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?**

| Goodbeer | Paul | |
|---|---|---|
| *LAST* | *FIRST* | *MI* |

**2. On what date did the inmate die?**

| 1 2 | 2 6 | 2 0 1 6 |
|---|---|---|
| *MONTH* | *DAY* | *YEAR* |

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

Facility Name: Winn Correctional Center

Facility City: Winnfield

Facility State: LA

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

| 1 1 | 1 3 | 1 9 4 8 |
|---|---|---|
| *MONTH* | *DAY* | *YEAR* |

**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:**

- [ ] White
- [x] 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 3 | 1 7 | 1 9 9 2 |
|---|---|---|
| *MONTH* | *DAY* | *YEAR* |

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

a. Forcible Rape

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?**

- [x] 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:*

**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]* → Pulmonary Thromboembolism
- ☐ 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 <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:***

Form C-05-001-W-1
15 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 A1 | 12-26-2016 | 1805 |

| LOCATION OF INCIDENT | WITNESSES |
|---|---|
| Birch A1 | Lt. Ward |

**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 December 26, 2016 at 6:05pm, Correctional Officer K. Swafford (Birch Key Officer) was informed by C/O T. Elmore (Birch Floor Officer) that (O) [redacted] was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggie Ward responded to A1 tier and observed (O) [redacted] lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O) [redacted] had no pulse. Lt. Ward immediately placed (O) [redacted] on his back and began CPR (6:08pm). Lt. Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [redacted] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Hayes Cpt. Howard, and Cpt. Hodges assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm.

Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [redacted]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [redacted] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the wardens office.

Lt. Ward
REPORTING OFFICER

12-26-16
DATE COMPLETED

10:30
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 A1 | 12-26-16 | 1805 |

| LOCATION OF INCIDENT | WITNESSES |
|---|---|
| Birch A1 tier | Lt. Ward |

**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: Death-Natural Causes

**DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)**

**On December 26, 2016 at 6:05pm, Correctional Officer K. Swafford (Birch Key Officer) was informed by C/O T. Elmore (Birch Floor Officer) that (O)[redacted] was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggie Ward responded to A1 tier and observed (O)[redacted] lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O)[redacted] had no pulse. Lt. Ward immediately placed (O)[redacted] on his back and began CPR (6:08pm). Lt. Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O)[redacted] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Hayes Cpt. Howard, and Cpt. Hodges assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm. Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O)[redacted] Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O)[redacted] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the wardens office.**

| Lt. Ward | 12-26-16 | 10:30p.m. |
|---|---|---|
| REPORTING OFFICER | DATE COMPLETED | TIME COMPLETED |

# Winn Correctional Center, LLC.
## Incident Statement

| Date of Incident: | 12-26-16 | Time of Incident: | 6:05pm |
|---|---|---|---|

| | Employee | Offender | DOC # |
|---|---|---|---|
| Cpt. M. Hayes | x | | |

| Participant | Witness | Civilian | Other: (Specify) |
|---|---|---|---|
| x | | | |

On December 26, 2016 at 6:05pm, C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Ward called for the stretcher and notified I Cpt. M. Hayes. I arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [redacted] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Howard, Cpt. Hodges and myself assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm. Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [redacted]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [redacted] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the warden's office.

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

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

| Print Name: | Cpt. M. Hayes | Date: | 12-26-2016 |
|---|---|---|---|
| Signature: | [signature] | Date: | 12-26-16 |

☐ Offender refused to make a statement.

| Employee Witness: | | Date: | |
|---|---|---|---|
| Employee Witness: | | Date: | |

# Winn Correctional Center, LLC.
## Incident Statement

| Date of Incident: | 12-26-16 | Time of Incident: | 6:05pm |
|---|---|---|---|

| | Employee | Offender | DOC # |
|---|---|---|---|
| Lt. R. Ward | x | | |

| Participant | Witness | Civilian | Other: (Specify) |
|---|---|---|---|
| x | | | |

On December 26, 2016 at 6:05pm, Correctional Officer K. Swafford (Birch Key Officer) was informed by C/O T. Elmore (Birch Floor Officer) that (O) [redacted] was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggie Ward responded to A1 tier and observed (O) [redacted] lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O) [redacted] had no pulse. Lt. Ward immediately placed (O) [redacted] on his back and began CPR (6:08pm). Lt. Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [redacted] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Hayes Cpt. Howard, and Cpt. Hodges assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm. Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [redacted]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [redacted] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the warden's office.

