

Form CJ-9



**DEATHS IN CUSTODY—2015
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 2015:

- You do 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 2015:

- 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: 0213149.001.400.402.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact 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 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] →
- Homicide [Describe] →
- Other cause(s) [Specify] → seizure medical condition

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"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
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 -** 15-021879**Received by:** LAVI-C**Date/Time received:** 05/27/2015 @ 1501**How Received:** Phone**Time Dispatched:** 1501**Time Arrived:** 1505**Time Cleared:** 1648**Time Desk Sgt:****Time Ambulance:****Time Fire:****Time State Police:****Time Rescue:****Time CVA:****Complainant -** NAKITA THOMAS**To be contacted?** Yes**Address:** 308 N. CHATAIGNIER**City:** VILLE PLATTE**State:** LA**Zip:** 70586**Phone:** 337 831-9902**Type of Complaint -** Death**Nature:** DEATH.

ON TODAY'S DATE MAY 27, 2015 I, CAPT. ELLIOT THOMAS WAS CONTACTED BY DEPUTY FABIAN POUILLARD IN REFERENCE TO AN INMATE WITH A MEDICAL ISSUE. DEPUTY POUILLARD WENT ONTO SAY THAT AN INMATE IDENTIFIED AS NAKITA THOMAS WAS POSSIBLY HAVING A SEIZURE AND WANTED TO KNOW IF HE SHOULD NOTIFY ACADIAN AMBULANCE TO BE ENROUTE TO THE JAIL.

UPON MY ARRIVAL TO THE JAIL I WAS ADVISED THAT NAKITA THOMAS WAS UNRESPONSIVE AND THAT THE MEDICS FROM ACADIAN AMBULANCE CREW WERE ATTEMPTING TO REVIVE HIM. I ENTERED THE JAIL AND WAS TOLD THAT MR. THOMAS HAD BEEN PRONOUNCED DECEASED ACCORDING TO THE CREW OF ACADIAN AMBULANCE.

DEPUTY POUILLARD ADVISED DURING OUR CONVERSATION THAT DEPUTY JAKE MCDUFFIE WHO WAS WORKING ON THE SECOND FLOOR WAS TOLD BY THE INMATES IN CELL #4 HAD CONTACTED HIM (YELLING) STATING THAT NAKITA WAS HAVING SOME SORT OF MEDICAL EMERGENCY. DPTY. POUILLARD WENT ONTO SAY THAT ACCORDING TO THE INMATES THE DECEASED WAS ASLEEP IN HIS BUNK, WHICH IS A TOP BUNK WHEN HE BEGAN SHAKING SO THEY TOOK HIM OFF OF THE BUNK AND BEGAN CPR AT THAT POINT DPTY. MCDUFFIE MADE CONTACT WITH THE SUPERVISOR ON THE FIRST FLOOR WHO THEN CONTACTED 911 TO REPORT THE EMERGENCY.

AFTER RECEIVING WORD THAT MR. THOMAS HAD EXPIRED THE CORONER'S OFFICE WAS CONTACTED. THE DEPUTY CORONER MITCH PELLERIN WAS CONTACTED THROUGH BY THE DISPATCHER OF THIS AND HE ARRIVED A SHORT TIME LATER. ONCE THE DPTY. ARRIVED HE WAS ADVISED OF THE SITUATION AND HE WENT TO CELL #4 TO ADDRESS THE SITUATION. DPTY. CORONER PELLERIN RETURNED DOWN TO THE FIRST FLOOR AND MADE CONTACT WITH THE CORONER DR. CHARLES AND AFTER MAKING NOTIFCATION WITH THE FAMILY OWNES FUNERAL HOME WAS CONTACTED TO PICK UP THE BODY OF THE DECEASED NAKITA THOMAS.

VOLUNTARY STATEMENTS WERE TAKEN FROM ALL THE INMATES IN CELL #4 AS WELL AS THE DEPUTIES INVOLVED WORKING THE JAIL DURING THE INCIDENT BY INVESTIGATORS FROM CID.

How Handled: Officer Dispatched**Follow Up:****Team:**

Location Code:

Location Dispatched: 200 COURT STREET

<u>Officer</u>	<u>Relationship</u>
THOM-E	Officer Dispatched

Queue Time <time received to dispatched>	=	0 minutes
Travel Time <time dispatched to arrived>	=	4 minutes
Response Time <time received to arrived>	=	4 minutes
Action Time <time arrived to cleared>	=	103 minutes
