OMB No. 1121-0249 Approval Expires 03/31/2019

Form NPS-4A (Addendum)

DEATHS IN CUSTODY—2016 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 Completion

If no deaths occurred in 2016:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- 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://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@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.

«AGENCY ID»

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Diaville	Timothy	B

2. On what date did the inmate die?

MONTH	DAY	YEAR
08	10	2016

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

Facility Name: Winn Correctional Center

Facility City: Winfield

Facility State: LA

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

MONTH	DAY	YEAR
11	17	1974

5. What was the inmate's sex?

- [x] Male
- [ ] Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- [ ] Yes
- [x] No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- [x] 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?

MONTH	DAY	YEAR
01	19	2016

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

a. Schedule II

b.

c.

d.

e.

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

- [ ] Yes
- [ ] No
- [x] 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
- [x] 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:

"AGENCY ID"

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]* →
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☑ Accidental alcohol/drug intoxication *[Describe]* → Possible Cardiac Arrest, influence of illegal
- ☐ 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 <u>incident</u> (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/infirmary
  - ☐ 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 <u>incident</u> (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	☐	☐	☐
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)

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 <u>any</u> 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:

orm C-05-001-W-1
5 July 2011

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: WNC

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
[redacted]	[redacted]	Birch D1-10	8/10/2016	3:04pm

LOCATION OF INCIDENT	WITNESSES
Cypress Unit	

TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

Category A Incidents:

- ☐ Escape
- ☒ Death by other than natural causes
  - ☐ Accident
  - ☐ Violence
  - ☐ Suicide
  - ☐ Suspicious
  - ☒ Unknown
  - ☐ Unnatural
  - ☐ Execution
- ☐ Assault resulting in life threatening injury
  - ☐ Offender on Staff
  - ☐ Offender on Offender
  - ☐ With Weapon
  - ☐ Without Weapon
  - ☐ Staff Injured In Line of Duty
- ☐ Other
  - ☐ Significant Property Damage
  - ☐ Hostage Situation
  - ☐ Major Work Stoppage of Offenders
  - ☐ Employee Work Stoppage
  - ☐ Riot
  - ☐ Natural Disaster
  - ☐ Tact Team / Outside Assistance
  - ☐ Lockdown of all or part of facility
  - ☐ Hunger Strike of Entire Facility or Multiple Units
  - ☐ Large Scale Evacuation
  - ☐ Other - Determined by Unit Head

Category B Incidents:

- ☐ Escapee Apprehended
- ☐ Death Due to Natural Causes
  - ☐ Expected
  - ☐ Unexpected
- ☐ Gunshot - Shoot to disable (Class I)
- ☐ Assault with significant injury
  - ☐ Offender on Staff
  - ☐ Offender on Offender
  - ☐ With Weapon
  - ☐ Without Weapon
  - ☐ Attempted Suicide with Significant Injury
  - ☐ Self Mutilation with Significant Injury
- ☐ Hunger Strike - Individual
- ☐ Hunger Strike - Organized
- ☐ Use of Force w/Significant Injury
  - ☐ Lockdown of Limited Number of Offenders
- ☐ Significant Water/Power Outage
- ☐ Property Damage - Limited
- ☐ Evacuation - Limited
- ☐ Other – Employee Arrest
- ☐ Other - Determined by Unit Head

Category C Incidents:

- ☐ Agg. Sex Offense (Offender/Staff)*
- ☐ Agg. Sex Offense (Offender/Offender)*
- ☐ Staff/Civilian Sexual Misconduct*
- ☐ Gunshot - Warning Shot (Class II)
  - ☐ Self Defense - No Human Injury or Death
- ☐ Assault With No Significant Injury
  - ☐ Offender on Staff
  - ☐ Offender on Offender
  - ☐ With Weapon
  - ☐ Without Weapon
  - ☐ Throwing of Substances
- ☒ Use of Force
  - ☒ Immediate
  - ☐ Planned
  - ☐ Chemical Agents on Single Offender
  - ☐ Use of Taser®
  - ☐ Cell Entry Team (Elec. Shield)
  - ☐ Less Lethal Weapons
  - ☒ Restraints Used (Restraint Chair, 4 Point, etc.)
  - ☒ Staff on Offender
- ☐ Individual Hunger Strike

* Copy to Investigations

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On the above date and time

Major Gary Coleman
REPORTING OFFICER

8-11-16
DATE COMPLETED

9:45am
TIME COMPLETED

Form C-05-001-W-2
15 July 2011

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Miscellaneous)

