

FORM CJ-9
(10-13-2009)



DEATHS IN CUSTODY — 2015
QUARTERLY REPORT ON INMATES
UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
RTI International
Crime, Violence, and Justice
Research Program

DATA SUPPLIED BY

NAME	Jim Miller		TITLE	Warden	
OFFICIAL ADDRESS	Number and street or P.O. box/Route number 1002 Main St		City	Franklinton	State
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code	Number
E-MAIL ADDRESS	985 839-3434		985	839	7834
	jmiller@wpsd.la.gov				LA 70438

Reporting Period (Mark only one.)

Quarter 1 (January 1 — March 31)

Quarter 2 (April 1 — June 30)

Quarter 3 (July 1 — September 30)

Quarter 4 (October 1 — December 31)

(Please correct any error in name, mailing address, and ZIP Code)

<p>What deaths should be reported?</p> <ul style="list-style-type: none"> • INCLUDE deaths of ALL persons <u>1</u> <ul style="list-style-type: none"> 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, and work farms); or on transfer to treatment facilities; UNDER YOUR JURISDICTION but out to court; WHILE IN TRANSIT to or from your facilities while under your jurisdiction. • EXCLUDE deaths of ALL persons — <ul style="list-style-type: none"> CONFINED in facilities operated by two or more jurisdictions or those held in privately operated jails. UNDER YOUR JURISDICTION but in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs). UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility. 	<p>During the reporting quarter marked above, how many persons died while under the supervision of your local jail jurisdiction?</p> <p>Number of deaths <u>1</u></p> <p>Instructions:</p> <ul style="list-style-type: none"> • IF NO DEATHS, please disregard. • IF A DEATH OCCURRED, complete a LOCAL JAIL INMATE DEATH REPORT. Please complete items 1 through 16 for each inmate death. • If more than 1 death reported above, make copies of pages 2 and 3 for each additional death. • Return this quarterly report and each associated LOCAL INMATE DEATH REPORT by FAX or MAIL within 30 days of the end of each quarter. • FAX (TOLL-FREE): 1-888-###-####. • MAIL: RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194 • If you need assistance, call Chris Ellis of RTI International toll-free at 1-800-###-####, or e-mail jaildeaths@rti.com.
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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 5 minutes per response for jurisdictions reporting zero deaths and 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.

Name of deceased inmate

Timothy B. Barrett

11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

- 01 [x] Yes — Complete items 12 through 16.
02 [] Evaluation complete, results are pending — Skip remaining items; you will be contacted later for those data.
03 [] No such evaluation is planned — Complete items 12 through 16.

12. What was the cause of death?

- 01 [] Illness
• Exclude AIDS-related deaths.
Specify illness [x]
02 [] Acquired Immune Deficiency Syndrome (AIDS)
03 [] Accidental alcohol/drug intoxication — Specific type [x]
04 [] Accidental injury to self — Describe events [x]
05 [] Accidental injury by other (e.g., vehicular accidents during transport) — Describe events [x]
06 [x] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) — Describe events [x]
07 [] Homicide committed by other inmate(s)
08 [] Homicide incidental to use of force by staff — Describe events [x]
09 [] Other causes — Specify causes [x]

13. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

- If multiple medical conditions caused the death, mark "01" if any of the conditions were pre-existing.
01 [] Pre-existing medical condition
02 [] Deceased developed condition after admission
08 [] Could not be determined
09 [x] Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

14. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities?

- Exclude emergency care provided at time of death.
Yes No Don't know
01 [] 07 [] 08 [] Evaluated by physician/medical staff
02 [] 07 [] 08 [] Had diagnostic tests (e.g. x-rays, MRI)
03 [] 07 [] 08 [] Received medications
04 [] 07 [] 08 [] Received treatment/care other than medications
05 [] 07 [] 08 [] Had surgery
06 [] 07 [] 08 [] Confined in special medical unit
09 [x] Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

15. When did the incident (e.g., accident, suicide or homicide) causing the death occur?

- 01 [] Morning (6 a.m. to noon)
02 [] Afternoon (noon to 6 p.m.)
03 [] Evening (6 p.m. to midnight)
04 [x] Overnight (midnight to 6 a.m.)
09 [] Not applicable — cause of death was illness, intoxication, or AIDS-related

