LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Lafleur	Corey	D

2. On what date did the inmate die?

MONTH	DAY	YEAR
10	17	2016

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

Facility Name: Rapides ParishDetention Center

Facility City: Alexandria

Facility State: LA

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

MONTH	DAY	YEAR
12	03	1978

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 a facility under your jurisdiction?

MONTH	DAY	YEAR
10	14	2016

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☐	☑	☐

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

a. Obstruct Highway, Simple

b. Disturbing the Peace

c. Beg/Sol Alms w/out Permit

d. Remaining on Premises

e. Resisting an Officer

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.)*

- [ ] Convicted—new court commitment
- [ ] Convicted—returned probation/parole violator
- [x] Unconvicted
- [ ] Other

→ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- [ ] Yes
- [ ] No
- [x] Don't Know

«AGENCY ID»

13. Where did the inmate die?

- [x] 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/infirmary 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?

- [x] YES → ***CONTINUE TO Q15***
- [ ] Evaluation complete—results are pending

  → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- [ ] No evaluation is planned → ***CONTINUE TO Q15***

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

- [ ] Illness—Exclude AIDS-related deaths [*Specify*] →
- [ ] Acquired Immune Deficiency Syndrome (AIDS)
- [x] Accidental alcohol/drug intoxication [*Describe*] → Ischemic Enteritis Due to Effects of Acute Metha
- [ ] 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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?

- [x] NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- [ ] In the jail facility or on the jail 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 segregation unit
  - [ ] In a special medical unit/infirmary
  - [ ] In a special mental health services unit
  - [ ] Elsewhere within the jail facility

  → *Please Specify:*
- [ ] Outside the jail facility (e.g., while on work release or 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	☐	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☐	☐	☐
c. Medications	☐	☐	☐
d. Treatment/care other than medications	☐	☐	☐
e. Surgery	☐	☐	☐
f. Confinement in special medical unit.	☐	☐	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

19. Was the cause of death the result of a pre-existing medical condition or did the inmate 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:

There is an Autopsy Report available