INSTITUTION: WNC

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
[redacted]	[redacted]	Birch D1-10	8/10/2016	3:04pm

LOCATION OF INCIDENT	WITNESSES
Cypress Unit	see attached statements

TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

- ☐ Accidents
  - ☐ Employee Accident
  - ☐ Offender Accident
  - ☐ Vehicle Accident
- ☐ Contraband
  - ☐ Inside Facility
  - ☐ Outside Facility
- ☐ Drug Screen
- ☐ Maintenance
- ☐ Medical
- ☐ Mental Health
- ☐ Protection Request
- ☐ Security Inspections
- ☐ Shakedowns
  - ☐ Routine
    - ☐ Staff ☐ Visitor ☐ Offender
  - ☐ Target
    - ☐ Staff ☐ Visitor ☐ Offender
- ☐ Use of Tact Team and Chase Team as outside assistance
- ☐ Other:

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On August 10, 2016 at approximately 3:04pm Officer S. Moras who was assigned to Birch Unit Key called for assistance over the radio due to Offender [redacted] (Birch D1-10) acting aggressive towards staff. Officer Moras and Officer R. Collins both observed Offender [redacted] aggressively slam D1 tier door and begin aggressively pulling on Birch key door as if to enter the restricted key control area. In response, Lt. A Dixon, Sgt. D Jones, Sgt. C Brothwell and Lt. M Hayes entered Birch Unit where Sgt. Jones gave Offender [redacted] a direct order to submit to handcuff restraints. Offender [redacted] refused and attempted to physically push Sgt. Jones away. Sgt. Jones then placed his right and left arms around Offender [redacted] upper chest area from behind and placed him in a seated positon on the floor. Lt. Hayes and Sgt. Brothwell then applied restraints to both wrists of Offender [redacted] Major G Coleman and Capt. B Toler entered the unit and instructed Sgt. Brothwell and Lt. Hayes to assist Offender [redacted] to his feet and escort him to the infirmary for a medical evaluation. Offender [redacted] continued to resist while enroute to the infirmary by attempting to pull away and run from staff. When questioned by Lt. Hayes regarding his behavior, Offender [redacted] alleged that he had used approximately $100 worth of meth. While at the infirmary, per LPN Self, the restraints were readjusted to the front to allow medical staff to gain a blood pressure reading. Offender [redacted] again became aggressive by pulling away refusing to cooperate with medical staff. Sgt. Jones and Lt. Hayes was then instructed by Capt. Toler to escort Offender [redacted] to restricted housing. Offender [redacted] continued to resist by kicking and pulling away from staff on the main walk requiring the application of legirons applied by Lt. J Curry to gain control. Offender [redacted] was then escorted to Cypress Unit A-1 tier, cell 1 where Capt. Toler instructed Offender [redacted] to enter cell 1 in order to remove the legirons prior to closing the cell door. Offender [redacted] refused and attempted to push past staff to get out of the cell. To gain control, Offender [redacted] was placed on the floor face down by Lt. Hayes, Lt. Curry and Sgt. Jones. Capt. Toler then removed the legirons from Offender [redacted] ankles while Officer D Johnson held Offender [redacted] right and left legs. Lt. Curry then removed the right hand restraint. Offender [redacted] became combative by swinging his left hand, with the restraints still attached, prompting the need to reapply the restraints to gain control. Capt. Toler and Lt. Curry then placed Offender [redacted] hands behind his back and reapplied handcuff restraints to both wrists. Capt. Toler gave Offender [redacted] a direct verbal order to stop resisting to allow staff to exit the cell. Two attempts were made to exit the cell, each time Offender [redacted]

