

FORM CJ-9
(10-13-2009)

DEATHS IN CUSTODY — 2015

QUARTERLY REPORT ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
RTI International
Crime, Violence, and Justice
Research Program

DATA SUPPLIED BY

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Reporting Period (Mark only one.)

- ☐ Quarter 1 (January 1 — March 31)
☒ Quarter 2 (April 1 — June 30)
☐ Quarter 3 (July 1 — September 30)
☐ Quarter 4 (October 1 — December 31)

(Please correct any error in name, mailing address, and ZIP Code)

What deaths should be reported?

- INCLUDE deaths of ALL persons 1

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, and work farms); or on transfer to treatment facilities;

UNDER YOUR JURISDICTION but out to court;

WHILE 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 non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction

IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

During the reporting quarter marked above, how many persons died while under the supervision of your local jail jurisdiction?

Number of deaths

1

Instructions:

- IF NO DEATHS, please disregard.
- IF A DEATH OCCURRED, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 16 for each inmate death.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this quarterly report and each associated **LOCAL INMATE DEATH REPORT** by **FAX** or **MAIL** within 30 days of the end of each quarter.
- **FAX (TOLL-FREE):** 1-888-####-####.
- **MAIL:** RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194
- If you need assistance, call Chris Ellis of RTI International toll-free at 1-800-####-####, or e-mail jaildeaths@rti.com.

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 5 minutes per response for jurisdictions reporting zero deaths and 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.

Timothy B. Barrett**11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?**

- 01 ☒ Yes — Complete items 12 through 16.
02 ☐ Evaluation complete, results are pending — Skip remaining items; you will be contacted later for those data.
03 ☐ No such evaluation is planned — Complete items 12 through 16.

12. What was the cause of death?

- 01 ☐ Illness
• Exclude AIDS-related deaths.
Specify illness ✓
- 02 ☐ Acquired Immune Deficiency Syndrome (AIDS)
03 ☐ Accidental alcohol/drug intoxication — Specific type ✓
- 04 ☐ Accidental injury to self — Describe events ✓
- 05 ☐ Accidental injury by other (e.g., vehicular accidents during transport) — Describe events ✓
- 06 ☒ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) — Describe events ✓
hanging
- 07 ☐ Homicide committed by other inmate(s)
08 ☐ Homicide incidental to use of force by staff — Describe events ✓
- 09 ☐ Other causes — Specify causes ✓

13. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

- If multiple medical conditions caused the death, mark "01" if any of the conditions were pre-existing.
- 01 ☐ Pre-existing medical condition
02 ☐ Deceased developed condition after admission
08 ☐ Could not be determined
09 ☒ Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

14. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities?

- Exclude emergency care provided at time of death.
- | Yes | No | Don't know |
|--|-----------------------------|--|
| 01 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> Evaluated by physician/medical staff |
| 02 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> Had diagnostic tests (e.g. x-rays, MRI) |
| 03 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> Received medications |
| 04 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> Received treatment/care other than medications |
| 05 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> Had surgery |
| 06 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> Confined in special medical unit |
| 09 <input checked="" type="checkbox"/> Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide | | |

15. When did the incident (e.g., accident, suicide or homicide) causing the death occur?

- 01 ☐ Morning (6 a.m. to noon)
02 ☐ Afternoon (noon to 6 p.m.)
03 ☐ Evening (6 p.m. to midnight)
04 ☒ Overnight (midnight to 6 a.m.)
09 ☐ Not applicable — cause of death was illness, intoxication, or AIDS-related

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

- 01 ☐ In the jail facility or on jail grounds — Specify ✓
a. ☒ In the inmate's cell/room
b. ☐ In a temporary holding area/lockup
c. ☐ In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
d. ☐ In a segregation unit
e. ☐ In special medical unit/infirmary
f. ☐ In special mental health services unit
g. ☐ Elsewhere within jail facility — Specify ✓
- 02 ☐ Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
03 ☐ Elsewhere — Specify ✓
- 09 ☐ Not applicable — cause of death was illness, intoxication, or AIDS-related

Notes

LOCAL JAIL INMATE DEATH REPORT

INMATE DEATH # OUT OF QUARTERLY TOTAL OF

1. What was the inmate's name?

Last Barrett First Timothy MI B

2. On what date did the inmate die?

Month 03 Day 05 Year 20

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

Month 04 Day 24 Year 1978

4. What was the inmate's sex?

01 ☒ Male
02 ☐ Female

5. What was the inmate's race/ethnic origin?

01 ☒ White (not of Hispanic origin)
02 ☐ Black or African American (not of Hispanic origin)
03 ☐ Hispanic or Latino
04 ☐ American Indian/Alaska Native (not of Hispanic origin)
05 ☐ Asian (not of Hispanic origin)
06 ☐ Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
07 ☐ Two or more races (not of Hispanic origin)
08 ☐ Additional categories in your information system—
Specify

09 ☐ Not known

6. On what date had the inmate been admitted to a facility under your jail jurisdiction?

Month 02 Day 10 Year 2011

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

a. Resisting Officer 14.11.08
b. Convicted felon in poss. of firearm 14.95.1

c.

d.

e.

