☐ No evaluation is planned → CONTINUE TO Q15
15. What was the cause of death? *** Please SPECIFY cause of death—It is critical information ***
☐ Iliness—Exclude AIDS-related deaths [Specify]
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/outting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe]
Other cause(s) [Specify]
Control consolol (description)
16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was liness, intoxication, or AIDS-related In the jail facility or on the jail grounds In the innate's collivore In a temporary holding areafockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unithfirmary
In a special mental health services unit
Please Specify:
Outside the jall facility (e.g., while on work release or on work detail)
☐ Elegenhere

«AGENCY ID»

17. When	n did the <u>incident</u> (e.g., accident, suicide, or hom	icide) cau	sing th	e death occur?			
Ø	NOT APPLICABLE—Cause of death was illness, in	ntoxication,	or AID	S-related			
0000	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)						
18. Exclu servi	uding emergency care provided at the time of dea ices for the medical condition that caused his/her	th, did the death afte	inmat er adm	e receive any of ission to your co	the following medical prrectional facilities?		
_	NOT APPLICABLE—Cause of death was accident	al injury, in	toxicati	on, suicide, or ho	micide		
	a. Evaluation by physiciar/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatmen/care other than medications e. Surgery f. Confinement in special medical unit.			0000	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")							
0	NOT APPLICABLE—Cause of death was accident	al injury, in	toxicati	ion, suicide, or ho	micide		
000	Deceased developed condition after admission						
Patient w	ted any additional notes regarding this death here: with known coronary artery disease s/p CAB eath when he experienced acute tachypnea a	G in the pand hypo:	past. F xemia	Patient was asy . Sent immedia	emptomatic until the Plately to the hospital.		

«AGENCY ID»

Agency ORI # LA05200T1

ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON,LA,70433

INMATE NUMBER	451	82
---------------	-----	----

0858082220

Deige		
PHO	~y	ency
Inma	te.	

Phone 96569	82320			- 11111	iate Relea	ise				Juve	nile		Inmate
Agency ORI Number		Booking Nu			oking Agency		-				Book	ed By	
LA05200T1 Arrested Date Ar	rested Time	207: Arrested By		S	T TAMMAN' By Agency / Other	Y PA			FF'S O				
12/19/2016 1	3:46	?		DEP/	ARTME					er .		od Date 19/201	Booked Time 16 13:46
	elease Time 5:12	Released By 1946	/ ID	Release	Reason ASED DUE	тог		e Bond T			Relea	se Bond /	Amount
		10.10				10.	Z CANO	DOM					
Defendant Code	Offense Indicator	Juvenile	Name /Fin	st Middle Las	INMATE							90	sial County, Number
		NO			Sanchez							50	cial Security Number -6794
Maiden Name	Nickname / Stree	t Name				RAC	irth ELAND)			Residence ((985)	Phone 3865	428
Address (Street, Apt. Numbe 21387 FOREST L			City	ICHATO		17.10		State 2	Zip	2000	Business Pt		140
Occupation		ployer / School	PON	ICHATO	Address			a	70458-0	0000	(0) Residency		
MECHANIC Driver's License or Other ID	(State - Number)	Year E	xpires Im	migration and	Naturalization Num	her	OBTS Nur	nher /Arr	ested)	FCIC	Full Ye	ar	
La-													
White	Religion Catholic	Date of	Birth /1963	Age 53	Marital Status Divorced	50	ght Report	ed Weigh 40	BRO		Hair Colo		Hair Length Long
	plexion	Build Slen		-	Facial Hair			Teeth		Spe	ech / Voice	-13	Hair Style
Scars / Marks / Tatoos (Loca	tion / Describe)	Siel	der		Special Identifiers						ft/pol		Wavy
					WORD- AL	EXIS	R FOR	EAR	M TAZ -	L. AR	M		
				OFFEN	SE(S) / CHAR	GE(S)							
Offense Type 1 FELONY	Descrip	tion FOURTH/S	IIRSEC					Offense	Status MITTE	<u> </u>	Counts	Statut 14:9	e Violation Number
Original Offense Ind.	Related Offense De	escription						CON	Ro	lated Sta	tute Number	Dome	stic Violence?
1 Warrant#	DWI FOUR	TH/SUBSEC	QUENT		ISE nd Amount		Alternation	ve Bond '		4:98.4	<u> </u>	NO	ative Bond Amount
	NO BOND			0.	00								0.00
				Al	DMINISTRATIV	Έ							
Sworn to and sub	scribed befo	re me.						1	阿尔	Bart AZ	P. 44	(a)	16
this 18th day of D									A FALL	2 6 20	Activities of	1	-
	000.1100120								10.		4	1	
IMMATE'S SIGNATU	IMMATE'S SIGNATURE												
I swear/affirm the	above state	ments are o	correct a	and true				1		Service S		7	
												1	
OFFICER'S SIGNATU	IRF	OFF	ICER'S P	RINTED	NAME (L,F)								
		Oi T	OLKO P		trunc (c,r)			⊣ I		1	1. 3	- marine	ki di
1620	Unit			12/18	/2018			'		1		750000	

