

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 name and location of the correctional facility involved?
 Facility Name:
 Facility City: Facility State:

4. What was the inmate's date of birth?
 MONTH: DAY: YEAR:

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:

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 Corrections Divisions - Jail Records
Chio Tomings

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

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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. U.S. Marshals Service.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a.
 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

Deputy Sheriff
 Calcasieu Parish, Louisiana

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

Bureau of Criminal Identification & Records
 Calcasieu Parish Sheriff's Office
 PO Box 2185, Lake Charles, LA 70602
 Legal Division

Please Specify: Calcasieu Parish Sheriff's Office Fleet Maintenance Facility

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] —→ Heart Condition
- 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 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)
 - In a segregation unit
 - In a special medical unit/infirmary
 - In a special mental health services unit
 - Elsewhere within the jail facility

[PLEASE SPECIFY]

Please Specify:

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

Please Specify:

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Christy Tomlin

Deputy Sheriff
 Calcasieu Parish, Louisiana

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Surgery.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:

According to the Medical Examiners REport the offender had Cornary Artery Disease which he was unaware of that lead to a massive heart attack.

Bureau of Criminal Identification & Records
 Calcasieu Parish Sheriff's Office
 PO Box 2185, Lake Charles, LA 70603
 Legal Division

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Christo Domiguez

Deputy Sheriff
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