LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST: Deville | FIRST: Roger | MI: D

2. On what date did the inmate die?

MONTH: 11 | DAY: 13 | YEAR: 2014

3. What was the name and location of the correctional facility involved?

Facility Name: Evangeline Parish Sheriff's Office

Facility City: Ville Platte | Facility State: LA

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

MONTH: 06 | DAY: 17 | YEAR: 1951

5. What was the inmate's sex?

- (✓) Male
- ( ) Female

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
- ( ) Asian
- ( ) Native Hawaiian or Pacific Islander
- ( ) Some other race

→ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH: 07 | DAY: 22 | YEAR: 2014

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)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	( )	(✓)	( )
b. U.S. Marshals Service	( )	(✓)	( )
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	( )	(✓)	( )

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

a. Unauthorized Use of
b. Acess Device as Theft in
c. the amount of 67,466.14
d. (176 counts)
e.

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

→ *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

«AGENCY ID»

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 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 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*** ***

- ○ 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*] ⟶
- ○ Homicide [*Describe*] ⟶
- ● Other cause(s) [*Specify*] ⟶ Natural causes previous medical condition

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

  [PLEASE SPECIFY] →
  - ○ In the inmate's cell/room
  - ○ In a temporary holding area/lockup
  - ○ 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. 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)

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	○	○	○
b. Diagnostic tests (e.g., X-rays, MRI)	○	○	○
c. Medications	○	○	○
d. Treatment/care other than medications	○	○	○
e. Surgery	○	○	○
f. Confinement in special medical unit.	○	○	○

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.")*

- ● 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:

Complaint Report

Complaint Number - 14-020953

Received by: DICK-C

Date/Time received: 11/13/2014 @ 0750 **How Received:** Phone

Time Dispatched: 0750 **Time Arrived:** 0753 **Time Cleared:** 0933

Time Desk Sgt: **Time Ambulance:** **Time Fire:**

Time State Police: **Time Rescue:** **Time CVA:**

Complainant - ROGER DEVILLE **To be contacted?** Yes

Address: 1178 TURKEY HOLLOW ROAD

City: TURKEY CREEK **State:** LA **Zip:**

Phone:

Type of Complaint - Death

Nature: DEATH.
ON NOVEMBER 13, 2014 I, SGT. JOSHUA UHLMAN WITH THE EPSO WAS DISPATCHED TO THE EVANGELINE PARISH JAIL IN REFERENCE TO A DEATH ON AN INMATE.
UPON ARRIVAL I SPOKE WITH DEPUTY CARL CULLIVAN WHO STATED INMATE ROGER DALE DEVILLE WAS FOUND DEAD IN HIS BUNK IN CELL #1. DTY. CULLIVAN STATED HIS CELLMATE ALTON WILLIAMS FOUND HIM SITTING IN THE BUNK NOT RESPONDING AND NO PULSE. I SPOKE WITH INMATE ALTON WILLIAMS WHO STATED THAT AT ABOUT 7AM HE AND MR. DEVILLE GOT UP AND MR. DEVILLE WENT BRUSH HIS TEETH AND WASH UP AND AT ABOUT 7:20AM. MR. DEVILLE WENT BACK TO HIS BUNK AND HE MR. WILLIAMS WAS SITTING AT THE TABLE READING HIS BOOK. WHEN THE JAILER CAME TO GET THEM OUT FOR WORK MR. DEVILLE WAS NOT ANSWERING SO HE, MR. WILLIAMS WENT INTO THE BUNK ROOM TO CHECK ON MR. DEVILLE AND THAT IS WHEN HE NOTICED MR. DEVILLE SITTING UP IN THE BED NOT BREATHING AND NO PULSE. ACADIAN AMBULANCE WAS CALLED BY DISPATCH AND UPON THEIR ARRIVAL THEY CHECKED MR. DEVILLE WITH THE MONITOR AND FOUND NO SIGNS OF LIFE. AT THIS POINT THE CORNER WAS CALLED. UPON ARRIVAL OF THE CORNER, MIKE BAQUET, HE DETERMINED THE CAUSE OF DEATH AS HEART COMPLICATIONS DUE TO MR. DEVILLE'S PREVIOUS MEDICAL CONITIONS.

How Handled: Officer Dispatched **Follow Up:** **Team:**

Location Code: **Location Dispatched:** EPSO JAIL

Officer	Relationship
UHLM-J	Officer Dispatched

Queue Time <time received to dispatched> = 0 minutes

Travel Time <time dispatched to arrived>	=	3	minutes
Response Time <time received to arrived>	=	3	minutes
Action Time <time arrived to cleared>	=	100	minutes