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?

Wilson	Johnny	
LAST	*FIRST*	*MI*

2. On what date did the inmate die?

0 2	1 0	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?

0 3	0 3	1 9 7 9
MONTH	*DAY*	*YEAR*

5. What was the inmate's sex?

- ☑ Male
- ☐ Female

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

- ☐ Yes
- ☑ No

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

- ☐ White
- ☑ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Some other race

↳ *Please Specify:*

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

0 9	1 1	2 0 0 6
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
- ☑ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within your facility
- ☐ In a special mental health services unit within your facility
- ☑ In a medical center outside your facility
- ☐ In a mental health center outside your facility
- ☐ While in transit
- ☐ Elsewhere

↳ *Please Specify:*

re the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☑ YES → ***CONTINUE TO Q13***
- ☐ Evaluation complete—results are pending
  → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ☐ No evaluation is planned → ***CONTINUE TO Q13***

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

- ☑ Illness—Exclude AIDS-related deaths *[Specify]* → na
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication *[Describe]* →
- ☐ Accidental injury to self *[Describe]* →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) *[Describe]* →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) *[Describe]* →
- ☐ Homicide *[Describe]* →
- ☐ Other cause(s) *[Specify]* →

14. Where did the <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: Winn Correctional Center

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
[redacted]	[redacted]	Cypress A2	02-10-16	0424 hours

LOCATION OF INCIDENT	WITNESSES
Cypress A2	Off. D Thomas/Lt D Alsup/RN T Haley/Off. J. Moses/Off. C. Caskey/Off. D. Nash/Major G. Coleman/Off. C. Grizzle/ LPN B Franks/ LPN N Kemp/Off. S. Deville/Off. E. Hollingsworth

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)

Major Gary Coleman
REPORTING OFFICER

2-10-16
DATE COMPLETED

1:10 p
TIME COMPLETED

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

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

INSTITUTION: Winn Corrrectional Center

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
[redacted]	[redacted]	Cypress A2	02-10-16	04:24 am

LOCATION OF INCIDENT	WITNESSES
Cypress A2	see attached uor 1

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 02-10-16 at approximately 04:24 am, Officer Darrell Thomas was conducted a security check on Cypress A2 tier when he observed offender [redacted] in cell # 10 with what appeared to be a white sheet tied around his neck and tied to the upper cell door bars. Officer Thomas immediately called for assistance and instructed Captain Mary Hayes to retrieve the suicide knife from the key control. Officer Charles Caskey was standing at the entrance of A2 tier and responded and came to assist officer Thomas. Officer Thomas observed that cell door could not be opened due to the sheet tied to the cell door. Upon receiving the suicide knife from Captain Hayes, officer Thomas attempted to cut the sheet but was unsuccesful. At that time, officer Thomas awoke offender James Keene # 290714 who was also in the cell but was alseep. Officer Thomas instructed offender Keene to assist Officer Caskey in lifting offender [redacted] upward in an attempt to untie the sheet. At that time, officer Caskey placed both his left and right arms through the cell door bars around offender [redacted] upper torso area, and with the assistance of offender Keene, lifted offender [redacted] upwards allowing officer Thomas to untie the sheet from the cell door. Officer Caskey and officer Thomas then lowered offender [redacted] to the floor. Officer Thomas then instructed Lt. D. Alsup who was posted at A2 tier control panel to open the cell door. Lt Alsup then came to assist officer Thomas. Lt. Alsup observed that offender [redacted] was unresponsive and could not locate a pulse. At that time, Lt Alsup and Officer Thomas began performing CPR on offender [redacted] Officer Thomas began chest compressions while Lt Alsup began rescue breathing. In response to the incident, Major Coleman and RN. T. Haley arrived at the scene. RN Haley then continued CPR while placing offender [redacted] on a stretcher with the assistance of two infirmary orderlies. RN Haley instructed Major Coleman to have central control immediately notify Advanced Medical ambulance services to be dispatched to the facility. Central control was notified. Major Coleman then accompanied RN Haley with offender [redacted] to the infirmary where CPR was continued by RN Haley, LPN B. Franks, LPN N. Kemp, Lt Alsup, officer J. Moses, and officer C. Grizzle until EMT personnel arrived. Advanced Medical was notified at 4:27 am. Major Coleman then notified Deputy Warden Tigner at 4:30 am. Advanced Medical arrived at the facility at 4:46 am. EMT personnel resumed life support and placed offender [redacted] into the ambulance. Major Coleman instructed officers Grizzle and J. Moses to accompany the EMT's inside the ambulance and for officer S. Deville to provide escort to Winn Parish Medical Center. EMT personnel exited the facility with offender Wilson at 5:09 am. At approximately 5:35 am, Major Coleman was notified by officer Grizzle that offender [redacted] was pronounced deceased by Dr. Iglesias. At

