Avoyelles Parish Sheriff's Office
APSO
Unusual Occurrence Report

Name: Willie Elliot Williams
Time: 12:00 am
Incident: Medical

Date: 10/25/2016
Location: Booking

Attach Additional Information If Needed.

Type of Incident

Assault on Staff	Major Disturbances	Roof Shakedown
Protection Request	Maintenance	Ag Sex Offense
Sex Offense	Shift Shakedown	Violent Death
Repair Request	Aggravated Fight	Use of Force
Front Gate Shakedown	Death Due to Illness	Fence Check
Fight	Minor Disturbance	Mattress Shakedown
Mental Health	Weekly Inspection	Escape
Search of Inmates	Grounds Shakedown	**Medical**
Monthly	Contraband	Other: Feeding

DESCRIPTION OF INCIDENT- (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On the above date and approximate time, I Lt. Gormsen was notified by booking for an urgent phone call from Dep. Green. Upon arrival to booking Dep. Green stated to I Lt. Gormsen from Avoyelles hospital that the above name and number offender had become **unresponsive and hospital staff tried repeatedly to bring him back and were unsuccessful**. The above name and number offender's estimated time of death was at approximately **11:40 pm.** I Lt. Gormsen notified Capt. Saucier, then contacted Chief Deputy John Augustine, Captain Richard Ducote, and then Warden Floyd Laprarie. I Lt. Gormsen per Chief Deputy John Augustine notified Hunt Correctional Center of the above name and number offender's death, and provided them with any information that they needed. I Lt. Gormsen was notified by Avoyelles Hospital that at approximately 3:45 am that the above name and number offender's family decided that they wanted the funeral to be held at **Escude Funeral Home in Mansura, La, but provided no information as far as the date of the funeral at this time.** This was all approved by Warden Floyd Laprarie, Capt. Dwayne Saucier, Capt. Richard Ducote, and Chief Deputy John Augustine. End of Report.

Shift Lt. Eric Gormsen
Reporting Officer

Witnesses

SCANNED

Avoyelles Parish Sheriff's Office
APSO
Unusual Occurrence Report

Name: Willie Williams ID NUMBER: 71110 DORM: B-Dorm
Location of Incident: TIME: 10:45pm Date:10/25/16
Attach Additional Information If Needed.

Type of Incident

Assault on Staff	Major Disturbances	Roof Shakedown
Protection Request	Maintenance	Ag Sex Offense
Sex Offense	Shift Shakedown	Violent Death
Repair Request	Aggravated Fight (X)	Use of Force
Front Gate Shakedown	Death Due to Illness	Fence Check
Fight	Major Disturbance	Mattress Shakedown
Mental Health	Weekly Inspection	Escape
Search of Inmates	Grounds Shakedown	**Medical (X)**
Monthly	Contraband	Other:

On the above time and date. I deputy Cody Green was sitting with the offender Willie Williams #71110 at Avoyelles Hospital. At around 10:45pm, I attempted to check on the offender Willie William #71110, but he did not respond. I then proceeded to check for a pulse, when I could not find a pulse, I then called out for the attending nurse, that the offender was unresponsive, and that he was not breathing. The nurse then called for a code blue. The doctor on duty, and several of the nurses then began to attempt to revive the offender. And once they determined that the offender had passed away, I then notified Lt. Eric Gormsen that offender Willie Williams #71110 had passed away. Lt. Eric Gormsen gave me directions to stay with the offender until a relief could come, and or until further instructions.

SCANNED

Cody Green / Lt Gormsen
Reporting Officer/Shift Supervisor

Avoyelles Parish Sheriff's Office APSO

Unusual Occurrence Report

Name: WILLIE WILLIAMS ID#: 71110 DATE: 10/26/16
Time12:00 Location:

Attach Additional Information If Needed.

Type of Incident

Assault on Staff	Major Disturbances	Roof Shakedown
Protection Request	Maintenance	Ag Sex Offense
Sex Offense	Shift Shakedown	Violent Death
Repair Request	Aggravated Fight	Use of Force
Front Gate Shakedown	Death Due to Illness	Fence Check
Fight	Minor Disturbance	Mattress Shakedown
Mental Health	Weekly Inspection	Escape
Search of Inmates	Grounds Shakedown	Medical
Monthly	Contraband	Other: Accident

DESCRIPTION OF INCIDENT- (ATTACH ADDITIONAL INFORMATION IF NEEDED)

ON THE ABOVE DATE AND TIME, I NURSE STEWART, WAS INFORMED BY SECURITY THAT THE ABOVE INMATE HAD PASSED. I CONTACTED AVOYELLES HOSPITAL TO CONFIRMTHE REPORT. I SPOKE WITH NURSE BETH, SHE CONFIRMED THAT HE HAD PASSED. NO OTHER INFORMATION WAS GIVEN AS TO CAUSE OF DEATH AT THIS TIME. I RECEIVED A CALL BACK FROM AVOYELLES HOSPITAL, SPOKE WITH DYLAN JUNEAU, LPN, HE CONFIRMED THE TIME OF DEATH AT 23:40. MEDICAL SUPERVISOR, D. MARTIN WAS INFORMED. END OF REPORT.