Form	C.	1-8
	•	•



DEATHS IN CUSTODY-2017

U.A. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS

		AND ACTING AS COLLECTION AGENT:			
		FORM COMPLE	TED BY:		
Name	Shaniqueka Weary		Title	Lieutenant	
Official Address	1200 Champagne Street		Telephone		
City	Covington		FAX	985 276-1027	
State	LA Zip 70434	E-mail	shaniquel	kaweary@stpso.com	

Instructions for Completion

If no deaths occurred in 2017:

You do not need to report anything at this time.
 At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bisckrp.rli.org E-MAII: bisckrp@rb.org FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI international toll-free at (800) 344-1387 or bisdcrp@di.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jell facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities white under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jalls (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- in the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot set you to respond to a collection of information unless it displays a currently valid CMB control number. The burden of this collection is settinated to average 30 minutes per each reported deets, including meta-very instructions, secording existing data sources, publishing increasing valid, and competiting and inverving this form. Send comments required pits burden, bit believed to the survey, including supplications for reducing this burden, bit bulletings of published form to the addition.

1. What was the inmate's name? Harrison Cherie W LAST FIRST MI 2. On what date did the inmate die? 1 0 0 4 2 0 1 7 MONTH DAY YEAR	8. On what date was the inmate admitted to a facility under your jurisdiction? 1 0 0 3 2 0 1 7 MONTH DAY YEAR 9. Was the inmate being confined in your jail facility on behalf of any of the following?
3. What was the name and location of the correctional facility involved? Facility Name: St. Tammany Parish Jail	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c) DON'T YES NO KNOW a. U.S. immigration and Customs Enforcement
Facility City: Covington 4. What was the Inmate's date of birth? 1 9 8 4 YEAR	10. For what offense(s) was the inmate being held? a. Obstruction Of Justice b. Accessory After The Fact c. Failure To Report The Commission Of Cel
5. What was the inmate's sex? Maio Female	d
6. Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 7. In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native	11. What was the inmate's legal status at time of death? (For immates with more than one status, report the status associated with the most serious offense.) Convicted—new court commitment Convicted—returned probation/perole violator Unconvicted Other Flease Specify: 12. Since admission, did the inmate ever stay
Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	overnight in a mental health observation unit or an outside mental health facility? Yes No Don't Know

	did the inmate dis?
000000	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
14. Are the	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or r of medical records) available to establish an official cause of death?
	YES
u	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
0	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—It is critical information ***
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
0	Accidental alcohol/drug intoxication [Describe]
0	Accidental injury to self [Describe]
0	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
0	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Cescribe]
	Homicide [Describe]
0	Other cause(s) [Specify]
16. When	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	In the jail facility or on the jail grounds
IPLEASE SPECIFI	in a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit
B	Outside the jail facility (e.g., while on work release or on work detail)
•	Elecutions
1	Please Specify:

1	
 -	*AGENCY ID»

17. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

8

 DON'T KNOW

PLEASE PROVIDE A

RESPONSE FOR

EACH ITEM (a-f)

NO

■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

c. Medications...

«AGENCY ID»

Evaluation by physician/medical staff

b. Diagnostic tests (e.g., X-rays, MRI) ...

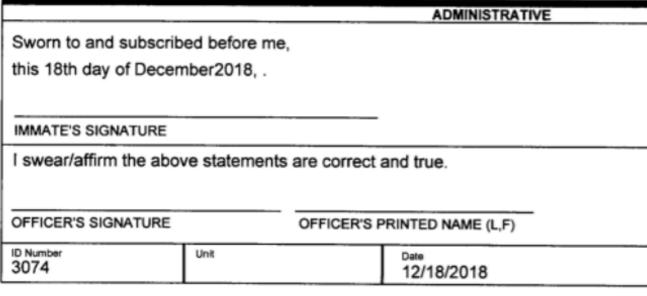
d. Treatment/care other than medications

☑ Pre-existing medical condition
 ☐ Deceased developed condition after admission
 ☐ Could not be determined

Please add any additional notes regarding this death here:

e. Surgery...... f. Confinement in special medical unit. .