6:20 am, Winn Parish Coroner Matt Miller took possession of offender [redacted] Warden K. Deville was notified. DOC duty officer M. Strickland was notified at 5:20 am. Offender [redacted] immediate family was notified at 7:20 am. Winn Parish Coroner Matt Miller was notified at 7:30 am with an autopsy request per Warden Deville and instructions by offender [redacted] immediate family for the body to be turned over to Heavenly Gates Funeral Home in Shreveport, LA. Offender [redacted] was officially removed from the DOC and the facilities count at approximately 9:00 am.

Mayor Gary Solum	2-10-16	1:10 pm
REPORTING OFFICER	DATE COMPLETED	TIME COMPLETED

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC #
Darrell Thomas	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I officer Darrell Thomas was conducting a security check on Cypress A2 tier. When I approached cell number 10, I observed offender [redacted] hanging from the cell door with what appeared to be a white sheet tied around his neck and tied to the upper cell door. I immediately called a man down and instructed Captain M. Hayes to retrieve the suicide knife from the key control. Officer Caskey came to assist me. I officer Thomas observed that the cell door could not be opened due to the sheet tied to the cell door. Upon receiving the suicide knife, I attempted to cut the sheet but was unsuccessful. At that time, I awoke offender James Keene # 290714 who was also in the cell but was asleep. I instructed him to assist officer Caskey to lift offender [redacted] upward where I was able to untie the sheet from the cell door. Officer Caskey and myself lowered offender [redacted] to the floor. I then instructed LT Alsup to open the cell door. I then immediately entered the cell and removed the sheet from around offender [redacted] neck. Lt. Alsup then arrived on the scene to assist me. It was observed by Lt Alsup and myself that offender [redacted] was unresponsive and a pulse could not be located. At that time, Lt Alsup and myself began CPR on offender [redacted] I officer Thomas began chest compressions while Lt Alsup began rescue breathing. I officer Thomas and Lt Alsup continued CPR until RN T Haley arrived. RN T. Haley continued CPR while placing offender [redacted] on a stretcher. RN T. Haley then exited the unit with offender [redacted] to the infirmary.

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

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

Print Name:	Darrell Thomas	Date:	02-10-16
Signature:	Darrell Thomas	Date:	02-10-16

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 0424 hrs

Name: Darrell Thomas Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

on 2-10-16 at approximately 0424 hours, I officer Darrell Thomas was conducting a security check on express A2 tier. When I approached cell number 10, I observed offender [redacted] hanging from the cell door with what appeared to be a white sheet tied around his neck and tied to the upper cell door. I immediately called a man down and instructed Captain Mr. Hayes to retrieve the Suicide Knife from the key control officer Caskey came to assist me. I officer Thomas observed that the cell door could not be opened due to the sheet tied to the cell door. upon receiving the Suicide Knife I attempted to cut the sheet but was unsuccessful. At that time, I awoke offender James Keene # 290714 who was also in the cell but was asleep.