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

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

| Print Name: | R. Ward | Date: | 12-26-2016 |
|---|---|---|---|
| Signature: | [signature] | Date: | 12-26-16 |

| | Offender refused to make a statement. |
|---|---|

| Employee Witness: | | Date: | |
|---|---|---|---|
| Employee Witness: | | Date: | |

## WINN CORRECTIONAL CENTER, LLC.

### INCIDENT STATEMENT

Date of Incident: 12/26/2016 Time of Incident: ~~Approx~~ Approx. 6:40 pm

Name: [redacted] Employee: ____ Offender: X DOC: #: 596198

Check One: Civilian: ☐ Witness: ☐ Participant: ☑ Other (Specify): _____

What did you see, hear and/or do:

I nursed him earlier today pertaining to him getting in bed. Later, after a 3rd chow, I Jamaal Alexander, and Mathers began to check his pulse because he was not moving out of the position he was in. After I notified the guard we were told to go and grab the stretcher ASAP! We rushed down the walk grab the stretcher from the infirmary and then brought the deceased inmate to the command post, where we were ordered to go back to our tier, where we held to fill out this incident statement.

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

Were you screened by medical? Yes ☑ No ☐

Signature: [redacted]

Date Original Statement Written: 12/26/2016

Date Typed Statement Received and Signed: _____

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

Date of Incident: 12/26/16 Time of Incident: 6:10

Name: C/O W. Benavidez , Employee: ___ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On the approximate date and time, I, C/O Benavidez was doing rounds in Birch unit and a offender had told me and C/O Elmore that a man was down in A1. I then opened A1 to see what had happen, the offender was laying still on his bed and did not respond to verbal contact. We then checked to see If the offender was breathing and he was not. When we confirmed the offender had no pulse, Me and 3 offenders rushed to get a Strecher. When Supervisor ordered It We got the Stretcher from medical and put the offender on It and the supervising officers took over.

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

NO Injuries sustained

Were you screened by medical? Yes ☐ No ☑

Signature: C/O Benavidez

Date Original Statement Written: 12/26/16

Date Typed Statement Received and Signed: ___

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

f Incident: 12-26-16 Time of Incident: 6:10PM appx.

Gb T. Elmore Employee: ✓ Offender: ___ DOC: #: ___

One: Civilian: ☐ Witness: ☐ Participant: ☑ Other (Specify): ___

lid you see, hear and/or do:

On 12-26-16 at approximately 6:10PM, I, C/O T. Elmore was working Birch unit floor when an offender alerted myself and C/O Benavidez to A1 tier calling "Man down!". We entered the tier to find a group of around bed A1-42 where Offender [redacted] was laying in his bunk on his right side. Upon inspection of Offender [redacted] pulse (at radial, none found) and touch of his cold skin, we had our key officer, C/O, K. Swafford contact higher rank/LT Ward arrived shortly afterwards and checked for a pulse at the offenders cathoid area then began performing CPR alternating with Offender [redacted] until the stretcher arrived. We placed Offender [redacted] on the stretcher after attempts to revive him were unsuccessful.

l injuries received (If none, then state so):

None.

ou screened by medical? Yes ☐ No ☑

ure: GB T. Elmore

riginal Statement Written: 12-26-16

/ped Statement Received and Signed: ___

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

Date of Incident: 12-26-16 Time of Incident: 6:05pm

Name: C/O K. Swafford Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 12-26-16 at approx 6:05pm. I C/O Swafford was working Birch Key when an offender off A1 tier approached Birch Key and told me there was a man down on A1 tier. I CO Swafford then told C/O Elmore & C/O Benavidez to go check out the offender on A1 tier. C/O Elmore came back and told me the man down was: o/[redacted]. I CO Swafford called over the radio Man down Birch unit A1 tier. Lt. Ward enters unit at 6:07 to respond to the man down. Capt. Hayes enters unit at 6:09. Lt. Ward exit unit with o/[redacted] on stretcher at 6:14.

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

None

Were you screened by medical? Yes ☐ No ☑

Signature: C/O K. Swafford

Date Original Statement Written: 12/26/16

Date Typed Statement Received and Signed: ___

# Winn Correctional Center, LLC.
## Incident Statement

| Date of Incident: | 12/26/2016 | Time of Incident: | | 6:10pm |
|---|---|---|---|---|
| Name | | Employee | Offender | DOC # |
| Captain L. Howard | | X | | |

| Participant | Witness | Civilian | Other: (Specify) |
|---|---|---|---|
| X | | | |

**What did you see, hear and/or do:**

On 12/26/2016 @ approximately 6:10pm, I Captain L. Howard observed Lt. R. Ward escorting (O) [redacted] towards the command post on a stretcher while performing CPR. I Captain L. Howard assisted Lt. Ward with CPR until the Ambulance arrived.