16. Where did the incident (e.g., accident, suicide or homicide) causing the death take place?

- 01 [] In the jail facility or on jail grounds — Specify [x]
a. [x] In the inmate's cell/room
b. [] In a temporary holding area/lockup
c. [] In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
d. [] In a segregation unit
e. [] In special medical unit/infirmary
f. [] In special mental health services unit
g. [] Elsewhere within jail facility — Specify [x]
02 [] Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
03 [] Elsewhere — Specify [x]
09 [] Not applicable — cause of death was illness, intoxication, or AIDS-related

Notes

LOCAL JAIL INMATE DEATH REPORT

INMATE DEATH # OUT OF QUARTERLY TOTAL OF

1. What was the inmate's name?

Last Barrett First Timothy MI B

2. On what date did the inmate die?

Month 05 Day 05 Year 20

3. What was the inmate's date of birth?

Month 04 Day 24 Year 1978

4. What was the inmate's sex?

- 01 Male
- 02 Female

5. What was the inmate's race/ethnic origin?

- 01 White (not of Hispanic origin)
- 02 Black or African American (not of Hispanic origin)
- 03 Hispanic or Latino
- 04 American Indian/Alaska Native (not of Hispanic origin)
- 05 Asian (not of Hispanic origin)
- 06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07 Two or more races (not of Hispanic origin)
- 08 Additional categories in your information system—
Specify
- 09 Not known

6. On what date had the inmate been admitted to a facility under your jail jurisdiction?

Month 02 Day 10 Year 2015

7. For what offense(s) was the inmate being held?

- a. Resisting Officer 14.1178
- b. Convicted felon in poss. of firearm 14.95.1
- c. _____
- d. _____
- e. _____

8. What was the inmate's legal status at time of death?

- For persons with more than one status, report the status associated with the most serious offense.

- 01 Convicted — new court commitment
- 02 Convicted — returned probation/parole violator
- 03 Unconvicted
- 04 Other — Specify

9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- 01 Yes
- 02 No
- 08 Don't know

10. Where did the inmate die?

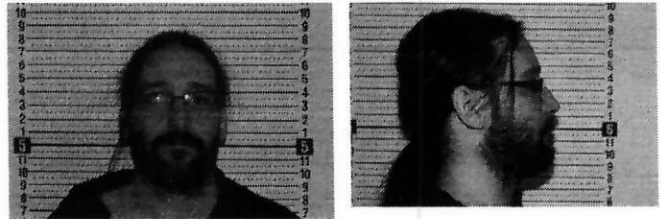
- 01 In general housing within jail facility or on jail grounds
- 02 In segregation unit
- 03 In special medical unit/infirmary within jail facility
- 04 In special mental health services unit within jail facility
- 05 In medical center outside jail facility
- 06 In mental health center outside jail facility
- 07 While in transit
- 08 Elsewhere — Specify

Washington Parish Jail

Release Sheet: WPJAIL0000017301

Page: 1

ID #: 2015020079
Name: BARRETT, TIMOTHY BRYAN
Address: 1101 WARREN STREET
 BOGALUSA, LA 704270000
Phone(Home/Business):(985) 000-0000 (985) 000-0000
DOB: 4/24/1978 **Age:** 36 YRS **Height:** 5-7
Race:W **Sex:** M **Weight:** 150
Eyes:BRO **Ethnicity:**N **Appearance:**
Hair: BRO **Resident:**R **Build:**
Scars/Marks/Tattoos: **Complexion:** **Birth Place:**
Employer: **FBI ID:** **IdentA:**
SSN: 229-51-0197 **DL No.:** **LA State ID:**



Booking Date: 02/10/15 Time: 10:28 Release Date: 05/05/15 Time: 15:34 Officer: 2013110215 LINDSEY, TYLER Arrest Date: 02/08/15 Time: 12:24 Arresting Agency: BPD Officer: 2006070178 POLICE DEPARTMENT, BOGAL Location: 1101 WARREN STREET BOGALUSA LA Searched By: JBLACKWELL Phone Call: Y CLOTHING: Y NCIC: DNA BLOOD: METAL: WARRANT: Y PAT: Y PRINTS: Y STRIP: Y PHOTO: Y CAVITY: DNA SWAB:	Transfer(Y/N)? Facility: WPJAIL Reason for Release: D Length of Stay: Booking Officer: 2007120446 STUART, ANGELA Cell Assignment: C Status: F Class: P Hold Reason: FW Holding For: VIRGINIA Sentence Date: / / Scheduled Release: / / 0:00 Court Date: Attorney: Bondsman: Supplemental To: Drug Screen:
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Cash: \$2.53 **Vehicle Information:**

Vehicle Location:

Property Description:

BLUE SHIRT
 BLUE BOXERS
 BLUE JEANSBLACK BELT
 BLACK WALLET

Property Location: 1-45

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number	Warrant Number	Fel/Misd	Fine Amount:
1	FUG 201500100	FUGITIVE OTHER JURISDICTION FUG		22JDC	0.00	NB
2/10/2015...FUGITIVE FROM RICHMOND, VA , CALL WHEN READY TO EXTRADITE...RUBY HILL@ 804-887-7913...AKNIGHT						
2/12/2015 CHARGE 1 NB CHARGES 2-3 \$100,000 CPS PER COMM FOIL AT 72S.....DOMINGUEZ						
2	108 2015001000	RESISTING AN OFFICER 14:108		22JDC	0.00	M
3	95.1 2015001000	CONVICTED FELON IN POSSESSION OF FIREARM 14:95.1		22JDC	100,000.00	CPS F

Washington Parish Jail
 Release Sheet: WPJAIL0000017301

Release Notes:

05/05/15 SUBJECT IS DECEASED.....TLINDSEY

JAIL PROPERTY ISSUED							
Item Code/Description:	Date/Time Issued:	Issued by:	Serial No.:	Condition:	Quantity:	Inventory No.:	Total Cost:
	Date/Time Returned:	Returned by:		Condition:		Cost:	
A	ADMISSION KIT						
	02/10/2015 10:50	2012060314		N	1	0.00	0.00
B	BLANKET						
	02/10/2015 10:50	2012060314		U	1	0.00	0.00
M	MATTRESS						
	02/10/2015 10:50	2012060314		U	1	0.00	0.00
P	PILLOW						
	02/10/2015 10:51	2012060314		U	1	0.00	0.00
S	SHEET						
	02/10/2015 10:51	2012060314		U	1	0.00	0.00
MJ	MEN'S JUMPSUIT						
	02/10/2015 10:51	2012060314		U	1	0.00	0.00
SP	SPORK						
	02/10/2015 10:51	2012060314		U	1	0.00	0.00
BW	BOWL						
	02/10/2015 10:51	2012060314		U	1	0.00	0.00
C	CUP						
	02/10/2015 10:52	2012060314		U	1	0.00	0.00

**I HAVE RECIEVED THE ABOVE JAIL PROPERTY IN THE CONDITION STATED.
 I HAVE RETURNED THE PROPERTY OR REIMBURSED THE JAIL FOR THE VALUE
 OF THE PROPERTY FOR DAMAGE OR LOSS INCURRED DURING MY USE.**

Inmate's Signature: _____ **Date:** _____ **Time:** _____

Witness: _____ **Date:** _____ **Time:** _____

Washington Parish Jail
Release Sheet: WPJAIL0000017301

Total Bond Amount: \$100,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, EXCLUDING MY MONEY AND VALUABLES, WHICH ARE CONTAINED IN THE SAFE. I ALSO UNDERSTAND THAT THESE ITEMS ARE TO BE PICKED UP DURING NORMAL BUSINESS HOURS AND IF NOT PICKED UP WITHIN 90 DAYS THEY WILL BE FORFEITED AND/OR DESTROYED

Inmate's Signature _____ Date _____ Time _____

Witness _____ Date _____ Time _____

Releasing Officer _____ Date _____ Time _____

Authorized Release: 92608

JAIL INCIDENT REPORT

Incident Number: 2222

Incident Date/Time: 05/05/2015 05:09:00 Incident Type: MAJOR RULE VIOLATION

Incident Location: C-BLOCK CELL 2

Incident Cause: INMATE SUICIDE

NARRATIVES (Facts):