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

No injuries

Were you screened by medical? Yes ☐ No ☑

Signature: Darrell Thomas

Date Original Statement Written: ___

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: _____

Name: Darrell Thomas Employee: ✓ Offender: ___ DOC: #: _____

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

What did you see, hear and/or do:

I instructed him to assist officer Caskey to lift offender [redacted] upward where I was able to untie the sheet from the cell door. officer Caskey and myself lowered offender [redacted] to the floor I then instructed L.T. Alsup to open the cell door. I then immediately entered the cell and removed the sheet from around offender [redacted] neck. L.T. Alsup then arrived on the scene to assist me. It was observed by Lt Alsup and myself that offender [redacted] was unresponsive and a pulse could not be ~~found~~ O.T located. At that time, Lt Alsup and myself began CPR on offender [redacted]. I officer Thomas began chest compressions while Lt Alsup began rescue breathing. I officer Thomas and Lt Alsup continued CPR until R IV T Haley

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

No injuries

Were you screened by medical? Yes ☐ No ☑

Signature: Darrell Thomas

Date Original Statement Written: _____

Date Typed Statement Received and Signed: _____

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: _____

Name: Darrell Thomas Employee: ✓ Offender: ___ DOC: #: _____

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

What did you see, hear and/or do:

arrived. RN T. Haley continued CPR while placing Offender [redacted] on a stretcher. RN T. Haley then exited the unit with offender [redacted] to the infirmary

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

No injuries

Were you screened by medical? Yes ☐ No ☑

Signature: Darrell Thomas

Date Original Statement Written: _____

Date Typed Statement Received and Signed: _____

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC #
Emanda Hollingsworth	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I officer Emanda Hollingsworth, while assigned to Cypress key, overheard officer D. Thomas call out for a possible suicide on A2 tier. I immediately notified RN T. Haley and Major Coleman of the situation. I observed Major Coleman and RN Haley enter with a stretcher and two orderlies. I then observed Major Coleman, RN Haley, and the two orderlies exit the unit with offender [redacted] on the stretcher at 0433 hours.

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

NONE

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

Print Name:	Emanda Hollingsworth	Date:	02-10-16
Signature:	Emanda Hollingsworth	Date:	02-10-16

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 424A

Name: E. Hollingsworth Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 2-10-16 at approx 424A I c/o Hollingsworth heard c/o Thomas call out for a possible suicide on A2 tier. I then immediately notified Nurse Haley and Major Coleman. I c/o observed Major Coleman and Nurse Haley enter with a Stretcher and two orderlies. I c/o also observed when Nurse Haley and the two orderlies exit with (c) [redacted] and Major Coleman had exit as well.

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

none

Were you screened by medical? Yes ☐ No ☑

Signature: E. Hollingsworth

Date Original Statement Written: ___

Date Typed Statement Received and Signed: ___

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC #
Mary Hayes	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I Captain Mary Hayes was informed by officer D. Thomas to retrieve the suicide knife for a man down. I retrieved the suicide knife and responded to A2 tier cell # 10 where I observed offender [redacted] hanging from the bars on the inside of his assigned cell with what appeared to be a white sheet that was tied around his neck and attached to the cell door bars. Officer Thomas attempted to cut the sheet with the suicide knife but was unsuccessful. I instructed officer Caskey and offender James Keene # 290714, who was assigned to the cell with offender [redacted], to wake up and assist with lifting offender [redacted]. Offender Keene complied. Officer Thomas and officer Caskey was then able to remove the sheet from the bars and lower offender [redacted] to the floor. Offender [redacted] was unresponsive and had no pulse based on Lt Alsup's observation. Lt Alsup and officer Thomas then began CPR until medical staff arrived on the scene. RN T Haley continued CPR on offender [redacted] after placing him on a stretcher. Offender [redacted] was immediately taken to the infirmary.

