

Form CJ-9



**DEATHS IN CUSTODY—2014  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name

Capt. Monica Reed

Title

Captain of Communications

Official  
Address

200 Court St Suite 100

Telephone

337 363-2161

City

Ville Platte

FAX

337 363-7390

State

LA

Zip

70586

E-mail

monica.devillierreed@leo.gov

## Instructions for Completion

If no deaths occurred in 2014:

- You do not need to report anything at this time.
- At the beginning of 2015, you will be asked to complete a summary form whether or not you had a death occurrence in 2014.

If you had more than one death in 2014:

- 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>

**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0213149.001.300.302.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

*If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

## What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**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.

# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

Facility City:

Facility State:

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

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

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH DAY YEAR

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.....  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| b. U.S. Marshals Service.....   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

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

- a.
- b.
- c.
- d.
- e.

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  
 Unconvicted  
 Other

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

- Yes  
 No  
 Don't Know

13. Where did the inmate die?

- In a general housing unit within the jail facility or 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?

- 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)
- 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] → overdose
- Homicide [Describe] →
- Other cause(s) [Specify] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, 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]

↳ 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 .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**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:**

# Complaint Report

**Complaint Number -** 14-020924

**Received by:** BEN-K

**Date/Time received:** 11/05/2014 @ 0428

**How Received:** Phone

**Time Dispatched:** 0428

**Time Arrived:** 0434

**Time Cleared:** 0709

**Time Desk Sgt:**

**Time Ambulance:**

**Time Fire:**

**Time State Police:**

**Time Rescue:**

**Time CVA:**

**Complainant -** BENJAMIN BERZAS

**To be contacted?** Yes

**Address:** EPSO

**City:** VILLE PLATTE

**State:** LA

**Zip:** 70586

**Phone:**

**Type of Complaint -** Death

**Nature:** DEATH.

ON NOVEMBER 5, 2014 I, SGT. ALLEN JAMES WITH THE EPSO WAS DISPATCHED TO THE EVANGELINE PARISH JAIL IN REFERENCE TO AN INMATE NOT BREATHING. UPON MY ARRIVAL I SPOKE TO MR. BOB LEWELLEN, THE JAILER THAT WAS WORKING AT THE TIME THE INCIDENT HAPPENED. MR. BOB LEWELLEN SAID THAT THE INMATE, IDENTIFIED AS BENJAMIN BERZAS WAS ALREADY LOCKED UP IN A BLOCK WHEN HE RETURNED TO WORK. HE AID THAT HE WAS TOLD THAT BENJAMIN BERZAS HAD TAKEN SOME MEDICATION. BOB LEWELLEN SAID THAT WHEN HE WENT INTO THE CELL TO CHECK ON BENJAMIN BERZAS, HE SAID THAT BERZAS WAS SNORING WHITE SLEEPING IN HIS BUNK. WHEN THE TIME CAME FOR THE INMATES TO GET THEIR BREAKFAST THIS MORNING THEY NOTICED THAT BENJAMIN BERZAS WAS TURNING PURPLE AND THEY COULDN'T WAKE HIM UP. I THEN WALKED INSIDE THE CELL AND WENT TO BENJAMIN BERZAS BUNK AND CHECKED FOR A PULSE AND REALIZED THAT HIS BODY WAS COLD, COULDN'T FIND A PULSE AND HIS BODY WAS STARTING TO STIFFEN UP. AN INMATE ADVISED ME THAT BENJAMIN BERZAS TOOK A BUNCH OF PILLS. PARAMEDICS ARRIVED AT THE JAIL TO CHECK BENJAMIN BERZAS BUT REALIZED THAT HE HAD BEEN DECEASED FOR APPROX. 2 TO 3 HOURS. I THEN CONTACTED EPSO CAPT. JEREMY MITCHELL, DET. ELLIOT THOMAS, DET. DUANE JORDEN, AND LT. DWAYNE LEDOUX IN REFERENCE TO THE INCIDENT. STATEMENTS WERE OBTAINED FROM THE JAIL EMPLOYEES AND THE INMATES THAT SHARED THE CELL WITH THE INMATE.