8. What was the inmate's legal status at time of death?

• For persons with more than one status, report the status associated with the most serious offense.

01 ☐ Convicted — new court commitment
02 ☐ Convicted — returned probation/parole violator
03 ☒ Unconvicted
04 ☐ Other — Specify

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

01 ☐ Yes
02 ☒ No
08 ☐ Don't know

10. Where did the inmate die?

01 ☒ In general housing within jail facility or on jail grounds
02 ☐ In segregation unit
03 ☐ In special medical unit/infirmery within jail facility
04 ☐ In special mental health services unit within jail facility
05 ☐ In medical center outside jail facility
06 ☐ In mental health center outside jail facility
07 ☐ While in transit
08 ☐ Elsewhere — Specify

Washington Parish Jail
Release Sheet: WPJAIL0000017301

Page: 1

ID #: 2015020079
Name: BARRETT, TIMOTHY BRYAN
Address: 1101 WARREN STREET
BOGALUSA, LA 704270000
Phone(Home/Business)(985) 000-0000 (985) 000-0000
DOB: 4/24/1978 Age: 36 YRS Height: 5-7
Race:W Sex: M Weight: 150
Eyes:BRO Ethnicity:N Appearance:
Hair: BRO Resident:R Build:
Scars/Marks/Tattoos: Complexion:
Employer: FBI ID:
SSN: [REDACTED] DL No.: LA State ID:



Booking Date: 02/10/15 Time: 10:28 Transfer(Y/N)? Facility: WPJAIL
Release Date: 05/05/15 Time: 15:34 Reason for Release: D
Officer: 2013110215 LINDSEY, TYLER Length of Stay:
Arrest Date: 02/08/15 Time: 12:24 Booking Officer: 2007120446 STUART, ANGELA
Arresting Agency: BPD Cell Assignment: C
Officer: 2006070178 POLICE DEPARTMENT, BOGAL Status: F Class: P
Location: 1101 WARREN STREET Hold Reason: FW
BOGALUSA LA Holding For: VIRGINIA
Searched By: JBLACKWELL Phone Call: Y Sentence Date: / /
CLOTHING: Y NCIC: DNA BLOOD: Scheduled Release: / / 0:00
METAL: WARRANT: Y Court Date:
PAT: Y PRINTS: Y Attorney:
STRIP: Y PHOTO: Y Bondsman:
CAVITY: DNA SWAB: Supplemental To:
Drug Screen:

Cash: \$2.53 Vehicle Information:

Vehicle Location:

Property Description:

Property Location: 1-45

BLUE SHIRT
BLUE BOXERS
BLUE JEANSBLACK BELT
BLACK WALLET

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number		Fel/Misd	Fine Amount:
1	FUG	FUGITIVE OTHER JURISDICTION	22JDC		0.00	NB
	201500100	FUG			M	0.00
2/10/2015...FUGITIVE FROM RICHMOND, VA , CALL WHEN READY TO EXTRADITE...RUBY HILL@ 804-887-7913...AKNIGHT						
2/12/2015 CHARGE 1 NB CHARGES 2-3 \$100,000 CPS PER COMM FOIL AT 72S.....DOMINGUEZ						
2	108	RESISTING AN OFFICER	22JDC		0.00	
	2015001000	14:108			M	0.00
3	95.1	CONVICTED FELON IN POSSESSION OF FIREARM	22JDC		100,000.00	CPS
	2015001000	14:95.1			F	0.00

Washington Parish Jail
Release Sheet: WPJAIL0000017301

Page: 2

Release Notes:

05/05/15 SUBJECT IS DECEASED.....TLINDSEY

JAIL PROPERTY ISSUED						
Item Code/Description:	Serial No.:		Inventory No.:			
Date/Time Issued: Issued by:	Condition:		Quantity:		Cost:	Total Cost:
Date/Time Returned: Returned by:	Condition:					
A	ADMISSION KIT					
02/10/2015 10:50 2012060314	N		1		0.00	0.00
B	BLANKET					
02/10/2015 10:50 2012060314	U		1		0.00	0.00
M	MATTRESS					
02/10/2015 10:50 2012060314	U		1		0.00	0.00
P	PILLOW					
02/10/2015 10:51 2012060314	U		1		0.00	0.00
S	SHEET					
02/10/2015 10:51 2012060314	U		1		0.00	0.00
MJ	MEN'S JUMPSUIT					
02/10/2015 10:51 2012060314	U		1		0.00	0.00
SP	SPORK					
02/10/2015 10:51 2012060314	U		1		0.00	0.00
BW	BOWL					
02/10/2015 10:51 2012060314	U		1		0.00	0.00
C	CUP					
02/10/2015 10:52 2012060314	U		1		0.00	0.00

I HAVE RECIEVED THE ABOVE JAIL PROPERTY IN THE CONDITION STATED.
I HAVE RETURNED THE PROPERTY OR REIMBURSED THE JAIL FOR THE VALUE
OF THE PROPERTY FOR DAMAGE OR LOSS INCURRED DURING MY USE.