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

NONE

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

Print Name:	Mary Hayes	Date:	02-10-16
Signature:	[signature]	Date:	02-10-16

☐ Offender refused to make a statement

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: Feb 10 2016 Time of Incident: 0424 hrs.

Name: Mary Hayes Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I Captain Mary Hayes was informed by Officer D. Thomas to retrieve the suicide Knife from admin. I retrieved the suicide knife and responded to A2 tier cell #10 where I observed offender [redacted] hanging from the bars on the inside of his assigned cell with what appeared to be a white sheet that was tied around his neck and attached to the cell bars. Officer Thomas attempted to cut the sheet with the suicide knife but was unsuccessful. I instructed Officer Caskey and Offender James Keene #290714 who was assigned to the cell with Offender [redacted], to wake up and assist with lifting offender [redacted] Offender Keene complied. Officer Thomas and Officer Caskey was then able to remove the sheet from the bars and lower Offender [redacted] to the floor. Offender [redacted] was unresponsive and had no pulse based

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

None

Were you screened by medical? Yes ☐ No ☑

Signature: Mary Hayes

Date Original Statement Written: Feb 10 2016

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: Feb 10 2016 Time of Incident: 0424 hrs

Name: Mary Hayes Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On Lt. Alsup's observation Lt. Alsup and Officer Thomas then began CPR until medical staff arrived on the scene. RNT. Haley continued CPR on Offender [redacted] after placing him on a stretcher. Offender [redacted] was immediately taken to the infirmary.

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

None

Were you screened by medical? Yes ☐ No ☑

Signature: Mary Hayes

Date Original Statement Written: Feb 10 2016

Date Typed Statement Received and Signed: ___

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC #
Daniel Alsup	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I Lt Alsup observed officer Thomas on A2 tier in Cypress unit call a man down. I went to A2 tier control cell door panel box and heard officer Thomas advise that there was an offender hanging from cell 10 sliding door. I heard officer Thomas say do not open the cell door due to the offender hanging from the sliding cell door. I observed Captain M. Hayes retrieve the suicide knife from the key and run it to officer Thomas. I heard officer Thomas say open cell 10. At that time, I opened the cell door and went down the tier to assist the other officers. I observed offender [redacted] lying on the floor unresponsive. Officer Thomas was in the cell with the offender. I checked the offender for vital signs and was unable to find a pulse. At this time, officer Thomas began chest compressions and I began rescue breathing. Rn Haley entered the cell and took over chest compressions and I continued rescue breathing. The offender was placed on the medical stretcher and escorted to the infirmary while RN Haley continued CPR. I accompanied RN Haley and the offender to the infirmary. Once in the infirmary, myself along with medical staff and officers Moses and Grizzle rotated CPR cycles until Advance Medical arrived at 0446 hours and took over life support.

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

None

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

Print Name:	Daniel Alsup	Date:	02-10-16
Signature:		Date:	02-10-16

☐ Offender refused to make a statement

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:24 A.M.

Name: Daniel Alsup Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 2-10-16 at Approx. 4:24A.M. I Lt. Alsup observed officer Thomas on A-2 Tier in Cypress unit Calla main door. I went to A-2 Tier control cell door panel box and Heard officer Thomas advise that there was a offender Hanging From cell 10 sliding door. I Heard officer Thomas say do not open the cell door due to the offender Hanging From the sliding cell door, I observed Capt. Hayes Retreive the suicide knife From the Key and Ran it To officer Thomas. I Heard officer Thomas say open cell 10 at that time I opened the cell door and went down the tier to assist the other officers. I observed offender [redacted] Laying on the floor unresponsive. Officer Thomas was in the cell with the offender. I checked the offender for vital signs and was unable to locate a pulse. At this time officer Thomas began chest compressions and I began Rescue breathing. Nurse Haley entered the cell and took over chest compressions

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

None

Were you screened by medical? Yes ☐ No ☑

Signature: [signature]

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:24 A.M.

