## LOCAL JAIL INMATE DEATH REPORT

Russell	12.				4:-4:		mitted to a
LAST	Blake	A			diction?	1 1	
DASI	FIRST	MI	0 7	2	4 2		1 7
			MONTH	DAY	YE	AR	
	the inmate die?						
0 6 2	1 2 0 1 8 YEAR		9. Was th on beh	e inmate alf of any	being co	onfined ollowing	n your jail ?
			PLEASE	PROVID	E A RESP	ONSE FO	R EACH ITE
What was the na facility involved?	me and location of the		a. U.S. Ir	nmigratio	n and		YES NO
Facility Name:			b. U.S. N	ms Enforce	cement		
Calcasieu Shei	riff's Prison		c. State	or federal	prison,		□[7]
Facility City:		Facility State:	Burea	other iail	n Affairs, jurisdiction	nn.	
Lake Charles		LA	o, any		Janadicik	/II	□
_and Onlines							
			10. For wh	at offens	e(s) was	the inm	ate being h
What was the inn	nate's date of birth?		a. R	3 14:30.	1; Seco	nd Dec	ree Murde
				. 1918 - 1944	Approlation des		N 1405 N. MES
MONTH DAY	YEAR		b			* * * 2 %	His transfer
			c.				
What was the inn			d T				1 - 44 - 42 - 4 - 1
☑ Male	nate's sex?		u			via t. t.	owanie za .
☐ Female			е.				
	of Hispanic, Latino, or	Spanish					
Was the inmate of			11. What w	vas the ir	mate's I	egal sta	us at time
Was the inmate origin?	40年,1987年,1988年,1988年		ucauii	(FUI IIIIII	ales Wiln	more in	an one statu
origin?			the stat	us assoc	iated with	tne mos	L'OCHULIS II III
origin?			tne stat	Convicté	l—new c	ourt com	mitment
origin?  Yes No			tne stal	Convicted Convicted	l—new c	ourt com	mitment tion/parole
origin?  Yes No In addition, what	was the inmate's race	? Please	tne stal	Convicté	l—new c	ourt com	mitment
origin?  Yes No In addition, what	was the inmate's race re of the following raci	≀? Please ial	tne stal	Convicted Convicted Unconvic Other	l—new c	ourt com ed proba	mitment
origin?  Yes No  In addition, what select one or mo categories:  White	re of the following raci	∙? Please ial	tne stal	Convicted Convicted Unconvic Other	l—new co l—returno ted	ourt com ed proba	mitment
In addition, what select one or mo categories:  White Black or Af	re of the following raci frican American	? Please ial	tne stal	Convicted Convicted Unconvic Other	l—new co l—returno ted	ourt com ed proba	mitment
In addition, what select one or mo categories:  White Black or Af	re of the following raci	ial	tne stai	Convicted Convicted Unconvic Other	l—new co l—return ted: lease Spec	ourt com ed proba	mitment tion/parole
In addition, what select one or mo categories:  White Black or Af American I Asian Native Haw	re of the following raci frican American ndian or Alaska Native yaiian or Pacific Islander	ial	tne stai □ □ □ 12. Since a	Convicted Convicted Unconvic Other  Admissio ght in a n	d—new co d—return ted. lease Spec n, did the nental he	ourt com ed proba ity: e inmate alth obs	mitment tion/parole
In addition, what select one or mo categories:  White Black or Af American I Asian Native Haw	re of the following raci frican American ndian or Alaska Native yailan or Pacific Islander r race	ial	the state □ □ □ □ □ 0 12. Since a overnit outside	Convicted Convicted Unconvic Other  Admissio ght in a mental	d—new co d—return led. lease Spec	ourt com ed proba ity: e inmate alth obs	mitment tion/parole
In addition, what select one or mo categories:  White Black or Af American I Asian Native Haw	re of the following raci frican American ndian or Alaska Native yaiian or Pacific Islander	ial	tne stai	Convicted Convicted Unconvic Other  Admissio ght in a mental Yes	d—new co d—return ted. lease Spec n, did the nental he	ourt com ed proba ity: e inmate alth obs	mitment tion/parole
In addition, what select one or mo categories:  White Black or Af American I Asian Native Haw	re of the following raci frican American ndian or Alaska Native yailan or Pacific Islander r race	ial	12. Since a overnic outside	Convicted Convicted Unconvic Other  Admissio ght in a mental	d—new co l—return leds lease Spec n, did the nental he health fa	ourt com ed proba ity: e inmate alth obs	mitment tion/parole