Date/Time Entered: 05/05/2015 06:56:47 Entered By: Record Not Available

ON ABOVE DATE AND TIME WHILE CONDUCTING MORNING COUNT DY. WALL CALLED FOR ASSISTANCE IN C-BLOCK ADVISED THERE WAS AN EMERGENCY. AT THIS TIME I SGT. LINDSEY RESPONDED TO CELL 2 IN C-BLOCK AND OBSERVED INMATE TIMOTHY BARRETT WITH HIS FACE PLACED AGAINST THE METAL RAILING OF THE BOTTOM BUNK AND A STRING TIED AROUND HIS NECK AND TIED TO THE TOP BUNK. AT THIS TIME I SGT. LINDSEY SECURED THE SCENE AND INSTRUCTED DY. WALL TO RETURN TO THE CONTROL CENTER TO GET SOMETHING TO CUT THE STRING FROM INMATE BARRETT'S NECK. SHORTLY AFTER DY. WALL RETURNED AND I SGT. LINDSEY CUT THE STRING AND THEN CALLED WARDEN MILLER. WARDEN MILLER ADVISED TO CONTACT NORTSHORE EMS AND TO SECURE THE SCENE SGT. LINDSEY AND DY. WALL TOOK PHOTOGRAPHS OF THE BODY AND THE AREA OF THE CELL. NORTSHORE EMS MEDICS TIMOTHY COX AND JOEY FREEMAN INTO ASSESS INMATE BARRETT AT 0515 NORTSHORE EMS OUT AT 0524 . AT 0540 DY. WALL RELIEVED ME SGT. LINDSEY AND TOOK OVER CONTROL OF THE SCENE. 0548 WARDEN MILLER INTO JAIL AND REMOVED TOWER AND CONTROL CENTER LOG BOOKS. CHIEF HALEY AND WARDEN MILLER ENTERED L/B AT 0600 AND I SGT. LINDSEY WAS ORDERED BY CHIEF HALEY TO ISSUE PAPER TO INMATES IN C-BLOCK TO WRITE DOWN WHAT THEY SAW IF ANYTHING. INMATES STATEMENTS WERE WITNESSED BY SGT. LINDSEY AND TURNED OVER TO WARDEN MILLER. AT 0615 WARDEN MILLER AND DETECTIVE MITCHEL ENTERED C-BLOCK. AT 0624 CORONER DANIEL WHITTINGTON ENTERED WPSO JAIL MR. WHITTINGTON WAS ESCORTED TO CELL-2 OF C-BLOCK BY SGT. LINDSEY. INMATE BARRET WAS PRONOUNCED DEAD BY CORONER WHITTINGTON AT 0628. SCENE WAS SECURED BY DEPUTY AT ALL TIMES. NOTHING FURTHER TO REPORT.

EVIDENCE COLLECTED:

NO DATA ENTERED

ACTION(S)/RECOMMENDATION(S):

NO DATA ENTERED

SUPERVISOR/MANAGER REVIEW:

NO DATA ENTERED

INFRACTION(S) INVOLVED:

DEATH DEATH IN JAIL

PARTIES INVOLVED:

Party Name: BARRETT , TIMOTHY BRYAN
Book Number (If Inmate): WPJAIL0000017301

Involvement: VICTIM
Cell Assignment (If Inmate): C

Infraction: DEATH IN JAIL

JAIL INCIDENT REPORT

Incident Number: 2222

Entered By: LINDSEY, TYLER

Officer Making Report _____
2012060314

Date _____

Time _____

Approval Supervisor _____
92608

Date _____

Time _____

Approval Manager _____
25384

Date _____

Time _____

FORM CJ-9
(10-13-2009)



DEATHS IN CUSTODY 2017
**QUARTERLY REPORT ON INMATES
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
RTI International
Crime, Violence, and Justice
Research Program

DATA SUPPLIED BY

NAME J. Miller TITLE Warden

OFFICIAL ADDRESS 1002 Main Street City Franklinton State LA ZIP Code 70438

TELEPHONE 985-839-3434 FAX NUMBER 985-839-7834

E-MAIL ADDRESS jmiller@wpsol.a.gov

- Reporting Period (Mark only one.)
- Quarter 1 (January 1 — March 31)
 - Quarter 2 (April 1 — June 30)
 - Quarter 3 (July 1 — September 30)
 - Quarter 4 (October 1 — December 31)

(Please correct any error in name, mailing address, and ZIP Code)

What deaths should be reported?

- **INCLUDE** deaths of ALL persons 1
 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, and work farms); or on transfer to treatment facilities;
 UNDER YOUR JURISDICTION but out to court;
 WHILE 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 non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
 UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction
 IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

During the reporting quarter marked above, how many persons died while under the supervision of your local jail jurisdiction?

Number of deaths 1

Instructions:

- **IF NO DEATHS**, please disregard.
- **IF A DEATH OCCURRED**, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 16 for each inmate death.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this quarterly report and each associated **LOCAL INMATE DEATH REPORT** by **FAX** or **MAIL** within 30 days of the end of each quarter.
- **FAX (TOLL-FREE):** 1-888-###-####.
- **MAIL:** RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194
- If you need assistance, call Chris Ellis of RTI International toll-free at 1-800-###-####, or e-mail jaildeaths@rti.com.