Name: Daniel Alsup Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

and I continued Rescue breathing. The offender was plased on the medical stretcher and escorted to the infirmary while Nurse Haley continued CPR. I Accomparied Nurse Haley and the offender to the infirmary. Once in the infirmary myself along with medical staff and officer's moses and Grizzle Rotated CPR Cycles until Advanced Medical Arrived at 4:46 A.m. and Took over Life Support.

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

none

Were you screened by medical? Yes ☐ No ☒

Signature: [signature]

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC #
Charles Caskey	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, officer Charles Caskey was standing at the entrance of Cypress A2 tier when officer Thomas alerted me of a man down at cell # 10. I immediately rushed to assist officer Thomas. When I arrived at cell 10, I observed offender [redacted] hanging from the cell door bars by what appeared to be a white sheet tied around his neck and attached to the bars. I then placed my right and left arms through the bars and around the offender's upper torso area and lifted him upward. Officer Thomas then attempted to cut the sheet with a suicide knife but was unsuccessful. Offender James Keene 3 290714 who was also in the cell but asleep in his bunk was awoke and ask to help us and he complied. Offender Keene and myself lifted offender [redacted] while officer Thomas untied the sheet from the bars. Offender was then lowered to the floor. I then immediately returned to my post at Cypress gate to allow medical access to unit where I remained. I later observed medical staff escort offender [redacted] to the infirmary by stretcher.

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

None

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

Print Name:	Charles Caskey	Date:	02-10-16
Signature:	Charles Caskey	Date:	02-10-16

☐ Offender refused to make a statement

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:24 a.m.

Name: Charles Caskey Employee: ___ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 2-10-16 at approximitly 4:24 a.m Officier Charles Caskey was standing at the entrance of Cypress A-2 tier when officier Thomas alerted me of a man down at cell #10. I immediatly rushed to assist officer Thomas When I arrived at cell #10 I observed offender [redacted] hanging from the cell door bars by what appeared to be a white sheet tied around his neck and attached to the bars. I then placed my right and left arms trough the bars and around the offenders upper turso area and lifted him upward. Officier Thomas then attempted to cut the sheet with a suicide knife but was unsuccessful. Offender James Keene Doc #290714, who was also in the cell but asleep in his bunk was awoke

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: _____ Time of Incident: _____

Name: _____ Employee: ____ Offender: ___ DOC: #: _____

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

What did you see, hear and/or do:

And ask to help us and he complied Offender Keene and my self lifted offender [redacted] while officier Thomas untied sheet from bars. Offenders was then loweced to the floor. I then immeditely returned to my post at Cypress gate to allow medical access to unit. Where I remained. I later observed medical staff escort [redacted] to the infirmary by stretcer

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

None

Were you screened by medical? Yes ☐ No ☐

Signature: Charles Cox

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: _____

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC #
De'Auntayee Nash	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I officer Nash was notified by officer Moses of a man down on A2 tier. I responded to cell 10 and observed offender [redacted] with what appeared to be a white sheet tied around his neck area and the cell bars. I observed officer Caskey holding up offender [redacted] while officer Thomas attempted to cut the sheet with the suicide knife. Offender James Keene # 290714, who was assigned to the cell with offender [redacted], was instructed to assist in lifting offender [redacted]. Officer Thomas then untied the sheet and the cell door was opened to lower the offender down. CPR was then administered by officer Thomas and LT Alsup until RN Haley entered and began CPR. Offender [redacted] was placed on the stretcher and escorted out the unit by RN Haley, Major Coleman, LT Alsup, and the orderlies.

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

None

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

Print Name:	De'Auntayee Nash	Date:	02-10-16
Signature:	De'Auntayee Nash	Date:	02-10-16

☐ Offender refused to make a statement

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:24 a.m.