became combative. After the second attempt to exit the cell Offender [redacted] complied with orders to stop resisting. At approximately 3:42pm, all staff exited the cell and the cell door was closed. Offender [redacted] was given a direct verbal order by Lt. M Hayes to get up from the floor and approach the cell bars to remove the handcuff restraints. Offender [redacted] did not respond. At approximately 3:43pm, Sgt. Jones entered the cell and observed Offender [redacted] to be verbally unresponsive. Sgt. Jones removed the handcuff restraints and called for assistance. Capt. Toler, Lt. Curry and Lt. Hayes entered the cell to assess Offender [redacted] vitals. It was observed that Offender [redacted] did not appear to be breathing or have a pulse. At approximately 3:45pm, Capt. Toler instructed Sgt. Jones to begin CPR and notified the Infirmary and Major G Coleman for assistance. At approximately 3:51pm, LPN Self entered the unit with an AED and stretcher to assist in giving life support to Offender [redacted]. Major G Coleman then notified central control to contact Advanced Emergency Ambulance Service to be dispatched to the facility. Advanced Emergency Ambulance Service was notified at 3:56pm. Lt. Hayes, Lt. Curry, Capt. Toler, Sgt. Jones, Officer T. Spivey, Officer Johnson and RN Price all rotated chest compressions while RN Duncan conducted breathing until EMT staff arrived. Advanced Emergency Ambulance Service arrived at the facility at 4:09pm and took custody of Offender [redacted] at approximately 4:14pm. Major Coleman instructed Sgt. Brothwell to prepare a security escort vehicle to accompany the ambulance to WPMC. Major Coleman then instructed Sgt. D Barton and Sgt. D Allen to accompany Offender [redacted] in the ambulance to WPMC. Advanced Emergency Ambulance Service exited the facility enroute to WPMC at 4:35pm. Major Coleman was later notified by Sgt. Brothwell that (WPMC) Dr. Ugochukwa had pronounced Offender [redacted] deceased at 4:59pm. Warden K. Deville was notified. Warden Deville then intiated the following notifications: DOC duty officer Tessie Cooley was notified via phone at 5:05pm and by email at 5:11pm. WPSO dispatch Officer Stephanie Sanders was notified at 5:23pm. (Next of kin), [redacted] was notified at 5:25pm. State Coroner Matt Miller took custody of Offender [redacted] at 5:53pm. Warden K Deville was notified.

Major Gary Coleman	8-11-16	9:45 a.m.
REPORTING OFFICER	DATE COMPLETED	TIME COMPLETED

Winn Correctional Center, LLC.
Incident Statement

Date of Incident	8/10/2016	Time of Incident:	3:04pm
Name		Employee	Offender
Officer R. Collins		X	

Participant	Witness	Civilian	Other: (Specify)
	X		

What did you see, hear and/or do:

On 8/10/2016 at approximately 3:04pm. I c/o Collins was on birch floor putting inmates back on their tiers when [redacted] came in and refused to go on his tier. I opened the tier door and (O)[redacted] then slammed the tier door shut and he was trying to get in the key. C/o Moras called for assistance and Sgt. Jones and Lt. Hayes came in. Sgt. Jones wrestled the offender to the ground, so we could gain control.

Note all injuries received: (If none, then state so)

None

Were you screened by medical? Yes or No (Circle One)

Print Name:		Date:	
Signature:		Date:	

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident	8/10/2016	Time of Incident:	3:04pm

Name	Employee	Offender	
Officer S. Moras	X		

Participant	Witness	Civilian	Other: (Specify)
	X		

What did you see, hear and/or do:

On 8/10/2016 at approximately 3:04pm. I c/o Moras witnessed [redacted] acting aggressive. At approximately 3:06 (O) [redacted] slammed D1 gate and refused to go up when c\o Collins had the door open, he then started walking back and fourth making noises, telling me to open the key and let him in. (O) [redacted] began to attempt to jerk the key door open. At approximately 3:09pm I c/o Moras called for assistance via radio.

Note all injuries received: (If none, then state so)

None

Were you screened by medical? Yes or No (Circle One)

Print Name:		Date:	
Signature:		Date:	

	Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016		3:11pm
Name	Employee	Offender	DOC #
Sgt. D Jones	X		

