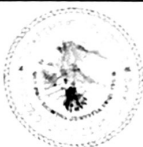


Form NPS-4A
(Addendum)
MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL
FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for CompletionIf no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- 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://bjsmci.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project #: 0215015.001.300.117.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org
FAX (TOLL-FREE): (866) 800-9179

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org
What deaths should be reported?**INCLUDE** deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Abshire

LAST

Kelly

FIRST

J

MI

2. On what date did the inmate die?

0

7

MONTH

2

9

DAY

2

0

1

8

YEAR

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

Facility Name:

Avoyelles Marksville Detention Center

Facility City:

Marksville

Facility State:

LA

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

0

1

MONTH

2

4

DAY

1

9

6

2

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0

8

MONTH

2

5

DAY

2

0

1

4

YEAR

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

a.

Sexual Battery

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?



Yes



No



Don't Know

11. Where did the inmate die?



In a general housing unit in the facility or in a general housing unit on prison grounds



In a segregation unit



In a special medical unit/infirmery within your facility



In a special mental health services unit within your facility



In a medical center outside your facility



In a mental health center outside your facility



While in transit



Elsewhere



Please Specify:

12. 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 Q13**

☐ 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 Q13**

13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***

☒ Illness—Exclude AIDS-related deaths [Specify] → na

☐ 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] →

14. 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 prison facility or on the prison 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 special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. 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)

16. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

17. 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:

LOCAL JAIL INMATE DEATH REPORT

<div>1. What was the inmate's name?<div><div>Abshire</div><div>Kelly</div><div></div></div><div>LASTFIRSTMI</div></div> <div>2. On what date did the inmate die?<div><div>07</div><div>29</div><div>2018</div></div><div>MONTHDAYYEAR</div></div> <div>3. What was the name and location of the correctional facility involved?<div>Facility Name:<div>Marksville Detention Center-DC1</div></div><div>Facility City:MarksvilleFacility State:LA</div></div> <div>4. What was the inmate's date of birth?<div><div>01</div><div>24</div><div>1962</div></div><div>MONTHDAYYEAR</div></div> <div>5. What was the inmate's sex?<div><input checked="" type="checkbox"/> Male<input type="checkbox"/> Female</div></div> <div>6. Was the inmate of Hispanic, Latino, or Spanish origin?<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div></div> <div>7. In addition, what was the inmate's race? Please select one or more of the following racial categories:<div><div><input checked="" type="checkbox"/> White<input type="checkbox"/> Black or African American<input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian<input type="checkbox"/> Native Hawaiian or Pacific Islander<input type="checkbox"/> Some other race</div><div>Please Specify:<div></div></div></div></div>	<div>8. On what date was the inmate admitted to a facility under your jurisdiction?<div><div>11</div><div>01</div><div>2016</div></div><div>MONTHDAYYEAR</div></div> <div>9. Was the inmate being confined in your jail facility on behalf of any of the following?<div>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)</div><div><div>YESNO</div><div>DON'T KNOW</div><div>a. U.S. Immigration and Customs Enforcement.....<input type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/></div><div>b. U.S. Marshals Service.....<input type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/></div><div>c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction.....<input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div></div></div> <div>10. For what offense(s) was the inmate being held?<div>a. <div>Assault-simple</div></div><div>b. <div>Sexual Battery</div></div><div>c. <div></div></div><div>d. <div></div></div><div>e. <div></div></div></div> <div>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.)<div><div><input checked="" type="checkbox"/> Convicted—new court commitment<input type="checkbox"/> Convicted—returned probation/parole violator<input type="checkbox"/> Unconvicted<input type="checkbox"/> Other</div><div>Please Specify:<div></div></div></div></div> <div>12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?<div><div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No<input type="checkbox"/> Don't Know</div></div></div>
---	---

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/infirmery 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] → heart problems, heart attack
- ☐ 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/infirmery
 - ☐ 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:

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Confinement in special medical unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

J. Johns
(12)

Avoyelles Parish Sheriff's Office

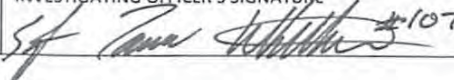
Page: 1 of 2

NATURAL / ACCIDENTAL DEATH / SUICIDE REPORT

CASE NO.:

C. R. NO.

2018071642

1. DECEASED						
NAME LAST		FIRST	MIDDLE	SEX	RACE	
Abshire		Kelly	James	Male	White	
ADDRESS		CITY	STATE	ZIP	DATE OF BIRTH	AGE
Avoyelles Detention Center One		Marksville	Louisiana	71351	01/24/1962	56
2. DISCOVERY						
DATE	TIME	BODY DISCOVERED BY (NAME & ADDRESS)		REPORTED BY: NAME & ADDRESS		
07/29/2018	1445 Hours	Stanley McCoy / Corrections Officer		Clifton Overbey / Corrections Officer (Shift Lieutenant)		
ADDRESS WHERE BODY LOCATED		LOCATION OF BODY		TYPE OF CLOTHING		
Avoyelles Detention Center One (C-Dorm)		Avoyelles Detention Center One (C-Dorm)		White t-shirt / Gray Sweat pants		
3. NOTIFICATIONS						
NEXT OF KIN		ADDRESS		TELEPHONE NO.		
Unknown		Unknown		Unknown		
CORONER OR ACTING CORONER		TIME OF NOTIFICATION	ARRIVAL TIME	COMMENTS		
Assistant Coroner James Soileau		1550 Hours	1637 Hours	Pronounced Deceased at 1445 Hours.		
DISTRICT ATTORNEY'S OFFICE		TIME OF NOTIFICATION	ARRIVAL TIME	COMMENTS		
N/A		N/A	N/A	N/A		
FUNERAL HOME REQUEST		REQUESTED BY		ARRIVAL TIME		
Hixon Brothers (Marksville Branch)		Assistant Corner James Soileau		1713 Hours		
4. MEDICAL HISTORY						
KNOWN ILLNESSES OR DISEASES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
LIST: Diabetes						
PRESENT MEDICATIONS:						
Metformin						
5. TYPE OF DEATH						
<input checked="" type="checkbox"/> NATURAL DEATH <input type="checkbox"/> ACCIDENTAL DEATH <input type="checkbox"/> SUICIDE						
TO BE COMPLETED ONLY IN CASE OF SUICIDE						
TYPE OF WEAPON OR OBJECT USED						
N/A						
LOCATION OF WEAPON OR OBJECT WITH REFERENCE TO LOCATION OF BODY						
N/A						
ANY AND ALL WITNESSES (NAME, ADDRESS & PHONE NO.)						
N/A						
N/A						
N/A						
N/A						
EVIDENCE COLLECTED BY				DATA NO.	DATE	TIME
N/A				N/A	N/A	N/A
INVESTIGATING OFFICER			INVESTIGATING OFFICER'S SIGNATURE			
Sergeant James Whittington #107						



Avoyelles Parish Sheriff's Office DEATH REPORT NARRATIVE

PAGE 2 of 2

CASE NO: 2018071642
C. R. NO:

DECEASED LAST NAME: Abshire	DECEASED FIRST NAME: Kelly	DECEASED M. I. J
DECEASED ADDRESS: Avoyelles Detention Center One	CITY: Marksville	STATE: Louisiana
	ZIP CODE: 71351	PHONE: (318)253-4081
TYPE OF DEATH: Natural Death		

DETAILS OF OFFENSE INVESTIGATION

On Sunday, July 29th, 2018, at 1401 hours, I, Sergeant James Whittington, was dispatched to the Avoyelles Detention Center One in reference to Lieutenant Clifton Overbey, DC-1 shift supervisor, requesting Acadian Ambulance to be en route in reference to an inmate barely breathing. While en route, Lieutenant Overbey contacted the Avoyelles Communications Center and advised dispatch to contact the Coroner on Call. I advised dispatch I would be on scene shortly and advised them not to contact the Coroner on Call due to the incident needing to be investigated by a Patrol Division Supervisor.

Upon my arrival, contact was made with Acadian Ambulance personnel inside the nurses office of the jail. Also this was where the remains of the inmate, identified as Kelly Abshire, was located. Acadian Ambulance personnel stated at 1408 hours they began administering C. P. R. on Kelly Abshire, however, after approximately 30 minutes, they were unable to revive Kelly Abshire. Acadian Ambulance personnel stated that C. P. R. was ceased at 1445 hours, and at this time they contacted the Avoyelles Emergency Room doctor via telephone, who officially labeled Kelly Abshire as deceased. I asked Acadian Ambulance personnel if they knew of the medical history, which they stated his only medical history was Diabetes, which he was prescribed Metformin daily.