Burden Statement

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LOCAL JAIL INMATE DEATH REPORT

INMATE DEATH REPORT PART OF QUARTERLY TOTAL OF

1. What was the inmate's name?

Last Lester First Robert MI J

2. On what date did the inmate die?

Month 06 Day 17 Year 2007

3. What was the inmate's date of birth?

Month 09 Day 16 Year 1968

4. What was the inmate's sex?

01 Male
02 Female

5. What was the inmate's race/ethnic origin?

- 01 White (not of Hispanic origin)
- 02 Black or African American (not of Hispanic origin)
- 03 Hispanic or Latino
- 04 American Indian/Alaska Native (not of Hispanic origin)
- 05 Asian (not of Hispanic origin)
- 06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07 Two or more races (not of Hispanic origin)
- 08 Additional categories in your information system—
Specify
- 09 Not known

6. On what date had the inmate been admitted to a facility under your jail jurisdiction?

Month 12 Day 17 Year 2011

7. For what offense(s) was the inmate being held?

- a. Convicted Felon in possession of Firearm
- b. Principal to aggravated Kidnapping
- c. Principal to car jacking
- d. Principal to aggravated burglary of Inhabited dwelling
- e.

8. What was the inmate's legal status at time of death?

• For persons with more than one status, report the status associated with the most serious offense.

- 01 Convicted — new court commitment
- 02 Convicted — returned probation/parole violator
- 03 Unconvicted
- 04 Other — Specify

9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- 01 Yes
- 02 No
- 08 Don't know

10. Where did the inmate die?

- 01 In general housing within jail facility or on jail grounds
- 02 In segregation unit
- 03 In special medical unit/infirmary within jail facility
- 04 In special mental health services unit within jail facility
- 05 In medical center outside jail facility
- 06 In mental health center outside jail facility
- 07 While in transit
- 08 Elsewhere — Specify

Name of deceased inmate Robert Lester

11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

- 01 Yes — Complete items 12 through 16.
- 02 Evaluation complete, results are pending — Skip remaining items; you will be contacted later for those data.
- 03 No such evaluation is planned — Complete items 12 through 16.

12. What was the cause of death?

- 01 Illness
 - Exclude AIDS-related deaths.
 - Specify illness
- 02 Acquired Immune Deficiency Syndrome (AIDS)
- 03 Accidental alcohol/drug intoxication — Specify type
- 04 Accidental injury to self — Describe events
- 05 Accidental injury by other (e.g., vehicular accidents during transport) — Describe events
- 06 Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) — Describe events
- 07 Homicide committed by other inmate(s)
- 08 Homicide incidental to use of force by staff — Describe events
- 09 Other causes — Specify causes Metastatic Cancer to Brain

13. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

• If multiple medical conditions caused the death, mark "01" if any of the conditions were pre-existing.

- 01 Pre-existing medical condition
- 02 Deceased developed condition after admission
- 08 Could not be determined
- 09 Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

14. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities?

• Exclude emergency care provided at time of death.

- | Yes | No | Don't know | |
|-----------------------------|-----------------------------|--|--|
| 01 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input checked="" type="checkbox"/> | Evaluated by physician/medical staff |
| 02 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input checked="" type="checkbox"/> | Had diagnostic tests (e.g. x-rays, MRI) |
| 03 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input checked="" type="checkbox"/> | Received medications |
| 04 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input checked="" type="checkbox"/> | Received treatment/care other than medications |
| 05 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input checked="" type="checkbox"/> | Had surgery |
| 06 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input checked="" type="checkbox"/> | Confined in special medical unit |

09 Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

15. When did the incident (e.g., accident, suicide or homicide) causing the death occur?

- 01 Morning (6 a.m. to noon)
- 02 Afternoon (noon to 6 p.m.)
- 03 Evening (6 p.m. to midnight)
- 04 Overnight (midnight to 6 a.m.)
- 09 Not applicable — cause of death was illness, intoxication, or AIDS-related

16. Where did the incident (e.g., accident, suicide or homicide) causing the death take place?

- 01 In the jail facility or on jail grounds — Specify
 - a. In the inmate's cell/room
 - b. In a temporary holding area/lockup
 - c. In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
 - d. In a segregation unit
 - e. In special medical unit/infirmary
 - f. In special mental health services unit
 - g. Elsewhere within jail facility — Specify Tulane Hospital

- 02 Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
- 03 Elsewhere — Specify

