LOCAL JAIL INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility
	Naegele Jacob R	under your jurisdiction?
	LAST FIRST MI	0 7 1 7 2 0 1 7
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 7 1 8 2 0 1 7	9. Was the inmate being confined in your jail facility
	MONTH DAY YEAR	on behalf of any of the following?
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3.	What was the name and location of the correctional	DON'T
	facility involved?	a. U.S. Immigration and
	Facility Name:	Customs Enforcement
		b. U.S. Marshals Service
	Sulphur City Jail	Bureau of Indian Affairs
	Facility City: Facility State:	or any other jail jurisdiction□
	Sulphur	
		10. For what offense(s) was the inmate being held?
4.	What was the inmate's date of birth?	a. Public Intoxication
	0 3 1 3 1 9 7 9	
	MONTH DAY YEAR	b.
		C.
5.	What was the inmate's sex?	d.
	☑ Male	u.
	D Female	e.
6.	Was the inmate of Hispanic, Latino, or Spanish	
	origin?	11. What was the inmate's legal status at time of
	☐ Yes ☑ No	death? (For inmates with more than one status, report the status associated with the most serious offense.)
	□ NO	☐ Convicted—new court commitment
7	In addition to	☐ Convicted—returned probation/parole violator ☐ Unconvicted
1.	In addition, what was the inmate's race? Please select one or more of the following racial	Other Other
	categories:	Please Specify:
	☑ White	
	Black or African American	
	☐ American Indian or Alaska Native☐ Asian	12. Since admission, did the inmate ever stay
	□ Native Hawaiian or Pacific Islander□ Some other race	overnight in a mental health observation unit or an
	Please Specify:	outside mental health facility?
	года Сроспу.	☐ Yes ☐ No
		☐ Don't Know

13. Where did the inmate die? In a general housing unit within the jail facility or in a general hous									
In a segregation unit									
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] Excessive amounts of narcotics and alcohol in bl									
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:									
Outside the jail facility (e.g. while on work release or an work telease									
Elsewhere Please Specify:									
ricase 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 hor	micide									
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 after admission? (If multiple conditions caused the death and <u>any</u> of the conditions we "Pre-existing medical condition.")	develop the condition ere pre-existing, mark									
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hol	micide									
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined 										
Please add any additional notes regarding this death here: Autopsy report states excessive amounts of narcotics and alcohol in the blood san	mple.									

	A	gency	Name	The state of the s				IN	CIDENT	REPOR	RT	Case#				
	Sulphur Police Department							PUBLIC COPY			17-001861					
N C	ORI <i>LA0100300</i>							POBLIC COPY			Date / Time Reported 07/18/2017 03:00 Tue Last Known Secure					
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O	T	ype:	INDIVID	UAL					Injury		ier than viethii)			_		
T H	Code Name (Last, First, Middle) Victim of DOB Race Sex Relationship Resident State Victim of DOB Race Sex Relationship R										ent Stat	us Military				
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R	Home Address															
G	Employer Name/Address															
I	(UNEMPLOYED) Business Phone									lobile P	hone					
N	Type: INDIVIDUAL Injury:															
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										Sys#. 3	2010			0	9/05/2019 12:17	

Incident Report Additional Name List

Sulphur Police Department

OCA: 17-001861

A 1 1'4' 1	3.7	T
Additional	Name	1.191
	TIMITIO	LIDE

Name Code/#		Name (Last, First, Middle)	Victim of Crime # DOB	Ag	e R	Race	Sex
1)	WI 1	MANNING, JUSTIN TICO		3	6	В	M
	Address	4116 Paickfair Rd , Houston, TX 77026-	Н:				
	Empl/Addr		В:				
			Mobile #:				
2)	WI 2	ANDREWS, TYRESE NEKEAL		1	7	В	M
	Address	29 Anita Dr , Lake Charles, LA 70601-	Н:				
	Empl/Addr		B:				
			Mobile #:				
3)	WI 3	MOLITOR, MATTHEW P		2.	1	W	М
	Address	709 Boice St, Sulphur, LA 70663-	Н:	Ī		,,	171
	Empl/Addr		В:				
			Mobile #:				

INCIDENT/INVESTIGATION REPORT

Sulphur Police Department

Case # 17-001861

Statu Code	S 1 =	None	2 = Burned $3 = C$	Counterfeit / Forged	4 = Damaged / Vandalized 5 = R	ecovered $6 = S$	Seized 7 = Stolen	8 = Unknown	
	IBR	Status	Quantity	Type Measure	Suspected Type				
D									
R U									
G S									
10	Assist	ing Off	icers						
), MORAN, J.A.	(SP9189)				
	_								

Suspect Hate / Bias Motivated:

NARRATIVE

On 07/18/2017, Det. Johnson was contacted about a death that occurred in the Sulphur Jail involving one of the inmates. Det. Johnson was informed that Jacob Naegele was found deceased due to unknown causes.