SCANNED

A.STEWART, LPN

A Stewart LPN

Bureau of Justice Statistics
U.S. DEPARTMENT OF JUSTICE

MORTALITY IN CORRECTIONAL INSTITUTIONS

OMB No. 1121-0249 Exp. 06/30/2021

You are logged in as: Avoyelles Parish Sheriff's Department - Louisiana (10951122)

Frequently Asked Questions

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Having technical problems?

Contact us at: 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...

- X Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Under your jurisdiction but in nonresidential community-based 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 long-term transfer to another jurisdiction
- X In the process of arrest by your agency, but not yet booked into your jail facility

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

Name	Date of Death	Gender	Actions			Submitted?
williams, Willie	10/25/2016	Male	{Print}	Edit	Delete	Submitted
Count=1						

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-9

DEATHS IN CUSTODY—2016
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	richard ducote	Title	Captain
Official Address	675 Government St.	Telephone	318 6190-39046
City	Marksville	FAX	319 253-8513
State	LA	Zip	71351
E-mail	rducote@avoyellesso.org		

Instructions for Completion

If no deaths occurred in 2016:
- 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 2016:
- 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://bjsdcrp.rti.org
E-MAIL: bjsdcrp@rti.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 bjsdcrp@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 community-based 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 long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT
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«AGENCY ID»

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
williams	Willie	E

2. On what date did the inmate die?

MONTH	DAY	YEAR
10	25	2016

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

Facility Name: Marksville Detention Center - DC1

Facility City: Marksville

Facility State: LA

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

MONTH	DAY	YEAR
08	26	1991

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	DAY	YEAR
08	19	2016

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. possession of firearm-felon

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 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 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*] → complications due to sickle cell disease
- ☐ 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

  [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.")*

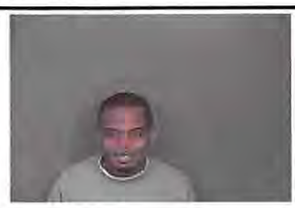
- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

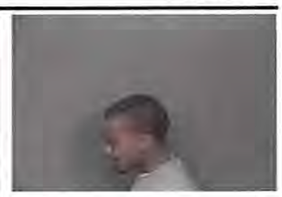
- ☑ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2016080310 Page: 1





ID #: 71110
Name: WILLIAMS, WILLIE ELLIOT
Address: 6975 COCO ST
MANSURA, LA 71350-
Phone(Home/Business) (318) 581-0307 (000) 000-0000
DOB: 8/26/1991 Age: 24 YRS Height: 5- 5
Race: B Sex: M Weight: 110
Eyes: BRO Ethnicity: N Appearance:
Hair: BLK Resident: U Build: S
Scars/Marks/Tattoos: Complexion: MED Birth Place: PINEVILLE LA
Employer: FBI ID: IdentA: 592791
SSN: PRIVATE DL No.: NONE State ID:

Booking Date: 08/19/16 Time: 11:19
Release Date: 10/26/16 Time: 8:20
Officer: 99552 GAUTHIER, JADE
Arrest Date: 08/19/16 Time: 0:00
Arresting Agency: DOC
Officer: Name not found
Location:
MARKSVILLE LA
Searched By: Phone Call: N
CLOTHING: NCIC:
METAL: WARRANT:
PAT: PRINTS:
STRIP: PHOTO:
CAVITY: RULEBOOK:

Transfer(Y/N)? Facility: APSO
Reason for Release: TIME
Length of Stay:
Booking Officer: 76230 BENAVIDEZ, NYJA
Cell Assignment: MJ-B
Status: DOC Class: DC1
Hold Reason:
Holding For:
Sentence Date: / /
Scheduled Release: / / 0:00
Court Date:
Attorney:
Bondsman:
Supplemental To:
Drug Screen:

Cash: $0.00 Vehicle Information:
Vehicle Location:
Property Description: Property Location:

OFFENSES

Seq.No.:	Code:	Description:	Court	Bond Amt:	Bond Type:
	Incident Number	Statute (RSA)	Warrant Number	Fel/Misd	Fine Amount:
Notes:					
1	FPF	POSSESSION OF FIREARM-FELON	DC	0.00	
		14:95.1		F	0.00

HARD ID MADE 10/10/2016

Release Notes:
OFFENDER IS DECEASED

Avoyelles Parish Sheriff's Office

Total Bond Amount:

I HAVE RECEIVED ALL OF MY PROPERTY, MONEY AND VALUABLES AND FIND IT TO BE ACCURATE.

Inmate's Signature	**Date**	**Time**
Witness	**Date**	**Time**
Releasing Officer	**Date**	**Time**

Authorized Release: 99552