Agency ORI# LA05			PARISH SHER			INMAT	INMATE NUMBER 190557			
Phone 9858	982320	1200 CHA		NE ST , COVING nate Releas		70433			Prior Agency	
Agency ORI Number		Pasking Humber					Juvenii		Inmate	
LA05200T1		300king Number 214822	_ l s	T TAMMANY	PARISH	SHERIFF'S O	FFICE	Booked By 3074		
10/03/2017	17:48	Arrested By ID		d By Agency / Other O JUD		Related Report Numb	ber	10/03/2		
		Released By ID 3225		Reason EASED DUE T	O DEAT	ease Bond Type		Release Bor		
Defendant Code		Juvenile Name (Firs							Social Security Number	
Maiden Name	Nickname / Street Name	NO Cherie	VVILLI		e of Birth		F	Residence Phone	-4868	
Address (Street, Apt. Numb		City			CKSBUR	G.MS State Zip		(985) 956 Business Phone	32326	
201 AZALEA LN Occupation	Employer /	School VICK	SBUR	Address		Ms 39180-	_	(0) Residency		
LABORER Driver's License or Other II	D (State - Number)	Year Expires Imm	igration and	d Naturalization Number	ORTS	Number (Arrested)		Full Year		
- Race	Religion	Date of Birth		Marital Status						
White	None	/1984 Build	33	Separate	Height Reg	xorted Weight Eye Co 150 BRO	WN	BROWN	Short Short	
Female M	ledium	Medium	Facial Hair Teeth NO Goo			Good	Speech / Voice Hair Style Soft/pol Curly			
Scars / Marks / Tatoos (Loc	ation / Describe)			Special Identifiers N/A						
			OFFE	NSE(S) / CHARG	E(8)					
Offense Type 1 FELONY	Description ORSTRU	CTION OF ILIS		NOE(S) / CHARG	=(9)	Offense Status			tute Violation Number	
Original Offense Ind.	Related Offense Description					COMMITTED Related Statute			1:130.1 mestic Violence?	
Warrant#	OBSTRUCTION Bond Type	OF JUSTICE	Bond Amount Alterna			ative Bond Type	<u>4:130.1</u>	Alte	ernative Bond Amount	
	NO BOND		0	.00				-	0.00	
			OFFE	NSE(S) / CHARGI	E(S)					
Offense Type 2 FELONY	Description ACCESS	ORY AFTER T				Offense Status COMMITTE			tute Violation Number	
Original Offense Ind.	Related Offense Description ACCESSORY AF	1				Related Statute Number Domestic Violence NO				
Warrant#	Bond Type NO BOND	1211112171	Во	and Amount	Altern	ative Bond Type	4.20		ernative Bond Amount	
	NO DOND			.00					0.00	
			OFFE	NSE(S) / CHARGI	E(\$)					
Offense Offense Type 3 FELONY	Description FAILURE	TO REPORT	THE CO	OMMISSION C	F CERT	Offense Status COMMITTE			tute Violation Number 1:131.1	
Original Offense Ind.	FAILURE TO RE	1				Re	4:131.1	Number Don	mestic Violence?	
Warrant#	Bond Type NO BOND		Bo	nd Amount .00		ative Bond Type			rnative Bond Amount 0.00	
									- X.VV	
			Δ1	DMINISTRATIVE						
			A	- INTO TOATIVE		MC000000000000000000000000000000000000	Market Company			





Form CJ-9A



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 ANNUAL SUMMARY ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

		ORM COMPLE	TED BY—			
Name	Shaniqueka Weary		Title	Lieute	enant	
Official Address	1200 Champange st		Telephone	985	276-1077	
City	Covington		FAX	985	276-1021	
State	LA zip 70434	Email	shanique	ekawe	ary@stpso.com	

Instructions for completion and submission

FOR EACH ITEM-

- · If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 ⋈

You may submit your annual summary in one of these ways:

ONLINE: https://bjsmci.rti.org

EMAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at 1-800-344-1387 or bismci@rti.org.