After collecting all necessary information, contact was established with the Detective on Call, Detective Joshua Johns, who was advised of the previously mentioned information. Detective Johns advised that he would be en route. Upon his arrival, this investigation was turned over to Detective Johns.

No further information nor details were available at the time of this report.

END OF REPORT

INVESTIGATING OFFICER: <u>Sergeant James Whittington #107</u>	REPORT MADE BY: <u>[Signature]</u>	DATE: <u>07/29/2018</u>
	APPROVING SUPERVISOR: <u>[Signature]</u>	<u>405</u>

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2014080462

Page: 1

ID #: 93635
 Name: ABSHIRE, KELLY JAMES
 Address: 15902 YAM RD
 KAPLAN, LA 705480000
 Phone(Home/Business)(337) 316-2057 (000) 000-0000
 DOB: 1/24/1962 Age: 54 YRS Height: 5- 9
 Race:W Sex: M Weight: 240
 Eyes:BLU Ethnicity:N Appearance:
 Hair: GRY Resident:N Build: L
 Scars/Marks/Tattoos: Complexion: LGT Birth Place:
 Employer: FBI ID: 141772DB8 IdentA: 609108
 SSN: PRIVATE DL No.: State ID: 001714865



Booking Date: 11/01/16 Time: 15:37	Transfer(Y/N)?	Facility: APSO
Release Date: 07/29/18 Time: 5:23	Reason for Release: DECEASED	
Officer:101411 SAUSEDA, TRISHA	Length of Stay:	
Arrest Date: 08/25/14 Time: 0:00	Booking Officer:92861	WATSON, SHIRVENIA
Arresting Agency: DOC	Cell Assignment:MJ-C	
Officer: Name not found	Status: DOC	Class: DC1
Location: MARKSVILLE LA	Hold Reason:	
Searched By: Phone Call: N	Holding For:	
CLOTHING: NCIC:	Sentence Date: / /	
METAL: WARRANT:	Scheduled Release: / / 0:00	
PAT: PRINTS:	Court Date:	
STRIP: PHOTO:	Attorney:	
CAVITY: RULEBOOK:	Bondsman:	
	Supplemental To:	
	Drug Screen:	

Cash: \$0.00 Vehicle Information:

Vehicle Location:

Property Description:

Property Location:

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number		Fel/Misd	Fine Amount:
0		ASSAULT-SIMPLE 14:132.		72HR	0.00	0.00
1	SEX	SEXUAL BATTERY 14:43.1/N		DC	0.00	0.00
2		14:132.		72HR	0.00	0.00
3		14:132.			0.00	0.00
4		14:132.			0.00	0.00

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2014080462

Page: 2

Release Notes:

DECEASED AT 2:45

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

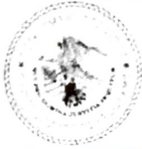
Time

Releasing Officer

Date

Time

Authorized Release: 101411

Form NPS-4A
(Addendum)
MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL
FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for CompletionIf no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- 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://bjsmci.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project #: 0215015.001.300.117.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org
FAX (TOLL-FREE): (866) 800-9179

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org
What deaths should be reported?**INCLUDE** deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Anderson

LAST

Frank

FIRST

MI

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH

DAY

YEAR

2. On what date did the inmate die?

0 7

MONTH

2 9

DAY

2 0 1 8

YEAR

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

Facility Name:

Avoyelles Marksville Detention Center

Facility City:

Marksville

Facility State:

LA

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

a.

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☐ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmary within your facility

☐ In a special mental health services unit within your facility

☐ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere

Please Specify:

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:

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 Q13**

☐ 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 Q13**

13. 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] →

14. 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 prison facility or on the prison 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 special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. 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)

16. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

17. 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.")

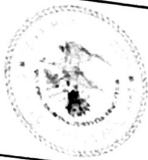
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☐ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**
STATE PRISON INMATE
DEATH REPORTU.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	E-mail	<input type="text"/>
Zip	<input type="text"/>		

Instructions for Completion**If no deaths occurred in 2018:**

- You do not need to complete this form.