**none**

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

| Print Name: | Captain L. Howard | Date: | 12/26/2016 |
|---|---|---|---|
| Signature: | Captain L. Howard | Date: | 12/26/2016 |

| X | Offender refused to make a statement. |
|---|---|

| Employee Witness: | | Date: | |
|---|---|---|---|
| Employee Witness: | | Date: | |

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

Date of Incident: 12-26-16 Time of Incident: 6:15 pm

Name: Jacob Griffith Employee: ____ Offender: X DOC: #: 503310

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

What did you see, hear and/or do:

Around the above time, I was informed by another inmate to check on Mr. [redacted] because it looked like he wasnt breathing. I walked over to Mr. [redacted] bed, #42, and proceeded to call his name as he looked like he was sleeping. When Mr. [redacted] didnt respond, I checked his pulse on his right wrist and noticed that he didnt have one. I called another inmate, Kenneth Anderson #499085, to come check and make sure I wasnt seeing things. After being confirmed by I/m Anderson that he wasnt breathing, I checked again for a pulse on his arm and when none was found, proceeded to check for one on his neck. After none was found, I told another inmate to call for the C/o, Man Down, and to call for his caregiver. The C/o came in and I told him that Mr. [redacted] was unresponsive and I was not able to find a pulse. Lt. Ward came in and informed me and a couple inmates to go get the stretcher from medical. I left the unit and went to medical along with 3 other inmates and C/o Benavidez to retrieve the stretcher. When we returned to →

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

N/A

Were you screened by medical? Yes ☐ No ☒

Signature: Jacob Griffith

Date Original Statement Written: 12-26-16

Date Typed Statement Received and Signed: _____

## WINN CORRECTIONAL CENTER, LLC.

### INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: 6:45 pm.

Name: Donald Pickett Employee: ___ Offender: ✓ DOC: #: 411572

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

What did you see, hear and/or do:

On the above date, I Donald Pickett came out of the T.V. Room and noticed several Inm. Around Mr. [redacted] talking loudly. Approaching I saw an Inmate checking his pulse, I also checked his pulse. None was found. After calling for Man down, I and 2 other Inmates started moving to other bunks to get room. Capt Ward, Capt. Hayes and Several others Arrived Started CPR they preformed it until the shakker was Arrived. C/O E/more and I packed Mr. [redacted] property and I was escorted to the key with his property And dropped it off, then returned back to my tier.

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

Man Died

Were you screened by medical? Yes ☐ No ☒

Signature: [signature] 411572

Date Original Statement Written: 411572, 12-26-16

Date Typed Statement Received and Signed: ___

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

Date of Incident: 26 December 2016 Time of Incident: 6:15 p.m.

Name: Eugene Smith Employee: ____ Offender: ✓ DOC: #: 567153

Check One: Civilian: ☐ Witness: ☐ Participant: ☑ Other (Specify): _____

What did you see, hear and/or do:

On December 26, 2016 at or around 6:15 p.m. I went to check on [redacted] when I saw Jacob Griffith #503310 checking his pulse or rather, looking for one. I proceeded, with utmost haste, to get Murphy Amos. We three attempted to find a pulse on the various pressure points and finding none, notified staff that we had a possible deceased inmate. Lt. Ward attempted CPR to no avail until the stretcher arrived.

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

None

Were you screened by medical? Yes ☐ No ☒

Signature: E. L. Smith #567153

Date Original Statement Written: _____

Date Typed Statement Received and Signed: _____

## WINN CORRECTIONAL CENTER, LLC.

### INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: 6:10pm OR 6:15 pm

Name: FREDERICK VEALS Employee: ___ Offender: X DOC: #: 103950

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

What did you see, hear and/or do:

I WAS talking to ANOTHER INMATE WHEN SOMEONE SAID "VEAL" this OLDMAN is DEAD. I RAN OVER to his BED to look at him. I looked at his EYES which WAS NO MOVEMENT. I CHECKED his PULSE and I didn't FEEL NOTHING. His body WAS cold and his FINGERS WAS DARK COLORED. I RAN to the DOOR and called MAN DOWN. When the OFFICER open to come on A-1 to check out Mr. [redacted]. I RAN off of A-1 to the KEY to make SURE the KEY OFFICER call RANK, which she did. I left out the UNIT and met Lt. WARD, he CAME in and check Mr. [redacted] then SAID go and get STRETCHER, I RAN to the COMADPOST to get the BLOOD PRESSURE CUP, CAME BACK to A-1 and Lt. WARD put the CUP on him. The ONLY THING WAS HEARING WAS the COUNTING UP of the PRESSURE CUP, NOTHING ELSE. We put him on the STRETCHER and took him to the COMADPOST.