Participant	Witness	Civilian	Other: (Specify)
X	X		

On August 10, 2016 at approximately 3:11pm I, Sgt. D Jones responded to an assistance call in Birch Unit. As I approached Birch Unit I observed (O) [redacted] trying to enter Birch key, I approached (O) [redacted] giving him several verbal direct orders to turn around and be restrained. (O) [redacted] was acting in an aggressive manner, as (O) [redacted] approached me he was becoming combative stating "someone is trying to kill me", he cannot stay and forced himself away from me. To gain compliance of (O) [redacted] I Sgt. Jones placed my left and right arms on (O) [redacted] upper shoulder area. I, then placed (O) [redacted] in a seated position on the floor until assistance arrived. At approximately 3:12pm Lt. Hayes and Sgt. C Brothwell arrived and applied handcuff restraints to the wrists of (O) [redacted]. With the following, (O) [redacted] was escorted to the infirmary by Lt. Hayes and Sgt. Brothwell. Once (O) [redacted] refused medical and became combative, I, Sgt. Jones along with Lt. Hayes escorted (O) [redacted] to Cypress Unit. (O) [redacted] did not comply with the escort, he then attempted to break away and also attempting to run. (O) [redacted] was given several direct verbal orders to stop, (O) decided to sit down and lay on his back. Capt. Toler notified Lt. Curry and instructed him to bring a set of leg irons. I assisted Lt. Curry with the placing of the leg irons on (O) [redacted] at approximately 3:33pm. Lt. Hayes and myself entered Cypress Unit at approximately 3:36pm, (O) [redacted] was placed in A1 tier cell 1, where given a verbal direct order to go to his knees so the leg irons could be removed. (O) [redacted] did not comply. I assisted Lt. Curry at the shoulder area with placing (O) [redacted] face down. (O) [redacted] continued to be combative while we tried on several occasions to back out of the cell. (O) [redacted] finally complied with a verbal direct order to remain on floor until staff exit the cell. Once cell door was closed, I noticed (O) [redacted] did not respond to a direct verbal order to stand to his feet and back up to the cell door so restraints can be removed. I, then entered the cell and observed the (O) appeared to be unconscious. I removed restraints and called for assistance. Lt. Hayes notice (O) [redacted] was not breathing. I, Sgt. Jones was instructed by Capt. Toler to perform chest compressions until relieved by medical staff.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:	Darius Jones	Date:	8-10-2016
Signature:	Darius Jones	Date:	8-10-2016

☐ Offender refused to make a statement.

Winn Correctional Center, LLC.
Incident Statement

Employee Witness:		**Date:**	
Employee Witness:		**Date:**	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:14pm
Name		Employee	Offender	DOC #
Lt. M Hayes		X		

Participant	Witness	Civilian	Other: (Specify)
X	X		

On August 10, 2016 at approximately 3:14pm I, Lt. M Hayes responded to an assistance needed in Birch Unit. Upon arriving in Birch Unit Lt. Hayes observed Sgt. D Jones on Birch floor with Offender [redacted]. At this time I placed my right knee on (O) [redacted] left shoulder as he was face down on the floor of Birch Unit. I, Lt. Hayes gave (O) [redacted] several verbal direct orders to put his hands behind his back and be restrained. (O) [redacted] complied after about the 5th order, (O) [redacted] was then paced in a seated position. At approximately 3:17pm (O) [redacted] was assisted to his feet and escorted to medical from Birch Unit. During the escort to medical (O) [redacted] became combative and tried to run away from Lt. Hayes and Sgt. D Jones. (O) [redacted] was made to stop walking and was asked "What's wrong with you?" by Lt. Hayes. (O) [redacted] stated that he done about $100 worth of meth. I, Lt. Hayes and Sgt. Jones then started the escort process back to medical. (O) [redacted] arrived in medical at approximately 3:20pm. (O) [redacted] was placed in exam room #2 where he was still being combative. Nurse Self tried to check (O) [redacted] he refused and was being combative toward Nurse Self. (O) [redacted] was escorted from medical to Cypress. During the escort to Cypress Unit (O) [redacted] attempted to run from Lt. Hayes and Sgt. Jones. (O) [redacted] was stopped on the walk by the command post. (O) [redacted] then sat down on the ground and acted as if he did not want to walk and he was kicking his feet. Lt. Curry then came on the walk and applied leg restraints to (O) [redacted], and escorted him to Cypress Unit. (O) [redacted] was placed in cell #1on A-1 tier. Capt. B Toler removed the leg restraints, as Lt. Curry attempted to remove the hand restraints from (O) [redacted] he became combative and was placed face down to gain compliance. (O) [redacted] was still being combative so the hand restraints were placed back on (O) [redacted] behind his back by Capt. Toler and Lt. Curry. I, Lt. Hayes was instructed to back out of the cell at this time. After backing out of the cell of (O) [redacted] was instructed to stand up so the hand restraints could be removed. (O) [redacted] did not comply. Sgt. Jones along with Lt. Hayes noticed that (O) [redacted] looked as if he wasn't breathing. Capt. Toler, Lt. Curry and Lt. Hayes turned (O) [redacted] over and checked for signs of life. At this time medical was called to bring the AEDand chest compressions were started.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:	Marcus Hayes	Date:	8/10/2016
Signature:	[signature]	Date:	8/10/2016

Winn Correctional Center, LLC.
Incident Statement

	Offender refused to make a statement.		
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:12pm
Name		Employee	Offender	DOC #
Lt. A Dixon		X		

