LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST: Thomas | FIRST: Nikita | MI:

2. On what date did the inmate die?

MONTH: 05 | DAY: 27 | YEAR: 2015

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: 10 | DAY: 19 | YEAR: 1981

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: 11 | 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. Failure to Appear 7/11/13

b.

c.

d.

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

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*] → seizure 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 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)
- ○ 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 any 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 - 15-021879

Received by: LAVI-C

Date/Time received: 05/27/2015 @ 1501 **How Received:** Phone

Time Dispatched: 1501 **Time Arrived:** 1505 **Time Cleared:** 1648

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

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

Complainant - NAKITA THOMAS **To be contacted?** Yes

Address: 308 N. CHATAIGNIER

City: VILLE PLATTE **State:** LA **Zip:** 70586

Phone: 337 831-9902

Type of Complaint - Death

Nature: DEATH.
ON TODAY'S DATE MAY 27, 2015 I, CAPT. ELLIOT THOMAS WAS CONTACTED BY DEPUTY FABIAN POULLARD IN REFERENCE TO AN INMATE WITH A MEDICAL ISSUE. DEPUTY POULLARD WENT ONTO SAY THAT AN INMATE IDENTIFIED AS NAKITA THOMAS WAS POSSIBLY HAVING A SEIZURE AND WANTED TO KNOW IF HE SHOULD NOTIFY ACADIAN AMBULANCE TO BE ENROUTE TO THE JAIL.
UPON MY ARRIVAL TO THE JAIL I WAS ADVISED THAT NAKITA THOMAS WAS UNRESPONSIVE AND THAT THE MEDICS FROM ACADIAN AMBULANCE CREW WERE ATTEMPTING TO REVIVE HIM. I ENTERED THE JAIL AND WAS TOLD THAT MR. THOMAS HAD BEEN PRONOUNCED DECEASED ACCORDING TO THE CREW OF ACADIAN AMBULANCE.
DEPUTY POULLARD ADVISED DURING OUR CONVERSATION THAT DEPUTY JAKE MCDUFFIE WHO WAS WORKING ON THE SECOND FLOOR WAS TOLD BY THE INMATES IN CELL #4 HAD CONTACTED HIM (YELLING) STATING THAT NAKITA WAS HAVING SOME SORT OF MEDICAL EMERGENCY. DPTY. POULLARD WENT ONTO SAY THAT ACCORDING TO THE INMATES THE DECEASED WAS ASLEEP IN HIS BUNK, WHICH IS A TOP BUNK WHEN HE BEGAN SHAKING SO THEY TOOK HIM OFF OF THE BUNK AND BEGAN CPR AT THAT POINT DPY. MCDUFFIE MADE CONTACT WITH THE SUPERVISOR ON THE FIRST FLOOR WHO THEN CONTACTED 911 TO REPORT THE EMERGENCY.
AFTER RECEIVING WORD THAT MR. THOMAS HAD EXPIRED THE CORONER'S OFFICE WAS CONTACTED. THE DEPUTY CORONER MITCH PELLERIN WAS CONTACTED THROUGH BY THE DISPATCHER OF THIS AND HE ARRIVED A SHORT TIME LATER. ONCE THE DPTY. ARRIVED HE WAS ADVISED OF THE SITUATION AND HE WENT TO CELL #4 TO ADDRESS THE SITUATION. DPTY. CORONER PELLERIN RETURNED DOWN TO THE FIRST FLOOR AND MADE CONTACT WITH THE CORONER DR. CHARLES AND AFTER MAKING NOTIFCATION WITH THE FAMILY OWNES FUNERAL HOME WAS CONTACTED TO PICK UP THE BODY OF THE DECEASED NAKITA THOMAS.
VOLUNTARY STATEMENTS WERE TAKEN FROM ALL THE INMATES IN CELL #4 AS WELL AS THE DEPUTIES INVOLVED WORKING THE JAIL DURING THE INCIDENT BY INVESTIGATORS FROM CID.

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

Location Code: **Location Dispatched:** 200 COURT STREET

Officer	Relationship
THOM-E	Officer Dispatched

Queue Time <time received to dispatched>	=	0 minutes
Travel Time <time dispatched to arrived>	=	4 minutes
Response Time <time received to arrived>	=	4 minutes
Action Time <time arrived to cleared>	=	103 minutes