Inmate's Signature: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

Washington Parish Jail
Release Sheet: WPJAIL0000017301

Page: 3

Total Bond Amount: \$100,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, EXCLUDING MY MONEY AND VALUABLES, WHICH ARE CONTAINED IN THE SAFE. I ALSO UNDERSTAND THAT THESE ITEMS ARE TO BE PICKED UP DURING NORMAL BUSINESS HOURS AND IF NOT PICKED UP WITHIN 90 DAYS THEY WILL BE FORFEITED AND/OR DESTROYED

Inmate's Signature _____ Date _____ Time _____

Witness _____ Date _____ Time _____

Releasing Officer _____ Date _____ Time _____

Authorized Release: 92608

JAIL INCIDENT REPORT

Incident Number: 2222

Incident Date/Time: 05/05/2015 05:09:00 Incident Type: MAJOR RULE VIOLATION

Incident Location: C-BLOCK CELL 2

Incident Cause: INMATE SUICIDE

NARRATIVES (Facts):

Date/Time Entered: 05/05/2015 06:56:47 Entered By: Record Not Available

ON ABOVE DATE AND TIME WHILE CONDUCTING MORNING COUNT DY. WALL CALLED FOR ASSISTANCE IN C-BLOCK ADVISED THERE WAS AN EMERGENCY. AT THIS TIME I SGT. LINDSEY RESPONDED TO CELL 2 IN C-BLOCK AND OBSERVED INMATE TIMOTHY BARRETT WITH HIS FACE PLACED AGAINST THE METAL RAILING OF THE BOTTOM BUNK AND A STRING TIED AROUND HIS NECK AND TIED TO THE TOP BUNK. AT THIS TIME I SGT. LINDSEY SECURED THE SCENE AND INSTRUCTED DY. WALL TO RETURN TO THE CONTROL CENTER TO GET SOMETHING TO CUT THE STRING FROM INMATE BARRETT'S NECK. SHORTLY AFTER DY. WALL RETURNED AND I SGT. LINDSEY CUT THE STRING AND THEN CALLED WARDEN MILLER. WARDEN MILLER ADVISED TO CONTACT NORTSHORE EMS AND TO SECURE THE SCENE SGT. LINDSEY AND DY. WALL TOOK PHOTOGRAPHS OF THE BODY AND THE AREA OF THE CELL. NORTSHORE EMS MEDICS TIMOTHY COX AND JOEY FREEMAN INTO ASSESS INMATE BARRETT AT 0515 NORTSHORE EMS OUT AT 0524 . AT 0540 DY. WALL RELIEVED ME SGT. LINDSEY AND TOOK OVER CONTROL OF THE SCENE. 0548 WARDEN MILLER INTO JAIL AND REMOVED TOWER AND CONTROL CENTER LOG BOOKS. CHIEF HALEY AND WARDEN MILLER ENTERED L/B AT 0600 AND I SGT. LINDSEY WAS ORDERED BY CHIEF HALEY TO ISSUE PAPER TO INMATES IN C-BLOCK TO WRITE DOWN WHAT THEY SAW IF ANYTHING. INMATES STATEMENTS WERE WITNESSED BY SGT. LINDSEY AND TURNED OVER TO WARDEN MILLER. AT 0615 WARDEN MILLER AND DETECTIVE MITCHEL ENTERED C-BLOCK. AT 0624 CORONER DANIEL WHITTINGTON ENTERED WPSO JAIL MR. WHITTINGTON WAS ESCORTED TO CELL-2 OF C-BLOCK BY SGT. LINDSEY. INMATE BARRET WAS PRONOUNCED DEAD BY CORONER WHITTINGTON AT 0628. SCENE WAS SECURED BY DEPUTY AT ALL TIMES. NOTHING FURTHER TO REPORT.

EVIDENCE COLLECTED:

NO DATA ENTERED

ACTION(S)/RECOMMENDATION(S):

NO DATA ENTERED

SUPERVISOR/MANAGER REVIEW:

NO DATA ENTERED

INFRACTION(S) INVOLVED:

DEATH DEATH IN JAIL

PARTIES INVOLVED:

Party Name: BARRETT, TIMOTHY BRYAN
Book Number (If Inmate): WPJAIL0000017301

Involvement: VICTIM
Cell Assignment (If Inmate): C

Infraction: DEATH IN JAIL

JAIL INCIDENT REPORT

Incident Number: 2222

Entered By: LINDSEY, TYLER

Officer Making Report _____
2012060314

Date _____

Time _____

Approval Supervisor _____
92608

Date _____

Time _____

Approval Manager _____
25384

Date _____

Time _____