On August 10, 2016 at approximately 3:12pm I, Lt. A Dixon entered Birch Unit to respond to a request for assistance when I observed (O) [redacted] behaving in a combative state toward Sgt. D Jones. I gave (O) [redacted] several verbal direct orders to comply and be restrained. (O) [redacted] did not comply Sgt. Jones placed (O) [redacted] to the floor. Lt. Hayes, Sgt. Brothwell, Capt. Toler and Major Coleman arrived.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:		Date:	8/10/2016
Signature:		Date:	8/10/2016

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:14pm
		Employee	Offender	DOC #
Sgt. C Brothwell		X		

On August 10, 2016 at approximately 3:14pm I, Sgt. Brothwell responded to Birch Unit where I found Sgt. Jones trying to restrain (O) [redacted]. Once Lt. Hayes and I put hand restraints on (O) [redacted] we escorted (O) [redacted] to the infirmary. While going to the infirmary (O) [redacted] tried several times to run which made Lt. Hayes and I keep a firm grip. Once we made it to the infirmary (O) [redacted] was still not complying to orders and was being very rude to the nurses. At that point we were instructed to take him to Cypress. Once again he did not comply going down the walk. Once we made it to Cypress and placed him on A1 cell (O) [redacted] continued to resist us by refusing to let us take the hand restraints off. A few minutes later I was informed that (O) [redacted] was unresponsive. Nurse was notified and I assisted with CPR. I was then instructed by Major Coleman to prepare a transport van for security to Winnfield Medical Center. Once arrived at Winnfield Medical Center, I was informed by Dr. Ugochukwa that at 4:59pm (O) [redacted] was pronounced deceased and at 5:53pm State Coroner Matt Miller pronounced (O) [redacted] deceased. Major Coleman was notified.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:	Chris Brothwell	Date:	8-10-16
Signature:	Chr Brothwell	Date:	

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	August 10, 2016	Time of Incident:	3:04pm
Name	Employee	Offender	DOC #
Major G Coleman	X		

On August 10, 2016 at approximately 3:04pm I, Major Gary Coleman responded to a call for assistance in Birch Unit. Upon entering Birch Unit I, Major Coleman observed Offender [redacted] sitting upright on the floor with handcuff restraints on both wrists behind the back. I was informed by Lt. M Hayes that Offender [redacted] was acting aggressive towards staff and appeared to be intoxicated. I instructed Lt. Hayes, Capt. B Toler, and Sgt. Brothwell to assist Offender [redacted] to his feet and escort him to medical for an examination. I observed Offender [redacted] resisting Sgt. Brothwell and Lt. Hayes by attempting to pull away and run. Offender [redacted] was then escorted to restricted housing pending disciplinary charges. At approximately 3:42pm I was informed by Capt. Toler that Offender [redacted] was unresponsive and medical assistance was needed. I, Major Coleman reported to Cypress Unit where I observed LPN Self and security staff conducting CPR and utilizing an AED on Offender [redacted]. I, Major Coleman then instructed central control to notify Advance Emergency Ambulance Service at 3:56pm. Advanced Emergency Ambulance Service arrived at the facility at 4:09pm and took custody of Offender [redacted]. I, Major Coleman instructed Sgt. Brothwell to prepare a security escort to accompany the ambulance to WPMC. I, then instructed Lt. Barton and Sgt. Allen to accompany Offender [redacted] in the ambulance to WPMC. Advance Emergency Ambulance Service exited the facility at 4:35pm. I, Major Coleman was later notified by Sgt. Brothwell that Dr. Ugochukwa pronounced Offender [redacted] deceased at 4:59pm at WPMC. State Coroner Matt Miller took custody of Offender [redacted] at 5:53pm. Warden K Deville was notified.

Note all injuries received: (If none, then state so)

NON

Were you screened by medical? Yes or No (Circle One)

Print Name:	Gary Coleman	Date:	8-10-16
Signature:		Date:	8-10-16

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident	8/10/2016	Time of Incident:	3:17pm
Name		Employee	Offender
Captain B. Toler		X	

Participant	Witness	Civilian	Other: (Specify)
X	X		

What did you see, hear and/or do:

On 8/10/2016 at approximately 3:17pm I Capt. Bobby Toler responded to Birch unit for an assistance call. When I arrived, I observed offender [redacted] on the floor handcuffed behind his back talking out of his head. I gave instructions to Sgt. Jones and Lt. Hayes to assist the offender to his feet and escort him to the infirmary. I followed behind the escort. At approximately 3:20pm we entered the infirmary and placed the offender in exam room #2. During the examination by LPN Self, the offender needed to be unrestrained from the back to the front to attempt to get a blood pressure reading. At this time the offender became combative again and had to be placed back into the chair. The offender became more combative. I then instructed Lt. Hayes and Sgt. Jones to escort the offender to Cypress unit. We exited the infirmary at approximately 3:30pm with Lt Hayes and Sgt. Jones escorting the offender while I followed. When the escort past the command post, the offender became combative by attempting to jerk away and run. Several direct orders were given to the offender to stop his actions; he then sat down on the walk and layed down on his back. I then instructed Lt Hayes and Sgt Jones to assist the offender to his feet and continue the escort. The offender tried on several more occasions to break from the escort. I then notified Lt. Curry to come to our location with leg irons. Leg irons were applied. After the leg irons were applied the escort continued to Cypress Unit. We entered Cypress Unit and approximately 3:36pm and arrived at A1-Cell #1 at approximately 3:37pm. Upon entering the cell, the offender again became combative. Several direct verbal orders to stop were given to stop, he refused and had to be placed face down on the floor. I removed the leg irons from the ankles of the offender. Lt Curry removed the handcuffs from the left hand of the offender. When the cuffs were removed, the offender again began to resist by attempting to swing his arms with a handcuff still on one wrist. The offender was then placed face down once again on the floor to stop his actions. The offender locked his arms underneath himself. I then placed my right and left hand of the offender and gained control of the left hand of the offender and placed it behind his back while Lt. Curry placed the offender right hand behind his back and applied handcuffs to the wrist of the offender. I then instructed the other staff to begin backing out the cell, while I maintained control of the offender. The offender then began attempting to roll over and set to his feet. I gave the offender several orders to stop; he still refused and was placed back on the floor until compliance was gained. All the staff then exited the cell. C/o Spivey operated the panel box and closed the door. At approximately 3:46pm I was then informed by Lt. Hayes that the offender appeared to not be breathing. I responded to the cell and attempted to get a pulse with no results. I then rechecked for a pulse with no results. I then instructed Sgt. Jones to begin CPR. I then contacted medical via radio and also Major Coleman via radio. At approximately 3:48pm medical and Major Coleman arrived. I then assisted with CPR until approximately 4:12pm when Advance Ambulance Service arrived and took over.

Note all injuries received: (If none, then state so)

Winn Correctional Center, LLC.
Incident Statement

None			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	Bobby Tolar	Date:	8-10-16
Signature:	BT	Date:	8-10-16
	Offender refused to make a statement.		
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:33pm

Name	Employee	Offender	DOC #
Lt. J Curry	X		

Participant	Witness	Civilian	Other: (Specify)
X	X		

On August 19, 2016 at approximately 3:33pm I, Lt. Curry while in Cypress was called to assist on main walk by Capt. B Toler. I assisted by responding with a set of leg restraints. I responded to location between Cypress gate and command post. I applied leg restraints to both ankles of (O) [redacted]. I, then returned back to Unit. (O) [redacted] was escorted to A-1 isolation cell. (O) [redacted] was given several orders to get on his knees to allow restraints to be removed safely. (O) [redacted] was non-compliant and defiant towards instructions. I assisted in placing (O) [redacted] face down by placing my right and left hand on (O) [redacted] right shoulder. I gave (O) [redacted] several orders to calm down and stop resisting. I, then uncuffed his right wrist at this time. (O) [redacted] became combative and resistant. I assisted in maneuvering both his hands behind his back when hand restraints was reapplied. All staff was then instructed by Capt. B Toler. I then exit the tier once the cell door was secured. I was notified by Lt. Hayes that (O) [redacted] was non-responsive. I reported back to the cell location (O) [redacted] appeared to have breathing difficulty. I re-entered the cell with hand restraints and assisted Lt. Hayes in checking for a pulse in his left wrist. There was no pulse detected. (O) [redacted] appeared to not be breathing. I notified medical via radio medical staff, a stretcher and an AED is needed to unit. I assisted with performing CPR by conducting chest compressions until medical assistance arrived.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:	LT. J Curry	Date:	8/10/2016
Signature:	LT. J Curry	Date:	8/10/2016

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:38pm

Name	Employee	Offender	DOC #
Officer D Johnson	X		

Participant	Witness	Civilian	Other: (Specify)
X	X		

On August 10, 2016 at approximately 3:38pm I, Officer D Johnson observed (O) [redacted] being physically uncooperative and resistant towards staff while they were trying to put restraints on the Offender. I, then assisted by placing my hands on the legs of (O) [redacted] who was resisting and attempting to kick his feet. I, continued my hold as (O) [redacted] was still resisting until we were able to put restraints on (O) [redacted]. I was then given instructions to back out of the cell once restraints were placed on the Offender. I, then overheard Lt. M Hayes say the Offender was unresponsive. I, then observed Capt. B Toler, Lt. J Curry, and Lt. M Hayes reopen the cell and immediately began checking for vital signs. Sgt. D Jones then began CPR on (O) [redacted] until medical staff arrived. I, then assisted in CPR compressions with medical staff.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:	D'Ondrae L. Johnson	Date:	8/10/2016
Signature:	D'Ondrae L. Johnson	Date:	8/10/2016