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

Were you screened by medical? Yes ☐ No ☐

Signature: _____

Date Original Statement Written: _____

Date Typed Statement Received and Signed: _____

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

Date of Incident: 12/26/10 Time of Incident: Approx.

Name: Xavier John-Lewis Employee: ____ Offender: X DOC: #: 557564

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

What did you see, hear and/or do:

On the above date & time I (o) Xavier John-Lewis #557564 along with 5 other offenders [redacted] noticed that (o) [redacted] was unresponsive, cold & no longer giving off a pulse. We than called for the staff after some time the staff also noticed that (o) [redacted] was without a pulse after [redacted] getting permission I myself along with the 5other offenders ran into the infarmary to get the stretcher we ran back place (o) [redacted] onto the stretcher and ran him into the command post were at that time (o) [redacted] was still unresponsive.

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

Were you screened by medical? Yes ☐ No ☐

Signature: ____

Date Original Statement Written: ____

Date Typed Statement Received and Signed: ____

**WINN CORRECTIONAL CENTER, LLC.**

**INCIDENT STATEMENT**

Date of Incident: 26 December 2016 Time of Incident: 6:15 p.m.

Name: [redacted] Employee: ___ Offender: ✓ DOC: #: 587823

Check One: Civilian: ☐ Witness: ☐ Participant: ☑ Other (Specify): _____

What did you see, hear and/or do:

Between 9:00 a.m. and 10:00 a.m. I, Murphy Amos #587823, took [redacted] to Medical between 9:00 and 10:00 count He was complaining of not being able to breathe and given a breathing treatment and sent back to the unit around 1:00 p.m or 2:00 p.m. He was still complaining of breathing issues so we returned to the infirmary and Nurse Dieter gave him another breathing treatment and said that he was fine and to sit him up in the bed or however he was comfortable breathing and told me to not bring him back because he would be fine. Once back on the tier we tried to put him various positions until we settled on laying him on his stomach. We checked on him about 5:30 or 5:45 which was keeping in the thirty minute watch schedule. One of the inmates stopped to check on him and called me to check his pulse. Myself and inmate Jacob Griffith checked his pulse and we found none. We then notified the staff of the situation, which was approximately 6:15 p.m.

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

None

Were you screened by medical? Yes ☐ No ☐

Signature: _____

Date Original Statement Written: _____

Date Typed Statement Received and Signed: _____

## WINN CORRECTIONAL CENTER, LLC.

### INCIDENT STATEMENT

Date of Incident: December 26, 2016 Time of Incident: 5:30pm/6:15pm

Name: Kenneth Anderson Employee: ___ Offender: ✓ DOC: #: 499085

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

What did you see, hear and/or do:

[redacted] was taken to the infirmary on two (2) times and sent back to the unit and tier, like nothing was wrong. Several of the offenders checked on [redacted] and the final time, roughly 5:30 or 5:45 pm the offender was not breathing. We tried to help by giving CPR due to the facts the officers refused to conduct CPR Several of the offenders ran to the infirmary and retrieved the stretcher in which by the time we got back to Brich A1 - [redacted] was DOA.

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

Were you screened by medical? Yes ☐ No ☒

Signature Kenneth Anderson 499805

Date Original Statement Written: December 26, 2016

Date Typed Statement Received and Signed: _____

## WINN CORRECTIONAL CENTER, LLC.

### INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: About 7pm

Name: Fredrick Brumfield Employee: ___ Offender: ✓ DOC: #: 714392

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

What did you see, hear and/or do:

I'm in bed 7 I looked at the guy it didn't look like he was breathing so I asked bed 8 to go check him and he said he couldn't tell and he didn't want to wake him. So about 5-6 mins pass by Cowboy came ask me for a honey bun or anything sweet I gave it to him and asked him to check and see if the man was breathing so he did and then he called some one else to check him then I got up and ask if he was still warm Cowboy said no he told a C.O. was at the gate he came in and was told the man was not responding I walked away after that then randk came in to check the guy then a few inmates and CO went to medical to get the stretcher while they were trying to perform CPR

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

Were you screened by medical? Yes ☐ No ☑

Signature: Fredrick Brumfield

Date Original Statement Written: 12-26-16

Date Typed Statement Received and Signed: _____