## LOCAL JAIL INMATE DEATH REPORT

What was the inma			On what date was the inmate admitted to a faci under your jurisdiction?
Russell	Blake	A	07242017
ZASI.			MONTH DAY YEAR
On what date did t	he inmate die?		
0 6 2 1 2 0 1 8  MONTH DAY YEAR			9. Was the inmate being confined in your jail faci on behalf of any of the following?
			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (
What was the name and location of the correctional facility involved?			PO YES NO KI a. U.S. Immigration and
			Customs Enforcement
Facility Name:	ff'e Drieon		c. State or federal prison,
Calcasieu Sheriff's Prison			Bureau of Indian Affairs, or any other jail jurisdiction
Facility City:  Lake Charles		LA	
Lake Charles		LA	10. For what offense(s) was the inmate being held
What was the inmate's date of birth?			a RS 14:30.1; Second Degree Murder
3			Ъ
MONTH DAY	MONTH DAY YEAR		C.
What was the inm	ate's sex?		d. [
☑ Male □ Female			е.
- 7. Siliale			
Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes		- Spanish	11. What was the inmate's legal status at time of death? (For inmates with more than one status, the status associated with the most serious offen
☐ No	was the inmate's rac	e? Please	☐ Convicted—new court commitment ☐ Convicted—returned probation/parole vio ☐ Unconvicted
	re of the following ra	the second secon	Other  Please Specify:
☐ American I ☐ Asian	rican American ndian or Alaska Native		12. Since admission, did the inmate ever stay
☐ Native Hav ☐ Some other	vaiian or Pacific Island r race	ler	overnight in a mental health observation unit outside mental health facility?
	se Specify:		]
Calc	Criminal Identification asieu Parish Sheriff's 2185, Lake Charles, L Legal Division	Office	□ Don't Know

In a general housing unit within the jail facility or in a general line a segregation unit line a special medical unit/infirmary within the jail facility line a special mental health services unit within the jail facility line a medical center outside the jail facility line a mental health center outside the jail facility while in transit lisewhere			
Are the results of a medical examiner's or coroner's evaluation review of medical records) available to establish an official of the YES —— CONTINUE TO Q15  Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBMIT THIS TIME FOR THE CAUSE OF DEATH			
□ No evaluation is planned → CONTINUE TO Q15	of death—it is critical information ***		
	of decar.		
☐ Illness—Exclude AIDS-related deaths [Specify] —			
Acquired Immune Deficiency Syndrome (AIDS)			
☐ Accidental alcohol/drug intoxication [Describe] →			
☐ Accidental injury to self [Describe] —————	The Control of the Co		
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	The street of the transfer of the street of		
☑ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	Suicide, Self-Inflicted Hanging		
☐ Homicide [Describe] ————			
☐ Other cause(s) [Specify] →			
U Other cause(s) (specify)			
16. Where did the incident (e.g., accident, suicide, or homicide)  NOT APPLICABLE—Cause of death was illness, intoxicated in the jail facility or on the jail grounds  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 in a special medical unit/infirmary  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 or	A TRUE COPY Calcasieu Parish Sheriff's Office Corrections Divisions—Jall Records		
Elsewhere			

17. When did the incident (e.g., accident, suicide, or homicide) causing the death oc	cur?
□ 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 a services for the medical condition that caused his/her death after admission to y NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide	our correctional facilities?
YES NO DON'T K	NOW:
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 in after admission? (If multiple conditions caused the death and any of the condition "Pre-existing medical condition.")	
☑ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide	e, or homicide
☐ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined	
Please add any additional notes regarding this death here:  Offender was found in the dayroom's utility closet, which is located in his ho	ousing dorm.