Name: De'Auntayee Nash Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 2-10-16 at approximately 4:24am, I officer Nash was notified by officer Moses of a man down on A2 tier. I responded to Cell 10 and observed offender [redacted] with what appeared to be a white sheet around his neck area and the cell bars. I observed Officer Caskey holding up offender [redacted] while officer Thomas attempted to cut the sheet with the suicide knife. Offender James Keene #290714, who was assigned to the cell with offender [redacted], was instructed to assist in lifting offender [redacted]. Officer Thomas then untied the sheet and cell door was opened to lower the offender down. CPR was then administered by officer Thomas and LT Alsup until RN Haley entered and began CPR. Offender [redacted] was placed on the stretcher and escorted out the Unit by RN Haley, Major Coleman, Lt Alsup, and the orderlies.

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

None

Were you screened by medical? Yes ☐ No ☑

Signature: De'Auntayee Nash

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0424 hours

Name	Employee	Offender	DOC#
Johnathan Moses	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0424 hours, I officer Moses was alerted to an emergency situation on A2 tier. Upon arriving at A2 cell 10, I observed officer Thomas attempting to cut down from what appeared to be a white sheet tied around the bars and offender [redacted] neck area. At this time, Captain Hayes instructed offender James Keene # 290714 to wake up and assist officer Caskey with lifting offender [redacted]. Officer Thomas untied the sheet from around the bar area and offender [redacted] was assisted to the floor. The cell door was opened and Captain Hayes instructed officer Thomas and LT Alsup to begin CPR. RN Haley entered the cell and began CPR. Major Coleman and two offenders with the stretcher entered the tier. Offender [redacted] was placed on the stretcher. I along with Lt Alsup escorted offender [redacted] and medical staff to the infirmary. At the infirmary, medical staff continued CPR on offender [redacted] until EMT staff arrived on the scene. I along with officer Grizzle was instructed by Major Coleman to ride in the back of the ambulance to Winn Parish Medical Center. After arriving at WPMC, offender [redacted] was pronounced deceased by Dr Iglesias at 0535 hours. At 0620 hours, Winn Parish Coroner Matt Miller took possession of offender [redacted].

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

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

Print Name:	Johnathan Moses	Date:	02-10-16
Signature:	[signature]	Date:	02-10-16

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:24

Name: Johnathan moss Employee: √ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 2-10-16 at approximately 0724 hours, I officer Moss was alerted to an emergency situation on A2 tier. Upon arriving at A2 cell 10, I observed officer Thomas attempting to cut down from what appeared to be a white sheet tied around the bars and offender [redacted] neck area. At this time, Captain Hayes instructed offender James Kuns #290714 to wake up and assist officer Lackey with lifting offender [redacted]. Officer Thomas untied the sheet from around the bars and offender [redacted] was assisted to the floor. The cell door was opened and Captain Hayes instructed officer Thomas and Lt Alsup to begin CPR. RN Haley entered the cell and began CPR. Major Coleman and two offenders with the stretcher entered the tier. Offender [redacted] was placed on the stretcher. I along with Lt Alsup escorted offender [redacted] and medical staff to infirmary. At the infirmary, medical staff continued CPR on offender [redacted] until EMT staff arrived on the scene. I along with officer Grizzle was instructed by Major Coleman to ride in the back of the ambulance to Winn Parish Medical Center. After arriving at WPMC, offender [redacted] was pronounced deceased by Dr Tyler Sims at 0535 hours, Winn Parish

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

none

Were you screened by medical? Yes ☐ No ☑

Signature: Johnathan moss

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:24

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

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

What did you see, hear and/or do:

Corporal Matt Miller took possession of offender [redacted]

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

None

Were you screened by medical? Yes ☐ No ☑

Signature: Johnathan [redacted]