What to include and exclude in this data collection

INCLUDE-

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE-

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

INMATE COUNTS AND DEATHS

supervision	of your jail	how many per jurisdiction we	sons under the ere CONFINED in		ber 31, 2018, cilities were i			ons CON	FINED in
your jail fac	cilities?		UDE contracto		porary, co	ourtesy, o	r ad hoc		
INCLUDE				• Cour	for other age t persons with	multiple			vith priority
ren	nain under yo	ur jurisdiction	t facilities but who		federal, state migration and		and local.	Ex. Act	
		other jurisdiction	ons rograms (e.g., work		ns Enforceme		10	✓	Estimate
rele		ease, or drug/al	cohol treatment) who	b. U.S. Ma	rshals Service	e:	98		Estimate
			r your jurisdiction.	a All othe	r holde (state				
EXCLUDE				federal	r holds (state prison, Burea	u of			
	rsons under y ewhere	our jurisdiction	who are housed		Affairs, or any er jail jurisdict		321		Estimate
X Inn trar X Per jails	nates who are nsfer to other rsons in comm s (e.g., electro	jurisdictions munity-based pronic monitoring,		was the av	anuary 1, 201 erage daily po	opulatio	on of you	ır jail faci	lities?
		ce, day reporting um to jail at nigi	ig, or work programs) ht.	progr	rams that allow	offende	ers to sen	ve their se	entences
	Males:	865	 ✓ Estimate	To ca	alculate the ave	erage da	aily popula	ation, add	the
Inmates on December 31,				2018	er of persons and December				
2018	Females:	134	✓ Estimate	365. • If dail	y counts are n	ot availa	able, estin	nate the	average
				daily	population by e same day of	adding t	he numbe	er of pers	ons held
2. How many p jurisdiction during 2018	were ADMIT	er the supervi TED to your ja	sion of your jail all facilities	 If ave direct 	rage daily pop ted above, the ons held in you	n estima	ate the typ	oical numb	ber of
INCLUDE-	-			Average daily population	Males:	915		 ✓ Est	imate
faci	ilities by forma	al legal docume		during 2018	Females:	125		√ Est	imate
✓ Rep ✓ Per	peat offenders	s booked on ne a weekend sen	other official agency w charges stence coming into the		anuary 1, 201 ons died whiles?				
EXCLUDE				INCLUDE	deaths of ALI	L persor	ns—		
app	ointments/tre	cape, work release eatment facilities urt appearance	s, furloughs, bail/bond	✓ UN ou ho	ONFINED in you NDER THE SU t to court or in spice, or nursi sidential comm	PERVIS special ng home	SION of your facilities (e; treatme	e.g., hosp ent facility	pital,
New ANNUAL	Males:	6471	✓ Estimate	or	facility-based inter)				
admissions during 2018	Females:	2012	☑ Estimate	✓ W	HILE IN TRAN		r from you	ur jail faci	lities while
				EXCLUD	E—				
				ag	eaths of person ency if they ha cilities.		Control of the Contro		
			To the state of th	Number of inmate	Males:	1			
				deaths during 2018	Females:	0			

0 Add



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 **DEATH REPORT ON INMATES** UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

	FORM CO	MPLETED BY:			<u>X</u>
Name	Shaniqueka Weary	Title	Lieute	nant	
ficial tress	1200 Champange st	Telephone	985	276-1077	
City	Covington	FAX	985	276-1021	

Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

Make copies of this form for each additional death.

70434

- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

shaniquekaweary@stpso.com

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

> 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

Rollins James	A under your jurisdiction?
LAST FIRST	MI 0 8 2 4 2 0 1 7 MONTH DAY YEAR
On what date did the inmate die?	- 1985년 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
0 1 1 2 2 0 1 8 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
What was the name and location of the facility involved?	a. U.S. Immigration and
Facility Name:	b. U.S. Marshals Service
St. Tammany Parish Jail	c. State or federal prison, Bureau of Indian Affairs,
Facility City:	acility State: or any other jail jurisdiction
Covington	LA
	10. For what offense(s) was the inmate being held?
What was the inmate's date of birth?	a. THEFT OF GOODS / 5YRS H/L
1 9 6 9	b. THEFT OF GOODS / 5YRS H/L
MONTH DAY YEAR	J. THEFT OF GOODS / STRS H/L
	C.
What was the inmate's sex?	d.
☑ Male □ Female	e.
☐ Female	
Was the inmate of Hispanic, Latino, or Sorigin? ☐ Yes	Spanish 11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)
☑ No In addition, what was the inmate's race	Convicted—new court commitment Convicted—returned probation/parole violator Unconvicted
select one or more of the following racia	al Conner
categories:	Please Specify:
☐ White ☐ Black or African American	
 ☐ American Indian or Alaska Native ☐ Asian 	12. Since admission, did the inmate ever stay
□ Native Hawaiian or Pacific Islander	MIT THERE I WAS A DESCRIPTION OF THE PROPERTY
Some other race Please Specify:	outside mental health facility?
- 10 A C 1 PARM	
	□ No □ Don't Know