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:36pm

Name	Employee	Offender	DOC #
Officer T Spivey	X		

Participant	Witness	Civilian	Other: (Specify)
X	X		

On August 10, 2016 at approximately 3:36pm I, Officer T Spivey and Lt. J Curry observed Sgt. D Jones, Sgt. C Brothwell, Lt. M Hayes and Capt. B Toler escort (O) [redacted] into Cypress Unit. Offender [redacted] was being very defiant trying to jerk away. Lt. Curry instructed me to operate the panel box for A-1 tier. I opened the cell door of A-1. (O) [redacted] was still being defiant while being placed into the cell. Capt. Toler instructed me to close the cell door. Sgt. Jones and Lt. Hayes entered the cell. Lt. Hayes then exited the cell to get Capt. Toler. Capt. Toler, Lt. Hayes, and Lt. Curry entered the cell. Capt. Toler then called for assistance. I, then assisted with CPR until medical arrived.

Note all injuries received: (If none, then state so)

Were you screened by medical? Yes or No (Circle One)

Print Name:	Tony Spivey	Date:	8/10/2016
Signature:	Tony	Date:	8/10/2016

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-16 Time of Incident: approx. 3:45 PM – 5:00 PM

Name: D. Barton Employee: X Offender: _____ DOC #: _____

Check One: Civilian: _____ Witness: _____ Participant: X Other (Specify): _____

What did you see, hear and do?

on the above date and approx time I Sgt. Barton responded to a man down call from cypress unit for offender [redacted] I Sgt. Barton observed the EMTs arriving at approximately 4:00 PM. at this time the EMTs placed the offender on a stretcher then moved him into the ambulance. At this time I Sgt. Barton was instructed by the shift supervisor to ride in the ambulance as security to Winn Parish Medical Center.

At approximately 4:10 PM I Sgt. Barton left Winn Correctional Center in the ambulance with the offender and the EMTs and provided assistance in CPR for the offender until we arrived at the hospital at approximately 4:45 PM. At this time the situation was turned over to the medical staff of Winn Parish Medical Center.

At approximately 4:59 PM Dr. Ike of the Winn Medical staff pronounced the offender deceased.

At approximately 5:53 PM custody of the deceased offender was given to assistant coroner Matt Miller.

Note all injuries received (If none, then state so):

I Sgt. Barton received no injuries in the taking place of this incident.

Were you screened by Medical? Yes _____ No X

Signature: D. Barton

Date Original Statement Written: 8-10-16

Date Typed Statement Reviewed and Signed: _____

WINN CORRECTIONAL CENTER
LOCKDOWN INFORMATION REPORT

ADMITTING DATA:

OFFENDER NAME: [redacted] DOC #: [redacted] RACE: W

DATE/TIME IN: 8-10-16 AUTHORIZED BY: Major G. Coleman

CHECK ONE: X DISCIPLINARY ____ PC REQUEST ____ PREA ✓ INVESTIGATION

UNIT ASSIGNED: Cyp. JOB: ____ TIER/CELL PLACED IN: Cyp. A-1 #1. Observation Cell.

CHARGE: pending. DB DATE & RESULTS: ____

MEDICAL(SPECIAL NEEDS OR PSYCHIATRIC NEEDS): ____

Ø

REMARKS: (USE SPACE BELOW TO INDICATE 24 HOUR BREAKS & RESTRICTION DATES. IF OFFENDER RECEIVES DB REPORT WHILE IN ISOLATION OR ADMINISTRATION SEGREGATION, MAKE ADDITIONAL CARD.)

Possible intoxication, cell alone due to assaultive behavior. Pending review.

AUTHORIZED PROPERTY, PRIVILEGES, OR ACTIVITIVES TO BE WITHHELD: Jumpsuit only

SPECIAL CONDITIONS OR PRECAUTIONS (RESTRAINTS, ENEMIES, ASSAULTIVE, GANG AFFILIATION): Cell alone, assaultive.

