

Form CJ-9


**DEATHS IN CUSTODY—2012  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

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

Name	Daniel Clark	Title	warden	
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State	LA	Zip	70663	
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Please correct any error in name or mailing address

**Instructions for Completion**

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 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](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

**MAIL:** RTI International, Attn: Kim Aspinwall

Project Number: 0213149.001.102

3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto: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, and 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 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.

**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.

# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

MONTH DAY YEAR

4. What was the inmate's sex?

- Male  
 Female

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

- White (*not of Hispanic origin*)  
 Black or African American (*not of Hispanic origin*)  
 Hispanic or Latino  
 American Indian/Alaska Native (*not of Hispanic origin*)  
 Asian (*not of Hispanic origin*)  
 Native Hawaiian or Other Pacific Islander (*not of Hispanic origin*)  
 Two or more races  
 Additional categories in your information system

↳

Race/Ethnicity Not Known

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

MONTH DAY YEAR

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

- a.
- b.
- 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.)

- Convicted—new court commitment  
 Convicted—returned probation / parole violator  
 Unconvicted  
 Other

↳

9. 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

10. Where did the inmate die?

- In a general housing within the jail facility or on jail grounds  
 In a segregation unit  
 In a special medical unit/infirmiry within jail facility  
 In a special mental health services unit within jail facility  
 In a medical center outside jail facility  
 In a mental health center outside jail facility  
 While in transit  
 Elsewhere

↳

11. 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  
 In a common area within the facility (e.g., yard, library, cafeteria, etc.)  
 In a segregation unit  
 In a special medical unit/infirmiry  
 In a special mental health services unit  
 Elsewhere within the jail facility

[SPECIFY]

↳

Outside the jail facility (e.g., while on work release or on work detail, etc.)

Elsewhere  
  
↳

12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

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

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Received medications.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Received treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confined in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).**

13. 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)

14. 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?

YES → **CONTINUE TO Q15**

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—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 as it is critical information \*\*\*

Illness—Exclude AIDS-related deaths [Specify] →

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Specify] →

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] →

Hanging

Homicide [Please provide description] →

Other cause(s) [Specify] →

16. 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, select "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 here:**

<<AGENCY ID>>



# Incident Report Additional Name List

Sulphur Police Department

OCA: 12-000439
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Additional Name List
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Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 2	GUILLOTTE, JUSTIN				W	M
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
2) WI 4	MATIS, RYAN KEITH			32	W	M
	Address 2111 Trailer St Apt. 44, Sulphur, LA 70663-		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
3) IO 3	SPERANZO, GUS				W	M
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
4) IO 5	HEINBACH, ROBERT CHARLES			30	W	M
	Address 706 W Logan St , Sulphur, LA 70663-		H: - -			
	Empl/Addr Mcneese State		B: - -			
			Mobile #: - -			
5) IO 8	CRADDOCK, BILLY				W	M
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
6) IO 10	MANCUSO, TREY				W	M
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
7) IO 11	GUIDRY, CHRIS				W	M
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
8) IO 12	BRISCOE, VINETTA				B	F
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
9) IO 14	CROCHET, JEREMY				W	M
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			

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Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
10) IO 16	FULMER, HAROLD				W	M
	Address ,		H: - -			
	Empl/Addr <i>Acadian Ambulance</i>		B: - -			
			Mobile #: - -			
11) IO 17	COX, JOHNATHAN				W	M
	Address ,		H: - -			
	Empl/Addr <i>Acadian Ambulance</i>		B: - -			
			Mobile #: - -			
12) IO 18	PARKER, JODY				W	M
	Address ,		H: - -			
	Empl/Addr <i>Acadian Ambulance</i>		B: - -			
			Mobile #: - -			
13) IO 19	HUNTER, CHARLIE				W	M
	Address ,		H: - -			
	Empl/Addr <i>Cal Parish Coroner's Office</i>		B: - -			
			Mobile #: - -			
14) IO 20	STEVENS, WILLIAM				W	M
	Address ,		H: - -			
	Empl/Addr <i>Cal Parish Coroner's Office</i>		B: - -			
			Mobile #: - -			
15) IO 21	WEEKS, CHARLES				W	M
	Address ,		H: - -			
	Empl/Addr <i>Cal Parish Coroner's Office</i>		B: - -			
			Mobile #: - -			
16) IO 22	GASPARD, SHANEE			22	W	F
	Address ,		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
17) IO 23	HEINBACH, PAULA			50	W	F
	Address <i>4100 Prien Court , Lake Charles, LA 70605-</i>		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
18) IO 24	HEINBACH, RICHARD CLAY			53	W	M
	Address <i>108 Lynn Lane , Sulphur, LA 70663-</i>		H: - -			
	Empl/Addr <i>Industrial Power And Rubber</i>		B: - -			
			Mobile #: - -			

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Sulphur Police Department

OCA: 12-000439

## Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
19) IO 25	WELKE, TERRY				W	M
	Address ,		H: - -			
	Empl/Addr Cal Parish Coroner's Office, 707 E Prien Lake Rd		B: - -			
			Mobile #: - -			

# INCIDENT/INVESTIGATION REPORT

Sulphur Police Department

Case # 12-000439

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
D R U G S	U	8	2.000		DVD JAIL CAMERA	
	U	8	2.000		2 VERBATIM DVD-R'S CONTAINING	
	U	8	1.000		EVIDENCE PHOTOGRAPHS	
	U	8	1.000		DVD OF SCENE	
	U	8	1.000		WHITE SHEET	
	U	8	1.000		DISC W/DIGITAL PHOTOS	
	U	8	1.000		AUDIO DISC OF STATEMENT	

Assisting Officers  
 CLARK, D.K. (SP9143), COATS, L.A. (SP9062), ESTESS, E.M. (SP1277), FONTENOT, E.C. (SP9199), HARMON, W.A. (SP9223), MCDANIEL, T.L. (SP9161), ROBBINS, J.R. (SP9133), ROMERO, G.E. (SP9094)

Suspect Hate / Bias Motivated:

**NARRATIVE**

ON THURSDAY, FEBRUARY 16, 2012 AT APPROXIMATELY 0723 HOURS SGT MARK WOOD AND CAPTAIN GLENN ROMERO WERE STANDING OUTSIDE THE SULPHUR POLICE DEPARTMENT. WOOD WAS NOTIFIED OVER THE RADIO, BY COMMUNICATIONS OFFICER TRINA MCDANIEL THAT THE JAILERS INSIDE THE POLICE DEPARTMENT NEEDED ASSISTANCE WITH AN INMATE.