If you had more than one death in 2018:

- 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://bjsmci.rti.org>**E-MAIL:** bjsmci@rti.org**FAX (TOLL-FREE):** (866) 800-9179**MAIL:** RTI International, Attn: Data Capture
Project #: 0215015.001.300.117.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652*If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org***What deaths should be reported?****INCLUDE** deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Dixon

LAST

James

FIRST

MI

2. On what date did the inmate die?

0 8

MONTH

1 2

DAY

2 0 1 8

YEAR

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

Facility Name:

AVOYELLES CORRECTIONAL CENTER

Facility City:

COTTONPORT

Facility State:

LA

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

0 5

MONTH

2 2

DAY

1 9 5 7

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 2

MONTH

0 2

DAY

2 0 1 6

YEAR

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

a. Failure to register as a sex offender

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☒ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmary within your facility

☐ In a special mental health services unit within your facility

☒ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere

Please Specify:

2. 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 Q13**

☐ 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 Q13**

13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***

☒ Illness—Exclude AIDS-related deaths [Specify] → Heart Attack

☐ 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] →

14. 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 prison facility or on the prison 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 special medical unit/infirmery
- ☐ In a special mental health services unit
- ☐ In a segregation unit
- ☐ On death row, special unit awaiting capital punishment
- ☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. 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)

16. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

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

17. 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:

LOCAL JAIL INMATE DEATH REPORT

<div>1. What was the inmate's name?<div><div>dioxon</div><div>James</div><div></div></div><div>LASTFIRSTMI</div></div> <div>2. On what date did the inmate die?<div><div>08</div><div>12</div><div>2018</div></div><div>MONTHDAYYEAR</div></div> <div>3. What was the name and location of the correctional facility involved?<div>Facility Name:<div>Marksville Detention Center-DC1</div></div><div>Facility City:<div>Marksville</div>Facility State:<div>LA</div></div></div> <div>4. What was the inmate's date of birth?<div><div>05</div><div>22</div><div>1957</div></div><div>MONTHDAYYEAR</div></div> <div>5. What was the inmate's sex?<div><input checked="" type="checkbox"/> Male</div><div><input type="checkbox"/> Female</div></div> <div>6. Was the inmate of Hispanic, Latino, or Spanish origin?<div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div> <div>7. In addition, what was the inmate's race? Please select one or more of the following racial categories:<div><div><input type="checkbox"/> White</div><div><input checked="" type="checkbox"/> Black or African American</div><div><input type="checkbox"/> American Indian or Alaska Native</div><div><input type="checkbox"/> Asian</div><div><input type="checkbox"/> Native Hawaiian or Pacific Islander</div><div><input type="checkbox"/> Some other race</div></div><div>Please Specify:<div></div></div></div>	<div>8. On what date was the inmate admitted to a facility under your jurisdiction?<div><div>02</div><div>20</div><div>2018</div></div><div>MONTHDAYYEAR</div></div> <div>9. Was the inmate being confined in your jail facility on behalf of any of the following?<div>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)</div><div><div>YES</div><div>NO</div><div>DON'T KNOW</div></div><div>a. U.S. Immigration and Customs Enforcement<div><div></div><div><input checked="" type="checkbox"/></div><div><input type="checkbox"/></div></div></div><div>b. U.S. Marshals Service<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input type="checkbox"/></div></div></div><div>c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction<div><div><input checked="" type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div> <div>10. For what offense(s) was the inmate being held?<div>a. <div>Contempt Failure to Appear 4 counts</div></div><div>b. <div>Failure to register as a sex offender 3 counts</div></div><div>c. <div>Dist. of a CDS</div></div><div>d. <div></div></div><div>e. <div></div></div></div> <div>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.)<div><div><input checked="" type="checkbox"/> Convicted—new court commitment</div><div><input type="checkbox"/> Convicted—returned probation/parole violator</div><div><input type="checkbox"/> Unconvicted</div><div><input type="checkbox"/> Other</div></div><div>Please Specify:<div></div></div></div> <div>12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?<div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Don't Know</div></div></div>
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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/infirmery 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] → Brain aneurysm--Severe bleeding of the brain
- ☐ 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/infirmery
 - ☐ 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:

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

**Avoyelles Parish Sheriff's Office
Sheriff Doug Anderson
Investigation Report**

NARRATIVE

On Saturday August 11, 2018 Detective Mike Simmons (Detective on call) was notified of an inmate that collapsed in the jail and was transported to the hospital. Detective Simmons responded to the hospital and upon arrival was met there by Lt. Cody Desselle. The inmate was identified as James Dixon BM DOB 05-22-1957. Investigation revealed James Dixon collapsed in the jail, was revived and transported to Avoyelles Hospital where James Dixon was stabilized. Investigation also revealed James Dixon had no known medical issues.