RECORD TIME AND INITIAL

	MEALS			MEDICAL	EXERCISE		ACTIVITIES							CAPTAIN	
DATE:	1	2	3	DAILY	OUT	IN	SHOWER	LAUNDRY	BARBER	MAIL	VISIT	LIBRARY	PHONE	AM	PM
8/10/16				RP											

(R) REFUSE (Y) YES (N) NO (IW) INCLIMATE WEATHER

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-2016 Time of Incident: 345pm

Name: Kevin Dale Self Employee: X Offender: ___ DOC: #: ___

Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify): ___

What did you see, hear and/or do:

I, Nurse Self, white on duty at the infirmary did respond to Man Down call for [redacted] in Express A-1 cell. On arrival & stretcher I observe offender not breathing, extremeties blue, Security CPR in progress. AED Applied and unit shocks offender, CPR continued & AMBU Breathing awaiting Ambulance arrival. CPR continues & Medical Staff and Security staff and Ambulance transports offender to WPMC-ER, departs at 435 PM. I had left CPR in progress to return to medical for offender records consult and call in Report to WPMC-ER.

Note all injuries received (If none, then state so):

None

Were you screened by medical? Yes ☐ No ☒

Signature: Kevin Dale Self LPN

Date Original Statement Written: 8-10-2016 @ 5:00 PM

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-16 Time of Incident: 3:16p

Name: Rande Price Employee: X Offender: ___ DOC: #: 339241

Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify): ___

What did you see, hear and/or do:

Offender [redacted] came into medical @ 3:16p accompanied by C/O M. Hayes and C/O Sgt C. Brothwell in cuffs in the back. I/M [redacted] was fighting and uncooperative when he came into medical. I/M was ambulatory and uncooperative going into Exam Room #2. At this time hand cuffs were placed in the front. I/M would not allow medical to get vitals on him. I/M was trying to fight with the officers in exam room rushing at them as they were standing against the opposite wall of offender trying to bite one of the officers. Officers reported that I/M had admitted to smoking meth prior to coming into medical. At 3:32p I/M was escorted out of medical to cypress still fighting & uncooperati At 3:45pm man down was called and when I arrived in Cypress, CPR along with AED were in progress.

Note all injuries received (If none, then state so):

N/A

Were you screened by medical? Yes ☐ No ☒

Signature: RPrice RN

Date Original Statement Written: 8-10-16 5:15p

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-16 Time of Incident: 3:16p

Name: Raude Price Employee: ✓ Offender: ___ DOC: #: 339241

Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify): ___

What did you see, hear and/or do:

Myself and Y. Duncan rotated doing breaths with the ambu bag. Myself along with other officers rotated performing chest compressions. CPR & AED was continued until ambulance arrived and loaded on the stretcher.

Note all injuries received (If none, then state so):

N/A

Were you screened by medical? Yes ☐ No ☒

Signature: RPrice

Date Original Statement Written: 8-10-16 5:15p

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, L.L.C.

INCIDENT STATEMENT

Date of Incident: 8/10/16 Time of Incident: 3:15 pm

Name: Wanda Duncan RN Employee X Offender: ___ DOC: #: ___

Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify): ___

What did you see, hear and/or do:

I, Nurse Duncan RN was working in the infirmary on 8/10/16 @ approximately 3:15 pm when I noticed Lt. M. Hays and CO C. Brothwell enter C [redacted]. The Offender was confused, diaphoretic and very uncooperative c staff. He was asked multiple times for his name but all he would do was garble and make noises. He was very combative and wild and a couple of times he would step up and charge at the wall. He attempted to bite one of the officers. He was so out of control medical was unable to do a pre-segmedical evaluation. The Officer (cont)

Note all injuries received (If none, then state so):

none

Were you screened by medical? Yes ☐ No ☒

Signature: Wanda Duncan RN @ 5:15 pm

Date Original Statement Written: 8/10/16

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8/10/16 Time of Incident: 3½

Name: [illegible] RN Employee: X Offender: ___ DOC: #: ___

Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify): ___

What did you see, hear and/or do:

(cont) mandown was called approximately 3¼. When I arrived to Cypress unit. Several officers were performing CPR and chest compressions were being done. and AED in place. CPR was continued & AED advising 1 shock to be administered which was done as advised. Im remained un responsive and CPR was continued until the ambulance arrived and the inmate was taken out per stretcher by Advanced Ambulance services.

Note all injuries received (If none, then state so):

none

Were you screened by medical? Yes ☐ No ☒

Signature: [illegible] RN

Date Original Statement Written: 8/10/16 @ 5:15

Date Typed Statement Received and Signed: ___