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0430 hours

Name	Employee	Offender	DOC #
Casey Grizzle	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0430 hours, I officer Casey Grizzle was assigned to Ash Gate when I was notified to report to the infirmary for an emergency transport. Upon arriving to medical, I observed offender [redacted] laying unresponsive on a stretcher with RN Haley and medical staff performing CPR. I then began to assist Lt Alsup with chest compression rotation until EMT staff arrived. At approximately 0446 hours, officer Moses and myself were instructed by Major Coleman to accompany offender [redacted] in the back of the ambulance to Winn Parish Medical Center. At approximately 0535 hours, Dr Iglesias pronounced offender [redacted] deceased. I informed Major Coleman of the decision and was instructed to remain at the medical center until the coroner arrived. At 0620 hours, Winn Parish Coroner Matt Miller took possession of offender [redacted].

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

none

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

Print Name:	Casey Grizzle	Date:	02-10-16
Signature:	Casey Grizzle	Date:	02-10-16

☐ Offender refused to make a statement

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:30 Am

Name: C/O Casey Grizzle Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

On 2-10-16 at Approx. 4:30 Am I C/O C. Grizzle was working Ash Gate when I was notified to report to the infirmary For a emergency transport upon arriving to medical observed OFFender [redacted] Laying unresponsive on a Stretcher with nurse Haley and medical staFF Performing CPR I then assisted Lt. Alsup with Compression rotation until Emt's arrived at Approx. 4:46 Am and took over. Officer moses and myself were then instructed by maj Coleman to accompany OFFender [redacted] in the back of the ambulance to winn Parish medical Center where Dr. Iglesias Pronounced OFFender [redacted] deceased at Approx 5:35 Am. I then informed Maj. Coleman of the Dr. Decision

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

N/A

Were you screened by medical? Yes ☐ No ☑

Signature: C/O Casey Grizzle

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:30 Am

Name: Yo Casey Grizzle Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

and was then instructed by Maj Coleman to remain at Winn Perish medical Center until the Coroner arrived and took possession of offender [redacted]. Winn Perish Coroner matt miller arrived at 6:08 Am and took Possession of offender [redacted] at approx. 6:20 Am Maj Coleman was then notified and I was advised to return to WNC.

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

N/A

Were you screened by medical? Yes ☐ No ☑

Signature: Yo Casey Grizzle

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	02-10-16	Time of Incident:	0430 hours

Name	Employee	Offender	DOC #
Spencer Deville	X		

Participant	Witness	Civilian	Other: (Specify)
X			

What did you see, hear and/or do:

On 02-10-16 at approximately 0430 hours, I Officer Spencer Deville was instructed by Lt Vernor to prepare a vehicle for a hospital trip to Winn Parish Medical Center with offender [redacted] At 0445 hours, I officer Deville exited the facility in a vehicle # 32 to follow Advance Medical ambulance to Winn Parish Medical Center. At 0535 hours, I was informed by officer Grizzle that offender [redacted] was pronounced deceased and was instructed by Major Coleman to remain at the hospital until the coroner took possession of offender [redacted] At 0620 hours, the Winn Parish Coroner took possession of offender [redacted]

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

none

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

Print Name:	Spencer Deville	Date:	02-10-16
Signature:	Spencer Deville	Date:	02-10-16

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16 Time of Incident: 4:30 Am

Name: Spencer DeVille Employee: ✓ Offender: ___ DOC: #: ___

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

What did you see, hear and/or do:

2-10-16 at approx. time while assigned to dayroom gate, I c/o Spencer DeVille was instructed by Lt. Vernon to prepare a vechile for a hospital trip to winn medical center with offender [redacted]. at 4:45AM I c/o DeVille exited winn correctional center to follow ambulance. at 5:35AM I c/o DeVille was informed by c/o Casey Grizzle that offender [redacted] was pronounced deceased. I c/o DeVille was instructed by Major Coleman to stay at hospital until the Coroner took over.

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

Were you screened by medical? Yes ☐ No ☐

Signature: Spencer DeVille

Date Original Statement Written: 2-10-16

Date Typed Statement Received and Signed: ___