A CT scan was performed and it was discovered James Dixon suffered what was suspected to be a ruptured aneurysm in the brain. Arrangements were then made to transport James Dixon to University Hospital in New Orleans. Contact was eventually made with Paul Gorrel, the emergency contact listed for James Dixon for notification.

After investigation at the hospital, Detective Simmons interviewed Lt. Overby and another inmate identified as Cody Jackson who administered CPR to James Dixon. Cody Jackson was interviewed first and the interview was recorded on Detective Simmons digital recorder. In questioning Cody Jackson, Cody advised he did not witness James Dixon collapse and was already unresponsive when he came into contact with James Dixon. When questioned regarding his initial assessment of James Dixon upon contact or what he suspected was wrong, Cody Jackson told Detective Simmons he did not assess the matter very much and did not know why James Dixon was not breathing. Cody Jackson told Detective Simmons he did not know James Dixon therefore did not know of any health issues or what may have happened to James Dixon.

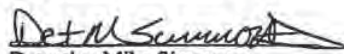
Detective Simmons then interviewed the shift Lt. on duty Lt. Cliff Overby. Lt. Overby stated James Dixon was brought to the holding cell area after it was reported an inmate was down. Lt. Overby further stated CPR was started an ambulance was requested. Lt. Overby continued advising the AED was administered but indicated no shock was required. Upon arrival of Acadian EMS Lt. Overby stated they administered their AED which also indicated no shock was needed. Lt. Overby stated James Dixon was then transported to the hospital. Detective Simmons inquired of Lt. Overby of his observation of James Dixon when he was brought to the holding cell area. Lt. Overby stated James Dixon was gasping for breath and unresponsive. Lt. Overby further stated he could tell when James Dixon tried to breath he had fluid in his air cavities and rolled James onto his side. James Dixon also stated Cody Jackson assisted in the CPR process and stated Cody told them he knew CPR, therefore allowed him to assist. Lt. Overby did not know what happened to James Dixon or why he collapsed and was unresponsive.

Cody Jackson stated in his interview James Dixon was unconscious and had no pulse and began CPR. Cody Jackson further stated someone brought a Defibulator which he administered. Cody Jackson stated he eventually obtained a pulse and continued CPR until Paramedics arrived.

The following day, Detective Simmons was notified by Avoyelles Parish Deputy Coroner James Soileau, James Dixon had died at University Hospital and an autopsy was scheduled for August 14, 2018. Detective Simmons attended the autopsy and conferred with Dr Christopher Tape. Preliminary investigation at the autopsy revealed there was no external evidence of trauma, injury or any other external indication of cause of death. During the autopsy however, hemorrhaging was observed on the left side of the brain coming up from below according to Dr Tape when Detective Simmons inquired. Dr. Tape also advised Detective Simmons he observed evidence of high blood pressure and hypertension and suspected the death was a natural death caused from a Berry Aneurysm in the right anterior branch of the circle of Willis.

Detective Simmons later obtained the Autopsy report prepared by Dr Tape and included the report in the file. In the report, Dr. Tape identified the cause of death, his initial suspicion of a ruptured Berry aneurysm in the circle of Willis due to hypertensive atherosclerotic cardiovascular disease. Toxicology test were negative.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Det M Simmons", with a stylized flourish at the end.

Detective Mike Simmons
Criminal Investigations Unit
Avoyelles Parish Sheriff's Office

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2018020206

Page: 2

3	ART 21.1 191,180	CONTEMPT - FAIL TO APPEAR ART 21.1	117462	DC	M	0.00	0.00
DKT NO: 191,180 ORG CHARGE: SEX OFFENDER REGISTRY VIOLATION 50\$ WF							
4	ART 21.1	CONTEMPT - FAIL TO APPEAR ART 21.1	119436	DC	M	0.00	616.00
W/F \$50 either pay fine or do 60 days Bunkie City Fine							
5	DICDS 194792	DISTRIBUTION OF CDS 40:963		DC	F	0.00	0.00
sentenced to 2 years on 10/18/16 had an extended stay							
6	UED	UNAUTHORIZED ENTRY OF INHABITED DWELLING 14:62.3		DC	F	0.00	0.00
7	RSO 191180	REGISTRATION OF SEX OFFENDERS 15:542		DC	M	0.00	0.00
sentenced to one year doc concurrent with any other sentence Release Notes: DUE TO DEATH							

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: 101411