09 Not applicable — cause of death was illness, intoxication, or AIDS-related

Notes

Washington Parish Jail

Release Sheet: WPJAIL0000020302

Page: 1

ID #: 2011010079

Name: LESTER, ROBERT J JR

Address: 40899 CANARY LANE

FRANKLINTON, LA 704380000

Phone(Home/Business)(985) 000-0000 (985) 000-0000

DOB: 9/16/1968 Age: 48 YRS Height: 0- 0

Race: W Sex: M Weight: 000

Eyes: BRO Ethnicity: U Appearance: 10

Hair: BRO Resident: R Build: 7

Scars/Marks/Tattoos: Complexion: FAR Birth Place:

Employer: FBI ID: IdentA:

SSN: 438-53-2798 DL No.: 8424959 LA State ID:



Booking Date: 12/17/16 Time: 3:17 Release Date: 06/17/17 Time: 14:20 Officer: 2010050425 DOBY, KENNETH Arrest Date: 12/17/16 Time: 0:00 Arresting Agency: WPSO Officer: 74773 MYERS, DET RAYMOND Location: WPSO JAIL FRANKLINTON LA Searched By: MANNING Phone Call: Y CLOTHING: Y NCIC: Y DNA BLOOD: METAL: Y WARRANT: Y PAT: Y PRINTS: Y STRIP: Y PHOTO: Y CAVITY: DNA SWAB:	Transfer(Y/N)? Facility: WPJAIL Reason for Release: TS Length of Stay: 183 Booking Officer: 2016080015 WARREN, SHANIQUIAL Cell Assignment: B Status: Class: P Hold Reason: Holding For: Sentence Date: / / Scheduled Release: / / 0:00 Court Date: Attorney: Bondsman: Supplemental To: Drug Screen:
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Cash: \$0.00 Vehicle Information:

Vehicle Location:

Property Description:

Property Location:

- 1-BLACK JACKET
- 1-DARK GREEN SKULL T-SHIRT
- 1-CAMO PANTS
- 1-DARK PURPLE BOXERS
- 1-BLACK BELT

 12/20/16.....2 PR OF SOCKS, 2 PR OF BOXERS, 2 T SHIRTS, 2 THERMAL, 1 GREY SWEATSUIT, 2 WASHCLOTHS, 1 PR OF SHOWER SHOES, 2 TOWELS.....AMCMORRIS

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number	Fel/Misd	Fine	Amount:
1	95.1 2016120615	CONVICTED FELON IN POSSESSION OF FIREARM 14:95.1	22JDC	100,000.00 F	CPS	0.00
12/19/16....BOND ON CHARGES 1-4 CONFIRMED AT 72'S WITH CONDITION OF NO CONTACT WITH VICTIM PER COMM FOIL....J.BLACKWELL						
2	14:24:44 2016120615	PRINCIPAL TO AGGRAVATED KIDNAPPING 14:24:44	22JDC	100,000.00 M	CPS	0.00

Washington Parish Jail

Release Sheet: WPJAIL0000020302

Page: 2

3	14:24:64.2 2016120615	PRINCIPAL TO CAR JACKING	22JDC	100,000.00 M	CPS 0.00
4	14:24:60 2016120615	PRINCIPAL TO AGGRAVATED BURGLARY OF INHABI 14:24:60	22JDC	50,000.00 M	CPS 0.00

Release Notes:

DECEASED

OFFENDER PASSED AWAY @ UMC ON 6/17/17 @1420. I WAS INFORMED, VIA DOCTORS REPORT THAT THE CAUSE OF DEATH: METASTATIC CANCER TO BRAIN OF UNKNOWN ALL TYPE

ATTENDING MD AT TIME OF DEATH: ALEXANDRIA LOUISE SILVERTON

PHYSICIAN PRONOUNCING DEATH: EMMANUEL GUAJARDO CELL # (956) 455-2975

EMAIL: EGUAJARD@TULANE.EDU

Total Bond Amount: \$350,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, EXCLUDING MY MONEY AND VALUABLES, WHICH ARE CONTAINED IN THE SAFE. I ALSO UNDERSTAND THAT THESE ITEMS ARE TO BE PICKED UP DURING NORMAL BUSINESS HOURS AND IF NOT PICKED UP WITHIN 90 DAYS THEY WILL BE FORFEITED AND/OR DESTROYED

Inmate's Signature _____ **Date** _____ **Time** _____

Witness _____ **Date** _____ **Time** _____

Releasing Officer _____ **Date** _____ **Time** _____

Authorized Release: 25384