13. Wher	e did the inmate die?
00000000	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
14. Are th	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ov of medical records) available to establish an official cause of death?
\$10. market 1	YES → CONTINUE TO Q15 Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
☑	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
_	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
•	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
D	Homicide [Describe]
•	Other cause(s) [Specify]
16. Where	did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the jail facility or on the jail grounds In the inmate's cell/room In a temporary holding area/lockup
[PLEASE SPECIFY]	In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
	Please Specify:
	Outside the jail facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify:

17. Whe	n did the incident (e.g., accident, suicide, or homicide) causing the death occur?
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0000	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
18. Excluservice	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	a. Evaluation by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit.
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please add	d any additional notes regarding this death here:

Agency ORI# LA05200T1

ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON,LA,70433

	770
IMMATE MUMBED	7 / U
INMATE NUMBER	113

Juvenile Prior Agency	
-----------------------	--

9858982320 Phone

INMATE RELEASE

Agency ORI Number LA05200T1		Booking Number 213895	s	ooking Agency	PARISH			E 3074	4
	nested Time 0:06	Arrested By ID		By Agency / Other JUD		Related Re	port Number	08/2	Date Booked Time 4/2017 10:06
	elease Time 9:36	Released By ID 1728		Reason EASED DUE T		lease Bond Ty	ре	Releas	e Bond Amount
0 17 12/2010		1120			0 0 2 7 1 1				
Defendant Code	Offense Indicator	Juvenile Nar	ne (First Middle Las	INMATE st +Family)					Social Security Number
		NO Ja		AN ROLLINS					-4823
Maiden Name	Nickname / Street Na		No.		e of Birth DEPEND			-	5430286
Address (Street, Apt. Number 207 PINE DR			City HAMMOND			State Zi	0401-	(0)	one
Occupation JANITOR		yer / School		Address				Residency Full Yea	ar
Driver's License or Other ID		Year Expires	Immigration and	d Naturalization Numbe		Number (Arre		NCIC	
Race Black	Religion None	Date of Birth	969 47	Marital Status Married	Height Re	ported Weight 250	BROWN	Hair Color BLAC	K Bald
	nplexion edium	Medium	1	Facial Hair Unshaven		Gold		oft/pol	Hair Style Bald
Scars / Marks / Tatoos (Loca	tion / Describe)			Special Identifiers NONE					
			0555	NEE/EN LOUISES	E/C)				
Offense Offense Type	Description			NSE(S) / CHARG	E(S)	Offense		Counts	Statute Violation Number
1 FELONY Original Offense Ind.	Related Offense Descri)					itute Number	14:67.10 Domestic Violence?
0 Warrant#	THEFT OF GO Bond Type	DODS		ond Amount	14:67.10 NC				
	NO BOND		0).00					0.00
			OFFE	NSE(S) / CHARG	F/S)				
Offense Offense Type 2 FELONY	Description	OF GOODS		NOC(O) / OFFICE		Offense	Status MITTED	Counts 1	Statute Violation Number 14:67.10
Original Offense Ind.	Related Offense Descri	ption	,			T COM	Related Sta	itute Number	Damestic Violence?
0 Warrant#	Bond Type	JODS		ond Amount	Alter	mative Bond T	14:67.1	10	Alternative Bond Amount
	NO BOND		0	0.00					0.00
			A	DMINISTRATIVE					
Sworn to and sub	scribed before	me,							
this 31st day of O	ctober2019, .					- 11			
								5 %	0
IMMATE'S SIGNATURE									
I swear/affirm the above statements are correct and true.									
OFFICER'S SIGNATU	JRE	OFFICE	R'S PRINTED	NAME (L,F)					
ID Number 3074	Unit		Date 10/31	1/2019			AND IV		14