**How Handled:** Officer Dispatched

**Follow Up:**

**Team:**

**Location Code:**

**Location Dispatched:** EPSO

**Officer**

**Relationship**

JAM-A

Officer Dispatched

**Queue Time <time received to dispatched>** = 0 minutes  
**Travel Time <time dispatched to arrived>** = 6 minutes  
**Response Time <time received to arrived>** = 6 minutes  
**Action Time <time arrived to cleared>** = 155 minutes

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**DEATHS IN CUSTODY—2014  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name

Capt. Monica Reed

Title

Capt. of Communications

Official  
Address

200 Court St Suite 100

Telephone

337 363-2161

City

Ville Platte

FAX

337 363-7390

State

LA

Zip

70586

E-mail

monica.devillierreed@eo.gov

### Instructions for Completion

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- You do not need to report anything at this time.
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**If you had more than one death in 2014:**

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- Complete the entire form for each inmate death.
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**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0213149.001.300.302.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

**E-MAIL:** [bisdcpr@rti.org](mailto:bisdcpr@rti.org)
**FAX (TOLL-FREE):** 1-866-800-9179

*If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bisdcpr@rti.org](mailto:bisdcpr@rti.org)*

### What deaths should be reported?

**INCLUDE** deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
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- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

**EXCLUDE** deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**BURDEN STATEMENT**

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# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST    
  FIRST    
  MI

2. On what date did the inmate die?

MONTH    
  DAY    
  YEAR

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

Facility Name:

Facility City:

Facility State:

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

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

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH    
  DAY    
  YEAR

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.....  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| b. U.S. Marshals Service.....   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

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

- a.
- b.
- c.
- d.
- e.

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  
 Unconvicted  
 Other

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

- Yes  
 No  
 Don't Know



**13. Where did the inmate die?**

- In a general housing unit within the jail facility or 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?**

- 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)
- 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] →

**16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, 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]

↳ 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 .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**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:*

# Complaint Report

**Complaint Number -** 14-020953

**Received by:** DICK-C

**Date/Time received:** 11/13/2014 @ 0750

**How Received:** Phone

**Time Dispatched:** 0750

**Time Arrived:** 0753

**Time Cleared:** 0933

**Time Desk Sgt:**

**Time Ambulance:**

**Time Fire:**

**Time State Police:**

**Time Rescue:**

**Time CVA:**

**Complainant -** ROGER DEVILLE

**To be contacted?** Yes

**Address:** 1178 TURKEY HOLLOW ROAD

**City:** TURKEY CREEK

**State:** LA

**Zip:**

**Phone:**

**Type of Complaint -** Death

**Nature:** DEATH.

ON NOVEMBER 13, 2014 I, SGT. JOSHUA UHLMAN WITH THE EPSO WAS DISPATCHED TO THE EVANGELINE PARISH JAIL IN REFERENCE TO A DEATH ON AN INMATE. UPON ARRIVAL I SPOKE WITH DEPUTY CARL CULLIVAN WHO STATED INMATE ROGER DALE DEVILLE WAS FOUND DEAD IN HIS BUNK IN CELL #1. DTY. CULLIVAN STATED HIS CELLMATE ALTON WILLIAMS FOUND HIM SITTING IN THE BUNK NOT RESPONDING AND NO PULSE. I SPOKE WITH INMATE ALTON WILLIAMS WHO STATED THAT AT ABOUT 7AM HE AND MR. DEVILLE GOT UP AND MR. DEVILLE WENT BRUSH HIS TEETH AND WASH UP AND AT ABOUT 7:20AM. MR. DEVILLE WENT BACK TO HIS BUNK AND HE MR. WILLIAMS WAS SITTING AT THE TABLE READING HIS BOOK. WHEN THE JAILER CAME TO GET THEM OUT FOR WORK MR. DEVILLE WAS NOT ANSWERING SO HE, MR. WILLIAMS WENT INTO THE BUNK ROOM TO CHECK ON MR. DEVILLE AND THAT IS WHEN HE NOTICED MR. DEVILLE SITTING UP IN THE BED NOT BREATHING AND NO PULSE. ACADIAN AMBULANCE WAS CALLED BY DISPATCH AND UPON THEIR ARRIVAL THEY CHECKED MR. DEVILLE WITH THE MONITOR AND FOUND NO SIGNS OF LIFE. AT THIS POINT THE CORNER WAS CALLED. UPON ARRIVAL OF THE CORNER, MIKE BAQUET, HE DETERMINED THE CAUSE OF DEATH AS HEART COMPLICATIONS DUE TO MR. DEVILLE'S PREVIOUS MEDICAL CONITIONS.

**How Handled:** Officer Dispatched

**Follow Up:**

**Team:**

**Location Code:**

**Location Dispatched:** EPSO JAIL

**Officer**

**Relationship**

UHLM-J

Officer Dispatched

**Queue Time <time received to dispatched>** = 0 minutes

**Travel Time <time dispatched to arrived>** = 3 minutes  
**Response Time <time received to arrived>** = 3 minutes  
**Action Time <time arrived to cleared>** = 100 minutes

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